

# The National Strategy of Inner Areas (SNAI) 2014-2020 in the Calabrian Areas of Experimentation: Health and Social Inclusion Territorial Infrastructures and Services at the Core of Riprogramming Pandemic Priorities

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**Abstract:** The outbreak of pandemic crisis has focused on territorial medicine and digital support technologies, implementable through the creation of territorially distributed infrastructure and services networks, to ensure assistance and monitoring to the local health and social prevention and care needs, particularly in the inner areas. The riprogramming of POR Calabria FESR FSE 2014-2020, consequent to the outbreak of COVID-19 pandemic and to the need adopting mitigation and contrast measures to the health and socio-economic crisis, provides specific measures for strengthening health territorial networks and services, implementation of new digital technologies, support and care services for fragile people. The regional approach for the remodeling of health and social services, programmed in the four SNAI pilot areas, directs the priorities in favour of e-health and integrated home care services. This confirms that the existing territorial criticalities, enhanced by the pandemic, are focalized by the implementing strategy in “inner areas”, to guarantee the health right to residents of these territories.

**Key words:** inner areas strategy, territorial medicine, e-health, integrated home care services

**JEL codes:** I, I1, R, R5

## 1. Introduction

This work describes and represents the state of implementation of the project programmes of the four Areas of experimentation Strategies, selected in Calabria Region, for the realization of National Strategy for the Inner Areas (SNAI), with regard to health and social inclusion infrastructures and services, proposing to offer food for thought, both in terms of procedures for the approval and implementation of Strategies and project programmes and needs for territorial medicine and assistance and care of fragile subjects, which the Corona Virus Disease 19 (COVID 19)

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pandemic has helped to accentuate.

Such an unpredictable event has caused criticalities generated by the emergency state which has significantly undermined the ability to respond to care needs by the health system, on the other hand, has revealed the essentiality of the service of prevention and treatment of patients, on a territorial basis, and of integrated home care for the more fragiles.

The four Areas of experimentation selected in Calabria propose in their programmes projects that aim both at the basic upgrading of emergency services and qualification and reinforcement of infrastructures and services for taking charge of the subjects not self-sufficient or in conditions of fragility, and at the realization of innovative infrastructures and services for medicine of initiative and continuity of care, that are the Networks of Health Centers (equipped territorial medical centers) and of Family and Community Nurses (IFC), the *e-health* services (telemedicine), the integrated home care (ADI). The project programmes proposed are consistent with the Guidelines issued, for SNAI programming, by Health Ministry – Directorate General of Health Planning, in particular with regard to interventions on innovative services.

The last riprogramming of POR Calabria FESR FSE 2014-2020, approved by offices of European Commission (CE) with Decision (C) 8335 final 24.11.2020, has allowed to implement extraordinary measures to combat the epidemiological, economic and social emergency, with the aim of maximizing the contribution of the Programme implementing specific actions to address the COVID-19 emergency.

The regional addresses, consequent to the implementing of extraordinary measures on health and social-health, dictated the agenda of priorities to be implemented in the “inner areas”, intercepting territorial needs and emergencies on which the four Areas of experimentation have based their strategies.

## **2. The National Strategy of Inner Areas (SNAI) 2014-2020 in the Four Areas of Experimentation of the Calabrian Territory: State of Implementation**

### **2.1 The Four Areas SNAI of Calabria Region**

The Calabria Region has joined the National Strategy, in implementation of the Partnership Agreement 2014-2020, programming the activities in the territorial political interventions, by the support of POR Calabria FESR-FSE 2014-2020 and PSR FEASR 2014-2020 resources.

In addition, the Administration proceeded, by agreement and on the recommendation of the Internal Areas Technical Committee (CTAI) at national level, to identify the areas on which to focus the interventions, in line with the following stages of the process, provided by SNAI itself:

- analysis of basic information data (types of areas and demographics) and ad hoc data on education, health and mobility services and agri-food, tourist, cultural and natural facilities (analysis carried out in collaboration between the Regional Administration and the Technical Committee of national level);
- partnership meetings on the territory of the technical delegation (of State and Regions) with the municipalities and the relevant socio-economic partnership.

Based on the matrix developed for the selection of Inner Areas within SNAI, the following four Pilot Areas have been selected:

- 1) Reventino-Savuto;
- 2) Grecanica;
- 3) Sila-Presila crotonese and cosentine;

4) Versante Ionico-Serre.

In implementation of the seven year programmatic forecasts, the Region, with its own administrative acts and approval of Guidelines, has regulated the *policy*, initially financing two Pilot Areas, the Area *Reventino-Savuto* (first Area) and the Area *Grecanica* (second Area) to which were added, in line with the integration defined at the national level, the other two Areas the Area *Sila-Presila crotonese e cosentina* and the Area *Versante Ionico Serre*.

In all the phases that have been succeeded, the Region has accompanied and supported the process of construction and approval of the Strategies of Area.

To the National Strategy Calabria has chosen to support its own Regional Strategy for disadvantaged municipalities of the region, as identified by the classification of the Department of Development Policies (DPS) at state level<sup>1</sup>.

The Regional Strategy for Inner Areas has aimed to address some priority areas of public policy through actions in regional ownership, to be implemented through Notices that provide mechanisms for the evaluation and selection of interventions in certain specific sectors (in particular the Digital Agenda, energy efficiency, local development, social policies), on the basis of two transversal principles:

- graduating investments in proportion to the level of disadvantage, so as to ensure that competition on financial resources is activated in territories homogeneous by characteristics of peripherality;
- encouraging, where possible and appropriate, an integrated and aggregated planning.

## **2.2 State of Implementation of Strategies of the Four Areas SNAI and Governance**

This paragraph represents the state of implementation and progress of the Strategies of the four SNAI Areas, whose construction and definition process has been accompanied and supported by the Regional Unit for the Evaluation and Verification of Public Investments (NRVVIP).

For the SNAI Area *Reventino-Savuto* (first Area) the Framework Programme Agreement (APQ) has already been signed on 10 February 2020, between the National Government, the Region and the Lead Mayor of the Area, providing, in addition to support to essential services supported by national resources (on the three pillars of health, mobility and education) the construction of local infrastructures, aid to businesses and services to the territory.

For the *Grecanica* Area, after the approval of the Strategy by the CTAI on 16.10.2020, and the regional Council that approved the proposal for a Framework Programme Agreement to be submitted to the conclusion of the other institutional actors (DGR 271/2021), the documentation necessary for the signing of the APQ, forwarded to the Region and the territorial Cohesion Agency, has been defined. The subscription procedure is expected to be launched by September 2021.

With regard to the Area *Sila-PreSila crotonese e cosentina*, the activities have allowed to advance the Strategy and to carry out the preliminary evaluation analysis, until the approval of the CTAI on 13.08.2020 and the regional Council which approved the proposal for a Framework Programme Agreement to be submitted to the conclusion of the other institutional actors (DGR 270/2021). For the purposes of the conclusion of the APQ, the Area has defined the necessary documentation, forwarded to the Region and the Territorial Cohesion Agency. The subscription procedure will probably be launched by September 2021.

Also for the *Versante Ionico Serre* Area the regional Council, following the approval of the CTAI of 28 May 2021, approved the proposal for a Framework Programme Agreement to be submitted to the conclusion of the other institutional actors (DGR 269/2021). For the purposes of the conclusion of the APQ, the Area has defined the

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<sup>1</sup> Materiali UVAL (2014), Strategia nazionale per le aree interne: definizione, obiettivi, strumenti e governance, Numero 31.

necessary documentation, forwarded to the Region and the Territorial Cohesion Agency. The procedure of subscription, will be started also in this case, probably, within September 2021.

With regard to multilevel *governance*, the Strategy is coordinated at national level by the Technical Committee for Internal Areas and sees the Mayors and local partnerships as promoters of local strategies (Area Strategies).

The Region, together with the Municipalities and the National Government, is a signatory of the Framework Program Agreements that stipulate, for each Area included in the SNAI, the conclusion of the programming and project and the start of the implementation phase of the interventions. In addition, the Region, in close liaison with the national level, supports and accompanies the process of defining local strategies, approves them and, where appropriate, co-finances its interventions through the resources of the regional budget and the resources related to the programming instruments, in particular the European Structural and Investment Funds (ESI) and the Development and Cohesion Fund.

In the case of regional co-financing under the Regional Operational Programme — POR FESR FSE 2014/2020, the instrument for the implementation of Area Strategies is Integrated Territorial Investment (ITI), pursuant to Regulation (EU) No. 1303/2013.

The link between regional and national policies is particularly important in order for the Strategy, in the Pilot Areas, to achieve significant results and impacts.

The Regional Technical Committee, Technical Committee for the Implementation of the Strategy for Internal Areas established by DGR n. 490/2015 for the coordination of activities at regional level, has the task of evaluating the strategies of the Pilot Areas included in SNAI and compares, for its own activities, with the local institutional and economic-social partnership.

The NRVVIP carries out evaluation support activities to the Regional Technical Committee, whose coordination is entrusted to the same NRVVIP Manager (DGR n. 447/2016), accompanying the process of definition and evaluation of Area Strategies.

### **3. Planning of Territorial Infrastructures and Services for Health and Social Inclusion: Implications of COVID-19 Pandemic, Contrast Measures and Mitigation of Effects, Regional Approaches to Emerging Territorial Priorities**

#### **3.1 The Strategies Planned in the Four Areas of Experimentation for Health and Social Inclusion**

The selected territories in Calabria for the implementation of National Strategy of Inner Areas (SNAI) 2014-2020 are united, even if in a differentiated way, by localized characteristics of peripherality or ultraperipherality (distances<sup>2</sup> from urban centres more than 40'), adding to the low population density and the lack of hospitals equipped with Emergency and Acceptance Department of 1° level (DEA I). The distribution of the four SNAI Areas called: *Area Reventino-Savuto*, *Area Grecanica*, *Area Sila Presila crotonese e cosentina*, *Area Versante Ionico Serre*, in calabrian territory, is shown in the following figure (Figure 1).

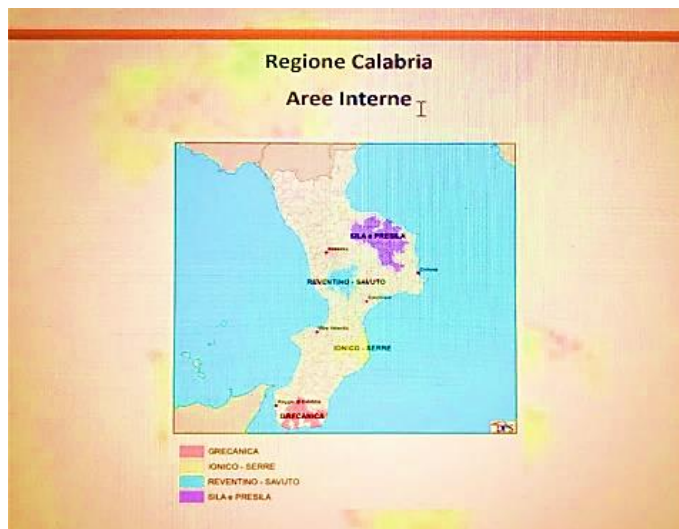
*Open Kit* data updated to 2017, available on Agency of Cohesion site, show the territorial characteristic of the four Areas, about the percentage of peripherality and territorial density, comparing the values with those recorded in Calabria and in Italy, for the municipalities classified like Inner Areas, according to the classification of Development Policies Department (DPS) (Figures 2-3).

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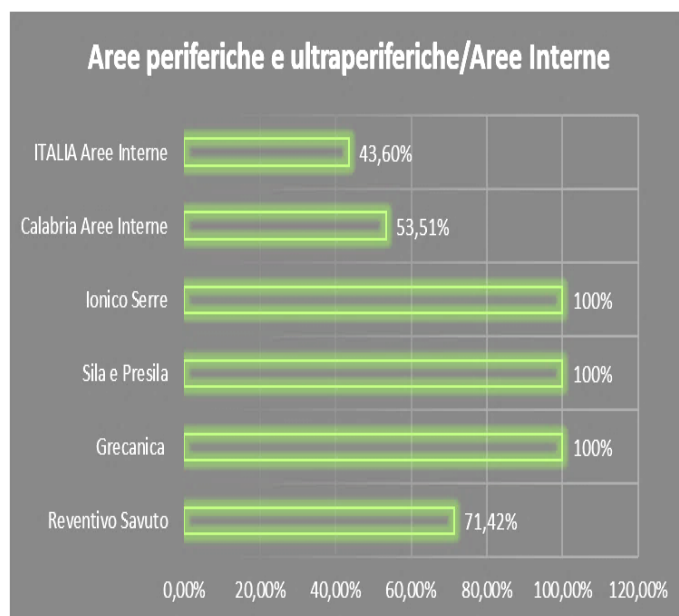
<sup>2</sup> Le aree interne: di quali territori parliamo? Nota esplicativa sul metodo di classificazione delle aree. Dipartimento per lo Sviluppo e la Coesione Economica (DPS).

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The Focus carried out by the representatives of Inner Areas Technical Committee (CTAI), in the preselected Areas (after chosen) by Calabria Region for the participation in SNAI, integrated with territorial and socio-economic context analysis carried out with the support of statistical data provided by Agency of Cohesion Open kit, updated to 2016-2017, besides the support of data reported on each Strategy paper, reveal their strengths and weaknesses, returning the photograph of the quality and quantity of the essential services provided to the residents and highlighting the level of enjoyment of citizenship rights.



**Figure 1 Localization of the Four Calabrian Areas of Experimentation**  
 Source: Preliminary Report Calabria CTAI (2015).



**Figure 2 Percentage of Peripherality of the Area of Experimentation**  
 Source: our processing on Open Kit data (2017).

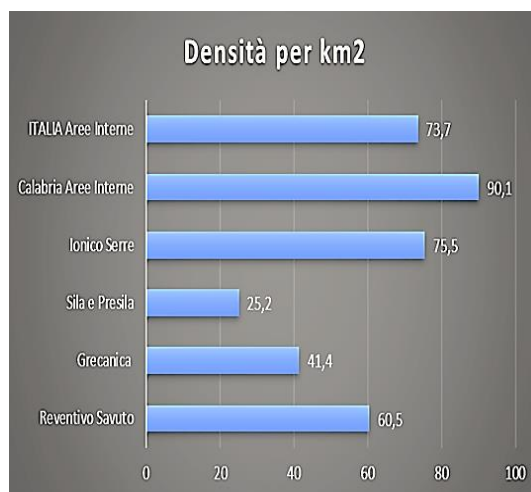


Figure 3 Territorial Density in the Area of Experimentation

### 3.1.1 Strategy of Area SNAI *Reventino-Savuto*: Context Analysis and Project Programme

The *Reventino-Savuto* Area includes 14 municipalities: Bianchi, Carpanzano, Colosimi, Panettieri, Parenti, Pedivigliano e Scigliano, belonging to Savuto territory and falling in Cosenza province; Carlupoli, Cicala, Conflenti, Decollatura, Motta Santa Lucia, Serrastretta e Soveria Mannelli, belonging to Reventino territory and localized in Catanzaro province. The territory is internal and largely mountainous. With an average altitude of 752 m. Respect to the demographic data presented by Strategy in 2016, the updating to 2017-2018, reveal further reduction and ageing of population: population rate *over 65*, equal to 23,3% in 2011 increased to 25% in 2017, overcoming both inner areas regional average equal to 21,6% and the national one, equal to 23%.

Concerning health services the two territories of which the Area is composed, that are related to two Provincial Health Authorities (ASP) (Catanzaro and Cosenza), present differentiated service providing. In Reventino municipalities the better healthcare supply concern: a “mountain hospital” located in Soveria Mannelli, some Complex Units of Primary Care on multiple polyclinics, one Mental Health Center and one Health Care Residence. In Savuto municipalities services network seems to be more rarefied and citizens are often forced to go to Cosenza or Rogliano hospitals.

The *Open kit* data, updated to 2017, record the increase of the avoidable rate of hospitalization. In *Reventino-Savuto* Area the value is increased of about a third from 2012, reaching a value of 1033,6, double more than the regional average (499,1) and higher than the national one (602,2), in inner areas. This condition is reflected in the low “production capacity” of public and private specialistic clinics located in the Area. In 2015, 1.450 provisions every 1.000 inhabitants have been delivered, compared to the 1.969 provided in regional inner areas and to the 2.415 provided in Italian inner areas. The total national data is even higher to 4.130 provisions every 1.000 inhabitants. Concerning the Integrated Home Care (ADI) services, the percentage of taking charge for *over 65* is equal to 1,8%, revealing the starting, even if still weak, of this service organization, on social health.

The call answering, on emergency services provided, using a time equal to 34 minutes, between the start of call to Operative Central and the arrival of first aid vehicle, greater than the average regional time (24 minutes) in inner areas, is an organizational deficit to be filled. Regarding the needs emerging from the territorial context, the Strategy is aimed to the achieving of following expected results:

- 1) strengthening the emergency service;

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- 2) consolidating and upgrading infrastructures and services for taking charge of persons with disabilities, who are not self-sufficient or who are vulnerable;
- 3) strengthening the social aggregation.

The project programme attached to Framework Programme Agreement (APQ) of Area *Reventino-Savuto*, signed on February 10th 2020, reports a total cost of 12.48 millions of euro. Of the total cost, the reserved expenditure in favour of “Health and social Inclusion” shall be 2.73 millions of euro, with a percentage contribute of 21.88%. Below is the overview of the Strategy of Area expected outcomes and associated indicators (Table 1).

**Table 1 Overview of Expected Outcomes and Associated Indicators**

Expected outcomes	Indicators	Source	Expected change
2.1 Strengthening the emergency service	2.1.1 First aid: interval time Alarm – Target (in minutes)	Health Ministry	-
2.2 Consolidating and upgrading infrastructures and services for taking charge of persons with disabilities, who are not self-sufficient or who are vulnerable	2.2.1 Persons with limitations in autonomy benefiting from semiresidential and residential night care	Social-health Districts/Municipalities	+
	2.2.2 Elderly treated in integrated home care (ADI)	Health Ministry	+
	2.2.3 Avoidable rate of hospitalization (composite)	Health Ministry	-
2.4 Strengthening the social aggregation	2.4.1 Cultural demand index of state and non state heritage	Istat/MIBACT	+

Source: our processing from APQ *Reventino-Savuto* documentation.

### 3.1.2 Strategy of Area SNAI Grecanica: Context Analysis and Project Programme

The *Grecanica* Area includes 11 municipalities: Bagaladi, Bova, Bruzzano Zeffirio, Cardeto, Ferruzzano, Montebello Ionico, Palizzi, Roccaforte del Greco, Roghudi, San Lorenzo and Staiti. The wider Strategy Area, extended to 15 municipalities, includes also the municipalities of Melito Porto Salvo, Condofuri, Bova Marina e Brancaleone.

All the Project Area and Strategy Area municipalities fall into the Metropolitana City of Reggio Calabria, in a territory which extends, triangle-shaped, from Ionic Sea coast, for 60 km about, to the Aspromonte mountains up to 1.900 metres upon sea level. The 36,91% of Project Area territory is part of Aspromonte National Park. In particular the municipalities of Bagaladi, Bova, Bruzzano Zeffirio, Cardeto, Palizzi, Roccaforte del Greco, Roghudi, San Lorenzo, Staiti totally or partially fall within the Park.

The current territorial relations develop on the main coastal dorsal identified in the Ionic national road SS 106 and along different vertical dorsals from sea to mountains that line the Area main rivers (Sant’Elia, Tuccio, Amendolea, Palizzi, La Verde). Population distribution by age groups reveals an increased relative polarization of “elderly” residents *over 65* (27%), in 2017 (*open kit* data), compared to the 21.6% recorded in regional inner areas and the 23% in Italian inner areas. The exam of demographic territorial dynamics of the last forty years (1971-2015) shows the severity of depopulation processes which led to the loss of 40% of residents. All the municipalities fall into the ASP of Reggio Calabria.

The hospitals present are the “Tiberio Evoli” Hospital of Melito di Porto Salvo, the Hospital of Locri and the Hospital Hub of the Area that is the “Bianchi Melacrino Morelli” Great Metropolitan Hospital of Reggio Calabria. Five Policlinics are present both in the Project Area and in the Strategic Area (Melito Porto Salvo, Saline Ioniche, Cardeto, Palizzi, Brancaleone). The lack of medical guard service in the mountain municipalities of Bova, Bagaladi and Bruzzano Zeffirio causes serious discomfort to residents. *Open kit* data, updated to 2017, show, in the Project Area, an avoidable rate of hospitalization of 545.3, decreasing respect to that found in 2012, compared to the inner

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areas national average (602.2), that is higher of 10% about. The same data is however higher than regional one (499.1), of 9% about, showing an avoidable rate of hospitalization that has ample room for improvement.

Otherwise, the specialistic clinic data, showing a further decrease in 2015 compared to 2012, show the consistent lack of this type of services, amounting to 184 provisions every 1.000 inhabitants, compared to the 1.969 provided in regional inner areas and the 2.415 in the Italian inner areas. The data trend shows a population that doesn't care and hasn't got prevention culture with all that concerns the quality of life in this territory. Concerning the Integrated Care Home (ADI) provisions, the percentage of taking charge for *over* 65, in 2015, is 0,9%, compared to the regional inner areas value of 2,5% and to the national inner areas value of 4,4%.

Another relevant issue for health services in the Project Area Centres and Villages concerns emergency services, even if the average time between the start of call to Operative Central and the arrival of first aid vehicle, according to *Open kit* data, in 2015, amounts to 25 minutes, in line with Calabrian inner areas data (24 minutes) and a little higher than the national inner areas data (23 minutes).

The Strategy Specific Objective is declined in the following Operative Objectives:

- qualifying and guaranteeing basic health and specialistic clinic services to everybody need and right;
- limiting and mitigating the associated risks with the treatment of emergency situations in the Project Area Centres and Villages;
- upgrading quality of life of elderly who live in the Project Area Centres and Villages.

The Strategy project programme reports a total cost of 23.55 millions of euro. Of the total cost, the reserved expenditure in favour of "Health" shall be 3.09 millions of euro about, with a percentage contribute of 13.12%. Below is the overview of the Strategy of Area expected outcomes and associated indicators (Table 2).

**Table 2 Overview of Expected Outcomes and Associated Indicators**

Expected outcomes	Operative Objectives	Indicators	Source	Expected change
Increase/ consolidation/ qualification of social care services and infrastructure for children and care assistance for persons with limitation in autonomy, and strengthening of infrastructure network and of territorial health and social health service offering	Qualifying and guaranteeing basic health and specialistic clinic services to everybody need and right (O.C.1)	Avoidable rate of hospitalization	ASP Reggio Calabria/Health Ministry	-
	Limiting and mitigating the associated risks with the treatment of emergency situations in the Project Area Centres and Villages (O.C.2)	First aid: interval time Alarm – Target (in minutes)	Health Ministry	-
	Upgrading quality of life of elderly who live in the Project Area Centres and Villages (O.C.3)	Avoidable rate of hospitalization	Health Ministry	-

Source: our processing from *Grecafrica* Strategy documentation.

### 3.1.3 Strategy of Area Sila e Presila Crotonese e Cosentina: Context Analysis and Project Programme

The *Sila e Presila crotonese e cosentina* territorial area extends inland between the Ionic coast and the Sila plateau. The Area groups nineteen geographically contiguous municipalities in two different provincial territories: Bocchigliero, Caloveto, Campana, Cropalati, Longobucco, Mandatoriccio, Paludi, Scala Coeli, Terravecchia, belonging to Cosenza province, Caccuri, Carfizzi, Castelsilano, Cerenzia, Pallagorio, San Nicola dell'Alto, Santa Severina, Savelli, Umbriatico, Verzino belonging to Crotona province.

In the Area three different Local Action Groups (GAL) operate, fourteen municipalities belong to the 10th Biosphere Reserve part of Global Network of UNESCO heritage, three of them are part of Sila National Park, other six form the Turistic District of Sila Plateaux.



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In the last half century (1971-2018) the Area strongly depopulated, losing the 45% of residents with peaks of more than 67% for some municipalities.

Territorial data updated to 2017-2018 (*Open Kit*) show the highest population ageing rate compared to the other three Areas, recording a percentage of population *over 65*, up to 28.6% in 2017, much higher both of regional inner areas average, equal to 21.6%, and national one, equal to 23%.

The health centers located in the wider territory are Hospital “Nicola Giannattasio” in Rossano and the “San Giovanni di Dio” in Crotona. In the project Area there is only one Poliambulatorio in Longobucco.

The continuity of care in the Area is provided in all the Crotona province municipalities and in Caloveto, Cropalati, Longobucco and Paludi. *Open Kit* data updated to 2017 offer some useful notice referring to the main health and social care services in Area. In particular, the avoidable rate of hospitalization, updated to 2015, is equal to 610.5, quite in line with the inner areas national average (602), although much higher than the regional average, equal to 499.1. The Area offers a very low capacity providing services by public and private specialistic clinics. In 2015 only 49 services for 1.000 inhabitants were provided, compared to the 1.969 provided in the regional inner areas and the 2.415 provided in the Italian inner areas.

This seems to be the greater critical issue about residents health. Further criticalities concern emergency response capacity. The average time between the call to Operative Centre and the arrival of first aid vehicle is 45 minutes, almost the double of time measured in Calabrian inner areas (24) and national ones (23).

Referring to Integrated Home Care (ADI), the percentage for *over 65* amounts to 2.5%, in line with the regional average, lower than the Italian inner areas average, equal to 4.4%.

The Strategy, related to territorial context needs, aims to achieve the following expected results.

- 1) To qualify and guarantee basic health and specialistic ambulatorial services to everyone needs with demand driven solutions, under an integrated and diversified services supply.
- 2) To limit and mitigate risks involved in emergency situations through implementation of lacking services.

The project programme attached to Strategy of Area *Sila e Presila cosentina e crotonese* amounts to 13.17 millions of euro. Of the total cost, the reserved expenditure in favour of “Health and social Inclusion” shall be 3.67 millions of euro, with a percentage contribution of 28% about. Below is the overview of the Strategy of Area expected outcomes and associated indicators (Table 3).

**Table 3 Overview of Expected Outcomes and Associated Indicators**

Expected outcomes	Indicators	Source	Expected change
Increase/ consolidation/ qualification of social care services and infrastructure for children and care assistance for persons with limitation in autonomy, and strengthening of infrastructure network and of territorial health and social health service offering	Use of community health centers	ASP Cosenza and ASP Crotona	+
	% of citizens who have used telemedicine services	ASP Cosenza and ASP Crotona	+
	Death rate from heart disease	Health Ministry	-
	Participation of students in activities to enhance the territory	MIUR	+
	Avoidable rate of hospitalization	Health Ministry	-
	Provisions of specialist outpatient care	Health Ministry	+
	Availability of lifesaving health devices	Health Ministry	+
	First aid: interval time Alarm – Target	Health Ministry	-
	Elderly treated in integrated home care	Health Ministry	+

Source: our processing from *Sila e Presila crotonese e cosentina* Strategy documentation.

### 3.1.4 Strategy of Area Versante Ionico-Serre: Context Analysis and Project Programme

The Versante Ionio-Serre Area is nestled in the southern heart of Calabria and extends over territory of three provinces: Catanzaro, Reggio Calabria e Vibo Valentia.

The territory, located between the calabrian Ionic Coast and the Apennine Chain of Serre, is composed of the municipalities of Badolato, Guardavalle, Isca sullo Ionio, Sant'Andrea Apostolo dello Ionio, Santa Caterina dello Ionio, belonging to Catanzaro province, Fabrizia, Mongiana, Serra San Bruno, belonging to Vibo Valentia province, Bivongi, Camini, Monasterace, Pazzano, Riace, Stilo, belonging to Reggio Calabria province. In the Area perimeter there are three GAL (Terre Vibonesi, Serre Calabresi, Terre Locridee), that fall in each province, one Union of Municipalities (the *Versante Ionico* Union), the Regional Natural Park of Serre, whose territory is in part composed of nine municipalities of the Area.

The only hospital falling in the Area is the Hospital of Serra San Bruno.

The territorial data updated to 2017-2018 (*Open Kit*) reveal a population ageing rate *over 65*, equal to 21.6% in 2017, in line with the internal areas regional average, equal to 21.6%, lower than the national value, up to 23%.

The municipalities of Project Area fall within the ASP of Vibo Valentia, Catanzaro e Reggio Calabria.

The *Open Kit* data, updated to 2017, show that the avoidable rate of hospitalization, in the Area, updated to 2015, is equal to 510.3 in line with the regional average data, equal to 499, better than the inner areas national average (602).

Referring to specialistic clinics services, in 2015, 2.877 every 1.000 inhabitants were provided, quite higher respect to the other three Areas of experimentation and to the provided services in regional inner areas equal to 1.969 and to the those provided in national inner areas, equal to 2.415.

Regarding the provision of ADI services, the percentage of taking charge of *over 65* is 4.2%, in line with the inner areas national average data (4.4%), much higher than the regional average data (2.5%). Respect of social and health supply, the municipalities of Badolato, Serra San Bruno and Monasterace are the main services centres in the Inner Area for each ASP of Catanzaro, Vibo Valentia and Reggio Calabria.

In addition to these there are the collection centres of Bivongi, Pazzano and Stilo, and one 118 Territorial Emergency post, belonging to Catanzaro ASP in Isca sullo Ionio.

In the social field, considerable reception experiences of migrant, refugees and asylum seekers occur in the municipalities of Camini and Riace, both of them offering SPRAR.

Respect to the needs emerging from the territorial context, the strategy aims to the achieving of strategic goal *Accessibility and inclusion*, to ensure the quality of basic services, especially in a socio-sanitary key, but also to enhance mobility, with the aim of reducing the isolation and fragility for those who live in the most remote urban centres providing services.

The actions underlying the achievement of the objective are described below:

- social structures and services to the population: a strategic action, based on the creation in some municipalities of Centres for healthy and active ageing, with the study and realization of an innovative model of intergenerational Center. In addition to this action Pet Therapy project is planned, which regards training, promotion and implementation of animal therapy experiences, aimed to the achievement of wellbeing of the elderly and other potential users;
- community infrastructures: projects concern the health care, foreseeing the realization of stations for the rescue service, through the adaptation of public spaces in the most remote urban centres, integrated by emergency stations, tools and services, with the equipment to be entrusted to competent personnel, also

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volunteer, member of associations operating in the inner areas.

The project programme attached to Strategy of Area *Versante Ionico Serre* amounts to 11.94 millions of euro. Of the total cost, the reserved expenditure in favour of “Health and social Inclusion” shall be 1.65 millions of euro, with a percentage contribution of 13.82% about. Below is the overview of the Strategy of Area expected outcomes and associated indicators (Table 4).

**Table 4 Overview of Expected Outcomes and Associated Indicators**

Expected outcomes	Actions	Indicators	Source	Expected change
Increase/ consolidation/ qualification of social care services and infrastructure for children and care assistance for persons with limitation in autonomy, and strengthening of infrastructure network and of territorial health and social health service offering	Facilities and services for the population	Elderly number in active ageing	CRN	+
		Elderly number in active ageing	Communal implementing subject	+
		Equipe Number	nd	+
	Infrastructures for the communities	First aid: interval time Alarm – Target (in minutes)	SUEM ASP CZ, VV, RC	-

Source: our processing from *Versante Ionico Serre* Strategy documentation

### 3.1.5 Comparative Framework of Some Relevant Indicators on Health

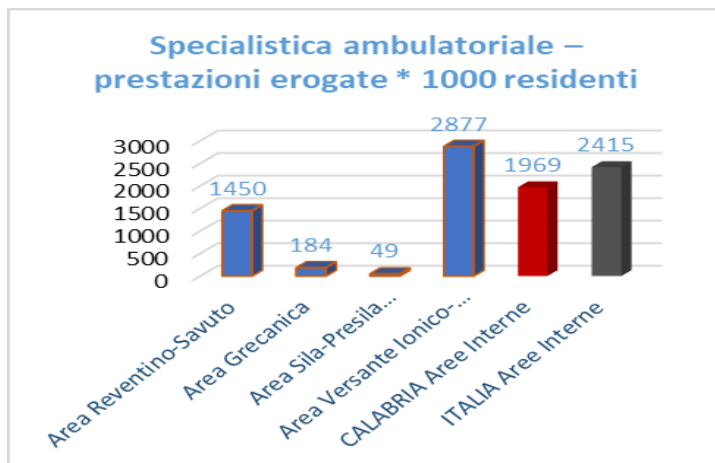
Below are illustrated some territorial indicators representative of health services provisions, updated to the last available survey from *Open Kit* (2017), relating to the four SNAI Areas of experimentation, compared with the regional and national ones for Internal Areas.

**Table 5 Territorial Indicators on the Provision of Health Services**

Health	Reventino-Savuto Area	Grecanica Area	Sila-Presila crotonese e cosentina Area	Versante Ionico-Serre Area	CALABRIA Inner Areas	ITALIA Inner Areas
Specialistic outpatient care – services provided * 1000 inhabitants	1.450	184	49	2.877	1.969	2.415
Rate of hospitalization (LEA = 170.0)	130	120	137	131,5	133,9	139,1
Avoidable rate of hospitalization (composite) (LEA = 570.0)	1033,6	545,3	610,5	510,3	499,1	602,2
Percentage resident elderly >= 65 years treated in Integrated Home Care (ADI)	1,8	0,9	2,5	4,2	2,5	4,4
Time (minutes) between the start of call to Operative Central and the arrival of first aid vehicle (alarm-target interval)	34	25	45	27	24	23

Source: our processing on *Open Kit* data (2017).

The figures below (Figures. 4-7) show the graphical picture of most significant indicators values selected for the comparison between the four areas of experimentation data and the regional and national Inner Areas average data.



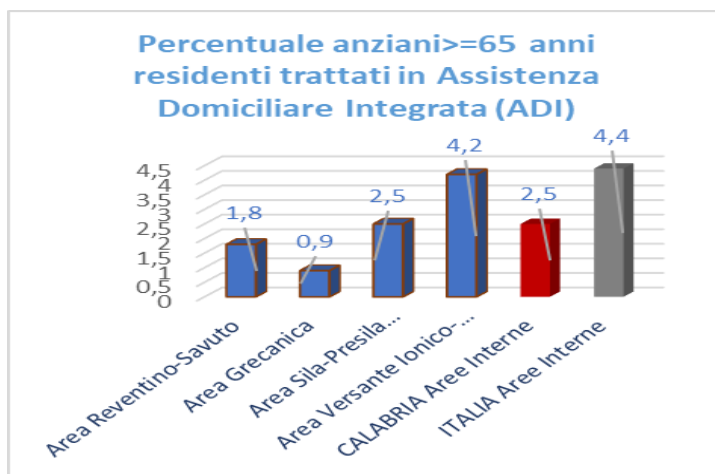
**Figure 4 Services Provided \*1000 Inhabitants.**

Source: our processing on *Open Kit* data (2017).



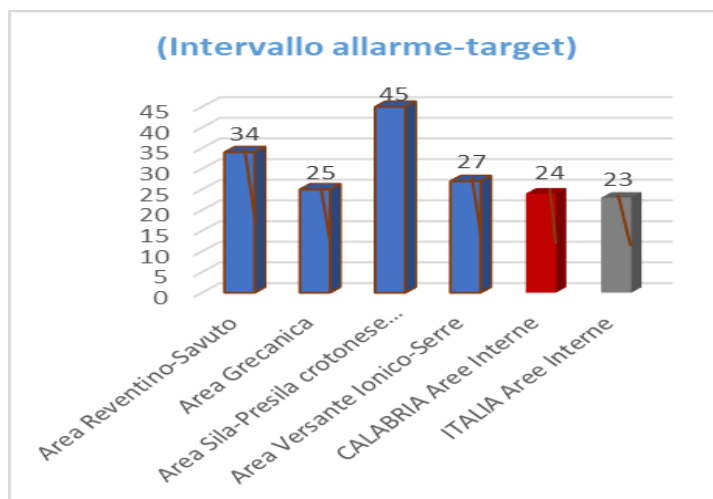
**Figure 5 Avoidable Rate of Hospitalization.**

Source: our processing on *Open Kit* data (2017).



**Figure 6 Elderly > 65 Years Treated In ADI.**

Source: our processing on *Open Kit* data (2017).



**Figure 7 Alarm-Target Interval**

Source: our processing on *Open Kit* data (2017).

The picture of the territorial indicators about the provision of health services, available for 2017 year, clearly presents the different positioning of four SNAI areas of experimentation. Specifically the *Area Sila e Presila Crotonese e Cosentina* shows the most critical and far data respect to the regional average and more to the national one, for the measure of specialistic clinic provisions (n. 49) and for the alarm-target range (45 min), while the *Area Reventino-Savuto* shows the most critical value (1.033.6) for the measure of the avoidable rate of hospitalization, placing also in the penultimate place, between the four areas, both with respect to the percentage of elderly *over 65* treated in ADI (1.8) and with respect to the alarm-target range (34 min). The *Area Grecanica* is the last between the four areas, respect to the elderly care *over 65* in ADI (0.9) and places in the penultimate position respect to the specialistic clinic provisions (n. 184).

The figures below (Figures 8-9) present, for each Area, the amount of cost invested on health respect to the total cost of project programme and the expenditure percentage, respect the total amount of 11.14 millions of euro about, globally aimed to the health and social inclusion services.

With a following exercise of aggregation of programmed projects for each Area, it has been possible to identify five expected outcomes for each of which the projects have been assigned, representing the percentage distribution, (Figure 10), respect to the total programmed resources (11.14 million di euro):

- 1) Strengthening of territorial health and social care centers network;
- 2) Enhancing of health prevention and access to the care through telemedicine and telediagnosis;
- 3) Strengthening of health emergency services;
- 4) Reduction of inappropriate hospitalizations with the increase of integrated home care;
- 5) Strengthening of social aggregation.

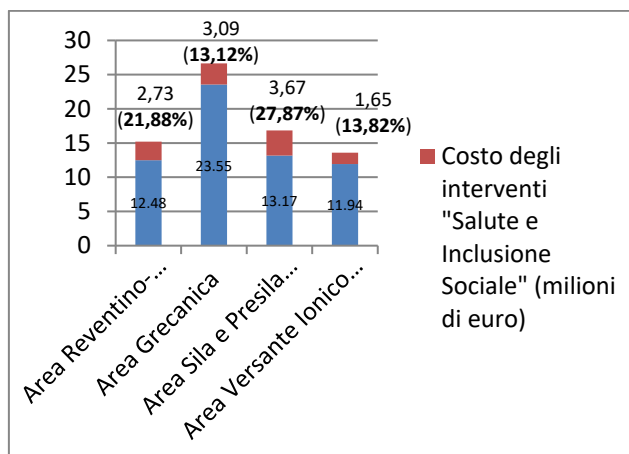


Figure 8 Ratio Between Expenditure on Health and Social Care Services and the Total Expenditure of the Intervention Programme of the Four SNAI Areas

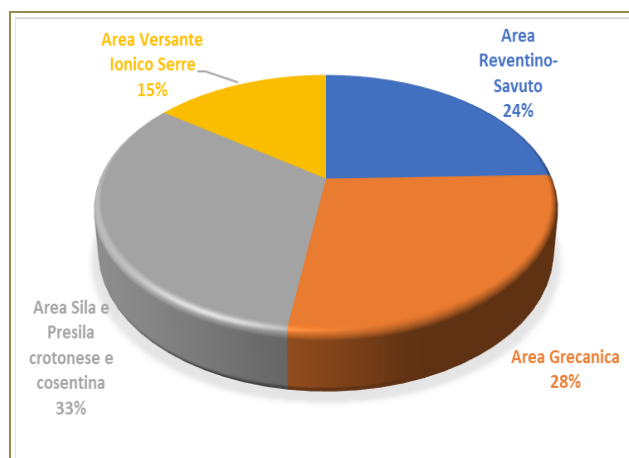
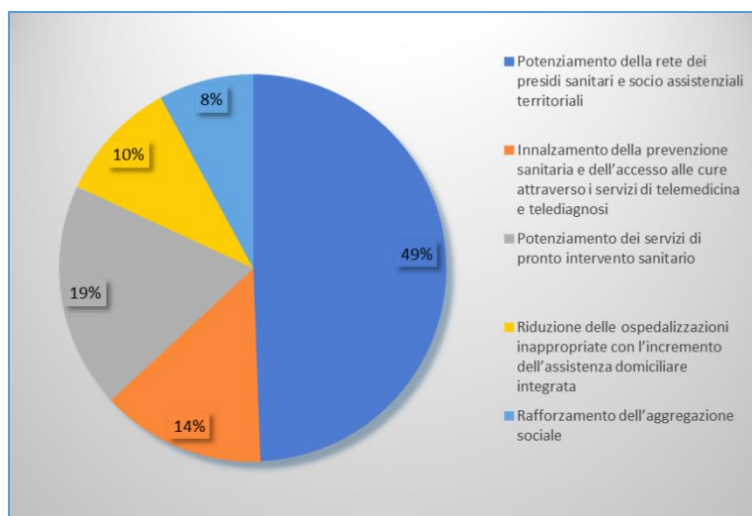


Figure 9 Distribution of Expenditure on Health and Social Care Services and the Total Expenditure of the Intervention Programme of the Four SNAI Areas

Source: our processing from Area Strategies documentation.

Referring to the outcome 1, the 49% of resources are used. The main share of assistance (Area *Grecanica*, Area *Sila-Presila*) is aimed to the strengthening of territorial health centers, through the creation of Health Centers network (Equipped Territorial Medical Centers), initiative medicine and continuity care services, strengthening of clinic specialistic care, creation of family and community nurses network (IFC), foreseeing qualified training and provision of innovative services. Contributing to the expected result are the interventions of strengthening and redevelopment of some residential service infrastructures for the elderly and fragile population (Area *Reventino-Savuto*), the creation of the Centers for healthy and active aging (Area *Versante Ionico Serre*), the Protected Home for the elderly (Area *Grecanica*). The outcome 2., using the 14% of resources, proposes the experimentation of e-health services (remote assistance, alert and diagnosis), through integration of programmed actions (Area *Grecanica*, Area *Reventino-Savuto*) with the implementing regional telemedicine services and with the available digital infrastructure and services. The outcome 3. is based on synergic actions, proposed by every Area, using the 19% of resources, aimed to the adaptation of public spaces for the creation of helicopter bases, health and voluntary workers training for the first aid needs, buying the equipment for the emergency response, where required. To the outcome 4, both Area *Reventino-Savuto* contribute with a training project of caregiver and provision of voucher for the home

care, and Area *Sila-Presila* contribute with a significant integrated home care project. Finally, the outcome 5., using the residual percentage of resources equal to 8%, is implemented by the Area *Reventino-Savuto*, for redevelopment and refunctionalization of public buildings with aggregative and social aims.



**Figure 10 Distribution of Expenditure by Macroresult**  
*Source:* our processing from Area Strategies documentation.

### 3.2 Implications of the COVID- Pandemic, Contrast and Mitigation Measures, Regional Approach to Emerging Territorial Priorities

As a result of the epidemiological emergency caused by COVID-19, the European Commission has launched the “Coronavirus Response Investment Initiative (CRII)”, a first package of measures, approved on 30 March 2020, focused on an amendment to Regulation (UE) n. 1303/2013 and Regulation (UE) n. 1301/2013, to which a second package of measures, on 23 April, has followed (CRII+). These measures allow a higher flexibility in the use of cohesion policies programmes resources and open to the possibility financing special measures against epidemiological, economic and social emergency. In this context a first Operative Regional Programme (POR) riprogramming has been inserted, approved on 20 May, that has introduced new actions within some priority Axis, on health policy.

The second riprogramming, started with the conclusion of an agreement between Calabria region and Ministry for the South and Territorial Cohesion, aimed to redirect POR resources, not still accountable, for the financing of all combat measures to COVID-19 emergency, has identified an amount of 500 millions of euro, 340 millions of which funded by FESR Programme and 160 millions funded by FSE, to be allocated to the following priorities:

- 1) health emergency (140 millions of euro);
- 2) education and training (45 millions of euro);
- 3) economic activities (180 millions of euro);
- 4) employment (100 millions of euro);
- 5) social inclusion (35 millions of euro).

In the perspective to integrate and make synergic the regional measure with those already promoted by the four Areas, the partial remodeling of programmed projects has been suggested, especially on telemedicine and emergency services, to avoid the risk of potential overlaps with the planned and implementing actions on regional

ownership.

The four Strategies project programmes, on Health and social Inclusion, one of which is included in the Framework Programme Agreement (APQ), already subscribed (February 2020), and the others currently under examination for the signing of APQ, wait, at the moment, the final approvals by regional bodies (Commissario ad Acta appointed by the national Government) and by Ministry of Health, to be implemented.

#### **4. Conclusions**

The current pandemic, although engendering the emergency state of the health system, has at the same time proved to be an opportunity for reflection on urgent needs to fulfill, in order to provide territorial medicine services to the most far areas from urban service centres, that are inner areas. The analysis of the programmed Area Strategies, in the Calabrian territory, has shown that these had been founded, on health and inclusion social services, on the strengthening basic health and social-health care services integrated with innovative actions, aimed to reduce the distance between patients and healthcare professionals, by the support of digital technologies, and the taking charge of the most fragile population living in these places.

The proposals emerged from the territories, in line with those from national Strategy, not only concern a more than legitimate demand for the maintenance and decentralization of services, with the consequent provision of the essential service of citizenship that guarantees women and men, young and less young, who live in these territories, assuring in fact the first condition for the survival of the same marginal areas. In fact latently, the demand of a strongly and ramified territorial medicine, indicates an essential way for the social growing and development of entire region, which pandemic has revealed in its essentiality. The trend observed at such a serious and risky stage for the health of all, in every area, in regional territory, but also in the national and international ones, has indicated that the recovery of marginal areas may be the very reason for survival, and the necessary guarantee of essential public health services. Migration in the last two years from the most populated cities to rural and inland areas, generally with a lower population density, and with a greater availability of living conditions in a healthier environment and landscape, have demonstrated the potential of these areas. In particular, stressing that a balanced and sustainable development of entire regions and nations cannot be separated from the maintenance of essential services in marginal areas, to protect the citizens who already live there and those who have imagined and can consider going there. The attractiveness shown by these areas also towards target hardly imaginable before the pandemic, as young professionals working remotely from workplaces located in other regions of Country or foreign (the so called south working), demonstrates the potential of marginal territories, both for the essential maintenance and strengthening of local resources, on which SNAI policy is well aimed, and for innovation opportunities to be grasped and experienced, useful to entire community, starting from the health of all and, in particular, of the most difficult to reach subjects.

Then a correct indication launched by the marginal territories of Calabria, which, with the pandemic, has proven to be decisive and useful, as well as possible, in a design of a different and more effective healthcare closer to the user, and to all people fragile and difficult to reach.

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