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Ignazia Bartholini
Il sistema sanitario siciliano. Uno sguardo bifocale alle traiettorie e alle prospettive
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What lessons can we learn from previous socio-health integrated models? Is the community health approach as well, as the beneficiary-centred approach, the best answer to provide quality services for citizens? How can healthcare multilevel governance confront and adapt to global challenges and the current society of risk? These are the questions answered by the book of the scholar Ignazia Bartholini "Il sistema sanitario: Uno sguardo bifocale alle traiettorie e alle prospettive", published in 2023 by the editor Rubettino. The volume, that contributes to the fulfillment of a literature gap on the Italian healthcare system, offers a pioneering and accurate intersectional − with a specific focus on migrants − time-related and multilevel analysis of the Sicilian Regional Health System. The book, that touches key concepts of Health Sociology, such as multilevel governance and co-production, communication, participation, beneficiary-centred approach, relations, sustainability and de-hospitalization, explores the Regional Health system at a macro level, in particular on the social policies and at a micro level, mainly based on the individual's experience − focusing on the paramount role of primary care as an adequate equal and inclusive healthcare system able to respond to social inequalities (Subiza-Pérez *et al.*, 2021).

Through a temporally contextualized systemic sociological lens, the author situates the Sicilian healthcare system within a distinct socio-demographic and economic framework, both regionally and internationally. The intricate socio-demographic landscape, coupled with the constrained availability of economic resources, has historically necessitated the reconfiguration of a multilevel governance structure for regional health, grounded in principles of economic and social sustainability (Cantarero-Prieto *et al.*, 2017).

The innovative transversal dimension of time facilitates a comprehensive analysis of the Regional Health system across past, present, and future trajectories. The global economic crisis of 2008 exerted a direct influence on health services,

manifesting in elevated mortality rates and a reduction in the availability of care services (Nolasco *et al.*, 2018). Consequently, regional health funding has dictated the reorganization of the health system and the management of resources. The inequitable allocation of health funding at the regional level significantly affects the quality of health services (*ibidem*). This issue is exacerbated by a high ageing index, which contributes to an increase in chronic diseases and, subsequently, a heightened demand for healthcare services (Gómez-Navarro *et al.*, 2011).

The author elucidates that the optimal practices derived from antecedent models, particularly at the micro-level, can substantially enhance the quality of services through the adoption of a beneficiary-centered paradigm. The enactment of a beneficiary-centered approach serves to mitigate the issues of overdiagnosis and overtreatment, phenomena that not only detrimentally affect patient health outcomes but also contribute to the inefficiencies within the healthcare system (Coll-Benejam *et al.*, 2018). Furthermore, the temporal dimension is oriented towards the future trajectory of the healthcare system, emphasizing the significance of technological innovation and the digitalization of public health services.

From a sociological standpoint, this text transcends the conventional perception of a healthcare system confined to the structures of health service organizations. It underscores the necessity of implementing an integrated approach that amalgamates public and informal care, leveraging the networks of patients. This synthesis operationalizes a beneficiary-centered framework that adeptly manages and calibrates both informal and formal care services in accordance with the socioeconomic and familial contexts of patients. Consequently, the healthcare system is better equipped to address systemic health disparities and socioeconomic inequities (Subiza-Pérez *et al.*, 2021).

Socio-economic framework and the multilevel governance of the Sicilian health system

According to Parsons' structural functionalism, the lack of a stable health state signifies a dysfunction within the social order. In the absence of health, individuals are unable to meet societal demands and contribute effectively to the community. Over recent decades, ensuring the right to health for Italian citizens has emerged as one of the most formidable challenges confronting healthcare systems. The prevailing unstable socioeconomic environment has significantly impacted the resources allocated to

health systems, prompting top decision-makers to redesign healthcare frameworks with an emphasis on cost reduction and resource optimization. The structure of the Sicilian healthcare system, which initially prioritized effectiveness, rationality, and efficiency, has transitioned towards a more heterogeneous territorial and provincial management model that emphasizes preventive measures and the implementation of home care services, as outlined in the 2007-2009 Deficit Recovery Plan.

The author, who introduces the volume with a historical overview of the Sicilian Healthcare System, begins with an analysis of the "Piano di rientro," as mandated by Law 5 of 2009, and subsequently focuses on the 2017 Health Integrated Plan (d.r. 31 July 2017). This governance framework is currently encumbered by a chronic and hereditary dysfunction in health services, which creates a disparity between citizens' needs and the services actually provided. Key issues addressed by the author include structural fragility stemming from inadequate resources and social cohesion, fragmentation of services, the superficial establishment of relational networks, and a reliance on political and institutional connections primarily aimed at garnering electoral support. In fact, the Sicilian health system has long been the subject of scandals and criticism, revealing a legislative framework that struggles to implement and consolidate reforms within a context characterized by systemic illegalities. This often results in a clientelist approach that prioritizes electoral gain over community welfare, alongside bureaucratic inertia that resists technological innovation and necessary change (Lori *et al.*, 2023).

In addition to organizational and structural challenges, the Regional Healthcare system faces significant demographic pressures. The region is grappling with a high ageing index, particularly in areas severely affected by depopulation and a lack of intergenerational turnover. The multimorbidity prevalent among the ageing population presents both organizational and resource challenges (Giarelli, Venneri, 2009), necessitating a coordinated model that involves various professionals with diverse specializations (Tambo-Lizalde *et al.*, 2021) and addresses the holistic needs of patients. Although general practitioners are intended to serve as the initial point of contact, patients frequently opt to visit emergency rooms directly, perceiving general practitioners as lacking specialization, which leads to overcrowding in these facilities. Co-production of care facilitates domestic protected care, enabling patient dehospitalization, yet it remains contingent upon the patients' primary relationships.

The Sicilian Healthcare governance

The Italian regions endowed with special administrative status, such as the Sicilian Region, play a pivotal role within the normative and administrative healthcare framework (Gori, 2019). This differential autonomy, grounded in fiscal federalism[1] – where each region is responsible for formulating its own fiscal policies – affords significant adaptability to the unique demands of its regional context. However, the regional special administrative status has resulted in a misalignment of healthcare governance and health rights between Italy's Southern and Northern regions (Pavolini, 2011). In contrast to their Northern counterparts, the governance of health in Sicily is characterized by a frail public structure that struggles to deliver quality services, particularly in peripheral areas (Bartholini, 2023).

The absence of a synergistic integrated socio-healthcare system at the regional level emerges as a primary critique highlighted by the scholar. Despite the existence of a socio-legal framework designed to foster socio-health integration—such as the National Plan on Health Prevention (Piano 2020-2025), which advocates for the co-production of interdepartmental health, social services, education, and environmental projects – the author identifies a critical gap in communication between the Assessorato Regionale alla Salute and the Assessorato della Famiglia, Lavoro e delle Politiche Sociali.

This lack of coordination significantly impedes the effective allocation of resources and competencies from the apex of governance. The absence of a robust coordinating body for multilevel governance results in a heterogeneous configuration at the regional level, with healthcare systems primarily determined at the provincial level through the Piano di Zona. The Single Access Point (PUA) serves as the foundational mechanism for implementing social-health integration, coordinated by local governance, which includes local administrations, the ASP-Provincial Health Authority, and civil society. The diverse array of civil society entities, which play a crucial role in co-designing community socio-health services through an accreditation system, alongside local administrations, ensures a complex and varied configuration of the Sicilian territory, driven by the synergy and effective coordination of local healthcare governance.

[1] Fiscal federalism, based on the Art. 119 of the Italian Constitution, is a principle of state organisation in which fiscal power is distributed between a central government and sub-national entities, such as states or regions.

The absence of a strong vertex that coordinates the multilevel governance creates a heterogenous configuration at a regional level, since the healthcare system is mainly determined at a provincial level with the Piano di Zona. The Single Access Point (PUA) is the basic system for the implementation of social-health integration, that is coordinated by the local governance, composed of the local administrations, the ASP-Provincial Health Authority and the civil society. The diverse configuration of civil society entities, that through an accreditation system, have a relevant role in the co-designing of the community socio-health services, as well as local administrations guarantees a completely heterogeneous configuration of the Sicilian territory dictated by the synergy and efficient coordination of the local healthcare governance.

Covid 19

In the wake of the COVID-19 pandemic, the concept of the "syndemic" emerges as a profound sociological lens through which to examine the anomic social facts that destabilize societal order and amplify individual uncertainties regarding health, economy, and social stability. The author adeptly illustrates how the pandemic has illuminated the interconnectedness of contemporary risks and the management of global crises, while simultaneously exposing the socio-ontological inequalities that permeate society, including disparities related to class, gender, ethnicity, and age. The COVID-19 crisis serves as a stark reminder that health risks are not merely biological phenomena but are socially constructed and exacerbated by structural inequities.

The syndemic context has necessitated a reflexive approach within Sicilian healthcare multilevel governance, compelling a reevaluation of priorities surrounding risk perception, resource distribution, public health collaboration, and sustainability. The urgent socio-economic needs of citizens have catalyzed a multilevel reorganization and coordination of socio-health services, aimed at providing immediate support to the most disadvantaged groups. The importance of the distribution of shopping coupons to lower-income individuals – those who faced job losses, evictions, and hunger – illustrates a targeted response to the socio-economic fallout of the pandemic.

The implementation of an urgent responsive system for patients affected by COVID-19 has posed significant challenges to health governance. The absence of clear directives from the central government resulted in a regional reorganization of the healthcare and social

ecosystem, characterized by a preventive and protective matrix. This reorganization encompassed not only public communication strategies – such as press releases detailing prevention and protection measures – but also operational adjustments involving the ASP-Provincial Health Authority, Civil Protection, the Red Cross, and regional institutions.

The rapid dissemination of COVID-19, coupled with the lack of formalized knowledge regarding the physiopathology of SARS-CoV-2, underscores the relevance of the structural functionalist model of sickness. Innovative preventative measures, such as the establishment of drive-in COVID testing in the provinces of Trapani and Palermo, aimed to identify infected individuals, including asymptomatic cases, to curtail the spread of the virus. Concurrently, protective measures were instituted through the creation of COVID-hotels, designed to isolate infected individuals unable to self-isolate in their houses. The urgent prioritization of vaccination for vulnerable groups required a reorganization of the PTA (Assistance Territorial Offices), employing a beneficiary-centered approach that emphasized operational flexibility. Resources were allocated to facilitate vaccine administration at the domestic level, including in RSA (Health Assistance Residences), through the activation of mobile vaccination units and flexible scheduling. Despite the successful rapid response to contain the virus's spread and protect the population, the concentration of resources required for these measures inadvertently led to a reduction in care for patients with other health conditions, particularly mental health issues.

The syndemic has exacerbated mental health challenges, manifesting as panic attacks and psychological distress, thereby underscoring the necessity for integrated public health responses that address both physical and mental health needs (Khan *et al.*, 2022). In response to these challenges, localized initiatives – such as the recruitment of over 90 psychologists by the ASP of Catania and the establishment of a psychological support hotline – have been pivotal in mitigating the broader impact of the pandemic on mental well-being, highlighting the importance of proactive mental health strategies. The author presents a compelling illustration of remote assistance and communication, framing the syndemic as a two-speed process where operational levels often lack the capital and resources necessary to implement the envisioned telemedicine framework. Ultimately, the author posits that the syndemic presents an opportunity to accelerate innovation, identify operational gaps, and enhance multilevel governance collaboration, thereby addressing

citizens' structural inequalities through a more robust beneficiary approach.

The beneficiary-centred approach

In the exploration of healthcare systems, the fragmentation of services often leads to significant limitations in the doctor-patient relationship, neglecting critical factors such as the structural determinants of inequity (Irwin, Solar, 2010). The 2015 Socio-health plan establishes the structure of a comprehensive multilevel governance coordinated by the health regional department. The multilevel governance seeks to address the fragmented organization of Sicilian healthcare and promote an integrated vision of social care services, by enhancing a synergetic and collaborative network of stakeholders working together, in order to better respond to the beneficiaries' needs, particularly for individuals at risk (Ingrosso, 2019).

The co-production model, involving both public and private stakeholders, is instrumental in defining and designing strategies that improve individual well-being (Baim-Lance *et al.*, 2019). By referencing the 1990's community care model, specifically Casa della Salute, the author illustrates a horizontal sociomedical integration approach rooted in EU principles of subsidiarity and participation, as promoted by Law 296/2006. This model not only personalizes care services but also challenges both structural and individual inequalities (Brandsen, Honingh, 2018) through the aggregation of multidisciplinary and multiprofessional teams.

A significant aspect of the Casa della Salute model is its recognition of informal care provided by family members and professionals within the domestic sphere (Bovaird, 2007). This recognition is crucial to ensuring the sustainability of complementary care services, as it allows for a more holistic approach to patient care. The Casa della Salute addresses the need to contain healthcare expenditures while complementing care services by actively involving patients' primary networks (Glaser, Strauss, 1968). The patient's primary network serves as an informal care asset that supports prevention, health promotion, and patient assistance and rehabilitation (Giarelli *et al.*, 2012). The construction of a healthcare model that distances patient care from traditional hospital structures, while coordinating formal and informal care, reflects a holistic vision of patient well-being as well as attention to the patients' emotional and relational needs (Ingrosso, 2018). The production of relational assets within and outside the hospital setting highlights the innovation of the patient's active citizenship

(Moro, 2005), by granting them an active role and responsibility in their care, yielding positive results (Newman, Tonkens, 2011). The distribution of socio-health vouchers for both autonomous and non-autonomous individuals, such as for domestic assistance, and personalized plans for minors with disabilities (Riemann, Schutze, 1991), exemplify the innovative strategies employed to manage time, work, and capital effectively.

The Casa della Salute model in Palermo, which comprises a multidisciplinary team including a doctor, a social worker, and several nurses, later expanded to include psychologists and school teachers, exemplifies the flexibility and accessibility of care with a beneficiary-centered approach. Its central location and extended hours of operation facilitated stronger relationships and communication with patients, particularly those from lower socioeconomic backgrounds. Despite its success, the Casa della Salute di Palermo was ultimately closed after ten years, raising questions about the sustainability of such innovative models in the face of systemic challenges.

A beneficiary centered approach for migrants

It is essential to acknowledge the significance of a beneficiary-centered approach as a best practice model within the Sicilian region, particularly in relation to the unique circumstances surrounding migrants. The island's geographical position has historically facilitated a continuous migration flow along the Central Mediterranean route, a phenomenon that has intensified in the aftermath of the Arab Spring. The substantial presence of third-country nationals necessitates the implementation of tailored healthcare strategies to address their specific needs.

According to Article 28 of Regional Law No. 5 of 2009, healthcare services are guaranteed to all individuals residing within the territory, regardless of their residency status. However, it is noteworthy that undocumented migrants are limited to receiving only outpatient treatment, which raises concerns regarding equitable access to comprehensive healthcare services.

The author highlights a model that exemplifies a beneficiary-centered approach specifically designed for migrant populations. At the ASP (Azienda Sanitaria Provinciale) of Palermo, there exists a dedicated public unit for migrants, staffed by a multidisciplinary team comprising physicians, nurses, and social workers. This unit adopts an intersectional perspective, incorporating the expertise of gynecologists and a cultural mediator who is present three times a week. Spe-

cial emphasis is placed on addressing the mental health needs of migrants, particularly those arriving from the Central Mediterranean route, who often experience Post-Traumatic Stress Disorder (PTSD) as a result of psychological, physical, and sexual violence, as well as torture.

Conclusion

In conclusion, the book "Il sistema sanitario: Uno sguardo bifocale alle traiettorie e alle prospettive" offers a critical and accurate multilevel analysis of the Sicilian Health System through a sociological lens, addressing critical questions regarding the effectiveness of community health and beneficiary-centered approaches in delivering quality services. The time related lens of the author offers the reader a broad view of the health system, by contemporaneously highlighting the current challenges and the future opportunities of the health system. The book's contextualization of the Sicilian healthcare system within historical and socio-economic frameworks provides valuable insights into the ongoing struggles for equitable health access. This scientific "lessons learnt" approach pushes the reader in reflecting on the designing of a sustainable and equal health system that the necessity integrates informal care and social relations as a health service.

Bartholini's exploration of multilevel governance reveals the complexities and challenges inherent in coordinating healthcare services across various levels of administration. By highlighting the importance of integrating public and informal care, the author advocates a holistic approach that not only addresses the immediate health needs of individuals but also considers the broader socio-economic determinants that shape health outcomes. The pressing need for resilience in public health systems, balancing immediate epidemic responses with sustained attention to overall societal health as well as emphasis on co-production and collaboration among stakeholders underscores the potential for innovative practices that can enhance the responsiveness and inclusivity of healthcare services.

Ultimately, Bartholini's work serves as a call to action for policymakers, healthcare professionals, and scholars alike to rethink and reform healthcare delivery models. By embracing a beneficiary-centered approach and fostering collaboration among diverse stakeholders, the Sicilian healthcare system can better meet the needs of its citizens, particularly the most vulnerable. This book not only contributes to the academic discourse on health sociology but also offers

practical implications for improving health equity and access in a rapidly changing world.

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