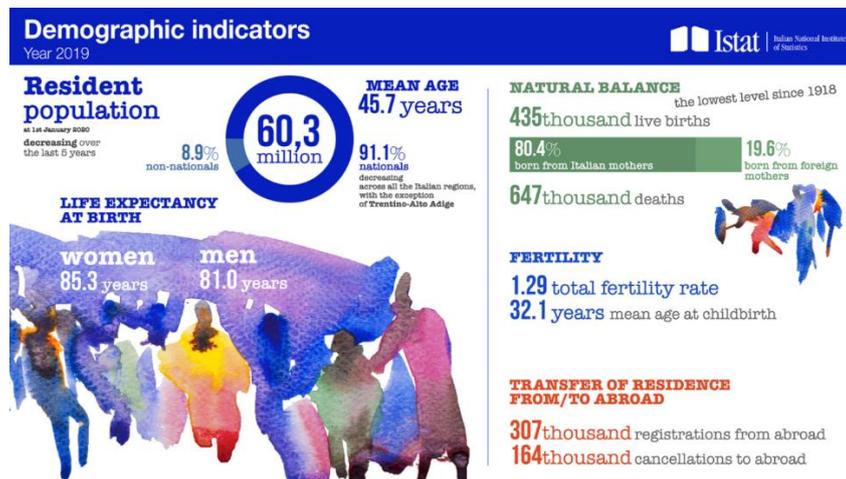


ITALY – OUTPUT 1

PART ONE - ITALY – NATIONAL REPORT (all data have been retrieved from the Istat – Istituto Nazionale di Statistica website, www.istat.it)

1. Population and geographical coordinates

Italy, as of 01/01/2020, has a population of 60.317.000 inhabitants (116.000 less than the 2019 figure) and is the third most populous state of the European Union, with a mean age of 45.7. It is also of paramount importance to state that given the uncertainty of our present situation (the SARS-CoV-2 diffusion and consequent Covid-19 worldwide outbreak, which hit Italy with unimaginable hardness) this figure may be quite different at this point. The population in its entirety is composed by a 91,9% of people with Italian nationality and an 8,9% of foreigners. In 2019 there were 435.000 newborns (the lowest mark since 1918) against 647.000 deaths; the trend between newborns and deaths is constantly widening year after year (for every 100 deaths there are only 67 newborns). The migration flows registered a plus 143.000 registry entries (307.000 total registry entries with 143.000 registry cancellations); in 2018 there were 175.000 registry entries.



For our purpose is of great interest the number of families in Italy with access to broadband internet or with at least a member of the family who can be considered tech savvy (with enough digital skills to run and proficiently use a remote access rehabilitation platform). 74,7% of Italian families have broadband internet access, a percentage which rise higher if we consider the families with at least a kid aged 0 to 17: 95,1% of them has access to broadband internet. The 67,9% of the entire population aged six and more use internet on a daily basis. The 36,1% of the population has used internet in the last 6 months to book online services, a category in which our system can be encased (e-commerce excluded).

Italy covers a total area of 302.068 km/2 (with the exclusion of the enclaved microstates of Città del Vaticano and Repubblica di San Marino).

2. What are the official languages in your country? What other languages are commonly spoken?

Italy's official language is Italian, and it is often spoken in a regional variety.

In addition to the Italian language there also are historical linguistic minorities officially recognized by the central state, by means of the national law n. 482/99, or by various regional

laws; in some regions these “minority languages” even share co-official status and dignity with the Italian language:

- Aosta Valley: french is co-official and enjoys the same status of the Italian language; german is recognized as a minority language in the Lys Valley;
- Apulia: Griko dialect (an italo-greek dialect spoken in Salento), Albanian (spoken by a minority of Albanian people in Italy, the arbereshe people) and Franco-Provençal (spoken in the city of Foggia);
- Friuli-Venezia-Giulia: slovenian (co-official in the provinces of Trieste, Udine and especially Gorizia-Nova Gorica, a city divided in two between Italy and Slovenia);
- Sardinia: the region considers the cultural identity of the Sardinian people as a primary asset and heritage and therefore all the languages indigenous to the island (Sardinian, Catalan, tabarchino, sassarese and gallurese) are recognised and promoted as enjoying the same status of the Italian language;
- South Tyrol: german is co-official and enjoys the same status of the Italian language
- Trentino: ladin is co-official in some valleys and enjoys the same dignity of the Italian language.

3. Socioeconomic profile

In Italy the average annual income is of 18.986€ in a single member family, 32.364€ in a two members family, 39.483€ in a three members family, 41.755€ in a four members family and 44.619€ in a five or more members family (mean average annual income: 31.393€). The numbers dramatically change when considering different parts of Italy:

	Family members: 1	2	3	4	5 or more
North-west	20.361	35.376	44.502	50.497	51.927
North-east	20.192	35.835	45.715	49.372	57.037
Center	20.295	33.966	40.452	47.183	50.440
South	15.869	25.207	33.032	31.689	32.807
Islands	15.133	24.939	28.657	29.919	32.885

The people at risk of poverty or social exclusion are the 27,3% of the population and the people at risk of poverty are the 20,3%.

As of november 2019 the employment rate is 59,4%.

4. Educational profile

In Italy 8.425.000 people has a primary school certificate (no educational degree), 16.825.000 has a lower secondary school certificate, 18.939.000 has an upper and post secondary degree and 7.777.000 has a university, doctoral or specialization degree.

Taking into consideration four different age classes (15-24 yrs, 25-34 yrs, 35-64 yrs and 65+ yrs) we have the following data:

Age Class	Primary School Certificate	Lower Secondary School Certificate	Upper Secondary School Certificate	Post Secondary School Certificate	University, doctoral and specialization courses	TOTAL
15-24 yrs	58.000	2.931.000	198.000	2.387.000	297.000	5.871.000

25-34 yrs	121.000	1.457.000	394.000	2.751.000	1.809.000	6.533.000
35-64 yrs	1.617.000	9.236.000	1.769.000	8.824.000	4.578.000	26.023.000
65+ yrs	6.630.000	3.228.000	501.000	2.115.000	1.093.000	13.566.000

61% of the entire population has at least a high school degree, 19,3% has a university/college degree. In the age class between 25 and 64 the 61,7% of all the people has a high school degree while the 19,3% has a university degree. In the age class between 25 and 34 the 75,9% of the people has a high school degree while the 27,8% has a university degree.

5. Funding and structure of healthcare in Italy

In Italy we have a national health service (Servizio Sanitario Nazionale – SSN) funded by the taxation system. On our national territory we have 576 public hospitals and 479 private hospitals accredited to the SSN with a total of 1055 hospitals.

In Lombardy, our region, the SSN comprehends 8 ATS (Agenzia di Tutela della Salute) divided in 27 ASST (Aziende Socio-Sanitarie Territoriali, formerly known as Aziende Ospedaliere, or hospitals).

6. How is cleft care organized/funded?

SSN or NGOs, for example Fondazione Operation Smile Italia Onlus, a no profit organization which supports cleft care programs in Italy and worldwide: www.operationsmile.it

7. Which disciplines are involved in cleft care?

In our hospital in Milan our cleft care team is composed of maxillofacial surgeons, orthodontists, speech-therapists, ENTs, radiologists, anesthesiologists, psychologists, geneticists, lactation consultants, pediatricians, neurologists and sleep physiologist.

A minimum unit must always comprehend a maxillofacial surgeon, an orthodontist, an ENT and a speech-therapist.

8. Description of your own institution

The Smile House in the Maxillofacial department of San Paolo Hospital provides care for craniofacial malformations, with a specific focus on cleft lip and palate; the structure has functioned as the regional center for cleft lip and palate since 1996 and we take care of patients coming from all of the country.

Cleft lip and palate is the most frequent craniofacial malformation, with an approximate incidence of 1/700 live births (Leslie et al. 2016). Newborn affected in Italy are approximately 500/year (Impellizzeri et al. 2019).

At Smile House Milano about 70-80 new cases are treated every year (considering cleft lip, cleft palate, cleft lip and palate) and a total amount of 180 cases per year including secondary surgery.

During the hospitalization the parent and the child remain in the hospital approximately 3 days.

At the center we also offer an orthodontic service: the orthodontic treatment starts as pre and post-operative therapy with the NAM, then around 5 years of age a palatal expansion could be

necessary for patients with hearing loss and OSAS, while in pre-pubescent age, orthopedic advancement with Alt-RAMEC technique (Meazzini et al. 2019) might be proposed.

At the Smile House we have 2 multidisciplinary clinics per week for cleft patients and one clinic per month for kids diagnosed with Beckwith-Wiedemann syndrome.

When necessary, the speech pathology counselling or therapy, can be run via Skype.

9. Does your team undergo any training in SLT and/or psychological aspects of care?

Yes. The ASST – Santi Paolo e Carlo is a university hospital (affiliated with the State University of Milan, located in the center of the city) and for this reason there are a lot of trainee programs for both SLTs and psychologists. A two months internship is attended every year by 6 to 8 students from the speech and language therapy university course and voluntary internship programs are also offered to anyone who shows interest in improving his or her knowledge in this field of expertise.

10. Current challenges faced in providing care for patients and families affected by cleft in your institution and across the country.

Since the SSN is taxation funded patients don't have any problem related to costs, insurance policies or other issues regarding this matter. Our challenges, from a speech pathologist point of view, may be as follow:

- Need to determine a diagnosis with the entire team involvement;
- possibility of giving treatment in the same structure where assessments are conducted;
- ability to define the nature of the velopharyngeal dysfunction (performing a differential diagnosis);
- ability to define the therapeutic project including family commitment;
- ability to address the family to the right speech therapist for their specific need countrywide;
- ability to manage cleft patients in case of late surgery (for example: adopted kids, adults with clefts still open)
- ability to suggest a correct approach (especially in VPI cases) to other colleagues with different backgrounds

11. What is the situation for people with cleft in society? Which challenges do they face?

Of course, the situation varies depending on the age that we take into consideration and the severity of every single case: presence of comorbidities obviously worsens the whole person situation. Aesthetic or functional outcomes determine the global success with direct consequences on the psychological aspects that can vary given the ages that we take into consideration, but these two aspects are the most effective on the person itself and the family. The challenges they face in the worst cases are, in the early ages the acceptance from their peers and later on finding a place in society. The awareness is the first step of self-acceptance and most of the time determines the start of a positive turn in every patient life.

12. Are the challenges faced by people distressed by their appearance a priority for your government?

Not that we are aware of.