Ideas MELting pot for TIC and Health science for Citizens in small communities (MELTIC)

WP3: Stakeholder analysis and context description for co-creation process
Deliverable D3: Stakeholder analysis and context description for co-creation process (M4)

June, 2020
This project has received funding from the European Union’s Horizon 2020 research and innovation programme under Grant Agreement (GA) No 741527 and runs from May 2017 to April 2021.
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1. **Version control**

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<th>WP3</th>
<th>Work package title:</th>
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<td>Date:</td>
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2. Summary

2.1. General Objective of MELTIC

The aim of MELTIC project is to make research activities in ICT in Health and Biomedicine more open, transparent and accessible in order to increase its research and impact in society and contribute thereby to improve the quality of life of European citizens in small communities.

Also, MELTIC brings together relevant stakeholder groups to co-create and indicate ideas and required innovation for researchers in ICT in Health and Biomedicine.

2.2. Specific Objectives

MELTIC pursues the fruitful cooperation among practitioners to produce suitable ideas for research in topics such as self-learning, false information discrimination and addiction prevention (such as ludopathy as addiction to games and gambling). One of the project challenge is to find suitable answers about how to use smart technologies to transform public spaces in small communities into people-friendly environments.
3. Objective of stakeholder analysis and context description for co-creation process

This document outlines the Analysis of Stakeholders and context for the co-creation process to accomplish expected project objectives. This analysis takes into account structure of stakeholders identified previously in grey literature and databases and also, the direct information supplied by MELTIC partners in its workfield.

As background of stakeholder analysis is necessary to indicate that use of smart technologies in public spaces is increasingly creating new forms of social interactions and practices, as well as it creates new socio-spatial relations and promotes interactions and communication between isolated and disperses communities. These kind of new relationship scenarios drive the need to re-think social practices and the use of public spaces, which might also have an impact on the development of ICTs and their devices.

The dialogue and connection among people (as users) with real and virtual worlds also open up new requirements in advanced knowledge, in new ways to gather information and also to understand the data. Also, there is an additional need to manage and disseminate acquired knowledge.

MELTIC analysis in current use and development in electronics, information and telecommunications expresses a relevant impact in the spread of these technologies in daily lives, and almost every day something new is aggregated.

MELTIC project connects EU polices challenges and specific demands of European citizens as stakeholders in small communities, and about depopulation impact, healthcare needs, active aging, education gaps and climate change, with scientific disciplines of Health and Information and Communications Technologies in order to find out innovative ways to improve the quality of life.
4. Analysis of Stakeholders and context for the cocreation process

MELTIC has brought together stakeholders from Italy, Spain, Portugal and Romania to share their interests and values and generate new ideas, concepts, products or projects.

Usually, in co-creative projects, all groups are involved and have influence throughout the project lifecycle: in planning, implementation and dissemination. There are wide varieties of stakeholders who are interested in research activities and it will suppose relevant contributions in certain parts of scientific research procedures and scope. Also it will suppose the opportunity to incorporate contributions in products design, processes, or services such as an online websites or applications.

The foreseen study in MELTIC linked with practitioners contributions will also allow to identify potential impacts of new ideas for research as well as to know opportunities and risks that have not yet been systematically compared, discussed and evaluated. The consequences of this relationship are not yet fully investigated. Long-term experiences and analysis do not yet exist, meaning that an ultimate evaluation of the consequences of ICT in small communities is still awaited matter of study in the near future. Due the fast development in technologies and its application there is a permanent need to monitor and support the work of ICT researchers, urban designers and social agents.

This document supplies a first review of the current profile of stakeholders implied in MELTIC from each participant country and also gives clues about the major fields of interest for these stakeholders as practitioners. This deliverable D3, as Analysis of stakeholders and context for the co-creation process, supposes a first step to identify

Finally, we produced this reference document with all these Stakeholder’s contributions about fields of interest and an excellent way to drive the cocreation processes with them..

4.1. Stakeholders identification

EU partners involved in stakeholder identification were investigating within its wide group of practitioners. They made a filed work with government entities, educators, charities, civil societies, patient groups and citizens. With this information MELTIC create a list of potential participants with an adequate combination of representation of end and intermediate users of healthcare resources, services, technologies and research and proactive profiles. This short list of stakeholder candidates was evaluated by MELTIC partners. The number of stakeholders to participate in the co-creation event was around 5 people from each of the four EU participant countries (Spain, Portugal, Italy and Romania).

The persons in charge of this task were as follows:
4.2. Baseline of identified stakeholders profiles

The starting point in MELTIC in relationship with stakeholders profiles is based in the literature review collected in D2. As it is expressed in following figure we identified a wide range of potential stakeholder profiles.

In this Figure 1 is showed this big picture of users that can provide useful help to stakeholders in 29 social and healthcare environments, obtained in D2.
4.3. Identification of stakeholders profiles and topics of interest from each EU MELTIC partner

Partners made an exploratory study about stakeholders and its areas of work as well as the spatial and social aspects in small and isolated communities that could be enriched by means of ICT. It is showed in following Figure 2 and Table 1.

![Fig. 2 Stakeholders Involved](image)

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Table 1. Stakeholders

<table>
<thead>
<tr>
<th>Country</th>
<th>Stakeholder (profile)</th>
<th>Topic of interest</th>
<th>Name &amp; surname</th>
<th>Occupation</th>
<th>Position</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spain</td>
<td>Parents and patients</td>
<td>Down’s syndrome patients</td>
<td>Daniel Morell</td>
<td>Project manager and technical assistance</td>
<td>Parents</td>
<td>Particular case study</td>
</tr>
<tr>
<td>Spain</td>
<td>Nurse</td>
<td>Patients of fibromyalgia</td>
<td>Isabel Pilar Moreno</td>
<td>Technical assistance</td>
<td>President</td>
<td>Fibromyalgia Association</td>
</tr>
<tr>
<td>Spain</td>
<td>Nurse</td>
<td>Patients of cancer</td>
<td>Rocío Gómez Ojeda</td>
<td>Trainer of volunteers</td>
<td>President</td>
<td>“La Vida” Palmerina Association against cancer</td>
</tr>
<tr>
<td>Spain</td>
<td>Psychologist, patient coacher</td>
<td>Autism</td>
<td>Mª Carmen Ávila</td>
<td>Technical assistance to patients</td>
<td>Expert / Psychology</td>
<td>“La tortuga” Therapeutic Association</td>
</tr>
<tr>
<td>Spain</td>
<td>Support older adults as patients and their families</td>
<td>People with disabilities</td>
<td>Maite García</td>
<td>Social worker and trainer</td>
<td>Coordinato r of local social services</td>
<td>Social Public Services</td>
</tr>
<tr>
<td>Spain</td>
<td>Advice senior organisations</td>
<td>Technologies for seniors</td>
<td>Andrés Dochao</td>
<td>Public Servant</td>
<td>Project Manager</td>
<td>Association of La Palma del Condado Friendly City</td>
</tr>
<tr>
<td>Romania</td>
<td>Patients with chronic diseases</td>
<td>IT Technologies &amp; Logopatia in rurales áreas &amp; ludopathy prevention &amp; Diabetics</td>
<td>Gheorgh e Duşă</td>
<td>Retired engineer</td>
<td>Employee</td>
<td>LAG Timis Torontal Barzava Asociation</td>
</tr>
<tr>
<td>Romania</td>
<td>Parents, health workers, professors</td>
<td>Sexual education among teenagers</td>
<td>Oana Gárba</td>
<td>Non-governmental association</td>
<td>Employee</td>
<td>LAG Timis Torontal Barzava Asociation</td>
</tr>
<tr>
<td>Romania</td>
<td>Improving life of chronic patients using digital healthcare (for exemple supervision of chronic patients through mobile app, Smart watches)</td>
<td>Digital transformation in healthcare (Telemedicine)</td>
<td>Larisssa Duţă</td>
<td>Pharmacist</td>
<td>Medical devices specialist</td>
<td>Pharma industry</td>
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<tr>
<td>Romania</td>
<td>Patients</td>
<td>Rural Access to the Healthcare system</td>
<td>Oana Lazar</td>
<td>Chemical Engineer</td>
<td>Manager Medical Devices</td>
<td>Pharma industry</td>
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<tr>
<td>Romania</td>
<td>Parents, health workers, professors</td>
<td>Knowledge attitude and perception of sexual education among teenagers</td>
<td>Tania Gabor</td>
<td>Student</td>
<td>Medical Student (last year)</td>
<td>Victor Babes University of Medicine and Pharmacy Timisoara</td>
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<tr>
<td>Portugal</td>
<td>Political decisión maker</td>
<td>Rural Acess to the Healthcare; Community health; Occupational health</td>
<td>Élia Quintas</td>
<td>Responsible for the health sector</td>
<td>Vice-Mayor</td>
<td>Municipality of Reguengos de Monsaraz</td>
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<tr>
<td>Country</td>
<td>Stakeholder (profile)</td>
<td>Topic of interest</td>
<td>Name &amp; surname</td>
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<td>Portugal</td>
<td>Community</td>
<td>Local development</td>
<td>Esmeralda Lucena</td>
<td>Food engineer</td>
<td>Secretary of the City Council</td>
<td>Municipality of Reguengos de Monsaraz</td>
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<tr>
<td>Portugal</td>
<td>Humanitarian Organization</td>
<td>Community Health System</td>
<td>Nuno Rosmaninho</td>
<td>Psychologist, Director</td>
<td>Regional Delegate of the Portuguese Red Cross</td>
<td>Red Cross</td>
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<tr>
<td>Portugal</td>
<td>Family Doctor in the REMO – Family Health Unit</td>
<td>Community health</td>
<td>Carla Martins</td>
<td>Intern of General and Family Medicine</td>
<td>Internal doctor</td>
<td>REMO - Family Health Unit</td>
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<tr>
<td>Portugal</td>
<td>Educational Community (Whole school)</td>
<td>Health Education</td>
<td>Elsa Reis</td>
<td>Teacher</td>
<td>Health Educational Coordinator</td>
<td>School of Reguengos de Monsaraz</td>
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<tr>
<td>Italy</td>
<td>GAL Molise verso il 2000</td>
<td>TELE-MEDICINE In rural Areas</td>
<td>Adolfo Fabrizio Colagiova nni</td>
<td>Private/Public Body</td>
<td>Chief of Technical Department</td>
<td>Local Action Group of Molise versus</td>
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<td>Public Body</td>
<td>Major</td>
<td>Municipality of Mirabello</td>
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<tr>
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<td>Luca Issue</td>
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<td>Employee</td>
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<td>Public Body</td>
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<td>Molise Regional Assembly</td>
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<td>Spain</td>
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<td>Older institutions</td>
<td>Carlos Vila</td>
<td>Social organisation</td>
<td>Lawer</td>
<td>Mareas de Residencias</td>
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<td>profesor</td>
<td>Coral Hernández</td>
<td>University</td>
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<td>Universidad Complutense (Madrid)</td>
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<td>teacher</td>
<td>Cristina Montejo</td>
<td>Education/social teacher</td>
<td>Instituto ESB de Cuelas del Valle (Avila)</td>
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<td>teachers</td>
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<td>University</td>
<td>Profesor</td>
<td>Centro Universitario Cardenal Cisneros (Madrid)</td>
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<td>teachers</td>
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<td>Universidad Autónoma (Madrid)</td>
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5. Lessons for MELTIC from discussion group

MELTIC developed an online discussion group in past month of June, 2020 in order to identify first wave of lessons to be taken into account as part of the dialogue with stakeholders. One clear remark is that most of Stakeholders involved cover part of subjects of interest in ICT in Health and Biomedicine. Also, they have different level of involvement in communities and technologies. For example, we have direct access to requirements of patients affected by Down's Syndrome and we have other stakeholders who are Healthcare professionals with a variety of fields of work with differente patients. This second kind of stakeholders has also experience in technologies. Both cases supposes a key enrichment of MELTIC objectives.

Interest shared by all is the use of technologies to promote healthy habits or to change risky behaviors. There is a great potential for health promotion practitioners to be engaged in app development for the purpose of promoting healthy behavior along all life, from early years to elder and health promotion in general. Another aspect described is the possibility of cultural adaptation toward better prevention and treatment of syndromes and illness in different communities by means of support of smartphone or web platforms.

Smartphone-based interventions play a key role in enabling the ubiquitous and proactive social and health monitoring and care services of the future and have the potential to reach a hight amount of population completing what is available in Internet. Nevertheless, access through apps does not ensure necessarily it enough usage but, in adition, it is assessed whether using the smartphone application is effective in wellbeing improvement, as well dissemination of Internet-based interventions for prevention, treatment, and management of different disorders across countries.

The relationship between the citizens and the smartphone in relation to the attention to the new models of care that are oriented to navigate on the mHealth, we generally are today assisting to:

a) An increasing interest on health of young subjects: in particular, recently special attention is devoted to the relation with the new forms of addiction caused by the mobile-technologies
b) The creation of Apps for an asynchronous by remote psychological self therapy based on virtual reality (VR) and augmented reality (AR)
c) The creation of Apps for the self-awareness and empowerment for the correct use of the smartphone, as for example Apps that returns information on the time of use of different smartphone applications
d) An increasing interest to the design and assess models of care with a high technological content for providing psychological therapy to young subjects using the same technologies and /tools with whom they are familiar.

As can be seen in the Table1 and in Figure 2, the sectors with the most representation are that of patients, followed by citizens or the general population. The concerns of all age groups will be included in MELTIC since it has representation from school-age children to older adults.
An aspect that appeared in some works in D2 was the social evaluation about “digital divide” that conditions in important way interventions based on mobile, computer and Internet use in depressed areas. Also it was presented by Stakeholders due to limited health care resources and the limited availability of interventions and clinicians in routine practice, especially in rural areas. The pandemic due to COVID-19 and everyone’s experiences will allow the enrichment of contributions and the incorporation of new aspects that were not initially considered of interest.

It was presented in D2 disorders about risky online behavior that are studied in a similar way as another risky behavior is but not considered by stakeholders as a priority at the present. We believe that the pandemic has prioritized concerns by shifting the focus of interest.
6. Conclusions

This research identifies stakeholders interested about how the innovative use smart technologies can transform public spaces in small communities into people-friendly human environments and promotes interactions and communication between isolated and disperses communities. They agree ICT in social and healthcare environments play a key role in enabling the ubiquitous and proactive health monitoring and health care services of the future.

Depending on the use of case scenarios, different applications put higher demands on Internet and Mobile communications. At the same time, the new social and health care environments should operate the use of technologies to promote healthy habits or to change risky behaviors. Possibility of having non-judgmental information and maintaining anonymity without subjecting stigmatization as well as the possibility of cultural adaptation may contribute to fight against depopulation in rural areas.

The use of ICT in social and healthcare environments provides a lot of benefits and an important advance in transform public spaces and promotes interactions and communication between isolated and disperses communities, improving the efficiency, quality, equity, interactions and communication and promotes interactions and communication between isolated and disperse communities.

But these successful factors may be accompanied by drawbacks about evaluating co-creation methodology, rural populations or regions with a dispersed population, minority or marginal conditions, depressed areas and the existence of the digital gap have been considered interesting to highlight. The study of these critical factors can guide not only in the preventionn, but also in the effective treatments in social and healthcare applications.
7. Strength and Limitation of stakeholders identifications

a. Strength

- Great diversity of stakeholders
- Heterogeneity of representation
- High representation of Patients of different pathologies
- The concerns of all age groups thanks to representation from school-age children to older adults.
- Background heterogeneous profiles
- Enriched scenarios after experiences of the pandemic due to COVID-19
- Excellent in depth knowledge of stakeholders in their fields of work, even in technologies associated to healthcare and daily treatments

b. Limitations

- Stakeholders only partially cover expected subjects
- Under-representation of the nursing sector and social workers
- Gap of representation in a few expected sectors.