

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

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WP3: Stakeholder analysis and context description for  
co-creation process

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

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## 1. Version control

Work package nº:	WP3	Work package title:	Stakeholder analysis and context description for co-creation process
Deliverable nº:	D3	Deliverable title:	Analysis of stakeholders and context for the co-creation process
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## 2. Summary

### 2.1. General Objective of MELTIC

The aim of the MELTIC project is to make research activities in ICT in the area of Health and Biomedicine more open, transparent and accessible in order to increase their social impact and thus contribute to improving the quality of life of European citizens in small communities.

Also, MELTIC brings together relevant stakeholder groups in order to co-create and come up with ideas and innovations for researchers in the area of Health and Biomedicine ICT.

### 2.2. Specific Objectives

MELTIC pursues the fruitful cooperation among practitioners with the aim of producing suitable ideas for research in topics such as self-learning, discriminatory misinformation and addiction prevention (Compulsive gambling, gaming and betting). One of the challenges of this project is to find suitable answers regarding the role that smart technologies can play in the transformation of public spaces in small communities into people-friendly environments.

### 3. Objectives of the stakeholder analysis and context description for the co-creation process

This document outlines the Stakeholder analysis and sets the context for the co-creation process in order to meet the project's objectives. This analysis takes into account the make up of the stakeholders, previously identified in grey literature and databases, as well as information coming directly from the MELTIC partners working environment.

As a background to the stakeholder analysis it is necessary to point out that the use of smart technologies in public spaces is increasingly creating new forms of social interaction and practices, as well as creating new socio-spatial relations that promote interactions and communication between isolated and disperse communities. This results in the need to re-think social practices and the use of public spaces which could also have an impact on the development of ICTs and their devices.

The dialogue and connection between people (as users) with real and virtual worlds also opens up new requirements in advanced knowledge, not only in new ways of gathering information, but also in how to interpret the data. Also, there is an additional need to manage and disseminate the acquired knowledge.

MELTIC analyses the current use and development of information and communication technologies, highlighting their impact on our daily lives, with something new being aggregated almost every day.

The MELTIC project connects EU policy challenges with the specific demands of European citizens as stakeholders in small communities. The project analyses the impact of depopulation, healthcare needs, active aging, education gaps and climate change, and how the scientific disciplines of Information and Health Communication Technologies can find innovative ways to improve the quality of life.

## 4. Stakeholder analysis and the context for the co-creation process

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

Usually, in co-creative projects, all groups are involved and indeed continue to have an influence throughout the project's lifespan: in planning, implementation and dissemination. There exists a wide variety of stakeholders who are interested in research activities and this will lead to relevant contributions in the procedures and scope of the scientific research. This will also provide the opportunity to incorporate contributions in the design of products, processes, or services such as online websites or applications.

MELTIC's proposed study, alongside contributions from practitioners, will facilitate the identification of the potential impacts of new research ideas, as well as opportunities and risks that have not yet been systematically compared, discussed and evaluated. The consequences of these relationships have not yet been fully investigated. Long-term experiences and analysis do not yet exist, meaning that an ultimate evaluation of the consequences of ICT in small communities will require further studies in the near future. Due to the rapid development and application of new technologies there is a permanent need to monitor and support the work of ICT researchers, urban designers and social agents.

This document provides a first review of the current profile of the stakeholders engaged in MELTIC from each participant country, whilst also giving an insight into the major fields of interest for these stakeholders as practitioners. This deliverable D3, as a Stakeholder Analysis and context for the co-creation process, supposes a first step in identifying stakeholder contributions.

Finally, we have prepared this reference document of Stakeholder contributions regarding their fields of interest and it will be an excellent way to promote the co-creation processes with all of them.

### 4.1. Stakeholder identification

EU partners involved in stakeholder identification found a wide variety of interested parties, government entities, educators, charities, civil societies, patient groups and citizens. With this information MELTIC created a list of potential participants with a representative combination of end and intermediate users with regards to healthcare resources, services, technologies, research profiles and those proactively involved in healthcare. This short list of stakeholder candidates was evaluated by MELTIC partners and the final number of stakeholders participating in the co-creation event was around 5 people from each of the four EU participant countries (Spain, Portugal, Italy and Romania).



The people in charge of this task were as follows:

- Andres Dochao, Head of the Friendly City Programme of La Palma del Condado Municipality (Huelva, Spain)
- Roberto D'Amico, Advisor in the Friendly Cities Programme in Mirabello Municipality (Italy)
- Dr. Bungău Codruța, Manager of a Local Action Group in Timisoara Region (Romania)
- Anabella Caeiro, Head of the Friendly City Programme of Reguengos de Monsaraz (Portugal)

## 4.2. Baseline of identified stakeholders profiles

The starting point in MELTIC with regards to stakeholder profiles is based on the literature review collected in D2. As is shown in the following diagram we identified a wide range of potential stakeholder profiles.

Diagram 1 shows the big picture of users that can provide useful help to stakeholders in 29 social and healthcare environments, obtained in D2.

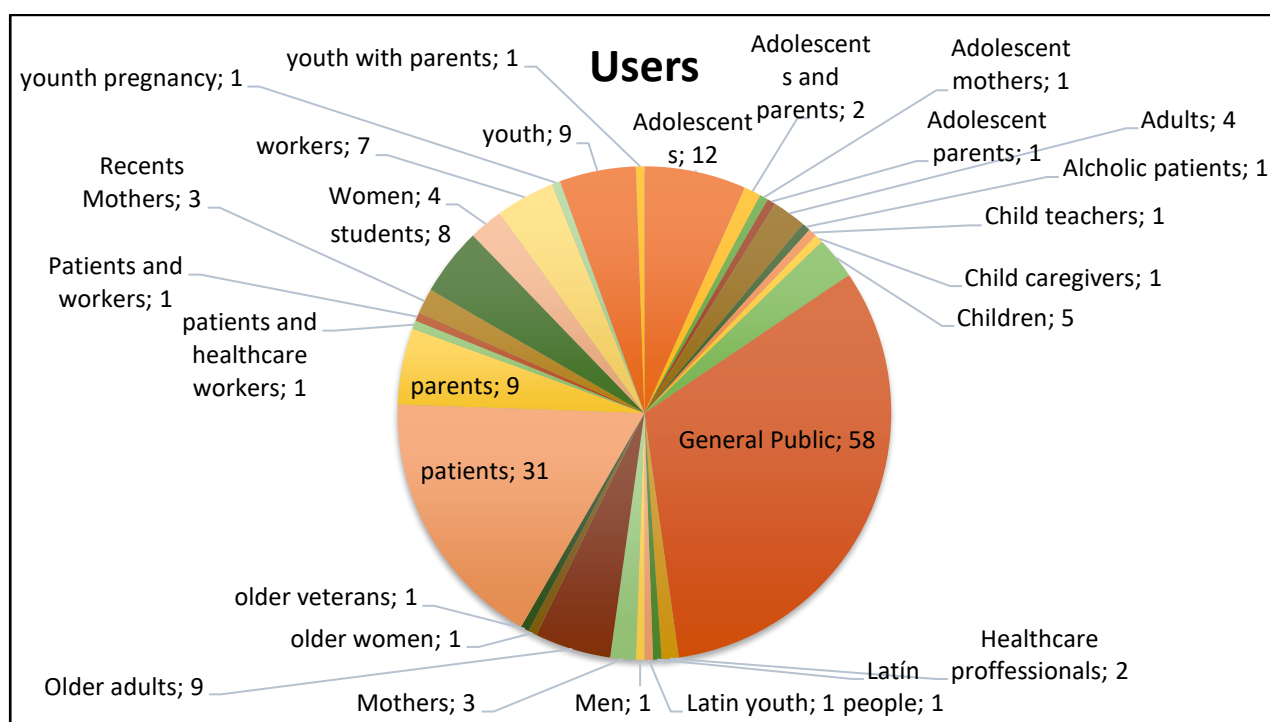


Fig. 1 (Figure 6 in D.29 Users (Npapers:180))



#### 4.3. Identification of stakeholder profiles and topics of interest from each EU MELTIC partner

Partners carried out an exploratory study on stakeholders and their areas of work, as well as the spatial and social aspects in small and isolated communities that could be enriched by ICT. The results are shown in the following diagram 2 and in Table 1.

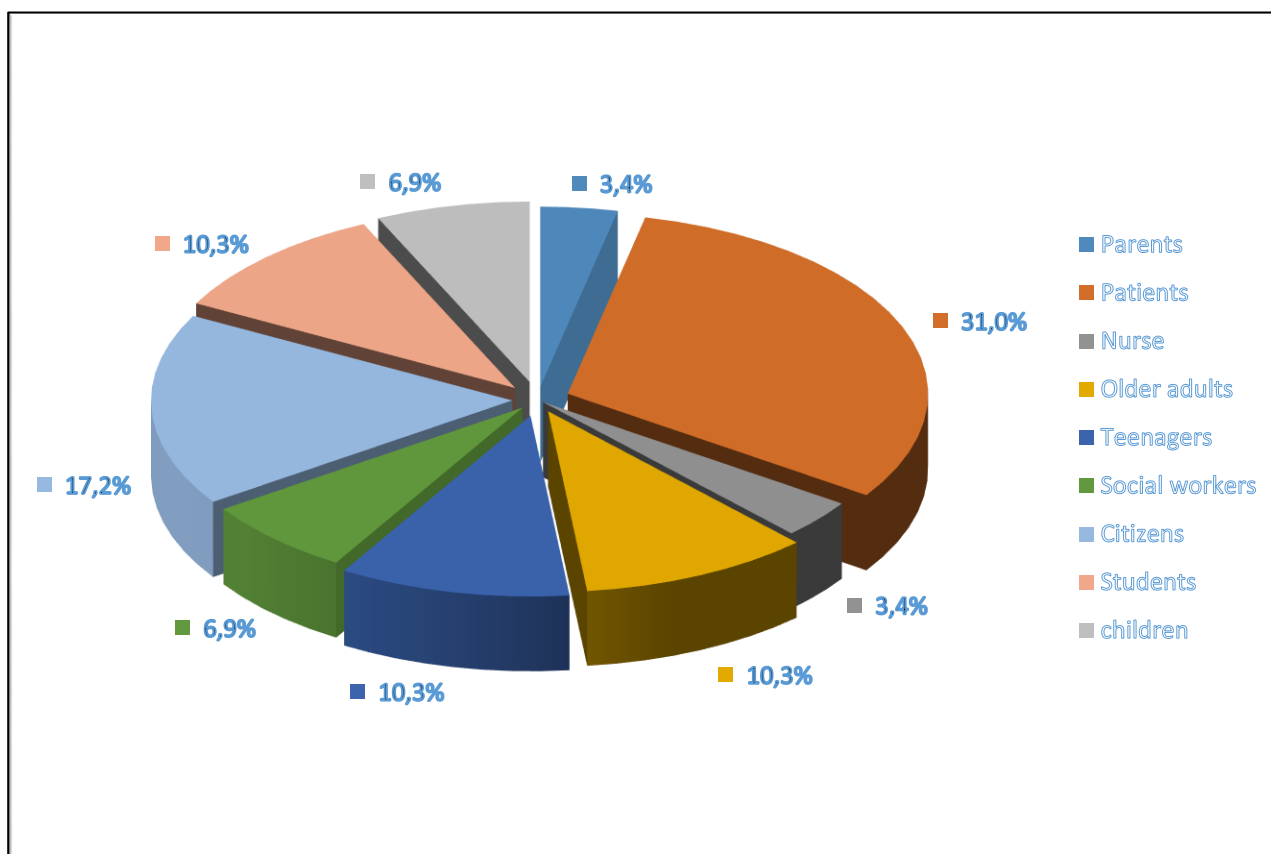


Fig. 2 Stakeholders Involved

Table 1. Stakeholders

Country	Stakeholder (profile)	Topic of interest	Name & surname	Occupation	Position	Organization
Spain	Parents and patients	Down syndrome patients	Daniel Morell	Project manager and technical assistant	Parents	Individual case study
Spain	Nurse	Patients with fibromyalgia	Isabel Pilar Moreno	Technical assistant	President	Fibromyalgia Association
Spain	Nurse	Cancer patients	Rocío Gómez Ojeda	Trainer of volunteers	President	"La Vida" Palmerina Association against cancer
Spain	Psychologist, patient coach	Autism	M <sup>a</sup> Carmen Ávila	Technical assistant to patients	Expert / Psychology	"La tortuga" Therapeutic Association
Spain	Support for elderly adults as patients and their families	People with disabilities	Maite García	Social worker and trainer	Coordinator of local social services	Social Public Services
Spain	Support Organization for the elderly	Technologies for the elderly	Andrés Dochao	Public Servant	Project Manager	Association of La Palma del Condado Friendly City
Romania	Patients with chronic diseases	IT Technologies & compulsive gambling in rural areas & compulsive gambling prevention & Diabetics	Gheorghe Duță	Retired engineer	Employee	LAG Timis Torontal Barzava Asociation
Romania	Parents, health workers, professors	Sex education among teenagers	Oana Gârba	Non-governmental association	Employee	LAG Timis Torontal Barzava Asociation
Romania	Improving life of chronic patients using digital healthcare (for example supervision of chronic patients through mobile app, Smart watches)	Digital transformation in healthcare (Telemedicine)	Larissa Duță	Pharmacist	Medical device specialist	Pharma industry
Romania	Patients	Rural Access to the Healthcare system	Oana Lazar	Chemical Engineer	Manager Medical Devices	Pharma industry
Romania	Parents, health workers, professors	Knowledge, attitude and perception of	Tania Gabor	Student	Medical Student (last year)	Victor Babes University of Medicine and Pharmacy Timisoara

Country	Stakeholder (profile)	Topic of interest	Name & surname	Occupation	Position	Organization
		sex education among teenagers				
Portugal	Political decision maker	Rural Access to Healthcare; Community health; Occupational health	Élia Quintas	Responsible for the health sect	deputy Mayor	Municipality of Reguengos de Monsaraz
Portugal	Community	Local development	Esmeralda Lucena	Food engineer	Secretary on the City Council	Municipality of Reguengos de Monsaraz
Portugal	Humanitarian Organization	Community Health System	Nuno Rosmaninho	Psychologist, Director	Regional Delegate of the Portuguese Red Cross.	Red Cross
Portugal	Family Doctor in the REMO – Family Health Unit	Community health	Carla Martins	Intern of General and Family Medicine	Intern doctor	REMO - Family Health Unit
Portugal	Educational Community (Whole school)	Health Education	Elsa Reis	Teacher	Health Educational Coordinator	School of Reguengos de Monsaraz
Italy	GAL Molise verso il 2000	TELE-MEDICINE In rural Areas	Adolfo Fabrizio Colagiovanni	Private/Public Body	Chief of Technical Department	Local Action Group of Molise verso
Italy	Municipality of Mirabello	TELE-MEDICINE In rural Areas	Angelo Miniello	Public Body	Major	Municipality of Mirabello
Italy	Just Mo' (cooperative name)	Community Health System	Luca Iosue	Social Cooperative	Employee	Cooperative JM (social and cultural services)
Italy	Molise regional Assembly	TELE-MEDICINE In rural Areas	Roberto D'Amico	Public Body	Consultant	Molise Regional Assembly
Spain	Older adults	Institutions for the elderly	Carlos Vila	Social organisation	Lawyer	Mareas de Residencias
Spain	students	profesor	Coral Hernández	University	Profesor	Universidad Complutense (Madrid)
Spain	students	teacher	Cristina Montejo	Education/ social	teacher	Instituto ESB de Cuevas del Valle (Avila)
Spain	students	teachers	Jesús Aguado	University	Profesor	Centro Universitario Cardenal Cisneros (Madrid)
Spain	students	teachers	Maria Aguado	Faculty of Education	Profesor	Universidad Autónoma (Madrid)

Country	Stakeholder (profile)	Topic of interest	Name& surname	Occupation	Position	Organization
Spain			Carlos Ponce de León	technology	engineer	EGEON Technology
Spain			Virginia			Escode – Red Cross

## 5. Lessons for MELTIC from the discussion group

In June 2020 MELTIC developed and set up an online discussion group with the aim of identifying a first set of lessons that need to be taken into account when considering dialogue with stakeholders. We can observe that most of the Stakeholders are in some way involved in the area of interest, ICT in Health and Biomedicine. In addition, they have different levels of participation in communities and technologies. For example, we have direct access to the requirements of patients affected by Down Syndrome, as well as other interest groups that are Health professionals working in a wide variety of areas and with different types of patients. There is also a second type of stakeholder, one with technological expertise. Both cases enhance the MELTIC objectives.

An Interest shared by all the stakeholders is the use of technologies to promote healthier habits or to change risky behavior. There is a vast potential for health promotion practitioners to be involved in the development of apps that promote health in general, healthy behavior throughout one's life, from the young to the older generation. Another aspect that is described is the possibility of how cultural adaptation can lead to better prevention measures and the treatment of syndromes and illness in different communities through the support of smartphones or web platforms.

Smartphone-based interventions play a key role in in fostering the ubiquitous and proactive health oversight and healthcare services of the future and have the potential to reach a high level of the population, complementing what is available on the Internet. Nevertheless, access through apps does not necessarily guarantee their usage. In addition, it is important to assess whether using a smartphone application is effective in improving the well-being of individuals, as well for the dissemination of Internet-based interventions for the prevention, treatment, and management of differing disorders in different countries.

The relationship between **citizens**, smartphones and new models of health care that are based on mHealth is manifested in:

- An increasing interest in the health of young subjects: in particular, recently, special attention has focused on the new forms of addiction that have been caused by mobile phone technologies.
- The creation of Apps for a remote asynchronous self therapy based on virtual reality (VR) and augmented reality (AR)

- c) The creation of Apps for self-awareness and empowerment with regards to the correct use of the smartphone, for instance, Apps that provide information on the time spent using different smartphone applications
- d) An increasing interest in the design and assessment of care models with a high technological content and that provide psychological therapy to young subjects using the same technologies and /tools with which they are familiar with.

As can be seen in Table 1 and in diagram 2, the sectors with the highest level of 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 upto older adults.

An aspect that appeared in some of the works in D2 is a social evaluation of the “digital divide” , something that conditions significantly interventions based on mobile, computer and Internet use in depressed areas. The existence of limited health care resources and the limited availability of interventions and practicing clinicians, especially in rural areas, was also highlighted. The COVID-19 pandemic and everyone's experiences will lead to contributions on new aspects that were not hereto considered to be of interest.

D2 shows disorders of risky online behavior that have been studied in a similar way to other risky behavior but are not currently prioritized by stakeholders. We believe that the pandemic has prioritized concerns by shifting the focus of interest.

## 6. Conclusions

This research identifies stakeholders interested in how the innovative use of smart technologies can transform public spaces in small communities into people-friendly humane environments, promoting interactions and communication between isolated and disperse communities. They coincide that ICT in social and healthcare settings will play a key role in fostering ubiquitous and proactive health oversight and health care services in the future.

Depending on the case in question, different applications put higher demands on Internet and Mobile communications. At the same time, new social and health care environments should incorporate the use of these technologies in order to promote healthy habits or to change risky behavior. The Possibility of having non-judgmental information and maintaining anonymity to avoid stigmatization, as well as the possibility of cultural adaptation may contribute to the 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 the way we can transform public spaces and promote interactions and communication between isolated and disperse communities.

But these successful factors may be accompanied by drawbacks in the assessment of co-creation methodology. It has been considered interesting to highlight rural populations or regions with a dispersed population, marginal conditions, depressed areas and the existence of a digital divide. The study of these critical factors can guide not only prevention, but also 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
- Lack of representation in a few expected sectors.