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

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WP5: Co-Creation experience in ICT in Health and Biomedicine Research implementation
Deliverable D5.2: Elaboration of conclusions for ICT in Health and Biomedicine Research
VADEMECUM

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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

The MELTIC project connects EU policies 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. We have elaborated this reference document and will develop a technological proposal to support and encourage sociospatial interaction of citizens in small communities.

MELTIC pursues the fruitful cooperation among pratitioners with the aim of producing suitable ideas for research in topics such as self-learning, discriminatory information 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 Objective of the VADEMECUM

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.

MELTIC's proposed study, alongside contributions from practitioners, will also faciliate the identification of the potential impacts of new research ideas, as well as understanding the 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 futher study 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. The Stakeholder analysis sets the context for the co-creation process in order to meet the project's objectives. This analysis takes into account information supplied directly from the MELTIC partners working environment.

The ideas generated during the co-creation workshop were collected in a Vademecum of 100 Challenges for Healthcare and Wellbeing in Rural Areas

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 means of ICT. The results are shown in the following Diagram 1 and were presented in D3:
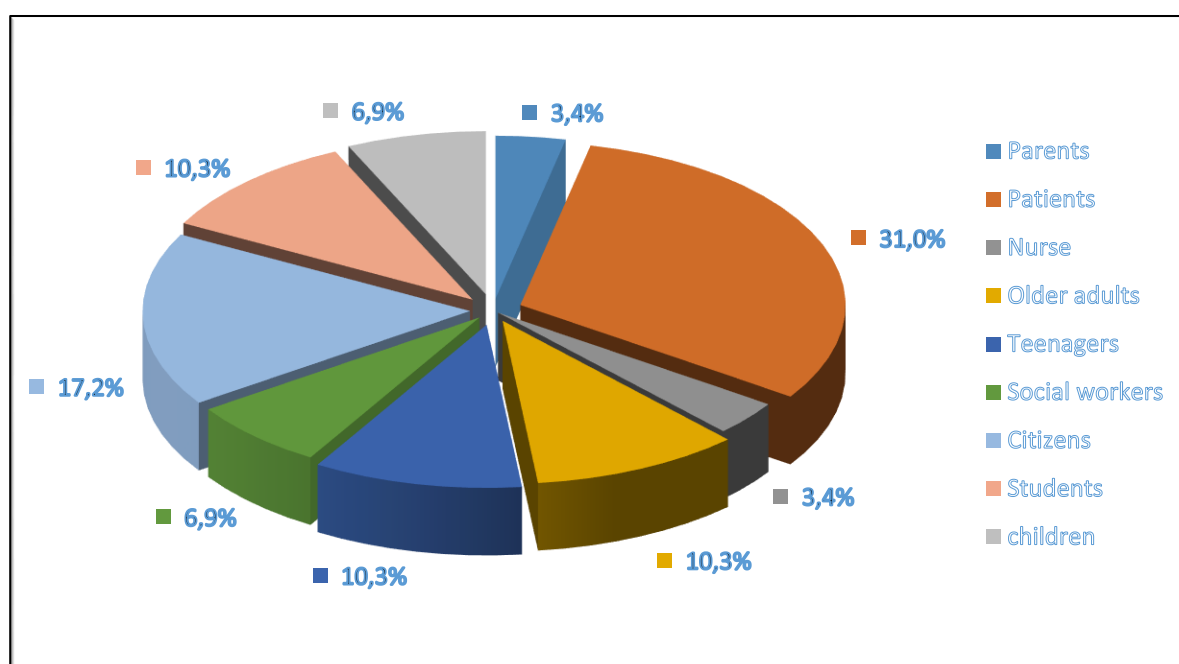
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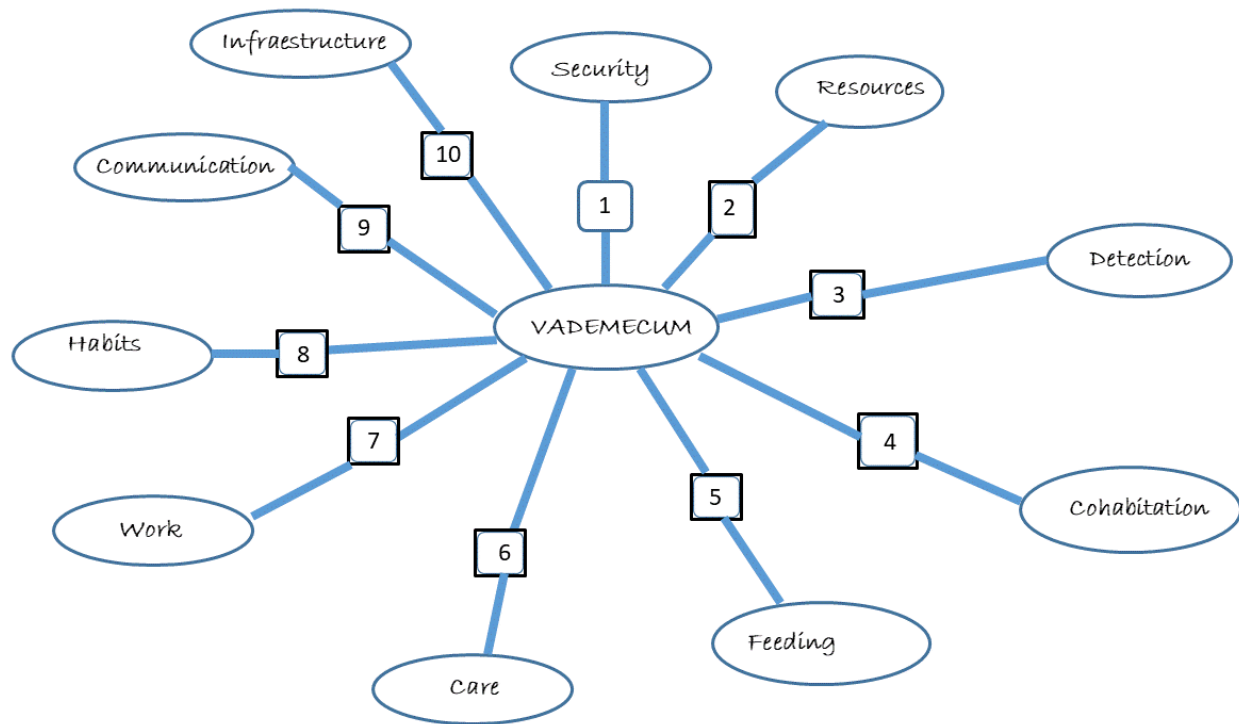
4.1 Security

Security for mobility, easy access
Team building
Protection
Neighbourghood, local networking
Risky access
Isolation
False alarm, Fake news
Distrust
Protection of data linked with its possible misuse (for example, belonging to ethnic minorities)
Privacy

4.2 Resources

Access to economic resources
Female talent in ICT
Subsistence economy
STEM disciplines
Captive market
Energetic resources
Prevention over risks of climate change (extreme rain, river overflows, deforestation …)
Local healthcare resources: empowerment of community healthcare (technologies, volunteers, doctors, patients, …)
Solar energy
Bio farming and information of food ingredients (traceable)

4.3 Detection

Destruiste
Racism and Sexism
Isolation, lonelyness
Inattention
Accompanying programs
Digital House Healthcare Ecosistem (ICT connection, IoT, Video calls, ..)
Manifestation of emotions
Talent detection
Wrong treatments
Abuse and sustances unhealthy

4.4 Cohabitation

Intergenerational connection
Technological support provided by young people
Generational permeability
Aging community
Transfer of traditions
Popular culture
Senior experience (Patient experience)
Resources barter
Mutual help
Empower school of patients (elearning)

4.5 Feeding

Mediterranean diet and Nutritional training
Availability of products
Empower local markets
Support consumption KM 0.
Enhancement of feeding based in local knowledge (traditions), Empower Green Roof practices
Store shortage
Lack of variety, enrich varieties better adapted to local climate conditions
Circular economy (food waste management)
Avoid monocultive
Diverse planting and control of interactions with whole ecosystem components

4.6 Care

Interactúan between formal and non formal system Informal
Customization or personalized information (personal healthcare record)
Support to feminine components of healthcare
Self-care incentive
Tele-care
Electronic prescription
Telemonitoring
Dependence
Vulnerable population
Prejudices

4.7 Work

Support to traditional jobs
Rural farmers and its innovation and specialization in agriculture, adaptation to care biodiversity (ecological production)
Improvement of rural employment
Telecommuting
Temporary employment
Connectivity of new employment of rural activity throughout IT (from scarce jobs to long term)
Fighting against depopulation (causes, effects and improve fixation of population)
Company implications and networking urban companies with and rural workplaces
Traditional craft workshops
Local products and creation of new jobs in rural areas based in Co-working, incubators

4.8 Habits

Popular knowledge
Traditions
Nutritional habits
Support to rural culture enhancement
Referents of authority: priest, doctor
Media content (TV, Radio, web streaming, …)
Rituals
Excess plastics
Alternative materials
Mutual support

4.9 Communications

Healthcare data marketing
Facilitation institutions
Public and private communication
Free and universal communication access
Skills for healthcare communication
Training on better use of digital technologies to delivery healthcare content
Digital divide
Local school of communication by each communciation channel (web, podcast, TV, …)
Composition of communication content
Communication of healthcare risks

4.10 Infrastructures

Communications Healthcare infrastructures
Radiolinks: WiMax
Internet access points: Wi-Fi
Digital technologies
Local web platforms
Big data
Inteligencia artificial
Redes de sensores, telemetría, wereables
IoT
Drons

5 Conclusions

Due to the rapid development of technologies and their application, there is a permanent need to monitor and support the work of ICT researchers, urban designers and social agents. The analysis carried out in the co-creation process by the stakeholders within their own fields of work, meets the expected objectives of the project.

The stakeholder analysis highlighted that the use of smart technologies in public spaces is increasingly creating new forms of interaction and social practices, as well as creating new socio-spatial relationships and promoting interactions and communication between isolated and disperse communities. These types of new relationship scenarios drive the need to rethink social practices and the use of public spaces, which can also influence the development of ICTs and their devices. Website-based interventions play a key role in fostering the ubiquitous and proactive health and social oversight and care services of the future and have the potential to reach a large population by completing what is already available on the Internet.

The use of technologies to promote health and well-being is an idea highlighted by everyone