
CONFERENCE ABSTRACT

Barcelona Aging coLLaboratory (BALL): an open-innovation ecosystem to co-create and test innovative solutions for older people in real-life settings.

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Currently, more than 700 million people worldwide are, at least, 65 years old, with this number expected to surpass 1 billion by 2050. Multi-morbidity and complex health and social care needs will increase in turn, exacerbating the demands for policies and services aimed at older adults, which the COVID-19 pandemic has highlighted as lacking. Furthermore, the increased life expectancy and a more participatory society underline a change in roles, with seniors becoming not just consumers but also producers, constituting a vital part of the economy.

With other nine institutions from Catalonia, Spain, the PSPV recently launched the Barcelona Aging coLLaboratory (BALL), an open-innovation, person-centered ecosystem, based on the systemic co-creation of services and products with older people. BALL aims to integrate research and innovation processes in the real-life settings of our communities, as well as to act as an intermediary between citizens, research institutions, universities, private companies and public administrations, thereby adopting a quadruple-helix innovation framework, to co-create value and to prototype, validate and scale-up innovation. The ten participating organizations represent older adults and their caregivers, health and social care providers, research centers and universities, and small- and medium-sized enterprises. Aligned with UN Sustainable Development Goals, BALL seeks to: establish communities of practice aimed at carrying out systemic diagnoses in our communities to identify real needs and challenges related to aging, and propose strategic and operational plans; co-create and implement complex interventions and new services that respond to those real needs; co-create innovative products and test them with end-users in real-life settings. BALL is creating an ethics framework to guarantee the protection, safety and reward of participants in the co-creation process.

Since its conception in 2021, BALL has incorporated several innovative projects in its catalogue: ADMIT, focused on transforming the health and social care model in order to ensure integrated care; MoviMent, which alters the physical environment and employs gamification techniques to improve physical activity and cognitive function in older adults admitted to hospitals or long-term care facilities; UDhA-AGIL-App, aimed at guiding healthcare professionals in the prescription of physical activity for older adults according to their needs (physical and cognitive function and technological knowledge) and preferences through a decision support algorithm; AI-EAT, a care robot that seeks to assist disabled older adults with feeding; A-MIDA, a person-centered approach for optimizing pharmacological interventions according to life expectancy and frailty instead of age; and QCOA, a toolkit for evaluating long-term care facilities based on PROMs and PREMs.

The impact of BALL will be evaluated yearly in terms of: number of projects, number of pilots tested, number of solutions introduced into the marketplace, number of co-creation sessions and personal interviews performed, different user profiles, number of grant applications and their characteristics (national or European), visibility in media and congresses, number of new sponsorships and market impact/value, among others. We expect to influence the health and social care system and society as a whole by increasing awareness on aging challenges, influencing policies for healthy aging and enhancing local economic activities related to aging." Results: The core components of PN programmes for cancer prevention among PEH agreed cross-nationally with all the relevant key participants are (1) Promote cancer awareness and self-management (Facilitate the delivery of cancer education; Promote healthy behaviours and preventative measures; Encourage user involvement in health-related decisions), (2) Identify health needs and barriers (Develop a personalised approach to assessing user need; Seek solutions regarding barriers to care), (3) Co-ordinate access to care (Develop trusting relationships with and facilitate communication between local health and social care providers; Enhance understanding of the needs of PEH among local health and social care providers; Arrange referrals to healthcare services and cancer screening; Co-ordinate and support attendance of appointments), (4) Offer practical assistance (Arrange transportation, mobile phones, clothing, access to hygiene facilities, and storage of medication; Assist with completion of paperwork).

Lessons learned: Results from the discussions indicate a high level of consistency and cross-national agreement about what the core components of the intervention should be, and how this should be designed and implemented.

Next Steps: This intervention will be adapted to reflect the country-specifics, to ensure that the PN is appropriate to the four local contexts in which it is piloted.

Bibliography

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