

MEDViEW: Medical Research Valorisation through Intelligent Engagement of Citizens for Wellbeing

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Abstract

MEDViEW is a Horizon Europe coordination and support action designed to close the gap between well-being research and real-world uptake in practice, products, and policy. It treats well-being as physical, mental, and social, and positions knowledge valorisation as an interdisciplinary, Europe-wide effort requiring sustained stakeholder engagement. The project applies a human-centric quadruple-helix approach, aligning citizens' priorities with researchers, practitioners, SMEs/industry, and policymakers through structured co-creation. MEDViEW combines action learning in communities of practice, value-sensitive design, education-driven behaviour change (including living-lab learning), and open innovation to accelerate adoption and reduce barriers for SMEs. Key exploitable results include MEDCOMM (pan-European community), MEDLEARN (training and learning methodology), MEDGUIDE (operational implementation guide with metrics), and MEDSPACE (digital platform enabling learning, interaction, dissemination, and experimentation). At scale, it aims to engage thousands of actors and build practical valorisation skills, delivering a transferable framework that supports responsible open science and scalable, context-adaptable well-being innovation across Europe.

Keywords: knowledge valorisation, well-being, co-creation, open innovation

1. Introduction

Wellbeing is increasingly conceptualized as a multidimensional health construct that extends beyond the absence of disease and integrates physical, mental, and social functioning, alongside individuals' perceived quality of life and capacity to participate in everyday roles [1]. In public health ethics and policy debates, this framing is often linked to the WHO tradition of defining health in holistic terms (physical, mental, and social well-being), while also recognizing that “complete” well-being is best treated as an aspirational orientation rather than a binary state [2]. Europe is experiencing a marked deterioration in population mental health and broader wellbeing indicators, consistent with an emerging “wellbeing crisis” shaped by interacting shocks (infectious disease threats, social disruption, and economic stressors) that can amplify vulnerability at scale [3], [4]. A key inflection point was the COVID-19 pandemic: large-scale global burden estimates indicate that, in 2020, the pandemic was associated with substantial increases in common mental disorders, including an approximately 25.6% increase in anxiety disorders and a 27.6% increase in major depressive disorder relative to expected levels. These estimates support the interpretation that COVID-19 functioned as a population-level stressor capable of shifting mental health risk distributions, rather than affecting only a narrow subset of individuals[5], [6].

1.1. The Knowledge Valorization Gap

Many challenges hinder effective knowledge valorization in wellbeing because the field is inherently interdisciplinary and implementation occurs in heterogeneous real-world [7], [8]. Firstly, let's mention the interdisciplinary complexity. Namely, wellbeing-relevant knowledge spans healthcare, psychology, sociology, and economics, and interdisciplinary work is repeatedly challenged by differences in disciplinary language ("jargon"), methodological traditions, academic structures, and incentives that complicate integration across fields. Secondly, stakeholder engagement is essential for moving evidence into practice, yet published reviews of stakeholder engagement describe recurring practical and relational constraints (e.g., time and resource intensity, the need for flexibility, trust, and sustained commitment), alongside difficulties balancing competing priorities and managing cultural differences between stakeholders and ensuring that engagement processes remain meaningful over time [9]. Moreover, even when evidence is robust, translation challenges persist because research outputs may not align with practitioner, industry, or community decision needs, contributing to slow and uneven diffusion into routine care and community settings [10]. Finally, cultural and contextual variation across settings affects adoption, transferability, and scalability. Implementation frameworks such as [8] explicitly treat context (inner setting, outer setting, and process factors like leadership engagement) as key determinants of whether innovations are implemented and delivered as intended.

MEDViEW project [11] is positioned as directly addressing these barriers by using a structured, human-centric approach that foregrounds citizens' lived experience to strengthen relevance, legitimacy, and local fit and thereby targets to improve uptake and sustainment beyond organizational remits.

2. Project Approach and Methodology



Fig. 1: MEDViEW in a nutshell.

2.1 Conceptual Framework

As outlined in Fig. 1, MEDViEW builds on the recognition that achieving good health requires more than medical and technical solutions available only in selected circumstances. Citizens' health priorities stem from everyday experiences and differ from professionals' priorities. The project adopts a holistic definition of health emphasizing "the ability to adapt and self-manage

in the face of social, physical, and emotional challenges" rather than merely the absence of illness [12]. The project aligns with the WHO's One Health definition: "an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems" [13] recognizing that human health, environmental health, and wellbeing are closely linked and interdependent.

2.2 Methodological Innovation

2.2.1 MBB 1: Action Learning Methodology fostering a Community of Practice

Action learning creates social learning environments in Communities of Practice - learning partnerships among people who learn from and with each other about a particular domain. Through 24 structured sessions and asynchronous activities, the project facilitates effective interaction among citizens, researchers, healthcare physicians, wellbeing practitioners, SMEs, and policymakers. This creates an actionable space for mutual understanding, initiates a dynamic knowledge co-creation process, and provides measurable assessment of knowledge valorisation outcomes.

2.2.2 MBB 2: Value-Sensitive Design through Co-Creation Methodology

Integrating human values (fairness, transparency, inclusivity, sustainability) into the innovation process is critical for addressing wellbeing holistically. The Co-Creation Methodology facilitates participatory innovation through four stages: (1) Stakeholder Identification and Engagement (creating PERSONAS), (2) Collaborative Value Mapping (identifying and prioritizing values), (3) Co-Design and Co-Development of Valorisation Plans (iterative design phases with stakeholder feedback), and (4) Promoting Behavioral Change through Capacity Building (training stakeholders in behavior change techniques).

2.2.3 MBB 3: Promoting Behavioral Change through Education and Empowerment

The Living Lab methodology creates real-world environments for education, empowerment, and continuous learning. Dedicated Wellbeing Living Labs within partner institutions and community settings host participatory learning programs, interactive workshops, and peer-to-peer learning methods, allowing participants to co-create personalized wellbeing plans. These labs foster multi-stakeholder collaboration and simulate real-world challenges to develop resilience.

2.2.4 MBB 4: Open Innovation for SME Engagement

Drawing from Open Innovation 2.0 methodology, MEDViEW addresses the challenge of SME participation through a multi-layered framework covering trigger points, development, and commercialization follow-up. The Open Innovation Space comprises 9 sub-categories of practices and capabilities for managing SME innovation, supported by an integrated Toolbox and KPIs derived from an extensive repository of SME cases across Europe.

To assess progress towards MEDViEW's quantitative targets (engaging 2,000+ citizens and 6,100+ users across pilots and the MEDSPACE platform), we will monitor a set of predefined Key Performance Indicators (KPIs). These include: (i) number of unique registered users on MEDSPACE; (ii) number of monthly active users (at least one login or interaction); (iii) number of citizens and stakeholders participating in Communities of Practice sessions, Living Labs, and co-creation activities; and (iv) completion rates for key tasks (e.g., training modules completed, valorization plans developed, feedback forms submitted). Platform usage metrics will be captured via anonymized usage logs, while participation in offline activities will be recorded through attendance lists and brief post-session questionnaires. In addition, we will collect user satisfaction and perceived usefulness ratings through short Likert-scale items at baseline and follow-up to inform iteration and the MEDGUIDE metrics.

2.3. Consortium

The consortium brings together complementary partners following a quadruple-helix approach (citizens, academia, industry, and health practice) to cover the full scope of the project: citizen–expert knowledge valorisation, health and wellbeing research and real-life practice, community and capacity building (including digital learning), SME uptake, Living Lab and action-learning methods, value-sensitive design, behavioral change, financial innovation, and dissemination/communication/exploitation (DCE). It includes METIS BALTIC as coordinator and DCE lead with strong stakeholder engagement and wide social media reach; MITERA as a major Greek hospital contributing a large-scale Living Lab and training academy; NETCOMPANY-INTRASOFT providing the digital platform and technical infrastructure; the University of Maribor contributing interdisciplinary research and co-creation expertise; EUROCAM enabling pan-European scale-up via large citizen and practitioner networks; and KiNNO driving SME engagement, IP, and commercialization.

3. Conclusion

MEDViEW proposes a practical, human-centric model for strengthening knowledge valorisation in the well-being domain by connecting citizens, researchers, practitioners, SMEs, and policymakers in a structured co-creation ecosystem. By combining action learning and communities of practice with value-sensitive co-creation, behavioral-change capacity building, open innovation mechanisms, and an enabling digital platform (MEDSPACE), the project delivers transferable assets (MEDCOMM, MEDLEARN, MEDGUIDE) that support both uptake and scalability across diverse European contexts. Ultimately, MEDViEW aims to turn research results into usable guidance, services, and policy-relevant practices, improving the conditions under which well-being innovations create measurable societal and economic value.

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