

# NeuroMapping: Early Cognitive Safety in Rural Communities

An affordable, open-source, AI-driven system designed to detect Early cognitive risks and empower communities in low-resource settings.

Mapping cognitive risk, empowering communities, building open science.



# The User Problem: Cognitive Decline Goes Undetected

## → High Prevalence

Elderly individuals in rural settings frequently begin to exhibit early cognitive issues, often dismissed as normal aging.

## → Access Barrier

There is severely limited access to specialist neurologists or advanced diagnostic equipment in remote, rural areas.

## → Detection delayed

Cognitive risks often progress significantly before a diagnosis can be made, reducing the efficacy of potential interventions.





# The Solution: NeuroMapping Low-Cost and Effective

NeuroMapping provides a highly scalable and cost-effective approach to early detection using readily available, low-cost hardware.



## Wearable EEG Capture

Utilising a low-cost, off-the-shelf EEG headband to accurately capture relevant brain activity patterns.



## AI-Powered Analysis

A sophisticated, fully software-based AI system calculates risk scores, identifying subtle patterns indicative of decline.



## Actionable Dashboard

Caregivers receive an intuitive dashboard with clear risk heatmaps and explicit, actionable recommendations.

# Art of Risk Detection: AI-Powered Analysis

Our machine learning architecture is designed for robust performance on noisy, low-resource data, ensuring trustworthy results.

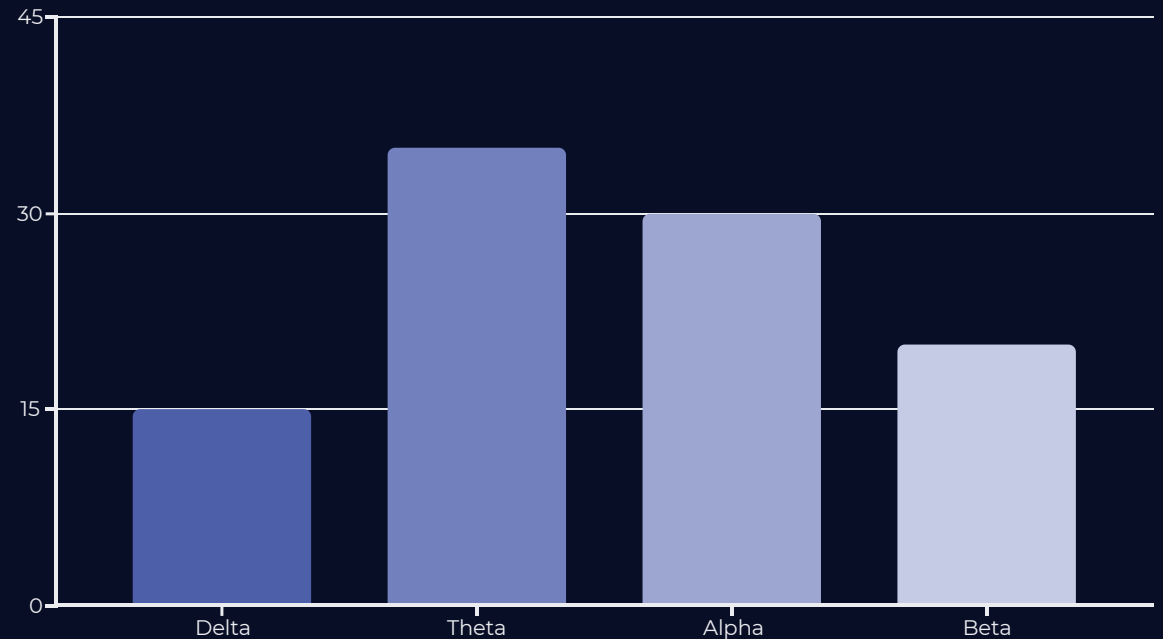
The model processes both spatial location and temporal changes in brain activity, providing a deep, comprehensive risk profile.

## Enable Model

A CNN (Convolutional Neural Network) and Transformer ensemble extracts complex spatial and temporal EEG patterns.

## Interpretable

The system generates confidence intervals alongside risk scores, offering transparent and scientifically sound data for review.







# Report

Translating complex biometric data into simple, visual, and actionable steps for immediate implementation by community caregivers.



## Risk Score

Clear, numerical risk assessment, e.g., 'Risk Score 73% (Medium),' with a 95% confidence interval for reliability.



## Specialist Referral

Automated recommendations for necessary steps, such as an immediate neurologist or GP referral based on severity.



## Cognitive Exercise

Suggestions for targeted cognitive exercises and lifestyle adjustments that can be integrated into daily care routines.

# Track Progress Over Time: Logistical Monitoring

Regular assessments allow caregivers and community health workers to monitor cognitive risk trends, facilitating proactive care.

By tracking data over weeks and months, NeuroMapping enables:

- Timely, data-driven interventions.
- Informed decisions about care pathways.
- Visualisation of positive (or negative) progression over time.
- Measurement of the efficacy of introduced cognitive support programmes.



# Pillar of the Project: Open Science and Ethics

Our deployment is guided by a commitment to ethical practice, full transparency, and global accessibility.



## Transparency

The prototype stage is clearly marked as 'not clinically validated.'  
All reports and data processing are open-source and documented.



## Documentation-First

All project outputs from letters to code and reports are designed as reusable, educational, and open-source artifacts.



## Open Source and Ethical

The entire solution is designed to be low-cost, accessible, and easily adaptable to different resource-constrained environments.

# Co Quality Impact Global Scalability

Maximizing awareness and engagement locally ensures the system is effectively adopted and highly replicable worldwide.



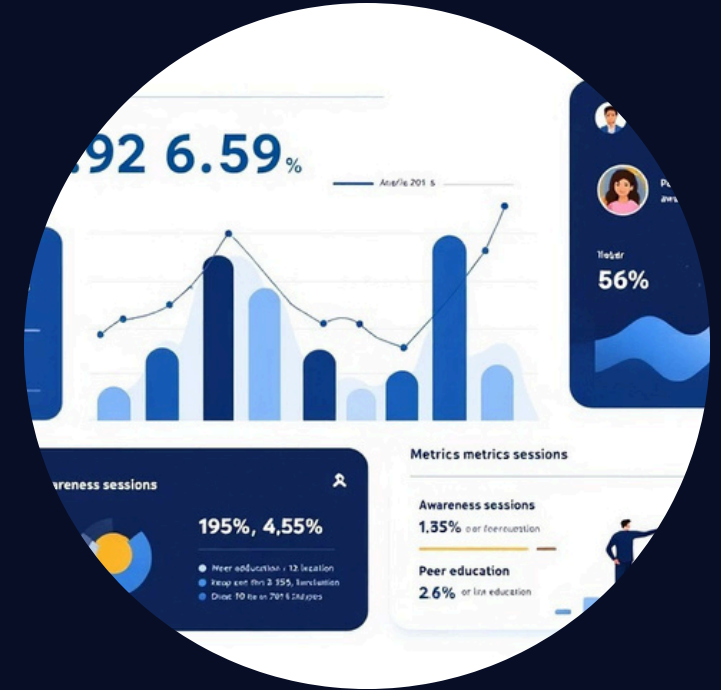
## Awareness Workshop

Conducting sessions for 30 participants, using gamified engagement techniques to enhance education and understanding.



## Global Potential

The low-cost, open-source nature means NeuroMapping can be rapidly and ethically replicated across different international settings.



## Key Metric Tracked

We track participation rates, number of assessments conducted, peer education reach, and overall community awareness improvements.



# Execution Road: From Concept to Continuity

A phased approach ensures robust development, ethical community integration, and comprehensive documentation for future scaling.

## Part 1: Prototype Development

Build a working low-cost prototype (architecture diagram, code, simulation graphs, GitHub repo).

## Page 3: Documentation Ethics

Finalise 1-page summary, draft ethical statement, and package all technical and community commitments.

## Page 5: Submission

Package all artefacts for final submission, including demo video, pitch deck, and verified GitHub links.

## Part 2: Community Engagement

Pilot design in clinics/villages, conduct awareness workshops, and collect early social impact proof (quotes, photos).

## # Part 4: Endorsement

Acquire signed endorsement letters from academic reviewers, community leaders, and international NGO partners.

# Next Steps:

Clear next steps, risk mitigation, and ongoing commitments ensure responsible deployment and lasting community benefit.

## Initial Term

Assemble core team, finalise prototype hardware choices, and prepare community pilot sites and materials.

## Short term

Run pilots, collect longitudinal data, refine models, and gather community feedback and initial endorsements.

## Middle term

Package documentation, recruit reviewers, submit for ethical review where required, and prepare hackathon/demo materials.

## Longer term

Scale replication, support local maintainers, and integrate validated clinical pathways if supported by research outcomes.



## KeyRisk

Data privacy concerns, potential model bias from limited data, and the gap between prototype performance and clinical validation.



## Mitigation

Privacy-by-design, transparent documentation, community consent processes, local capacity building and conservative clinical disclaimers.



## Ethical consent

Keep all code and documentation open; clearly label prototype status; engage local leaders and ethics boards before clinical use.

❏ Please note: This project is a research-stage prototype. It is not a clinical diagnostic tool. All deployments must follow local ethical approvals and informed consent practices.