



RecoveryFun

An integrated VR-based tele-rehabilitation platform to support RECOVERY and maintenance of FUNctional abilities among seniors

AAL-2021-8-64-CP

Deliverable D5.3 - Eco System Engagement Concept

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RE	Restricted to a group specified by the consortium (including the Commission Services)
CO	Confidential, only for members of the consortium (including the Commission Services)

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5				

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Executive Summary

This document contains the stakeholder analysis and dissemination plan of the RecoveryFun project finalized to the grow of the health and care ecosystem.

It defines what it is meant by dissemination and it states that the objective of the dissemination plan is to enhance the impact of the project initiative.

The document is structured in the following sections:

1. Introduction: contain the description of the scope of the document, some definition and a summary of general dissemination rules.
2. Stakeholder analysis: describe the process of stakeholder identification and prioritization
3. General strategy for dissemination: definition of target groups and of dissemination channels and tools
4. Communication and dissemination planning: include the planning of the dissemination activities according to the different steps of project development

1. Introduction

1.1 Purpose of the document

The objective of this deliverable is to present a general strategy for dissemination and communication for the RECOVERY FUN project.

- First, the target groups that the project wishes to address are defined.
- Second, the dissemination channels and instruments which are available to disseminate through are presented.
- Following this a schedule for dissemination actions is defined.

This deliverable is part of Work Package 5 “Dissemination and exploitation Activities”. All partners participate in this task. If needed the Project Management Handbook may be updated throughout the project phases.

1.2 Definitions

Scientific Dissemination: Sharing research results with potential users (scientific community, stakeholders, industry, policy makers, investors etc) aiming at maximizing the impact of research results in the public domain with a public disclosure of the results by any appropriate means (scientific papers, public databases, workshops, etc).

Communication: Taking strategic and targeted measures for promoting the project itself and its results and success to a multitude of audiences. Communication outreaches a much wider audience that goes beyond the project's own community, including the media and the public using a less technical language through different means: logo, website, leaflets, videos, social media, press releases etc.

Exploitation: This is the actual use of the results in further unrelated research activity (research, application, policy development) or in development of new commercial products. The stakeholders involved, including project partners, make concrete use of the project results.

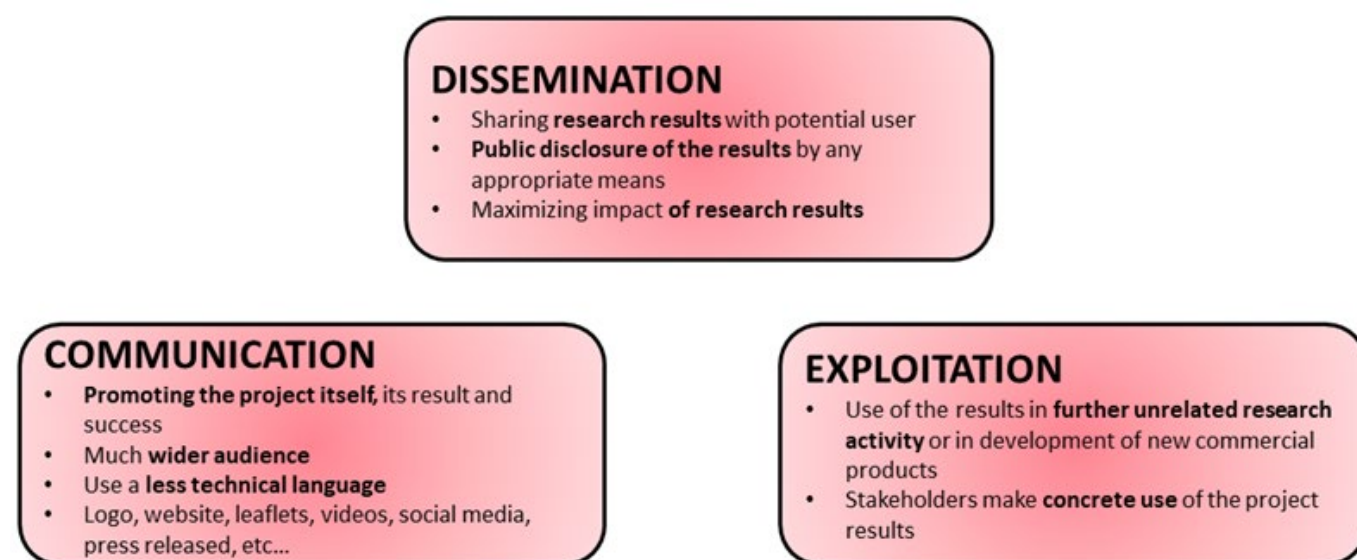


Figure 1 objectives of WP5

Engagement: A metric used for evaluating the performance of social media, through the interaction with the users of the social media service. It is a measurement that can apply at the level of an individual social media post such as the number of comments, reactions, and shares the post receives (whether that post be text, an

image, video, link); or for the entire social media account, such as the number of followers. The project will also implement a general definition of “engagement marketing”, using strategic and resourceful content to engage people and create meaningful interactions over time.

Stakeholder: any individual or group that is affected by, who can influence or may have an interest in the outcomes of an organization’s actions.

1.3 Rules for dissemination

The rules for dissemination are set in AAL communication guidelines, the National Grant Agreements, and in the Consortium Agreement.

As a reminder, every communication, public presentation or document aimed at the dissemination of the project shall include at least the logo of RECOVERY FUN project, the logo of the AAL IP and that of EU.



Dissemination activities shall be compatible with intellectual property rights, confidentiality, and the legitimate interests of the owner of the Results.

All partners taking part in the project are involved in the dissemination activity.

According to a shared program, every partner will have to:

- Contribute to the project promotion and to the dissemination of its results;
- Help identify potentially new interested stakeholders;
- Contribute to the project website;
- Contribute to social networks;
- Participate in relevant events where the project can be introduced and displayed;
- Promote the organization of focused events by publicizing them on the project website;
- Provide the logo of their own organization, and add a link to project website in their organization website;
- Make reference to all relevant funding bodies in every dissemination artefacts;
- Report to the project coordinator and to other partners all dissemination activities performed.

2. Stakeholder analysis

A stakeholder is “anyone who has any interest in what we are doing” . Literally, everyone who hold the stake/flag that can pitch on the ground of mutual interests. A stakeholder may not necessarily be involved/integrated in the decision-making process.

AAL Programme’s focus has been on aggregating and integrating individual innovation initiatives related to projects into the local socio-economic ecosystem. The scope of such integration is to go beyond stakeholder consultations and networks. Anyway, stakeholder identification and analysis is anyway a first step for this wider action in which actors regularly collaborate and compete in an ecosystem dimension.

2.1 Stakeholder list

Generally speaking stakeholder could be classified in two main category:

- Internal stakeholders are considered the groups and/ or individuals that are already part of the project (Project Coordinator and Partners).
- External stakeholders are those individuals or groups that are outside the project’s environment, have some interest in the project's aims and might influence to different extent its execution and the accomplishment of its expected results.

Among external stakeholder there are some Key stakeholders, that are either highly impacted by the project or specifically interested in the accomplishment of its objectives and for this reason should be actively involved in the project. In RecoveryFun we have identified as Key stakeholders primary Users () and secondary users that are involved in the process of solution codesign.

Stakeholder analysis aims to identify the most important external stakeholders for the RecoveryFun project and to assess their position towards the project’s activities and results.

The **benefit** of the stakeholder analysis is that it provides a view on the most active stakeholders for the purpose of:

Categorising/Grouping the stakeholders for dissemination activities

- Customise the message to be delivered during dissemination activities, based on the explicit concerns/ benefits expressed by stakeholders
- Finding potential partners for business collaborations, further research collaboration or exchanges and/or future funded proposals;
- Developing exploitation strategies:
- Engage stakeholders’ for market-oriented activities;
- Develop synergies with people working in the same research area for mutual benefit.

Stakeholder analysis consists in the identification of the crucial stakeholders of a project, the knowledge and evaluation of their interests, and the means in which these interests impact/influence the project and its feasibility and sustainability over the time.

Is a methodology that can be helpful to avoid/reduce conflicts and impediments arising from an involuntary non-engagement of key entities and persons that are potentially essential to achieve the objectives of the project.

To identify the RecoveryFun stakeholders the consortium used the 7Ps Framework proposed by Concannon et al 2012¹

The 7Ps framework identifies for patient centred outcomes research 7 key groups to consider for engagement as described in Table 1

Category	Description
Patients and the public	Current and potential consumers of patient centered health care and population-focused public health, their caregivers, families, and patient and consumer advocacy organizations
Providers	Individuals (e.g., nurses, physicians, mental health counsellors, pharmacists, and other providers of care and support services) and organizations (e.g., hospitals, clinics, community health centres, community-based organizations, pharmacies, etc.) that provide care to patients and populations.
Purchasers	Employers, the self-insured, government and other entities responsible for underwriting the costs of health care
Payers	Insurers, public healthcare system, individuals with deductibles, and others responsible for reimbursement for care
Policy makers	National and Local Govern, Department of Health and Social Services, professional associations, intermediaries, and other policy-making entities
Product makers	Drug and device manufacturers
Principal investigators	Other researchers and their funders

Table 1 The 7Ps Framework to Identify Stakeholders (based on Concannon et al 2012)

Following this framework, the list of stakeholder groups presented in Table 2 has been identified for the RecoveryFun project.

Category	RecoveryFun stakeholders' groups
Patient and public	Generic public
	Older people associations
	NGO No profit organizations for older adults

¹ Concannon TW, Meissner P, Grunbaum JA, McElwee N, Guise JM, Santa J, Conway PH, Daudelin D, Morrato EH, Leslie LK. A new taxonomy for stakeholder engagement in patient-centered outcomes research. J Gen Intern Med. 2012 Aug;27(8):985-91. doi: 10.1007/s11606-012-2037-1. Epub 2012 Apr 13. PMID: 22528615; PMCID: PMC3403141.

Provider	Association of health care professionals: <ul style="list-style-type: none"> – General practitioner – Geriatrics – Neurologist – Physical Medicine and Rehabilitation – Physiotherapist – Occupational therapist
	Public general and rehabilitation Hospital
	Private rehabilitation hospital
	Private home care provider
	Large private outpatient rehabilitation centres
	Physiotherapy and Osteopathy small Centres
	Residential care facility
Purchaser & Payer	National or regional Public health care service
	Private health care insurance
Policymaker	National govern
	Regional/cantonal Govern
	Certification and data regulation offices
Product maker	Industry associations
	Digital Innovation Clusters
Principal investigators	Other project and initiatives
	Scientific Community
	AAL community

Table 2 RecoveryFun Skeholders Groups

A list containing about 60 individuals and/or organizations classified according with Table 2 is included in Annex 1. It has to be highlighted that this list is a living document: names will be added when new relevant ones are found or when different knowledge/stakeholder group is detected as relevant for project activities.

2.2 Stakeholders Prioritization

As a second step, stakeholder groups have been mapped according to their level of interest into the project and capacity to influence the project itself and its results. We use of an adapted version of the Mendelow's "power-interest grid"², which classify stakeholders based on their power/influence and interest/impact (Figure 1).

Influence indicates a stakeholder's relative power over and within a project. A stakeholder with high influence would control key decisions within the project and have strong ability to facilitate implementation of project tasks and cause others to take action. Usually such influence is derived from the hierarchical, economic, social, or political position

² Mendelow, A., 1991. Stakeholder mapping. In: Proceedings of the 2nd International Conference on Information Systems. Cambridge.

Interest indicate how much the stakeholder is interested in the project success. The interest is usually derived from the impact that the project success or failure may have on them. For instance, the users of the project's product or service typically are considered of high interest.

As the matrix shows, it is possible to observe four profiles:

Stakeholders in the top right corner of the grid have a high power/influence and interest/impact. It is needed to make sure that they are consulted, collaborate and fully engage: they need a priority management.

Stakeholders in the top left corner of the grid have high power/influence but less interest/impact. It is mandatory to satisfy these actors because they are very influent, but without going into detail and on a daily basis.

Stakeholders in the bottom right corner of the maps have low power/influence but high interest/impact. It is appropriate to keep them informed about progress and changes, defining common tactics. These stakeholders, in fact, can have a concrete impact: can be allies in the project and help prevent/ sharing the burden of issues.

Stakeholders in the bottom left corner of the matrix have low power/influence and low interest/impact. It is adequate (but not as a priority) to keep an eye on them and monitor/control their interest levels. Involve them with generic communication methods that require less effort/time spending activity, with less detail and frequency.

The classification based on the stakeholder group list presented in Table 2 is presented in Figure 2

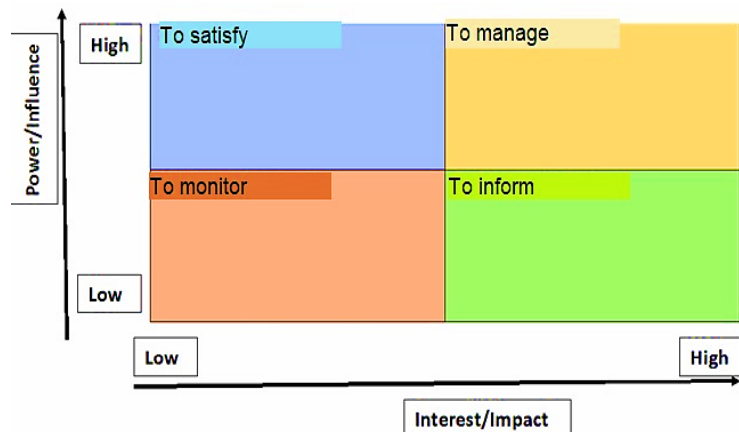


Figure 2 Stakeholder map template

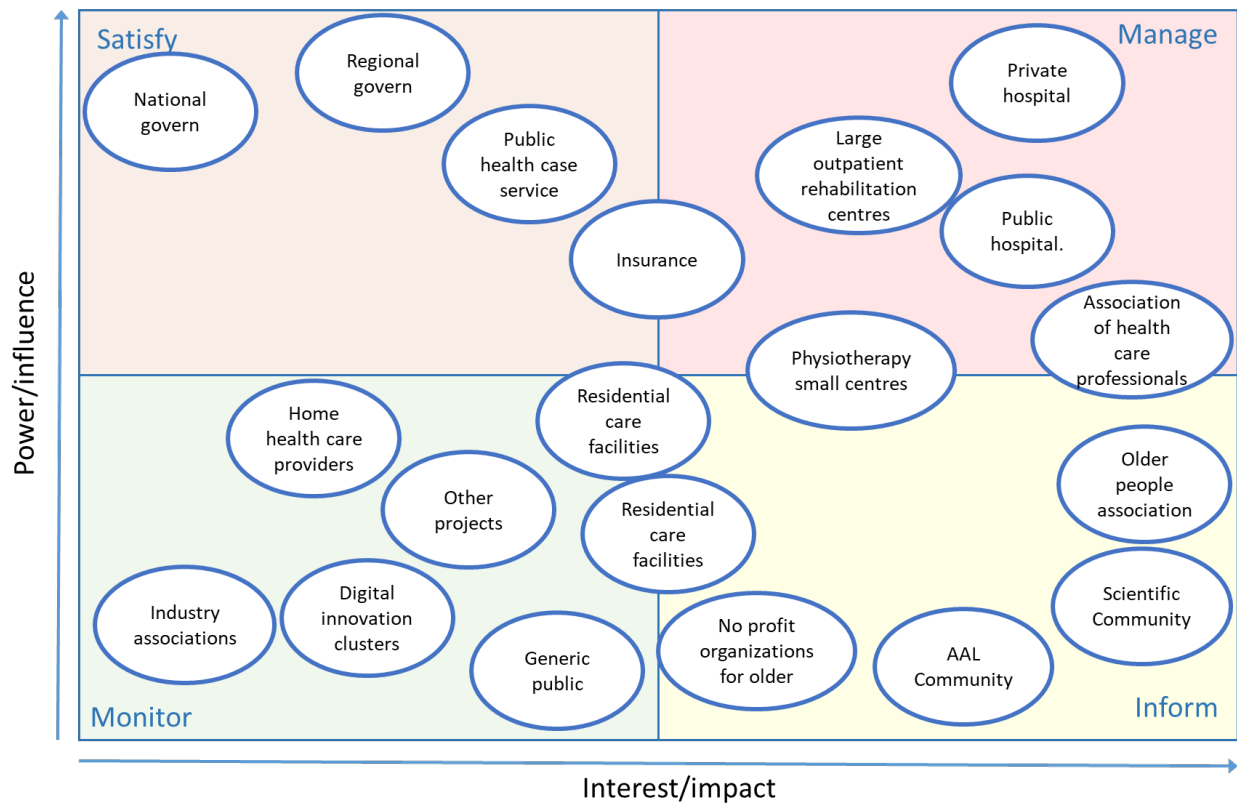


Figure 3 RecoveryFun Stakeholder map

This stakeholder classification has been used to define the strategy for dissemination and communication activities.

3. General strategy for dissemination

The goal is to raise awareness of the project, from its concept to its progress and to the final results. The knowledge gained is to be shared among the shareholders and the public sector. A properly carried out dissemination increases exploitation possibilities and opportunities by increasing the network.

As RecoveryFun project has a user-centric approach and had many activities of co-working with the end-users it is very important to introduce the project concepts and partial results to the targeted audiences and obtain their feedback for guiding the development of the RECOVERY FUN system.

Dissemination and exploitation of the project results are closely entwined. By creating a network of interested groups dissemination activities lay groundwork for future exploitation of the project results. To achieve optimal results dissemination must also be integrated into the exploitation strategy.

Dissemination is a continuous process. As the project progresses more material for dissemination will become available, which enables enrichment of the dissemination materials and allows a continuous flow of information that has to be maintained in all the appropriate channels. The continuous updates also ensure that the project does not fade from the consciousness of the target audiences.

3.1 Target Group

An important reflection and observation concerns the target groups. The final product is also the making process. Both end users and clinical staff must be involved. Communication must be transversal and cyclic at the same time.

The general public divided into seniors and adults must be involved with social networks and partly with the website, using some specific occasions including informative videos. Clinicians should be involved with LinkedIn, with webinars and making them aware of the website, using a more formal and technical language. Even with them a short video (perhaps using infographics) can be useful for the visibility of RECOVERY FUN.

Target Group	Medium	Language
General Audience	<ul style="list-style-type: none"> Website Social Media (Facebook and twitter) Traditional Media Pess Release Online Newspapers 	Informal
End User	<ul style="list-style-type: none"> Website Social Media (Facebook) Traditional Media Online Newspapers 	Informal
Clinicians	<ul style="list-style-type: none"> Journal/Magazine Social Media (LinkedIn) Conference/Meeting/Webinar Newsletter 	Formal / Informal
Caregiver	<ul style="list-style-type: none"> Website Social Media (Facebook and twitter) Traditional Media 	Informal / Formal

Table 3 RecoveryFun target for dissemination

3.2 Dissemination Target Group

Primary users: individuals who use the digital product or service for VR tele-rehabilitation. This group benefits directly from the solution through platform to support RECOVERY and maintenance of FUNCTIONal abilities among seniors.

Secondary users: people or organizations in direct contact with primary users, such as formal and informal carers, family members, friends, neighbours, and care organizations representatives. This user group benefits directly from the solution, and indirectly when primary users' needs for health care and social care are reduced.

Tertiary users: institutions and private or public organizations that do not use directly solutions supporting tele-rehabilitation, but that organize, pay for, or enable them. These include public sector service organizers, social security systems and insurance companies. They benefit from the increased efficiency and effectiveness that digital solutions for active and healthy ageing bring in service provision.

3.3 Dissemination Channels

The goal is to raise awareness among a broad set of audiences, therefore an equally broad spectrum of dissemination channels is needed.

World wide web

The online dissemination channels play a central role in the project dissemination plan. The website will be used as the connection piece for all the dissemination channel and will be used to inform on the project concept, development, partial results and activities all of the stakeholders and interested groups. A part of the information will be released on chosen social media channels. The information and the language it is delivered in will be tailored to the audiences it is directed at.

Face-to-face

Despite the electronic communication having increased influence, the personal face-to-face communication remains unique and indispensable as a dissemination tool. Each partner shall suggest a list of local, national or international events in which to participate and to promote the project or to present accepted paper and/or posters at relevant conferences. In addition, the consortium partners shall coordinate among themselves to organise different events, such as workshops or specialized information sessions, at international conferences or other relevant events. The RecoveryFun consortium partners will participate at fairs and other commercial events with booths distributing information materials like leaflets.

Traditional media

Traditional media such as newspapers, radio or TV, are an important communication channel. Many older people are used more to getting information from newspapers rather than the internet. Press releases regarding the concept, newest developments, announcements of upcoming events organised by the project partners, and information of interest to the public shall be prepared in order to involve the press and the wider public that comes with it.

Scientific journals / specialised press

Articles for specialized and scientific press must be elaborated and published throughout the project development in order to appeal to the scientific community and professionals in the field pertaining to the topics and themes of the project. The scientific results should be written, published in relevant scientific journals and presented at national and international conferences.

Social Media

Social networks have changed the way companies and people deal with their customers and friends, their reputation and their ability to provide information. The opportunities offered by social networks have forever revolutionised the way companies and people interact, respond and satisfy users and consumers.

3.4 Dissemination instruments

Project Logo

The logo is the image which represents the project brand. It provides the RecoveryFun consortium and the RecoveryFun system with a corporate identity thus facilitating project recognition in the world and enabling more homogeneity in all the consortium activities, especially when concerning interaction with external parties.

The logo was designed by Tech 4 Care, a member of the project consortium, and chosen for its simple and smooth design that is easily recognizable. It is imperative that the logo is used with all the dissemination instruments, consistent with its style, in order for it to be effective as corporate design.



Figure 4 RecoveryFun Logo

Website

The project website is the first and most widely accessed dissemination channel. It is the first place people will seek out once they have received a leaflet, attended a presentation or have otherwise come in contact with the RecoveryFun project. As such it is of high importance to all target groups.

The homepage is available under: <http://recoveryfun.eu>. The web site was created by Unmatched BV, a member of the project consortium

The website will publish all the information about the project that is meant for public access. This includes the project concept, project development, main results and the business and service models. It will provide information about initiatives such as events, participation at conferences, workshops, and etc. It will also provide access to various dissemination documents and other downloadable content. The website will be updated regularly to inform on the progress of the project.

The website is currently in English only, as it is the international language. Some downloadable publications, such as the leaflet, are available in all languages of the consortium partners

Social Media

In order to ensure as wide diffusion of information as possible, it was decided to present some of the project material on the most popular social media networks, which are used by informal caregivers and general public, and researchers and professionals of the field.

A project account will be created on Facebook, Twitter and LinkedIn.

A Gmail account (recoveryfunproject@gmail.com) was created to create the Twitter account, and there is also a YouTube channel for uploading videos.

During the project, the dissemination materials, project development as well as information pertaining event participation will be continuously posted onto these channels.

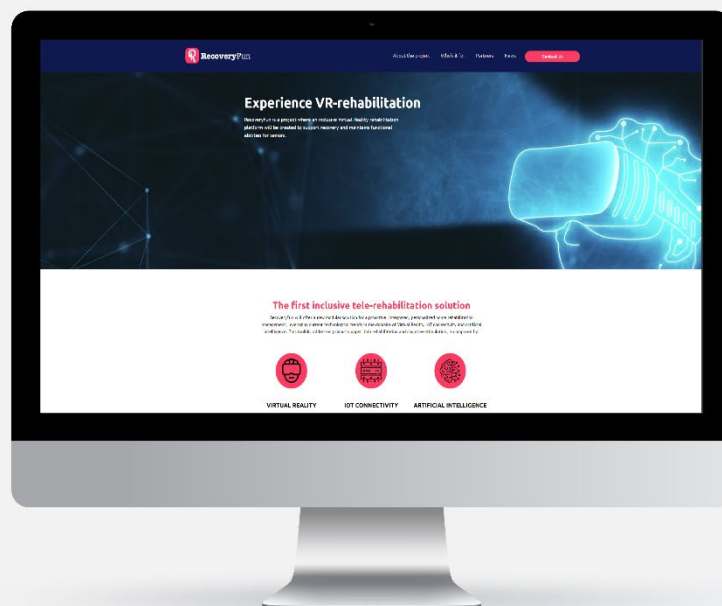


Figure 5 RecoveryFun HomePage

Facebook



Figure 6 RecoveryFun Facebook page

Twitter

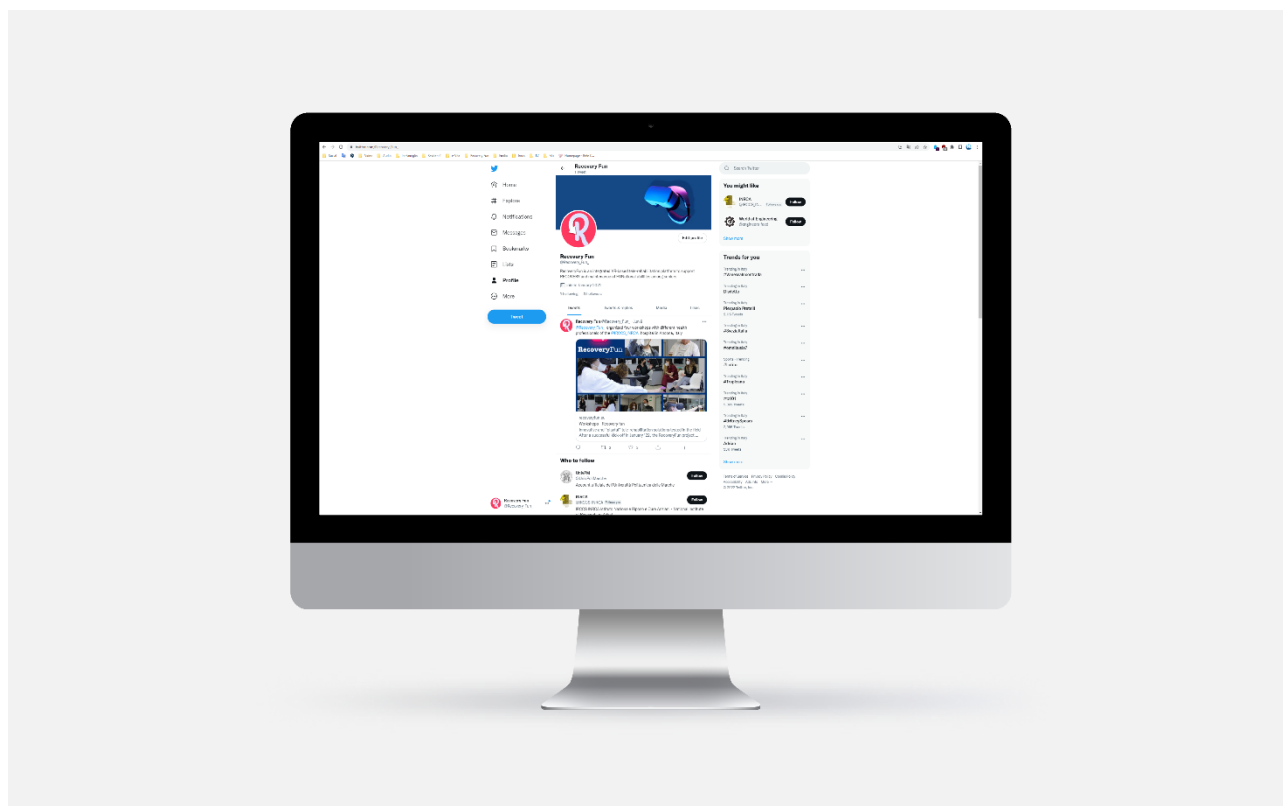


Figure 7 RecoveryFun Twitter page

LinkedIn

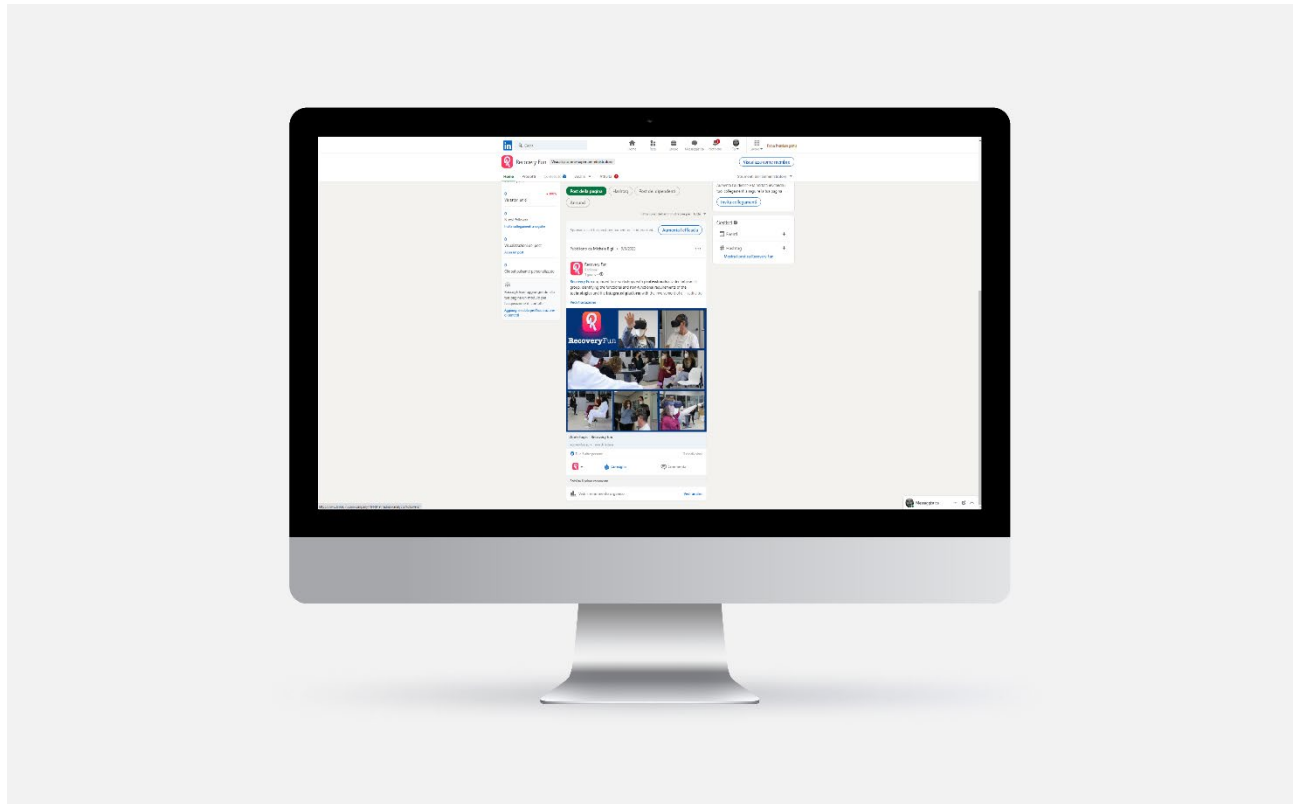


Figure 8 RecoveryFun LinkedIn page

Brochure



Figure 9 RecoveryFun brochure

4. Communication and dissemination planning

4.1 Roll-out

The implementation of the communication plan will follow an evolving process, from a wider awareness raising to a more targeted one to experts and potential interested stakeholders on the project results.

Four phases are presented below; while the first proposes consistent actions for the first project months, the two others only suggest preliminary ideas to be updated in later stages when the project delivers its first results.

This section outlines the main processes of the dissemination based on the target groups and dissemination instruments presented in the previous sections. Here, the steps to build up the dissemination process, a flow of information, the timing of dissemination activities and the appropriate sharing of tasks among the consortium partners are outlined.

Each consortium member has to play a role in dissemination according to their skills and capacity. The high-level coordination is undertaken by the leader of the Dissemination Work Package (WP5) and supported by the project coordinator.

Timely and effective dissemination is an essential part of the project and crucial for future exploitation of the project results well beyond the duration of the project itself. It allows for the benefits generated during the project to be accessed by the whole society. Ensuring that the gained knowledge and exploitable foreground is protected and any duplication of research and development activities is avoided is also a major part of the efficient dissemination strategy.

Two of the success key of dissemination is regularity and being up-to-date. Regular in the sense of the necessity to maintain the interest towards project achievements, and up-to-date in the sense of providing fresh content as well as being aware of new opportunities where project dissemination can take place.

This means that we can classify dissemination activities into main 3 types:

Continuous activities (e.g. update of project website);

Regular activities (e.g. writing newsletters);

Occasional activities (e.g. attendance at conference)

Phase 1 – Communication and dissemination Planning - M1 – M6		
Objective	Main Task and Activity	Expected Outcomes
<ul style="list-style-type: none"> -Prepare communication and dissemination activities -Set up of initial communication tools 	<ul style="list-style-type: none"> -Set up communication channels <ul style="list-style-type: none"> - Design and translate communication materials - Launch first press release - Identify specific stakeholders according to the groups of communication stakeholders - Organise and plan communication activities 	<ul style="list-style-type: none"> -Website creation and release - Social media profiles creation - Template production - Leaflet/Brochure production - Press release(s) - Press Conference(s)

	- Set up RECOVERY FUN internal Communication and Dissemination group	
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This phase aimed to prepare the dissemination and communication activities with the development of the present communication plan and the scientific dissemination plan as well as the setup of initial communication tools.

Key actions during this first phase:

- Release of the project website, first post in social media and on the website
- Templates, Brochures, General presentation of the project, first press release will be available in the different languages of the project;
- Publication of articles about the project through relevant partners' channels and on the website;
- First conferences attended as participants for some partners.

Phase 2 – Raising Awareness - M7 – M15

Objective	Main Task and Activity	Expected Outcomes
-Engage with relevant stakeholders to share the initial achievements and strengthen RECOVERY FUN networking	<ul style="list-style-type: none"> - Directly contact stakeholders identified in Phase 1 - Organise joint events at Living Labs level - Build up connections with health authorities and professionals - Engage with the general public - Dissemination of early scientific results of the project through publications and presentations - Maintain updates on social media and website - Creation of videos and photos 	<ul style="list-style-type: none"> - Updates of materials from Phase 1 (Website, social media, leaflets); increased traffic and engagement - Newsletter sign-ups - Introductory Video release and wide sharing - Workshops held - Webinars held

The second phase is focused on raising awareness, informing a wide public and potential end user (refers to primary and secondary stakeholders) of the existence of RECOVERY FUN, the objectives of the project and the way the stakeholders are invited to contribute and give their feedback.

The objective of the raising awareness phase is to build a community and create the highest and most diversified number of stakeholders as possible.

Key actions during this phase:

- Supporting the communication of the overall objectives of the RECOVERY FUN project thanks to the production of a video and photos.
- Improving the level and quality of information disseminated through the project communication tools: e.g. updating the website with news and events, feeding the social media accounts with regular

posts about the project progress or developments in the research and innovation fields of RecoveryFun, issuing press releases when relevant, etc.;

- Improving the visibility of the project through the identification of and participation to key events (within the limits of the project budget), using the project templates and flyers or any communication material necessary to the visibility of RECOVERY FUN;
- Increasing the number of website visits, registrations to the newsletter and the number of followers on social media to a significant level

Phase 3 – Accelerating awareness and engagement - M16 – M24

Objective	Main Task and Activity	Expected Outcomes
-Promote the early results from the pilot, updating with successive achievements.	<ul style="list-style-type: none"> - Promote first results from the pilot via RECOVERY FUN 's channels - Promote results directly to the various stakeholder groups identified in Phase 1 and engaged in Phase 2 - Maintain updates on social media and website - Creation of further videos, photos and content; - Launch marketing campaign: e.g., attract reporters, news coverage, articles to be written. 	<ul style="list-style-type: none"> - Updated materials from Phase 2 (Website, social media, leaflets), with increasing traffic on website and social media - Video produced to promote achieved results, with successful engagement - Webinars with several stakeholders, such as business partners - Participation in cross-sectoral events - RECOVERY FUN is mentioned in third-party materials (e.g., articles, blogs).

Phase three will start to promote the project results and ensure that key third parties take ownership of the main project outcomes. At this stage of the project, the key milestones reached will have been the completion of the pilot, and re-design in collaboration with end-users and stakeholders.

The objective of this phase is to captivate the audience with the first concrete activities and results of the project and create engagement and exchange with stakeholders' groups.

Key actions during this phase:

- Promote the first results of the project milestones through social media campaigns and website content and promotion. Such campaign should also aim to increase the number of followers and website visits (including newsletter subscriptions)
- With increased visibility and newsletter registrations, newsletters and press releases should be released
- Creation of media content: several videos, such as with end users in the living labs sharing their experience, interviews with members working on the systems, and so on. Providing materials for scientific dissemination activities (templates, flyers), and materials for conferences (linked to dissemination).

Phase 4 – Supporting Exploitation - M25 – M30

Objective	Main Task and Activity	Expected Outcomes
-Maximize e- RECOVERY FUN 's impact by engaging policy and decision makers, service providers, end users, business partners, research/standardization organizations and different stakeholders.	<ul style="list-style-type: none"> - Organize and hold outreach events such as seminars and webinars, to target specific stakeholders or end users with the results from phase 3 - Participation in third-party events - Creation of further videos and content; - Maintain updates on social media and website - Activities related to business incubator - Preparation for final communication activities of RECOVERY FUN. 	<ul style="list-style-type: none"> - Peak engagement following the successful promotion of project final milestones - Successful completion of final series of seminars and webinars - Continued participation in cross-sectoral events - RECOVERY FUN is widely found in third-party materials (articles, blogs).

Specific communication activities will seek to mark milestones in the project over this period.

Key actions during this phase:

- Communicate to as wide an audience as possible, to reach almost all target groups. Communication should have a high level of detail to make explicit the results and achievements of the project. Ideally the audience will also share and diffuse the results, through impactful campaigns that promote sharing and discussion;
- Related to the above point, to ensure high visibility a range of media should be created, as described previously.
- Participation of RECOVERY FUN in key trade.
- The website should be updated to analyse and explain the technologies created, synthesized and implemented in the final demonstrator;
- Provide materials for final conferences (dissemination).

4.2 Presentation Video

During all phases of the project some videos will be produced. These videos can be used to implement the dissemination of project data.

4.3 Upcoming events

Event	Where	Date
Notte dei Ricercatori (Researchers' Night)	All City of Italy, For IRCSS INRCA in Ancona	30 October 2022

European Week of Active and Healthy Ageing	Gdansk, Poland	18-20 October 2022
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5. Conclusions

Dissemination and communication activities are key element to favour the growth of an active f health and care ecosystem.

A multichannel dissemination plan has been defined to be used during the entire lifetime of RecoveryFun project targeting three levels of dissemination for the project outcomes: general awareness, engaging and action. In accordance appropriate dissemination activities are been planned.

The dissemination plan, tools and activities will be reviewed throughout the project duration to support the emerging and evolving needs of the project.

Annex 1 stakeholders' list

Category	Group	Country	Organization	Key Figures	Representative
Provider	Association of health care professionals	Switzerland	Swiss Society of General Internal Medicine SGAIM(General Internal Medicine)	Board of Directors Co-Presidency	Prof. Dr. med. Drahomir Aujesky Dr. med. Regula Capaul
Provider	Association of health care professionals	Belgium	Domus Medic (General practitioner)	General Director	Christophe Dekoninck
Provider	Association of health care professionals	International	European General Practitioner research network (general practitioner)	Chair of Educational Committee	Shlomo Vinker Ferdinando Petrazzoli
Provider	Association of health care professionals	Italy	General practitioner association		
Provider	Association of health care professionals	Switzerland	Swiss Professional Society of Geriatrics (SPSG)		
Provider	Association of health care professionals	Switzerland	Swiss Medical Association FMH	President	Dr. med. Yvonne Gilli
Provider	Association of health care professionals	Belgium	Vlaamse Vereniging voor Neurologie (VVN) (neurologist)	Chairman Board of Director	Dr. B. Willekens
Provider	Association of health care professionals	Switzerland	Swiss Association of Occupational Therapy (DE: ErgotherapeutInnen-Verband Schweiz EVS) (occupational therapist)		
Provider	Association of health care professionals	Italy	SIMFER Association of psychiatrists	Former vice president	Oriano Mercante

Provider	Association of health care professionals	Switzerland	Swiss Society of Physical Medicine and Rehabilitation		
Provider	Association of health care professionals	Belgium	Axxon (physiotherapist)	General Director	Marina Gasten
Provider	Association of health care professionals	Italy	Physiotherapist association		
Provider	Association of health care professionals	Switzerland	Physioswiss (physiotherapist)		
Provider	Association of health care professionals	International	European Rehabilitation Robotics School		
Policy makers	Certification and data regulation offices	Switzerland	Swissmedic		
Policy makers	Certification and data regulation offices	Italy	Istituto Superiori di Sanità (notified body)		
Product makers	Digital Innovation Cluster	Romania	Digital Innovation Zone	Founder of Digital Innovation Zone	Delian Coroama
Product makers	Digital Innovation Cluster		Cluster Tecnologie per gli ambienti di vita	President	Pietro siciliano
Patient and public	Generic public	Switzerland	Social environment of the primary user groups (family, neighbours...)		
Payer	Health care govern	Italy	Regional authority Responsible for policy	Director of the Health Department's (Marche Region)	Gozzini Armando Marco

Payer	Health care govern	Italy	Marche Region Health Department	Executive of the Directorate of Health and Sociomedical Integration	Masera Filippo
Payer	Health care govern	Italy		Executive if Human Resources and Training Department (Marche Region Health Department)	Bottazzi Paolo
Policymakers	Regional govern	Italy			
Policymakers	Health care govern	Switzerland	Department of Health and Social Affairs Aargau	Director of Health - Canton of Aargau	Barbara Hürlimann
Policymakers	Health care govern	Switzerland	Department of Health Zurich	Director of Health - Canton of Zurich	Nathalie Rickli
Policymakers	Health care govern	Switzerland	Department of Health Luzern	Director of Health - Canton of Luzern	Guido Graf
Provider	Private hospital	Belgium	Zorgnet-Icuro		https://www.zorgneticuro.be/
Provider	Public Hospital	Switzerland	Large cantonal hospitals Lucerne cantonal hospital Cantonal hospital of Baden Cantonal hospital of Aarau	Directors and chief physicians of the various medical departments	
Provider	Physiotherapy and Osteopathy Centre	Italy	Kinesis Sport		

Provider	Private home care providers	Italy	Cooss Marche (Social Cooperative with Residential Care Homes and Rehabilitation facilities that manages a network of 10 residences for the older people in the regional territory, in the provinces of Ancona and Pesaro-Urbino)		
Provider	Private rehabilitation hospital	Italy	Don Gnocchi-Bignamini. Network of in patient and out patient rehabilitation centre.	Responsible of research area "Technologies for rehabilitation and social inclusion"	Maurizio Ferrarin
Provider	Large outpatient rehabilitation centres	Italy	Don Gnocchi-Bignamini. Network of in patient and out patient rehabilitation centre.	Manager of a centre	
Provider	Private hospital	Switzerland	Hirslanden (Hospitals) - Zurich - Aarau		Dr. Daniel Liedke, Chief Executive Office Dr. Markus Meier, Hospital Director Aarau
Provider	Private hospital	Switzerland	Spitex who provides medical services at home for elderly people at home		
Provider	Private rehabilitation hospital	Italy	Santo Stefano. Large group providing rehabilitation and residential care. General manager	General manager	Enrico Brizioli
Purchaser	Public health care services	Italy	ASUR Regional health agency Responsible for delivery healthcare services	General Manager ASUR Marche	Dr. Nadia Storti

Provider	Public Hospital	Romania	Elias University Hospital	Chair Physical and Rehabilitation Medicine	Prof. Dr. Mihai Berteanu
Provider	Rehabilitation hospital	Belgium	RevArte	General Director	Peter De Becker
Provider	Rehabilitation hospital	Belgium	Inkendaal	General Director	Sofie Blancquaert
Provider	Rehabilitation hospital	Belgium	Revalidatiecentrum Pellenberg	Chairman Board	Prof. Dr. Mark Waer
Provider	Residential care facility	Belgium	Korian	CEO	Dominiek Beelen
Provider	Residential care facility	Belgium	Armonea		
Provider	Residential care facility	Belgium	Vulpia	CEO	Luc Van Moerzeke
Provider	Residential care facility	Belgium	Orpea	CEO	Geert Uytterschaut
Provider	University Hospital	Switzerland	University Hospital of Zurich	Directors and chief physicians of the various medical departments	
Purchaser	Public health care services	Italy	ASUR Regional health agency Responsible for delivery healthcare services	Manager of Social and Health Integration Services ASUR Marche	Dr. Giovanni Feliziani
Product makers	Industry association	Belgium	beMedTec (Association of medicine technology)		https://www.bemedtech.be/nl/
Product makers	Industry association	Switzerland	Swiss Medtech - Swiss Medical Technology Association (DE: Schweizer Medizintechnikverband) (Association of medicine technology)		

Product makers	Industry association	Switzerland	santésuisse TBD - Industry organization of Swiss health insurers in the field of social health insurance (Association of medicine technology)		
Product makers	Industry association	Switzerland	Curafutura TBD (Association of medicine technology)		
Provider	magazine for healthcare executives	Belgium	ZORG Magazine		https://zorgmagazine.be/
Patient and public	Older people associations Non-profit Association for older adults	Italy	Marche region Union for pensioners FNP-CISL Marche	Regional Secretary - Head of Department of Social, and Health Policies	Dino Ottaviani
Patient and public	Older people associations Non-profit Association for older adults	Italy	Anteas Association that promote intergenerational solidarity	Expert in social policy	Carmen Carotenuto
Patient and public	Older people associations Non-profit Association for older adults	Italy	Unitre (University for elderly) association that delivers various kind of training for elderly people		Giovanni Rossi / Adele Iasimone
Patient and public	Older people associations Non-profit Association for older adults	Italy	Fondazione Mondo Digitale, Roma (one of the most important stakeholders in Italy as Ngo of technological learning that also concerns older people)	coordinator/manager of innovation in schools, also for digital learning regarding older adults'	Cecilia Stajano
Patient and public	Older people associations Non-profit	Romania	Ana Aslan International Foundation	President of Ana Aslan International Foundation	Prof. Dr. Luiza Spiru

	Association for older adults				
Patient and public	Older people associations Non-profit Association for older adults	Romania	ROHEALTH- The Health and Bioeconomy Cluster	President of the ROHEATH Cluster	Flaviana Rotaru
Patient and public	Older people associations Non-profit Association for older adults	Switzerland	The network for quality of life in the elderly (gerontologie.ch)		
Payer	Private health care insurance	Belgium	Christelijke Mutualiteiten		
Payer	Private health care insurance	Belgium	De Voorzorg		
Payer	Private health care insurance	Belgium	Helan (prior OZ and Partena)		
Payer	Private health care insurance	Belgium	DKV		
Payer	Public health care insurance	Belgium	RIZIV – Rijksinstituut voor ziekte- en invaliditeitsverzekering	General Director	Benoit Collin

Annex2 list of communication manager

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