



D 5.1

Dissemination and Communication plan

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ABBREVIATIONS AND ACRONYMS

| ACRONYMS | DESCRIPTION |
|----------|---|
| DoA | Description of Action |
| D&C | Dissemination and Communication |
| EU | European Union |
| IAQ | Indoor Air Quality |
| HVAC | Heating, Ventilation and Air Conditioning |
| RIA | Research and Innovation Action |
| SSH | Social Sciences and Humanities |
| ToC | Table of Contents |
| WG | Working Group |
| WP | Work Package |

EXECUTIVE SUMMARY

This plan aims to develop a feasible strategy with related methodologies to carry out appropriate and effective communication and dissemination actions, with the aim of maximizing the impact of the K-HEALTHinAIR project.

The strategy is based on delivering key knowledge and information at the right time and in the most appropriate format to a variety of stakeholders, including the general public.

To ensure a broad dissemination of the project and to increase its impact and scope, the K-HEALTHinAIR Dissemination and Communication plan (D&C plan) undertakes the following activities:

- Developing and implementing communication and dissemination planning to ensure that all project results reach the appropriate audience and achieve the expected impacts.
- Monitoring the impact of dissemination and adapting strategies and methodologies as deemed necessary.
- Defining the roles and responsibilities of project partners to guarantee the smooth running of the dissemination activities in numerous areas.
- Coordinating with external stakeholders (patients, health care professionals, regulators, policy makers), as well as other related projects and institutions to ensure a high reach of communication activities.

This document provides a comprehensive overview of the plans, resources and capabilities involved in Dissemination and Communication, as well as operational guidance for raising awareness on the project achievements, with a view to achieve their sustainability after the end of the project. The communication strategy will be based on a multi-level and targeted stakeholder framework to ensure that the clear objective of the engagement is achieved. Dissemination will be based on providing relevant and targeted information to identified stakeholders, multipliers and their networks who will disseminate the project results and key findings to a wider audience.

1 Project overview

K-HEALTHinAIR is an interdisciplinary research project that aims to increase knowledge about chemical and biological indoor air pollutants affecting human health and provide solutions for more accurate monitoring and improvement of indoor air quality.

The project will leverage on a novel artificial intelligence algorithm and advanced data analysis to identify the determinants, its sources, and the potential health risks of indoor air quality.

A rigorous research action based on data collected through real life scenarios, public health surveillance, and particularly vulnerable groups as high-risk outpatients, elderly people, pregnant women, and children. will investigate the holistic correlations of the indoor air quality characterization and the harmful effects on health.

K-HEALTHinAIR will:

- Deliver new pragmatic acquaintance focused on an easy identification of the main pathologies, associated body burdens and health effects as consequence to the presence of indoor polluting substances or their harmful combinations.
- Allow easy consultation of the knowledge generated by the project through a completely open access platform developed according to the principles of usability, convenience, and simplicity.
- Provide user-friendly and affordable IAQ monitoring solutions, technological IAQ treatment solutions and guidelines for IAQ improvement.

2 Introduction

The K-HEALTHinAIR Dissemination and Communication plan and springing activities will follow an exploitation-driven dissemination approach. Strategy design, upkeep, implementation, and monitoring will be developed within the project's WP5, although many other project's WPs will implement various stakeholder engagement actions during the project to ensure proactive involvement in co-creation and endorsement processes as well as institutional commitment to boost large-scale adoption.

All consortium partners will contribute to dissemination according to their intended role and commitment and will make the best effort possible to maximize existing dissemination channels for the purposes of adoption of project results and future successful commercialization of the K-HEALTHinAIR outcomes. During the project, all K-HEALTHinAIR partners will be encouraged to identify and approach the most important interest groups within their reach.

In line with its ambitious core objective to increase knowledge about chemical and biological indoor air pollutants affecting human health, and to provide solutions for more accurate monitoring and improvement of indoor air quality, the Dissemination and Communication plan will guide the K-HEALTHinAIR consortium in:

- Raising awareness at international, European, national, and local levels about K-HEALTHinAIR ambitions, lessons learned, the end-results and their potential contributions.
- Extending the impact of the K-HEALTHinAIR results to additional stakeholders beyond the consortium partners.
- Engaging stakeholders and target groups towards the K-HEALTHinAIR approach.
- Sharing outputs and knowledge generated by the project through interested scientific and industrial communities.
- Developing new partnerships and networking in the field of Indoor Air Quality monitoring and IAQ solutions.
- Consolidating the position of the participating partners in the panorama of Indoor Air Quality at the European and international level.

Each of these objectives will be addressed through the implementation of a series of activities that will be tailored on the project's stage and degree of advancement. In this context, the actions foreseen are:

- Introduce the project to stakeholders. Demonstrate its objectives, benefits, and innovative approach.
- Define, maintain, and promote a consistent K-HEALTHinAIR project identity.
- Raise awareness and maintain stable interactions with the project target audience.
- Lease with other relevant national, European, and international projects and initiatives.
- Disseminate the project achievements and progress made in terms of innovation.
- Exploit the K-HEALTHinAIR results and demonstrate their sustainability beyond project funding.

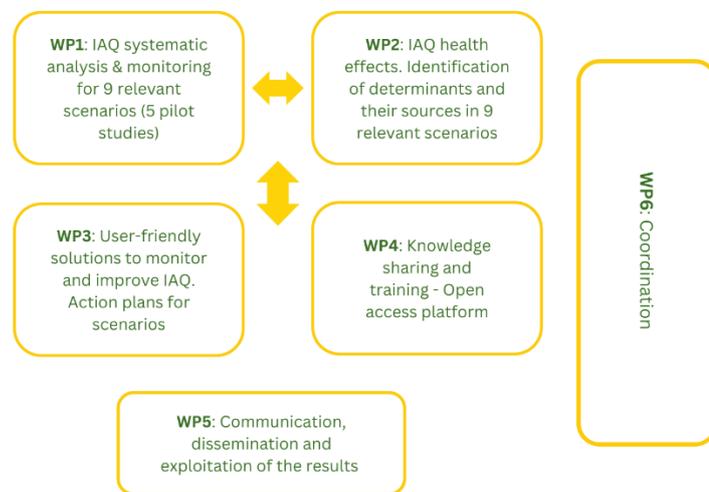


Figure 1: K-HEALTHinAIR Work Packages.

3 Methodological approach

The Dissemination and Communication Strategy is being developed within the first four months of the project to be launched in December 2022 (M4). Its key focus is on raising awareness of the project, mapping of stakeholders, and their active engagement from the beginning of the project.

To build awareness, understanding and trust towards the project and increase impacts in terms of outreach towards the broader public, a variety of editorial and audio-visual contents will be developed and distributed via multiple channels.

Public communication will be centered on communication campaigns, networking events and actions and in raising the exploitation and sustainability of the project but, most important, in enhancing the widespread of policy recommendation. The communication campaigns and actions will be aimed at public administration, decision-makers and the general society.

The K-HEALTHinAIR project emphasizes the interaction with public administration as a crucial objective for ensuring the feasibility and sustainability of its results: the communication plan

and campaigns will try to translate and transfer the knowledge, results and outputs of the project to all publics making them accessible and understandable.

3.1 *Inter-disciplinary approach*

K-HEALTHinAIR follows an interdisciplinary approach involving several disciplines under Natural, Medical, Health and Social Sciences, together with a highly active role of the Engineering and Technology, applied to the design of complex activities.

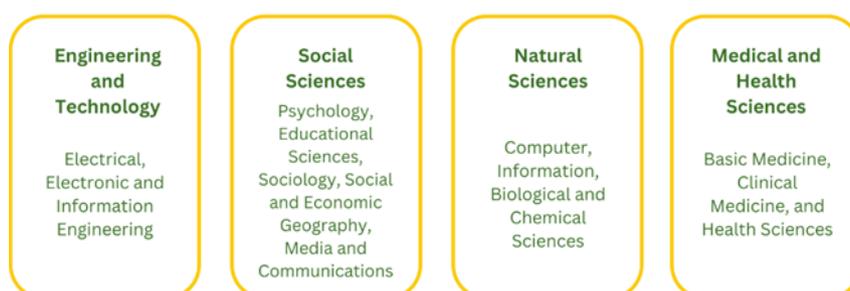


Figure 2: K-HEALTHinAIR inter-disciplinary approach

The project integrates Social Sciences and Humanities (SSH) within its concept and methodology to understand how cultural, socioeconomics and/or political issues interact with IAQ effects. SSH methodologies will be followed to foster public engagement and citizen science, relying on the knowledge and background provided by several SSH disciplines, among others Sociology, Social Psychology, Philosophy, Ethics, Economics and Social Communication. K-HEALTHinAIR merges citizen science and public engagement from a holistic and comprehensive standpoint, coherently linked to its open science approach.

3.2 *Open access*

K-HEALTHinAIR generated knowledge will be published in a fully open access platform enabling easy consultation from all groups of interest including citizens (residents, patients, etc.), scientific community, tech developers, public authorities, and policy makers. Three main principles will guide the platform development: usability, affordability, and simplicity.

K-HEALTHinAIR platform will be built following the reference architecture and the recommendations of the BigData Value Reference Model proposed in the framework of the BDVA and leveraging the lessons learnt during the last years in multiple research and innovation projects¹.

¹ https://bdva.eu/sites/default/files/BDVA_SRIA_v4_Ed1.1.pdf

K-HEALTHinAIR will fully embrace the open access policy of Horizon Europe². K-HEALTHinAIR will make available all scientific outputs, either in scientific journals or conference proceedings, under open access conditions, by consciously choosing venues and publishers appropriately.

Authors will retain sufficient intellectual property rights to comply with the open access requirements. Open access will also be granted to the metadata that identify the deposited publication. Metadata will be open under a Creative Commons Public Domain Dedication (CC 0) or equivalent (to the extent legitimate interests or constraints are safeguarded), in line with the FAIR principles³, to make the project's data findable, accessible, inter-operable and re-usable.

3.3 Gender dimension

K-HEALTHinAIR includes data collection and analysis, selection of samples for in vivo experiments and surveys, among other actions that will be done in a sex-sensitive and gender-sensitive way, applying sex and gender analyses considering the sex and gender dimensions along the different phases of the project. K-HEALTHinAIR follows the Gendered Innovation⁴ guidelines to establish a methodology able to deal with all relevant sex and gender related aspects in its research. The dissemination activities will pave the way to apply the SAGER guidelines⁵ aimed to encourage a more systematic approach to the reporting of sex and gender in research across disciplines. In addition, gender-sensitive language and representation (figures, pictures and, in general, images) will be used at all times within the communication and dissemination activities.

4 Timeline

Careful analysis of the K-HEALTHinAIR audience needs proper timing of communication, crucial for successful promotion. Dissemination and Communication (D&C) objectives may differ depending on the project's stage, degree of advancement and target group being approached. The phases of the K-HEALTHinAIR D&C Plan are shown in Figure 3.

² European Commission, Directorate-General for Research and Innovation, Horizon Europe, open science : early knowledge and data sharing, and open collaboration, Publications Office of the European Union, 2021, <https://data.europa.eu/doi/10.2777/18252>

³ <https://www.go-fair.org/fair-principles>

⁴ <http://genderedinnovations.stanford.edu/links.html>

⁵ Heidari, S., Babor, T.F., De Castro, P. et al. Sex and Gender Equity in Research: rationale for the SAGER guidelines and recommended use. Res Integr Peer Rev 1, 2 (2016). <https://doi.org/10.1186/s41073-016-0007-6>

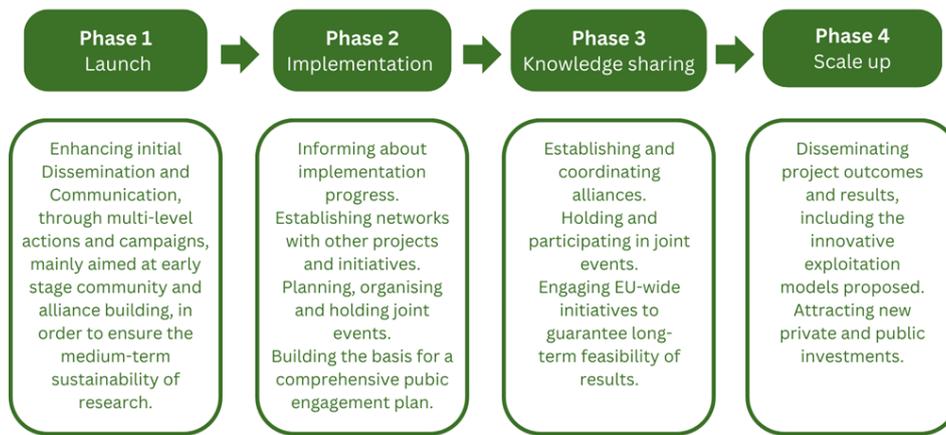


Figure 3: K-HEALTHinAIR Dissemination & Communication timeline.

5 Partners

K-HEALTHinAIR consortium is composed by 15 partners and two affiliated entities across 8 countries (Spain, Portugal, Germany, Poland, Austria, Norway, Ireland, and Netherlands) each one contributing specific knowledge to meet K-HEALTHinAIR objectives, according to their role in this Research & Innovation Action (RIA).

Each partner has a specific geographical, research, education, training, policy, social sphere of activity, as well as specific skills. This Dissemination and Communication Strategy aims to integrate the uniqueness of each partner's outreach capabilities with the project's global dissemination objectives. Furthermore, it acts as an operational guide and provides the paths and terms of collaboration with the overall Dissemination and Communication activities.

K-HEALTHinAIR has set up a well-balanced consortium representing key stakeholders within the whole value chain (research institutions, enterprises, public bodies plus a specific exploitation/dissemination expert beneficiary).

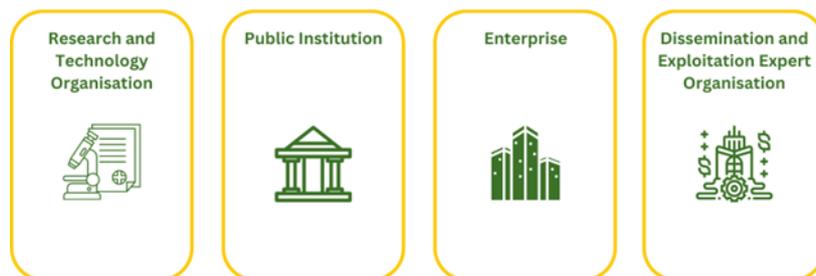


Figure 4: K-HEALTHinAIR partners' expertise.

The diversity within the project consortium will facilitate the development of outputs that are relevant, flexible, and diverse, ensuring the transferability of the knowledge and policy recommendations that the project proposes to develop.

K-HEALTHinAIR represents a main opportunity to combine multidisciplinary knowledge across the EU to develop and validate solutions.



Figure 5: K-HEALTHinAIR partners' geographical distribution.

5.1 Allocation of responsibilities

For the reasons above, the K-HEALTHinAIR consortium deems it important to define and clearly allocate D&C core activities and corresponding responsibilities across all the partners involved in WP5.

Table 1: Allocation of responsibilities.

| Activity | Responsible partner(s) |
|--|------------------------|
| Dissemination, communication and stakeholder's engagement planning and reporting. Production of corresponding deliverables | ECHAlliance |
| Website design, update and maintenance | ECHAlliance |
| Design and production of the K-HEALTHinAIR visual identity and dissemination materials (flyer, poster, roll up, banners, visuals and infographics) | ECHAlliance |
| K-HEALTHinAIR social media management | ECHAlliance |
| Newsletter design, content curation and subscription database management | ECHAlliance |
| Press releases: 1) Writing and editing in English | 1) ECHAlliance |

| | |
|--|---|
| <p>2) Translation and adaptation in national language</p> <p>3) Posting in relevant national press outlets</p> | <p>2) All partners</p> <p>3) All partners</p> |
| <p>News:</p> <p>Collection from partners, English revision and publication on the project website</p> | <p>ECHAlliance</p> |
| <p>Publications:</p> <p>1) Writing, editing and manuscript submission</p> <p>2) Coordination and compliance with the rules settled in the K-HEALTHinAIR Grant Agreement and Consortium Agreement</p> <p>3) Writing of publishable summaries suitable for general public communications to be uploaded on the website and production related social media posts</p> | <p>1) Partners involved in the related WPs, tasks and activities, guided by IDIBAPS</p> <p>2) CARTIF</p> <p>3) ECHAlliance</p> |
| <p>Publication of non-indexed articles, grey literature pieces, interviews, and commentaries on magazines, websites of relevant associations and networks:</p> <p>1) Identification of the topic, the suitable channel for the publication and writing in English</p> <p>2) Review, editing, if necessary, check of formal communication requirements (logos, colour palette, style, format, etc.)</p> | <p>1) Partners involved in the relevant WPs, tasks or activities</p> <p>2) ECHAlliance</p> |
| <p>Organisation of project's internal events:</p> <p>1) Concept, agenda, content and speakers</p> <p>2) Logistic and technical support</p> | <p>1) Partners involved in the relevant WPs, tasks or activities</p> <p>2) Partner responsible for the organisation if live events or ECHAlliance if online</p> |
| <p>Coordination of synergies and clustering activities</p> | <p>ECHAlliance</p> |
| <p>K-HEALTHinAIR Scientific Congress</p> | <p>CARTIF</p> |

6 Preliminary audiences' identification

The clear identification and active involvement of all relevant stakeholders and target groups is instrumental to the effective deployment of dedicated dissemination and exploitation actions.

6.1 Target groups

K-HEALTHinAIR target groups are:

- 1) Primary target groups in public sector

Public administration officers in charge of decision-making at health and environmental levels and consumer and patients' associations.

- 2) Secondary target groups in the society

General society (population or residents and consumers), group of professionals and workers, vulnerable groups and patients, scientific community dedicated to IAQ and EU Technology developers on technologies and sensors related to IAQ.

6.2 Stakeholders

K-HEALTHinAIR stakeholders are relevant for segmenting target groups within the communication campaigns, but also for measuring efforts and means, as well as materials to be disseminated, within the wide spreading of research and development outputs.

An initial stakeholder scoping exercise has been included in the K-HEALTHinAIR Description of Action (DoA) and it serves as a guiding reference for D&C plan outlined in the present document.

Table 2: Initial stakeholder scoping exercise.

| | |
|-----------------|---|
| Multipliers | Public administration, Civil Society Organizations and associations at EU level, platforms, and networks. |
| General society | Actual or potential patients and patients' associations and environmental associations. |

6.2.1 Multipliers

Multipliers are important stakeholders, with a high multiplying potential for accomplishing the project outcomes as well as the dissemination objectives, ensuring the highest impact of the

dissemination activities in-line with the implementation of the project. For instance, the consortium has identified among others, the following multipliers, which will be approached:

Table 3: Multiplier stakeholders.

| Multiplying potential | Entities |
|---|--|
| Representing public authorities | The Directorate-General for Climate Action (DG CLIMA) The Directorate-General for Environment (DG ENV) European Agency for Safety and Health at Work (EU-OSHA) The European Environment Agency (EEA) National and regional entities Student Welfare Organization in Agder |
| Representing health and public health | Patient Innovation European Public Health Alliance Health and Environment Alliance Alliance of Nurses for Healthy Environments Grimstad Municipality Agder County municipality |
| Representing environmental concerns | EPPA Working Group – Air, Ambient Air Quality Working Group on Particulate Matter, Ambient Air Quality Working Group on Implementation, Air quality European Citizen Science Association Norway Climate Foundation |
| International networks and working groups | EcoHealth Alliance Alliance for Clean Air Air Quality Alliance |

6.2.2 Stakeholders’ mapping

K-HEALTHinAIR partners will conduct a detailed key stakeholders’ identification, at the beginning of the project, to map key stakeholders and compile a list of targets for the project’s dissemination activities.

Within the project’s WP4, the Task 4.3 “Stakeholder community involvement and capacity building” is dedicated to map and build a **permanent stakeholder community at pilots’ level**. The community will be made aware of the benefits of using Big Data technologies, advanced surveillance and monitoring systems and data sharing protocols to progress research and innovation towards the need to enhance IAQ to reduce disease burdens. Such group will voice the concerns and expectations of each stakeholder category and transfer them to the K-HEALTHinAIR consortium to be considered in the design, implementation, and evaluation of the system along the overall duration of the project.

At operational level, a mapping tool has been created and will be shared with the project’s pilot sites to identify the targeted stakeholders that will be invited to be part of the permanent community.

|  | | K-HEALTHinAIR Stakeholders mapping tool | | | | | | | | |
|---|--|---|---------|----------|---------|-----------------------|----------------|---------------|--------------------------------|--------------------------------|
| | | Organization | Country | Coverage | Website | Social media channels | Contact person | Email address | Organisation Short description | Reason for interest in KHinAIR |
| Primary target groups | Public administrations: decision making level healthcare | | | | | | | | | |
| | Public administrations: decision making level environment | | | | | | | | | |
| | Consumers associations: main users of transports, markets, canteens, etc | | | | | | | | | |
| | Professional associations | | | | | | | | | |
| | Residents Associations: formal group of people who live in a neighbourhood getting together to deal with | | | | | | | | | |
| | Patients' organizations | | | | | | | | | |
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Figure 6: K-HEALTHinAIR Stakeholders mapping tool.

In order not to replicate activities, the WP5 will benefit from this mapping, using the same tool to map information also from those partners that are not pilot sites, to complete the stakeholders' identification and will tailor communication and dissemination activities taking into account the different target groups characteristics, as outlined in the section below.

6.2.3 Key stakeholders, interests, and expectation

Table 4 provides a list of stakeholders' categories, the relevance of their contribution to the project, as well as the targeted D&C actions to engage them and their expected impacts and tasks involved during the K-HEALTHinAIR action.

Table 4: Stakeholders' groups, interests, and expectations.

| Category | Relevance | D&C expected impact | D&C main action and channels |
|--|--|--|--|
| Public authorities and policymakers both from the healthcare and environmental sectors | Information about IAQ and associated risks are in general limited except in high-risk environments. Project results (knowledge generated and shared through the open access platform) will be accessible and it will help policy makers to be well informed about the risks associated to IAQ and promoting policies and better planning investments to favor healthier environments with a direct societal impact at medium term. | 3 representatives of local/ regional/ national governments from pilot studies scenarios, 10 public authorities reached through specific promotion of the open access platform and D&C actions: <ul style="list-style-type: none"> - Be aware and well informed about environmental socio-economic, and occupational risk factors, as well as health-promoting factors across society. - Make use of the knowledge generated by K-HEALTHinAIR project, to promote policies and better planning investments to favor healthier environments with a direct societal impact. | <ul style="list-style-type: none"> - Mapping of relevant social media accounts and tagging them during dissemination of news via social media - Establishment of strong community of multiple actors - Dedicated activities for stakeholders at EU and local level (events) - Promotion of the K-HEALTHinAIR open access platform and knowledge sharing - Promotion of the project's newsletter - Networking and clustering activities with other EU funded projects and initiatives |
| Consumers', professionals' and patients' associations | These collectives do not currently have access in a simple way to precise information about IAQ and associated health effects. | 5,000 consumers – members of associations and 15 patients' associations <ul style="list-style-type: none"> - Access to scientific-based information about IAQ health risks, available in simple formats. | <ul style="list-style-type: none"> - Mapping of relevant social media accounts and tagging them during dissemination of news via social media - Social media campaigns |

| | | | |
|---|--|---|--|
| | | <ul style="list-style-type: none"> - Creation of strong societal awareness on the consumers' and patients' needs. | <ul style="list-style-type: none"> - Communication materials - Promotion of the K-HEALTHinAIR open access platform and knowledge sharing - Showcasing IAQ monitoring solutions and guidance - Promotion of the project's newsletter - Networking and clustering activities with other EU funded projects and initiatives |
| <p>Citizens (consumers as main users of transport, markets, canteens etc. and building residents)</p> | <p>The project aims to increase awareness of consumers about the risk factors associated with a bad IAQ and their potential human health negative effects and extensive use of the published guidelines for tailored interventions aiming to improve IAQ. This will be complemented with better capacities to measure IAQ through guidelines to select the most convenient equipment from the market to obtain the best information.</p> | <p>540 residents involved in 9 scenarios, 10,000 engaged through D&C actions:</p> <ul style="list-style-type: none"> - Find on the market new cost-effective and accurate IAQ monitoring solutions and have access to the knowledge available on how to address interventions focused on IAQ improvements for health enhancement. - Improve their health and well-being, even in short term, as the upstream determinants of diseases related to the main indoor air determinants will be known, understood, and reduced. - Have increased awareness about health risks associated with IAQ in | <ul style="list-style-type: none"> - Social media campaigns - Communication materials - Engagement through local events and pilot studies - Traditional media - Promotion of the K-HEALTHinAIR open access platform and knowledge sharing - Showcasing IAQ monitoring solutions and guidance - Audio-visual materials |

| | | | |
|--------------------------------|---|--|---|
| | | workplaces and demand for improved regulations and more accurate measurement and control of indoor air conditions. | |
| Professionals and workers | National regulations about IAQ in workplaces differ in each country, but there are general considerations that are common and most of them only deal on ventilation requirements. Less than 5 % of the workplaces have IAQ real time supervision (only CO2 in general), so except ventilation ratios, it is really difficult to implement other measures. | 400 persons from medical staff, 65 merchants, 50 Kitchener, 300 teachers from scenarios; 2,000 workers from D&C actions: <ul style="list-style-type: none"> - Increased awareness about risk factors associated to human health impacts related to IAQ. - Regulations in workplaces. - Higher demand for better IAQ conditions in workplaces. | <ul style="list-style-type: none"> - Mapping of relevant social media accounts and tagging them during dissemination of news via social media - Social media campaigns - Communication materials - Engagement through local events and pilot studies - Traditional media - Promotion of the K-HEALTHinAIR open access platform and knowledge sharing - Showcasing IAQ monitoring solutions and guidance - Promotion of the project's newsletter - Networking and clustering activities with other EU funded projects and initiatives - Audio-visual materials |
| Vulnerable people and patients | Vulnerable persons and patients need more in-depth knowledge about health risks associated with IAQ, guidance and recommendations for IAQ | 310 high-risk outpatients from pilot 1 and 5,000 children from pilot 5, 24 pregnant women from pilot 5, 1,000 persons through D&C actions: | <ul style="list-style-type: none"> - Mapping of relevant social media accounts and tagging them during dissemination of news via social media - Social media campaigns |

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|-----------------------------------|---|--|---|
| | <p>improvement in all the spaces that they use for their daily activities.</p> | <ul style="list-style-type: none"> - Obtain information about health risks associated with IAQ and knowledge about recommended specific health surveillance practices and guidelines for improving IAQ in all spaces they occupy in their daily activities. - Receive enhanced identification and diagnosis of diseases, with a specific focus on acute effects related to IAQ, and customized measures for IAQ improvement, even considering the use of wearables to continuous monitoring of health personal parameters and IAQ in different places. | <ul style="list-style-type: none"> - Communication materials - Engagement through local events and pilot studies - Traditional media - Promotion of the K-HEALTHinAIR open access platform and knowledge sharing - Showcasing IAQ monitoring solutions and guidance - Promotion of the project's newsletter - Networking and clustering activities with other EU funded projects and initiatives - Audio-visual materials |
| <p>Scientific research groups</p> | <p>For scientific research groups, the main benefits obtained directly from the project development will be the research on determinants and their sources identification, IAQ/health relations, new sensor's technology for IAQ parameters, and algorithm application and evolution.</p> | <p>Volatile Organic Compounds, Particulate Matter and Microbiome scientists will be offered with procedures to use monitoring tools to expand field studies. Open a new research line for microorganism's sensors development:</p> <ul style="list-style-type: none"> - Benefit from the advances made by the project concerning the research on determinants and identification of their sources, IAQ/health relations, new sensor technology for IAQ parameters, | <ul style="list-style-type: none"> - Mapping of relevant social media accounts and tagging them during dissemination of news via social media - Networking and clustering activities with other EU funded projects and initiatives - Mapping of relevant social media accounts and tagging them during dissemination of news via social media - Social media campaigns - Communication materials |

| | | | |
|--------------------------|--|--|--|
| | | <p>and algorithm application and evolution.</p> <ul style="list-style-type: none"> - Be offered procedures to use monitoring tools to expand field studies and open a new research line for microorganism sensors (Aspergillus) development. | <ul style="list-style-type: none"> - Promotion of the K-HEALTHinAIR open access platform and knowledge sharing - Showcasing IAQ monitoring solutions and guidance - Promotion of the project's newsletter - Networking and clustering activities with other EU funded projects and initiatives |
| Technology developers | <p>The project will reach developers and providers of advanced sensors and will provide them the main basis to link IAQ data with many other applications.</p> | <p>20 EU Technology developers will be reached through the D&C actions:</p> <ul style="list-style-type: none"> - Have access to accurate open access information for future development of IAQ monitoring equipment and design of customized IAQ improvements. - Find the main basis to link IAQ data with many other applications such as sleep/dream quality, training performance, and HAVC systems, among other. | <ul style="list-style-type: none"> - Mapping of relevant social media accounts and tagging them during dissemination of news via social media - Targeted events to disseminate K-HEALTHinAIR tools and resources - Networking and clustering activities with other EU funded projects and initiatives - Liaison with digital health accelerators and incubators via the partners' networks - Opportunities to participate in specialized national and international events, and fairs |
| Associations/ working | <p>The project aims to increase awareness of consumers</p> | <ul style="list-style-type: none"> - Make use of the knowledge generated by K-HEALTHinAIR project, to promote policies and | <ul style="list-style-type: none"> - Mapping of relevant social media accounts and tagging |

| | | | |
|--|--|--|---|
| <p>groups in public health</p> | <p>about the risk factors associated with a bad IAQ and their potential human health negative effects and extensive use of the published guidelines for tailored interventions aiming to improve IAQ. Project results (knowledge generated and shared through the open access platform) will be accessible and it will help to be well informed about the risks associated to IAQ and promoting policies and better planning investments to favor healthier environments with a direct societal impact at medium term.</p> | <p>better planning investments to favor healthier environments with a direct societal impact.</p> <ul style="list-style-type: none"> - Obtain information about health risks associated with IAQ and knowledge about recommended specific health surveillance practices and guidelines for improving IAQ in all spaces they occupy in their daily activities. | <p>them during dissemination of news via social media</p> <ul style="list-style-type: none"> - Social media campaigns - Communication materials - Promotion of the K-HEALTHinAIR open access platform and knowledge sharing - Showcasing IAQ monitoring solutions and guidance - Promotion of the project's newsletter - Networking and clustering activities with other EU funded projects and initiatives |
| <p>Environmental organizations/ networks</p> | <p>Project results (knowledge generated and shared through the open access platform) will be accessible and it will help to be well informed about the risks associated to IAQ and promoting policies and better planning investments to favor healthier environments with a direct societal impact at medium term.</p> | <ul style="list-style-type: none"> - Make use of the knowledge generated by K-HEALTHinAIR project, to promote policies and better planning investments to favor healthier environments with a direct societal impact. - Obtain information about health risks associated with IAQ and knowledge about recommended specific health surveillance practices and guidelines for improving IAQ in all spaces they occupy in their daily activities. | <ul style="list-style-type: none"> - Mapping of relevant social media accounts and tagging them during dissemination of news via social media - Social media campaigns - Communication materials - Promotion of the K-HEALTHinAIR open access platform and knowledge sharing - Showcasing IAQ monitoring solutions and guidance |

| | | | |
|--|--|--|--|
| | | | <ul style="list-style-type: none">- Promotion of the project's newsletter- Networking and clustering activities with other EU funded projects and initiatives |
|--|--|--|--|

7 Dissemination actions and tools

Having identified the main objectives for building a sound Dissemination and Communication Strategy, this section presents a more detailed plan of actions, techniques, and channels to be used for achieving the goals, considering both traditional communications methods as well as novel digital marketing techniques.

7.1 Planning

The consortium has identified a main reference contact for each partner for communication and dissemination activities. All the reference contacts meet monthly for a Dissemination & Communication Virtual Coordination Meeting in which they discuss the activities conducted and those planned for the next month. ECHAlliance is responsible for the scheduling, management and writing notes of these meetings. All the notes are gathered in a dedicated folder in the project's shared online working space.

7.2 Compulsory elements to be included in all Horizon Europe project communications

7.2.1 European flag and funding statement

Since the EU grants are financed by public funds, EU Beneficiaries are generally expected to actively engage in communication activities, to promote the projects and to publicly acknowledge the EU support.

In line with the Horizon Europe Agreement, communication activities of the beneficiaries related to the action (including media relations, conferences, seminars, and information material, such as brochures, leaflets, posters, presentations, etc., in electronic form, via traditional or social media, etc.), dissemination activities and any infrastructure, equipment, vehicles, supplies or major result funded by the grant must acknowledge EU support and display the European flag (emblem) and funding statement (translated into local languages, where appropriate):



Figure 7: EU funding emblem, horizontal alignment



Figure 8: EU funding emblem, vertical alignment

The emblem must remain distinct and separate and cannot be modified by adding other visual marks, brands, or text.

Apart from the emblem, no other visual identity or logo may be used to highlight the EU support.

When displayed in association with other logos (e.g., of beneficiaries or sponsors), the emblem must be displayed at least as prominently and visibly as the other logos.

For the purposes of their obligations under this Article, the beneficiaries may use the emblem without first obtaining approval from the granting authority. This does not, however, give them the right to exclusive use. Moreover, they may not appropriate the emblem or any similar trademark or logo, either by registration or by any other means.

7.2.2 Disclaimer

Any communication or dissemination activity must indicate the following disclaimer (translated into local languages where appropriate):

“Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or HADEA. Neither the European Union nor the granting authority can be held responsible for them.”

7.3 *Digital communications, positioning, and outreach*

7.3.1 Content production

A clear process is established for news' content production to be published on the project's website and diffused on social media.

Each partner who wishes to produce and publish relevant content is requested to:

- Alert ECHalliance as Communication Manager via email or during one of the consortium meetings.
- Fill in the K-HEALTHinAIR news template and provide a draft for content, rationale for publication and alignment with the ongoing project activities.
- Support further the content dissemination via its own social media and communication channels (i.e., own website, newsletters, etc.).

The template for news production and collection, including relevant instructions to make the process smooth and ensure that communication is homogeneous and complies with the Horizon Europe programme requirements, is placed in the collaborative working space of the project.

7.3.2 The project website

The K-HEALTHinAIR website (<https://k-healthinair.eu>) is the main communication channel for showcasing the project to its stakeholders and the wider public. For a project that combines different academic and technical areas, the K-HEALTHinAIR website could easily become cluttered and confusing. To prevent this happening, the website has been designed around the needs of the general visitor.

The project website is the showcase of the project and of all online communication and dissemination materials and actions created along the duration of the project. It will be customised to address the information requirements of the addressed stakeholders.

For more, please see Deliverable 5.2: Project website, social media and communication kit.

7.3.3 The social media channels

Social networks play an important role in getting the audience interested in the K-HEALTHinAIR project, so that public participation will be maximized as much as possible.

At the beginning of its lifecycle, [Twitter](#), [LinkedIn](#) and [YouTube](#) accounts were created for the K-HEALTHinAIR project as well as specific banners and images to be used for the social media campaigns in line with the project brand identity. These channels will communicate the project's announcements and developments in short bite-sized messages suitable for this type of media, and different social networks will be used to address different target audiences.

For more, please see Deliverable 5.2: Project website, social media and communication kit.

7.4 Social media strategy plan

The social media plan is a living document to be continuously updated along the project's duration. The table below provides an illustrative example of some social media campaigns planned during the project lifecycle.

However, it is worth noticing that the K-HEALTHinAIR social media communication will be flexible and adapted to the specificities of each of the project's activities lines.

Table 5: Social media campaigns plan.

| Name | Content | Time |
|---------------------|--|----------------------|
| Meet our partners | Presenting all partners (short videos) Partners present their role in the K-HEALTHinAIR project in short videos. Dedicated visuals have been created for the videos. All videos are uploaded and available through the K-HEALTHinAIR YouTube playlist . | October 2022-ongoing |
| Newsletter campaign | One Tweet and one LinkedIn post per week* promoting: - Catchy messages to invite stakeholders to subscribe to the project newsletter | From January 2023 |

| | | |
|---|--|---------------------|
| | Animated GIFs *All the partners will receive the communication package of the campaign to share it from their channels | |
| Get to know more about Indoor Air Quality | One Tweet and one LinkedIn post per week promoting: - A scientific article illustrating the research developments on Indoor Air Quality A dedicated visual | From February 2023 |
| K-HEALTHinAIR Goes to Action | One Tweet and one LinkedIn post per week - An article/blogpost illustrating the experience of the pilot studies Video's series | From June 2023 |
| K-HEALTHinAIR Key Results | One Tweet and one LinkedIn post per week - An article/blogpost illustrating the project's results and the developments of the K-HEALTHinAIR solutions A dedicated visual with pictures | From September 2025 |
| K-HEALTHinAIR Scientific Congress | One Tweet and one LinkedIn post per week promoting: - the K-HEALTHinAIR Scientific Conference Dedicated promotional material | From September 2025 |

The project will use two main hashtags within social media communication and dissemination activities, aiming to foster the project's visibility:

#KHEALTHinAIR

#IAQ

In addition, the project has identified popular relevant hashtags, that will be used to enhance the project's communication and dissemination through social media:

#AirQuality, #OpenAccess, #BigData, #Sensors

7.5 Audio-visual materials

The project will create audio-visual materials to support its dissemination activities. These materials will have the form of short videos, created by all partners, and edited by the ECHAlliance. Audio-visual materials will be uploaded and available through the project's YouTube channel.

In addition to the communication package presented in the project's D5.2, the K-HEALTHinAIR project will produce a variety of audio-visual products that are an essential part of a successful communication action, enhancing attractiveness, understandability and accessibility of the information disseminated. It is envisaged to produce:

- Video-interviews (short videos for social media) e.g., WP-specific video pieces featuring a short and understandable explanation of each WP's aims and current efforts.
- Open Challenges video recording (e.g., workshops/ hackathons) will be edited, published on the project's website, and disseminated via social media.
- Video series featuring pilot sites, explaining the challenges that public authorities, patients and vulnerable persons, as well as the general society face with Indoor Air Quality and the solutions proposed by K-HEALTHinAIR, so as to foster a storytelling approach to communication and dissemination.

7.6 Communication materials for printed and digital distribution

The K-HEALTHinAIR flyer, poster and rollup are aimed at presenting an overview of the project to the general audience.

For more, please see Deliverable 5.2: Project website, social media and communication kit

7.7 Events

7.7.1 Events arranged by K-HEALTHinAIR partners and their networks

K-HEALTHinAIR partners will organize dedicated activities for stakeholders at EU and local level. Events, workshops, webinars and networking events will focus on fostering the exploitation and sustainability of the project but, most important, on enhancing the widespread of policy recommendations.

Multiple events, workshops and webinars will be arranged during the activities of WP5 and the connected WPs that it will interact with.

To mention a few examples of the events that have been already envisaged in the project's DoA:

- K-HEALTHinAIR pilot studies: K-HEALTHinAIR will generate knowledge on IAQ for 9 relevant European scenarios through 5 pilot studies and about the health impact for the population on this. A 36-months multidisciplinary monitoring and information collection program with a 3-step process will be carried out in WP1.

Dedicated activities for stakeholders at EU and local level:

- Networking events: K-HEALTHinAIR aims also to reach very high impact. To do this, it will establish a strong cooperation with other projects (WP3, WP4 and WP5), networks and relevant stakeholders, to foster transferability of the knowledge, algorithms and collection of other experiences.
- Dissemination webinars: Educational and awareness raising campaigns, based on smart dissemination formats to facilitate knowledge transfer will be implemented during the project, for the widespread dissemination of results and lessons learnt.
- K-HEALTHinAIR Scientific Congress: The European K-HEALTHinAIR Scientific Congress will open the concepts, impressions and impacts of the pilot studies scenarios to the European public. K-HEALTHinAIR Scientific Congress will be organized together with other EU funded projects or in the framework of another key European event in Brussels.
- IDEAL Cluster meetings: IDEAL Cluster will hold regular meetings, virtual and physical, on a quarterly basis. For more please see [IDEAL Cluster](#)

7.7.2 External events

An essential part of the project's dissemination and communication strategy will be the participation of K-HEALTHinAIR consortium members in national and international conferences to spread the project's value and interact directly with the target audiences. Although those events will be selected early every year according to the focus and stage of the project, a preliminary list of international conferences and events is provided in Table 4 below.

Furthermore, during the K-HEALTHinAIR Communication & Dissemination Coordination Meeting organised by WP5 every month, partners are asked to report about any national and international event where they are planning to be involved in.

ECHAlliance together with CARTIF regularly get in touch with the specific partners to assess suitability, requirements and expected impacts of a certain event.

7.8 Scientific publications

K-HEALTHinAIR will generate a wealth of material which is suitable for dissemination within the research community in subjects dealing with air quality, indoor air quality, pollutants, health determinants of IAQ, Volatile Organic Compounds, Particulate Matter and Microbiome.

Academic and scientific partners in the consortium, supported by ECHAlliance, will be in charge of boosting the scientific dissemination by publishing position papers, review articles and research papers related to the scientific topics and findings addressed by K-HEALTHinAIR, in peer review journals and "grey" (non-indexed) literature.

Examples of relevant innovation-related journals targeting innovation in healthcare are included in Table 6. This is a first overview of journals that will be addressed for KHIA scientific publications. This list will be updated each time needed, following the project's natural evolution and achieved results.

Table 6: Targeted scientific journals

| Targeted Journals | |
|---|---------------|
| Journal | Impact factor |
| Environmental Health Perspectives | 11.04 |
| Environmental Pollution | 9.98 |
| Environmental Health: A Global Access Science Source | 5.66 |
| Environmental Science and Pollution Research | 5.19 |
| International Journal of Environmental Research and Public Health | 4.54 |
| Eurosurveillance | 11.62 |
| European Respiratory Journal | 33.8 |
| Implementation Science | 7.33 |
| The Lancet Digital Health | 36.61 |
| JMIR Public Health and Surveillance | 14.56 |

Overall, K-HEALTHinAIR consortium aims to produce at least 9 scientific publications on IAQ analysis and determinants per scenario, as well as 5 scientific publications on determinants sources identification within WP2 (Task 2.5).

7.9 Traditional media coverage

Whenever possible, traditional channels such as press, radio and television will be used for transmitting the findings, goals, scope and milestones of the project to a wide audience, and to research and industrial targets through specialized media. In the case of digital press, the content design will be aligned to the web and social media presence and targeted keywords and messages to attain more impact will be used.

National efforts to reach out and get visibility on traditional media as well as identify national communication ambassadors are responsibilities of each partner with the support and supervision of ECHAlliance, in its role of Dissemination and Communication Manager.

At specific project's corner stones, ECHAlliance will prepare press releases and share them with the Consortium. The press releases will be conceived using news writing techniques and style, will be concise and appealing and will provide all of the pertinent information an outlet or editor would need for making an announcement directed for public release.

The first press release of the project was prepared soon after the project's kickoff meeting and it has been devoted to presenting the project to the public. It has been shared with all the consortium members and it can be consulted [here](#).

7.10 Featuring K-HEALTHinAIR through Horizon Europe communication and dissemination tools

The project is presented on the [CORDIS](#) EU research results platform and on the partners' websites.

Moreover, the Horizon Europe Programme provides a number of opportunities to support the communication and dissemination effort of the consortium which are listed in general communication guidelines of the programme.

The Project Coordinator and the Communication & Dissemination Manager will consider and jointly decide upon achievements, events or else to be sent to the attention of the European Commission for featuring in:

- the EC Shaping Europe’s digital future website,
- the EU eHealth in Focus newsletter,
- the Twitter account @EU_eHealth and @DigitalEU Twitter.

Moreover, the European Commission’s communication channels, including Horizon Magazine, the EC Research Success Stories, will be leveraged accordingly.

K-HEALTHinAIR will also make use of Open Research Europe to increase the visibility of results and to accomplish with dissemination & exploitation activities after the end of the project for scientific, societal, economic or for policy making purposes.

8 Monitoring and reporting

A tool for monitoring and reporting dissemination and communication activities was provided to all partners in the format of a spreadsheet.

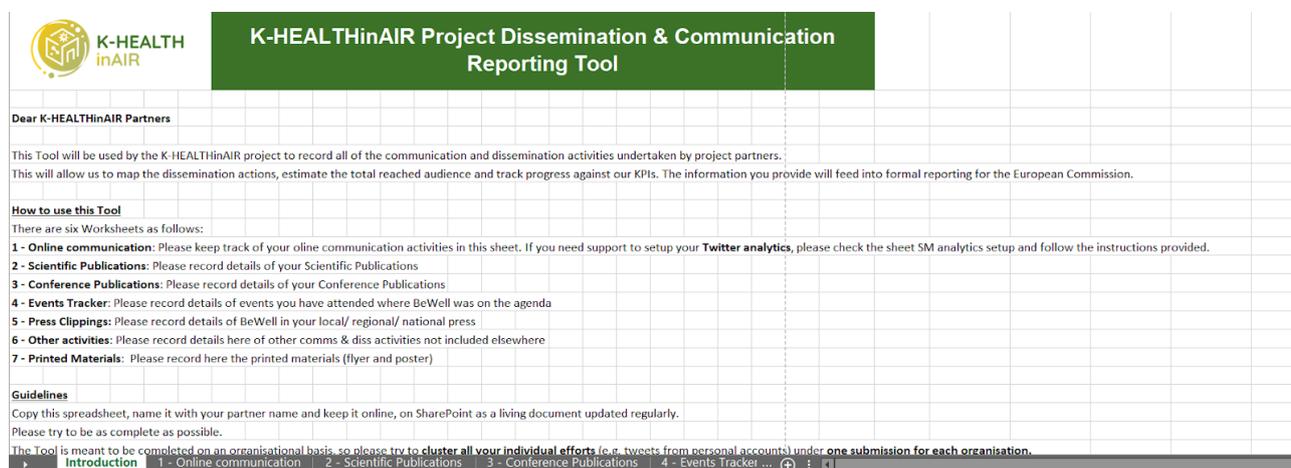


Figure 9: K-HEALTHinAIR D&C reporting tool.

All partners are requested to collect and report information, links and supporting documents related to the communication and dissemination activities they have carried out every six months.

This information is processed, analyzed, and reported by ECHAlliance in the reporting due to the EC as from the project’s Grant Agreement.

8.1 Key Performance Indicators

Table 7 summarizes the Key Performance Indicators and respective targets the consortium aims to achieve per each of the communication tools, actions and channels illustrated in the previous sections.

Table 7: D&C Key Performance Indicators list.

| Communication means | Key Performance Indicator |
|---|--|
| Project website | At least 40,000 visits |
| Articles and interviews | At least 4 |
| Interviews | At least 5 |
| Flyer | At least 1,000 recipients |
| Social media campaigns | At least 1 per year, generating overall a 20% increase on overall interactions and number of followers |
| Short videos on guidelines | 5 |
| Guidelines (smart dissemination formats) | At least 1,000 downloads |
| Press releases | 10 |
| Social Media (LinkedIn & Twitter) | At least 2,000 followers |
| e-Newsletter | At least 100 key contacts |
| Stakeholders in local dissemination activities | At least 50 per country (for the 6 countries of the 9 scenarios) |
| Open access publications (journals/ conference papers) | At least 9 |
| EU stakeholders at large through networks, associations and platforms, as potential replicators | At least 100 |
| EU funded projects and initiatives | At least 53 |
| Participation to external events | At least 2 key events per year |
| EC Horizon Results Platform | At least 1,000 downloads |
| Dissemination webinar | At least 50 attendees |
| K-HEALTHinAIR Scientific Congress | At least 150 participants |

8.2 Community Engagement Index (CEI)

The impacts and effectiveness of the D&C strategy will be continuously monitored in terms of outreach and engagement both online and offline. The Community Engagement Index (CEI), developed by ECH, will measure the level of interest generated by all communication activities and describe the impact on the community.

Table 8 presents an example of the Community Engagement Index.

Table 8: Community Engagement Index example

| Communication activities | Interest generated | Impact |
|--------------------------|--------------------|--------|
|--------------------------|--------------------|--------|

| | | |
|----------------------------|---|---|
| Project website | <ul style="list-style-type: none"> - Number of visitors - Number of visits - Geographical distribution - Time spent | <ul style="list-style-type: none"> - Project's reach to the local communities - Project's reach at EU level |
| Articles and interviews | <ul style="list-style-type: none"> - Readers - Time spent - Comments | <ul style="list-style-type: none"> - Project's reach to national policy makers - Project's reach to EU policy and decision makers |
| Social media campaigns | <ul style="list-style-type: none"> - Reactions - Comments - Reposts - Visits to the target link | <ul style="list-style-type: none"> - Project's reach to the academic community - Project's reach to technology developers |
| Short videos on guidelines | <ul style="list-style-type: none"> - Viewers - Comments - Reactions - Subscribers | <ul style="list-style-type: none"> - Project's reach to public authorities and decision makers - Project's reach to scientific community and developers |

Combined with the qualitative indicators based on direct exchange with key stakeholders, actors and the KPIs measured at regional level (in coordination with the local communication desks) the CEI will provide the framework for the overall impact assessment of the project and the effectiveness of its D&C strategy.

9 The IDEAL Cluster

K-HEALTHinAIR is part of the IDEAL (Indoor Air Pollution and Health) Cluster, a task force promoted by the European Commission to optimize synergies, avoid overlaps and increase the impact of the projects selected for funding under the call [HORIZON-HLTH-2021-ENVHLLTH-02-02](#).

The other projects, part of the cluster, are:

- [SynAir-G](#)
- [TwinAir](#)
- [InChildHealth](#)
- [Inquire](#)
- [LEARN](#)
- [EDIAQI](#)

The activities of the cluster will be dedicated to the creation of working groups on topics of common interest, to provide the European Commission with scientific inputs, if necessary, to

organize training sessions on relevant issues, and to implement a dissemination and communication campaign to create awareness on the activities jointly implemented.

Within the IDEAL Cluster, 7 Working Groups have been created, as per below:

- WG1 Science translation for Policy
- WG2 Data analysis/management
- WG3 Communication & Dissemination
- WG4 Guidelines
- WG5 Sensors
- WG6 Health Outcomes
- WG7 In-vitro models

K-HEALTHinAIR is responsible for the design and development of the IDEAL cluster website.

10 Networking with other relevant projects and initiatives

Networking and cooperation between research projects and initiatives in the same field of research are often identified as a key success factor to achieve full impact of the research.

This includes networking and cooperation with related EU and non-EU air quality research projects and initiatives with the aims to:

- Generate synergies between research networks, communities, and stakeholders (e.g., public authorities, patients' organizations) at both European and global level
- Accelerate the information flow and exchange of experience of the ongoing and future projects
- Identify and address mutual drivers and barriers in the field (by e.g., supporting data sharing and data access)
- Eventually enable the translation of research breakthroughs into innovations and health interventions.

The networking and cooperation activities will follow a stepwise approach as follows:

- 1) Mapping of air quality -related initiatives with a focus on AI both at EU and international level.
- 2) Identification of relevant priority initiatives, areas of coordination (e.g. data and resources sharing, identify synergies, etc.) and coordination activities (e.g. survey /meetings).
- 3) Development and implementation of a program of coordination activities (3 activities) with defined objectives, expected outcomes and timeline. Examples of possible activities include consensus meetings, sustainability and policy forum, data sharing and ethics workshops, synthesis forum, etc.

CARTIF will take the lead in these activities in close collaboration with ECHAlliance and other partners in the project, taking advantage of all the opportunities for cross-fertilization and collaboration provided by their respective international and multi-stakeholder networks.

The report “Horizon Projects Supporting the Zero Pollution Action Plan⁶” will serve as a guide for K-HEALTHinAIR contribution to the Zero Pollution Ambition under the Green Deal. K-HEALTHinAIR consortium has identified projects and clusters with relevant topics, under the flagship “3. Supporting urban zero pollution action”, will follow up on them and will seek to boost its contribution to the EU strategic priorities by networking with them. Examples of such projects are presented in the table below.

Table 9: List of relevant EU projects and clusters

| Clusters | Projects |
|---|-------------------------|
| <u>Urban Health Cluster</u> | <u>eMOTIONAL Cities</u> |
| | <u>ENLIGHTENme</u> |
| | <u>HEART</u> |
| | <u>RECETAS</u> |
| | <u>URBANOME</u> |
| | <u>WELLBASED</u> |
| <u>European Human Exposure NETWORK (EHEN)</u> | <u>HEDIMED</u> |
| | <u>LongITools</u> |
| | <u>REMEDIA</u> |
| | <u>ATHLETE</u> |
| | <u>EPHOR</u> |
| | <u>EXIMIOUS</u> |
| | <u>Equal-Life</u> |
| | <u>EXPANSE</u> |
| | <u>HEAP</u> |

In addition, K-HEALTHinAIR consortium has identified conferences and meetings for spreading the K-HEALTHinAIR insights. Table x presents a first overview of conferences and events identified. The list will be updated, following the project’s natural evolution, and achieved results.

Table 10: Conferenced and meetings for spreading the K-HEALTHinAIR insights

| Conference name | Location | Date | Link |
|----------------------|------------------|---------------------|--|
| The Filtration Event | Cologne, Germany | 14-16 February 2023 | <u>FILTECH 2023 - The Filtration Event</u> |

⁶ European Commission, Directorate-General for Research and Innovation, *Horizon projects supporting the zero pollution action plan*, Publications Office of the European Union, 2022, <https://data.europa.eu/doi/10.2777/87880>

| | | | |
|---|-------------------|----------------------|--|
| 5 th Digital Health Society Summit | TBC | TBC | DHS Homepage - The Digital Health Society |
| Austrian Society of Occupational Health Conference | Vienna, Austria | 29-30 September 2023 | |
| Austrian Society of Hygiene annual meeting | Velden, Austria | 8-10 May 2023 | |
| Lung Science Conference 2023 | Estoril, Portugal | 9-12 March 2023 | https://www.ersnet.org/ |
| Federation of European Microbiological Societies Conference | Hamburg, Germany | 9-13 July 2023 | FEMS2023 Congress of European Microbiologists |
| Healthy Buildings – Europe 2023 | Aachen, Germany | 11-14 June 2023 | Healthy Buildings 2023 Europe Conference Website |
| Indoor Air 2023 | TBC | TBC | |
| Conference on the future of Europe | TBC | TBC | |
| European Conference “Latest technologies in refrigeration and air conditioning” | TBC | TBC | |

11 Conclusions

Deliverable D5.1 is developed as part of Task 5.1. Dissemination and Communication Strategy and takes into consideration the complexity and breadth of the Dissemination, Communication and Stakeholder Engagement actions that K-HEALTHinAIR will implement in its work packages.

It provides an overview of the plans, objectives, methods, and tools to be implemented and a practical guideline to ensure a smooth interaction between the ECHAlliance as Dissemination and Communication Manager, and the rest of the project’s partners.

The plan must be seen as a living document and, as such, will be revised, updated and improved continuously during the lifetime of the project to align the D&C strategy with K-HEALTHinAIR results and achievements. The document’s reviews and updates will also take into full consideration the analysis and monitoring of the results of the actions implemented with respect to the key performance indicators defined, to ensure the effectiveness and efficiency of the project in achieving its communication and dissemination objectives.

“We only see what we know”
