



**EMPOWERING HEALTHY LIFESTYLE BEHAVIOUR THROUGH
PERSONALISED INTERVENTION PORTFOLIOS TO PREVENT AND
CONTROL OBESITY DURING VULNERABLE STAGES OF LIFE.**

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EXECUTIVE SUMMARY

This document sets out the communication, dissemination and exploitation strategy as well as the training and clustering plan of the HealthyW8 project.

HealthyW8 officially started on the 1st of May 2023 and will run for 5 years.

This plan's main purpose is to define the scope of communication, dissemination and exploitation actions to be carried out by the project with an attempt to facilitate the transfer, uptake and further use of results generated. Dissemination and exploitation are essential prerequisites for nurturing the various avenues of sustainability that can emerge from projects funded by the EU.

The document provides a first introduction concerning the following main aspects:

- Policy and Rules, set by the Grant Agreement and the Consortium Agreement
- Key Performance Indicators for monitoring the impact of activities.
- An initial Stakeholder Analysis
- The project's phases
- Communication & Dissemination objectives, content, tools and channels
- Exploitation, Innovation and IPR management
- Information about the StAB
- Training objectives and methods
- Clustering efforts
- Conclusions and future steps

1. INTRODUCTION

WPs and tasks related with the deliverable

The present document constitutes the Deliverable D6.1– CDTEC – plan. This deliverable refers to Task 6.1 – Development & regular updating of a plan for CDTEC activities included in WP6: Communication, Dissemination, Training, Exploitation and Clustering (CDTEC) Activities. The deliverable has relations to all the Tasks in WP6 (Tasks 6.2 – 6.5). The aim of WP6 is to achieve high measurable impact of the project results and to ultimately lead to a successful adoption of the HealthyW8 recommendations and developed solutions.

2. CDTEC MANAGEMENT

2.1. Responsibilities

This plan is developed under the supervision of the CDTEC Manager (ENHA), which is also the leader of WP6. Throughout the project, the plan will be continuously updated based on

new insights and learnings obtained by closely monitoring the effectiveness of the WP6 tasks, to ensure continuous and high visibility of the funded actions and help to maximize the future exploitation and impact of HealthyW8 results, digital solutions and other features.

According to each key partners' expertise, the following responsibilities matrix has been identified: ENHA, WP6 leader, supervises the development of the strategy and plan for the CDTEC, and also its continuous update. ENHA is also responsible for creating the Training part of the plan. KNEIA, WP6 co-leader, has developed the communication and dissemination strategies of the plan. MEDEA is responsible for developing the Exploitation part for the CDTEC plan and updating it accordingly as input from other WPs will start to become available. EADS will contribute with analyzing the selection process of the StAB and its role in HealthyW8 and will provide a preliminary description of the Policy Toolkit and develop the Clustering part of the plan.

Every month, WP6 task leaders (ENHA, KNEIA, MEDEA, EADS) meet in order to discuss the advances related to the tasks and suggest new implementations for communication, dissemination, training, exploitation and clustering activities.

As this document is dynamic and can adapt to any necessary customizations and updates, the plan will undergo continuous evaluation and refinement throughout the project duration. Significant updates and progress reports will also be incorporated into the Periodic Reports at M18, M36, M48, M60.

It remains within the responsibility of each consortium member to develop specific communication and dissemination actions, and provide accurate information in relation to communication purposes (both planning and reporting). ENHA and KNEIA will provide support and advice when required in relation to the communication/dissemination strategy.

Each partner will receive a form to report their communication and dissemination activities performed. In this form, specific information is requested (type of event, target group, type of participation etc.). They will also be asked to include any relevant material (pictures from the event, posters etc.)

The WP6 leader will review this information and register them under "Communication Activities" and "Dissemination Activities" of SYGMA "Continuous Reporting" option.

2.2. POLICY AND RULES

Both the Grant Agreement and the Consortium Agreement set the rules in relation to several aspects that affect the CDTEC Plan, specifically the use of the acknowledgement, confidentiality, data management, intellectual property rights and the open access mandate. Table 1 summarizes the articles from the project's GA and CA related to those aspects:

Table 1. CDTEC Plan legal framework

1. Acknowledgement	GA Article 17 – Communication, Dissemination and visibility
2. Confidentiality / Prior consent	GA Article 13 – Confidentiality and security GA Annex 5 – Confidentiality and security (Art.13) GA Annex 5 – Communication, dissemination, open science and visibility (Art.17) CA Article 8 – Results CA Article 10 – Non-disclosure of information
3. Data management	GA Article 15 – Data protection GA Article 26 – Impact evaluations GA Annex 5 – Communication, dissemination, open science and visibility (Art.17) CA Article 4.6. Specific responsibilities regarding data protection
4. Intellectual Property Rights	GA Article 16 – Intellectual Property Rights (IPR) – Background and results – Access Rights of use (Art.16) CA Article 8 – Results CA Article 9 – Access Rights
5. Open Access Mandate	GA Article 14 – Ethics and Values GA Annex 5 – Ethics (Art.14) GA Annex 5 – Communication, dissemination, open science and visibility (Art.17)

2.3. KEY PERFORMANCE INDICATORS

KPIs will be monitored regularly to assure that the project is on a good course to achieving the goals or to propose measures to foster their achievement. The following table summarizes the relevant project's KPIs in relation to the activities to be undertaken under the CDTEC Plan, following those outlined in the project proposal:

Table 2: Complete list of KPIs

Tool & Channel	Quantitative Indicator	KPI
Project website	N° of visits/year	3,000
Social media	N° of Twitter followers	2,500
	N° of tweets/year	52
	N° of LinkedIn subscribers	1,000
	N° of LinkedIn posts/year	52
Promotional materials	N° of distributed printed leaflets	1,000
	N° of infographics & factsheets views	>500
E-newsletters	N° of e-newsletters promoted and frequency	10, 2/y
Project videos	N° of project videos * n° of view /video	2*2,500
External events where HealthyW8 results are presented	N° of research-related events	50
	N° of industry-related events (trade fairs/exhibitions) with exhibition space	15
	N° of oral and poster presentations	50
Scientific publications	N° of reviews/meta-analyses	3
	Total N° of scientific papers published	25
Non-scientific publications	N° of articles in (web/digital) magazines	15
Press and mass media coverage	N° of press & media releases and frequency	10; 2/y
Training and educational materials	N° of e-learning courses/material	5
	N° of trainings	5
	Average n° of attendants/training	30
Policy documents and events	N° of policy briefs	4
	N° of intervention portfolios & implementation guidelines	3
	N° of Policy Recommendation Reports	1
	N° of policy events attended	12
Cross-fertilisation with other networks	N° of clustering events with other EU projects (HE Clusters 1 & 6)	>4
Direct exploitable results	N° of promising prognostic obesity-risk biomarkers to be further explored	>10
	eHealth related IT: Sensors, app interfaces, feedback tools	>4

2.4. Stakeholder Advisory Board

This section describes the formation, role and the activities / recommendations of the HealthyW8 Stakeholder Advisory Board (StAB). In the EC Stakeholder consultation guidelines 2014, stakeholder consultation is a “key tool for transparent and informed policy-making” (European Commission, 2014)¹. It plays an important part in “increasing the legitimacy and hence the quality and credibility of Commission proposals” (European Commission, 2014)¹. It is also a key tool to increasing the credibility and trustworthiness of the results and recommendations of EU projects as in the HealthyW8 project.

2.4.1 Establishing and organising the Board

The HealthyW8 StAB was defined as a permanent board of experts that comprised individuals who are thought of as leaders in the various areas of relevance to the project. Experts were chosen from relevant stakeholder categories such as public/private sector, academia, civil society. The composition of the Board was based on various key profiles’ analysis and assessment in relation to several criteria: working environment, expertise, geographical diversity and gender balance.

- **Joanna Lane** (Professor at the Centre for Health & Technology, University of South Eastern Norway; Senior EU Advisor at Norway Health Tech; Senior Expert in interregional innovation with REGIO-CEI-AMI);
- **Antonis Vlassopoulos** (Postdoctoral Fellow Food & Health, Agricultural University of Athens);
- **Simona Bo** (Associate Professor in Clinical Nutrition at the University of Torino, MD at the Dietetic and Clinical Nutrition Unit of the “Città della Salute e della Scienza” Hospital of Torino);
- **Sandra van Hogen-Koster** (Head Teacher at the Master Advanced Nursing Practice at Saxion University of Applied Sciences).
- **Rodolfo M. Nayga** (Professor and Head of the Department of Agricultural Economics at Texas A&M University).

A non-disclosure commitment was prepared and signed with the StAB members in order to keep the confidentiality of the discussions and presentations or to have access to confidential information in the research phase of the project.

2.4.2 Role

The role of the HealthyW8 StAB members is firstly to enlarge the knowledge base of the project by contributing to a wide range of project activities. As such, the StAB members will :

- Participate in the diagnostic analysis (mapping and assessment) regarding the problems, the needs and the regulatory aspects that could contribute to the obesity prevention;

¹ European Commission. 2014. Stakeholder consultation guidelines 2014, Public consultation document, 2014, p. 1. [Online] 2014. http://ec.europa.eu/smart-regulation/impact/docs/scgl_pc_questionnaire_en.pdf.

- Serve as an independent expert during the implementation phase of the project, as well as to test and validate preliminary findings and results of the project;
- Contribute to the communication and dissemination activities of the project;
- Act as an ambassador for the project's efforts of building-up policies and prevention strategies in order to combat obesity as part of the global health system;
- Take part in different consortium meetings, clustering activities and General Assemblies.

2.4.3 Activities/Recommendations

The StAB will enhance knowledge transfer and effective uptake of project outcomes. In addition, interaction with health/healthcare policy makers will be undertaken, to contribute to the development of strategies and policies for preventive actions. This section will describe the activities/recommendations of the StAB members in which they are involved: key stakeholder inputs and suggestions; meetings and recommendations; reviews and feedback; dissemination.

3. STAKEHOLDERS ANALYSIS

To develop an appropriate strategy for each of the sub-plans included in this deliverable (communication and dissemination, exploitation, and training), it is necessary to develop a systematic and robust analysis of the project stakeholders. A preliminary analysis of stakeholders was performed during project proposal preparation, and it has been further developed during the first months of the project.

Stakeholders specifically characterized in the table below as *direct* will either contribute to the design of intervention strategies and tools for obesity prevention/management, or be directly affected by the project results (as opposed to *indirect* stakeholders).

Crucially, both direct and indirect stakeholders will raise project awareness, engagement and understanding about the applications, as well as potential benefits of the proposed scientific approaches and project outputs.

Table 2: Stakeholders summary

Name	Description	Relevancy	Direct/ Indirect
Primary school children, young adults and elderly	<p>a) Schoolchildren have not yet fixed dietary habits and longer leverage on health outcomes (primary school, 5-12y); b) young adults are the most vulnerable group for weight gain (incl. students, preferably those having just made the transition to university, 18-25y); and c) elderly (i.e. those who have recently retired, ≥65y) constitute a growing fraction of our society, with high associated healthcare costs, whose change to a more sedentary lifestyle upon retirement puts an additional risk, especially for sarcopenic obesity and comorbidities.</p>	<p>These groups are directly involved in the Short-term interventions (pilots) and RCT's. Improving health literacy from early on (starting with children) will be important in HealthyW8</p>	D
General practitioners, dietitians, nutritionists, nurses and other healthcare providers	<p>In WP2 and WP3, co-creation and codesign strategies will be employed, including caregivers such as nurses, dietitians and physicians, as well as experts involved in dietary physical activity recommendations.</p> <p>Healthcare providers have a great outreach and impact not only to HealthyW8's targeted audiences but to the whole community and they are in an ideal position to raise awareness about the importance of early obesity detection and prevention and consequences of the onset of obesity on health and well-being.</p>	<p>In addition to the iterative improvement of the healthy lifestyle recommender solution, this will ensure optimal strategies and tools are in place for the pilot studies and the long-term trial and that the design of the human study will be appropriate to determine with sufficient statistical power the targeted primary endpoint changes.</p> <p>Healthcare professionals, including dietitians, physicians etc. will be interested to apply the developed solution or HealthyW8's components. Promote the HLRS.</p>	D
Scientific Community	<p>The Scientific Community plays a crucial role in shaping public health policies and guidelines aimed at combating obesity and promoting healthy eating habits. (Academic Institutions, Government Agencies, Non-Governmental Organizations (NGOs), Professional Associations, Research Foundations, Public Health Organizations, Consumer Advocacy Groups, Scientific journals)</p>	<p>Scientific community, will benefit from e.g. biomarker findings, meta-analyses. The scientific community has a high interest in the project's outcomes and high influence in the communication of its activities and dissemination of results.</p>	D

Organisational settings & Sports organisations	Settings on a national level (e.g. schools, afterschool settings, worksites, senior centers, community settings). Community settings are essential for building social cohesion and promoting overall well-being. They provide opportunities for social interactions and the exchange of ideas among individuals and groups within a community.	Organisational settings can provide healthier lifestyle options, stimulate PA and nutritional education, promote wellness, reduce public stigma, implement other health initiatives.	D
Policy and law makers	Health and obesity policies in Europe are typically shaped by a combination of national governments and various regional and international organizations EC, WHO Europe, National Health Ministries, National Public Health Agencies, National Nutrition and Obesity Task Forces, EASO	Policy makers are the targeted users of many of HealthyW8's Key Exploitable Results. Policy makers can translate the findings into new roadmaps & revised recommendations.	D
Healthcare insurances	Health insurance companies have many different interests in health and nutrition projects such as HealthyW8 due to their potential to improve health outcomes, reduce healthcare costs, enhance customer satisfaction, and align with regulatory requirements. Their involvement in such projects can benefit both the insurance company and the broader community by promoting healthier lifestyles and reducing the burden of chronic diseases.	Healthcare insurances may be interested in integrating more eHealth/mHealth aspects into healthcare plans.	D
Biotech and pharmaceutical/nutritional industry	Incorporating biotech expertise and resources into health projects, especially those involving mHealth and eHealth, can enhance innovation, and potential for positive health outcomes. This collaboration can lead to more effective and personalized solutions for individuals and communities seeking to improve their health. The pharmaceutical and nutritional industry encompasses companies that research, develop, manufacture, and distribute pharmaceutical drugs, dietary supplements, and nutritional products. These industries are dedicated to advancing medical treatments, enhancing nutrition, and improving overall health and well-being through the creation of medicines, vitamins, supplements, and other health-related products.	Biotech/Nutrition oriented industries who may be interested in exploiting new knowledge (e.g. biomarkers).	I
IT developers and companies	IT developers play a crucial role in shaping the digital landscape, enabling the functionality and usability of technology and innovation. Some examples related to this project: mHealth apps developers, wearables developers.	IT developers & app marketing companies might be interested in developed tools, algorithms within the frame of the HDT.	I
Food producers	Food producers have a high impact on various aspects: Ingredients, Nutritional Value, Health	Food producers might be interested to offer	D

	and Nutrition Education, Quality and Taste, Product Innovation, Pricing, Availability, Food Safety, Environmental Impact	healthier food/meals and food items aligned with dietary guidelines.	
General public	The general consumer, i.e. people with (or at risk of) overweight/obesity, interested in effective & affordable solutions.	The developed intervention portfolios based on the HLRS will be accessible to all populations.	D
Patients	In WP2 and WP3, co-creation and codesign strategies will be employed, including persons with overweight and obesity, patients suffering from co-morbidities related to obesity.	In addition to the iterative improvement of the healthy lifestyle recommender solution, this will ensure optimal strategies and tools are in place for the pilot studies and the long-term trial and that the design of the human study will be appropriate to determine with sufficient statistical power the targeted primary endpoint changes.	D

Further activities related to stakeholder mapping are still being performed on WP2 and WP6, and it is expected that they will be maintained during the whole project execution.

4. COMMUNICATION AND DISSEMINATION PLAN

4.1. COMMUNICATION AND DISSEMINATION: DIFFERENCES

According to the European Commission, project communication consists of “inform, promote and communicate activities and results” (European Commission, 2023)² It requires having a well-designed strategy and lasts the whole duration of the project, from the start to the end.

The focus must be the promotion of the project itself to multiple audiences (citizens, stakeholders and media) in a way that can be understood by non- specialists. The measures and activities undertaken must ensure the proper communication of the following points:

- The project in general and its activities
- The project results, the benefits and impact(s) to society as a whole
- Address the public policy perspective of EU research and innovation funding, in order to raise awareness of how public money is spent and show the success of European collaboration (European Commission, 2023)²

Dissemination is a subset of communication, as its objective is making knowledge and results publicly available free-of charge, for those who can learn and benefit from the results, such as scientists, public authorities, policymakers and civil society (European Commission, 2023)².

² European Commission. 2023. Communication, dissemination & exploitation: what is the difference and why they all matter. [Online] 2023. <http://doi.org/10.2848/289075>.

The EC frames dissemination in timing terms from anytime as soon as results become available, up to four years after the end of the project.

Actually, it can be challenging sometimes to strictly dissect dissemination activities from communication. While certain channels can easily be associated to dissemination (for example scientific journals), many other can be either used for general communication or dissemination purposes, making the effort of separating the communication and the dissemination plans in this document very ineffective.

For this reason, this section 4 will cover all the aspects related to communication and dissemination, not making specific reference to dissemination except on particular occasions.

4.2. COMMUNICATION OBJECTIVES

The main aim of the HealthyW8 communication strategy is to spread knowledge and insights of the project-specific topics as well as the project's research findings, challenges, results and expected impacts. The planned communication activities will be tailored to contribute specifically to:

- Raise awareness about the project by informing on the project objectives, expected impacts and work;
- Stimulate collaborative activities with relevant key stakeholders on the widest sense, to support the research activities;
- Contribute to the effective dissemination of the project results.

Although these objectives may seem rather generic, we have defined a set of KPIs in section 2.2. that specify the scope we want to achieve.

Once defined the main purpose of communication, the communication plan development must focus on the definition of:

- The target audience(s): section 4.3. "Targeted audiences";
- Message(s): section 4.4. "Content";
- Timing of the plan: section 4.5. "Phases", and
- Method(s): section 4.6. "Channels and tools".

The communication objectives will be adjusted according to the stakeholders identified on section 3, and aligned with the most suitable channels and techniques on each case.

4.3. TARGETED AUDIENCES

Section 3 introduces the stakeholders as a crucial step for the development of this deliverable. But defining the target audiences for the execution of the Communication and Dissemination Plan involve specific considerations that are key for the planning and execution of the activities:

- The target audience is a specific group of people or entities within the broader stakeholder map who are the primary focus of a specific communication/dissemination effort.
- In general terms, the target audience is typically defined based on factors that have a strong influence in terms of communication, such as demographics, psychographics, geography, communication preferences, needs and concerns, buying behaviour and cultural sensitivity.

As section 3 outlines, HealthyW8 scope implies a wide diversity of stakeholders, thus audience for the communication / dissemination actions. The gap between the identification of the relevant stakeholders and the targeted audience for a specific action will be covered based on the consideration of 3 variables:

- 1) The content: during the execution of the project, each type of content available for communication/dissemination actions will be analysed so we can identify the audiences that can take the best advantage of it.
- 2) The channel: certain contents might be more suitable for specific types of channels, which will bring considerations on the target audience.
- 3) The message: The sensitivity of different audiences to various messages depends on several factors. On this project, specific attention will be devoted to adjusting the message to specific audiences based on a) assumed attitudes and beliefs, b) power structures/empowerment considerations, and c) expected behaviour.

4.4. CONTENT

The principal guidelines in relation with the communication content are:

- Be clear, simple and easy to understand. The language should be appropriate for the target audience.
- Tailored to the target groups; it is of paramount importance to carefully consider what they should know about the project. It is possible to send the same message to different audiences, but the relevance of the message to the target group should be revised each time;
- Messages from different sources related to the same subject can be coordinated to enhance the impact;
- Information must be accurate and realistic.

In general terms, the messages will be tailored around the benefits of the knowledge developed within the project for each one of the stakeholders/targeted audiences.

4.5. PHASES

HealthyW8 will have different communications needs, according to the stages of development. From our analysis of the work to be carried out, we have identified 4 different phases, each with their specific messages which are outlined as it follows:

- 1) Project introduction and audience building (M1-M12)
- 2) Short-term interventions (pilots) (M13-M24)
- 3) Long-term interventions (M25-M48)
- 4) Interpretation and uptake (M49-M60)

4.5.1. Phase 1 - Project introduction and audience building (M1-M12)

The goal for the first communication phase is to create awareness of the project and present its different aspects. Being at the starting phase of the research, the communication is focused on building the audience, after the preliminary stakeholders mapping. The process of building the audience will allow to perfectionate the initial mapping of the audience described in section 2.3.

The communication actions are focused on:

- a) The problem(s) being addressed
- b) The solutions to tackle those challenges
- c) The expected benefits from the project
- d) The profile and contribution of the partners.

4.5.2. Phase 2 – Short-term interventions (pilots) (M13-M24)

During the second phase of the project, the consortium will be ready to show the first significant achievements in relation to synthesizing existing evidence that will serve as a basis for WP2 and WP3, and the obesity intervention toolkit architecture & components set up.

In this phase, efforts related to clustering will be increased, and many actions will be devoted to support the future activities on WP4 related to the Long-term interventions.

4.5.3. Phase 3 – Long-term interventions (M25-M48)

At this stage of the project, the results obtained within the Short-term interventions (pilots) (WP3) will be available for dissemination, while the Long-term interventions are deployed in WP4.

During this phase of the communication plan, we will boost the participation and presence in international conferences, as long as they do not interfere with intellectual property protection and exploitation interests. Many communication activities will be related also with the deployment of the training plan.

Being the longest phase of the communication plan, a specific planning effort will be devoted before its start in order to ensure the appropriate actions are put in place to reach the widest possible audience base towards the final phase of the plan.

4.5.4. Phase 4 – Interpretation and uptake (M49-M60)

The last phase will be devoted to the communication of results, strongly focused on the activity of WP5.

This will be the phase where more communication efforts will be related to policy aspects and stakeholders. Specific attention will be devoted to pave the way for the future implementation of the consortium partners' exploitation plans, raising specific attention of stakeholders for valorisation purposes.

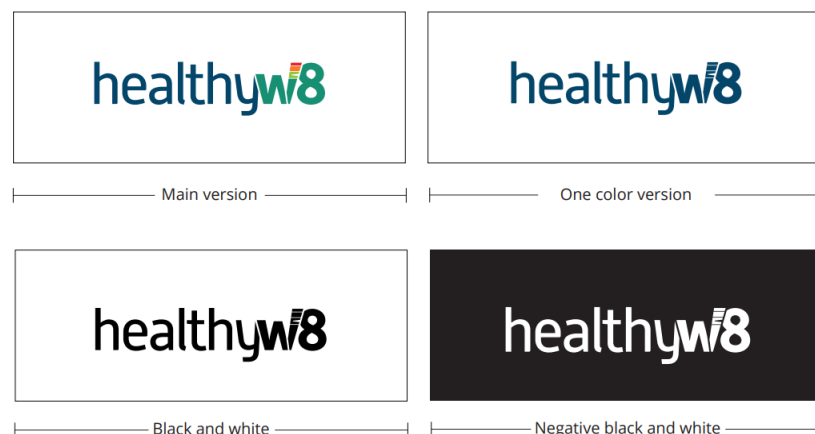
4.6. Channels and tools

4.6.1. Project identity: logo and templates

The development of the HealthyW8 brand (visually identified through the project logo) has already been established throughout the project's owned communication channels.

The logo was defined at the starting of the project, based on the project's acronym. The instructions for its proper use were documented on the "Identity Manual", an internal document available on Annex 1.

Figure 2. Main logo versions

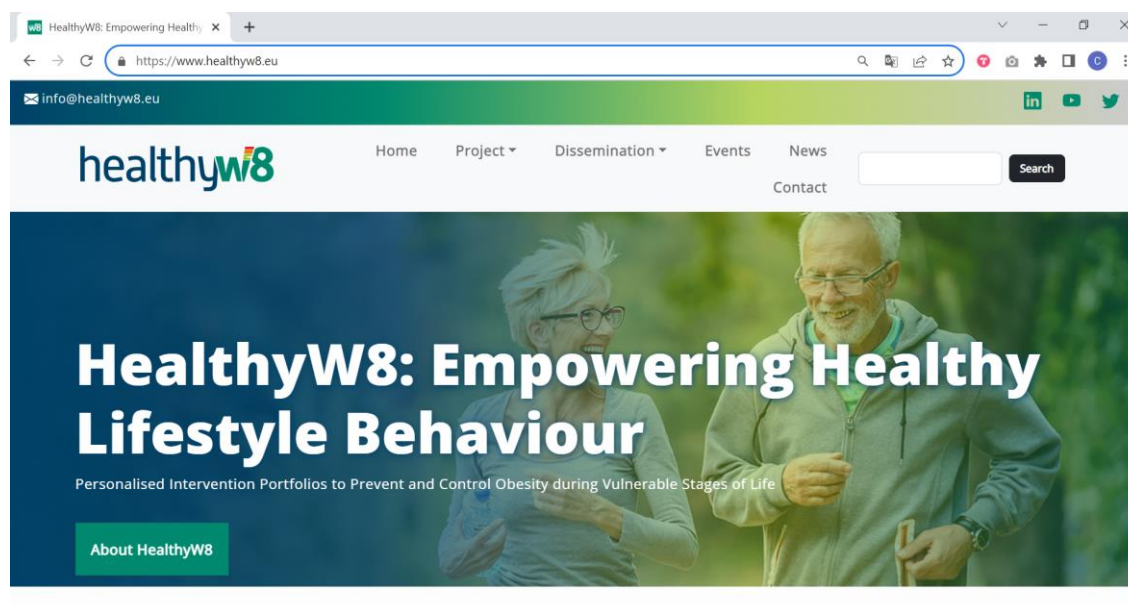


Specific templates for HealthyW8 have been designed, including the general Power Point presentation template and the deliverables template. Those templates are available for all the partners on the shared platform set up by LIH.

4.6.2. Website and website analytics

A project website was developed and published by month 3 (31 July 2023) at this address: <https://www.healthyw8.eu/>.

Figure 3: Home Page of HealthyW8 website



The website has been designed for presenting the main objectives and results. The role of the website in the communications strategy is to provide a place for people interested in the project to get more in-depth information about the project progress. The dedicated website will produce an extensive record of all publications and communications originated on the course of the project.

The different sections of the website contain general information and news about the project, events and a contact form to allow the website visitors to have a direct link to the Consortium. The contact form will allow every public user to upload personal data (name and email address) in order to participate in the project's mailing list. Deliverable D6.5 "HealthyW8 public website" uploaded on Sygma describes the structure and technical features of the website.

Google Analytics has been implemented in order to monitor the visits to the website, the engagement rate of the visitors and other performance indicators. Those retrieved data will be presented in the update of the communication plan for every reporting period.

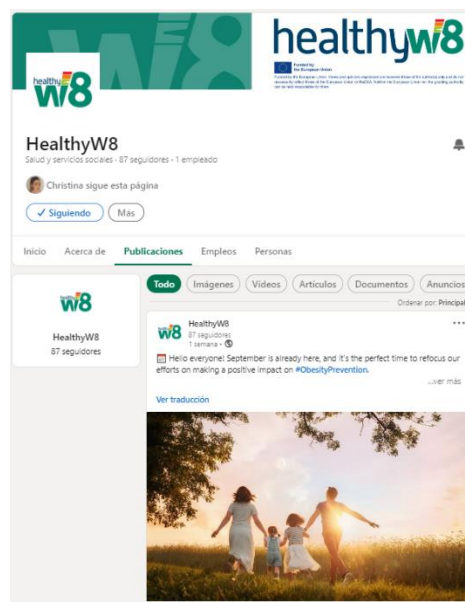
4.6.3. Social Networks and social media strategy

During M1, a Twitter profile (https://twitter.com/healthyw8_he) and a LinkedIn profile (<https://www.linkedin.com/company/healthyw8/>) have been created, as these are the most suitable social networks for the purposes of the project.

Figure 4: HealthyW8 Twitter Profile



Figure 5: HealthyW8 LinkedIn Profile



4.6.4. YouTube channel and project videos

YouTube will mainly be used as a repository for project videos that will then be shared on other specific online channels, such as the website or social media. The videos produced will be of different nature: at first, an introductory video will be produced and published to be shared on online platforms and, eventually, to be shown at events. Also, didactic videos to explain in a clear and simple way different aspects of the projects will be produced and published to catch and engage the general public. Interviews of different partners will be recorded, in order to

provide appropriate visibility to them and certain aspects of the project of special interest for specific types of stakeholders. A final video will show the project results.

4.6.5. Newsletters

During the project, 2 newsletters will be published per year. It is foreseen that the newsletter will include the following sections:

- HealthyW8 work progress.
- Upcoming important internal events (workshops or dedicated seminars).
- Next important external events.
- Publications and articles.

The newsletters will be published on the website under the “News” section, and will be promoted via social media. No subscription will be required to access the newsletter, as this would limit the number of stakeholders reached. This policy will facilitate other actions that the consortium partners might wish to perform to increase its visibility, such as sharing the newsletter with specific stakeholders that have consented to receive it by e-mail.

4.6.6. Events

Participation in and organisation of events is indicated as one of the main channels for communication, recognizing its fundamental importance for dissemination and exploitation of results. We consider here two types of events:

- 1) Events directly organised by HealthyW8, independently or in collaboration with other projects or initiatives, and
- 2) Specialized events such as scientific conferences and fairs where the consortium partners participate to present the insights and/or results achieved within the project.

Specific communication products will be designed for such occasions, with different aims depending on the format and type of the event. For example, project templates will be of fundamental use, especially at online events, while project leaflets, brochures, factsheets and merchandise will be effective at in person events.

The website features a dedicated section for events, at <https://www.healthyw8.eu/events>. When the consortium is involved in an event, it will be detailed in the event entry on the website.

4.6.7. Scientific publications

In line with the obligations set up on GA Annex 5 in relation to open access, the scientific publications will be published in open access journals and, by the date of their publication as the latest, they will be uploaded to Zenodo (<https://zenodo.org/>) where a community for the HealthyW8 project will be created. The articles uploaded on Zenodo will be licensed CC BY or equivalent. Additionally, the datasets related to such publications will be also uploaded on Zenodo, according to GA Anex 5 on research data.

4.6.8. Non-scientific publications

Articles issued regarding HealthyW8 in general or specific aspects of it, that will be published in non-scientific journals and other outlets. Please refer to table 2 for the specific KPI.

4.6.9. Press and mass media coverage

Publications, press releases or mentions of HealthyW8 in general media, for example local radio or TV channels and newspapers. Please refer to table 2 for the specific KPIs.

4.6.10. Policy making toolkit

Interaction with legislators/decision-makers will also be carried out in order to design a policy toolkit. To optimise the impact with their work, the consortium members will have direct contact with key practitioners and stakeholders via interviews, face-to-face meetings, conference calls, e-mails and attendance at third party conference and workshops. The goal is to explain how the project results will contribute to enhance early screening and prevention of obesity at both national and European level, and gain support for adopting policy recommendations (e.g. via policy briefs).

The policy making toolkit will be presented as a set of recommendations developed based on a short questionnaire. The questionnaire will guide the conversation with the HealthyW8 partners to capture relevant research outcomes, advocacy targets and messages as well as possible contacts who would be able to help us with strengthening advocacy impact. The presentation of each recommendation will include its context and justification for, the stakeholder responsible for taking a leading role, key considerations for implementing the recommendation, and/or related concepts. The policy making toolkit will be published on the HealthyW8 website and its social media channels, but also disseminated with the project stakeholders (including legislators/decision-makers).

4.6.11. The Open Stakeholder Platform

On M8 (31 December 2023), an Open Stakeholder Platform (OSP) will be published. The GA defines the OSP as *“a website developed to facilitate exchange between the HealthyW8 partners and all relevant stakeholders, including consumers, to facilitate 2-way-information exchange”*.

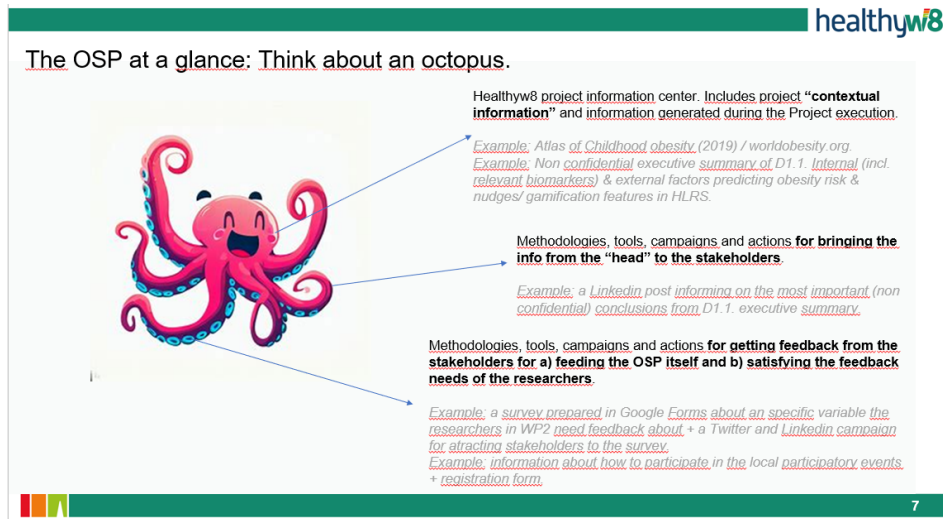
In fact, the website referred in section 4.6.2 will be the core of the OSP, although the platform has been conceptualized as a system composed by **a set of methodologies, tools, campaigns and actions** oriented towards engaging stakeholders. In other words, the website will be the central information hub of the OSP.

The current main website of the project and the OSP will be integrated, and become complementary.

The definition of the OSP and its continuous maintenance and upgrade will be a main activity in relation to the implementation of the CDTEC Plan. At the submission of this deliverable

(D6.1), the first version of the OSP is currently being developed, and will become operational during the course of December 2023 (deliverable deadline: 31/12/2023). The rationale and details of the development of the OSP will be described in the report which will be submitted on SYGMA by December 31st, as part of deliverable D6.2 “Launch of the OSP”.

Figure 6: Representation of the OSP concept presented in the kick-off meeting



4.6.12. Promotional material

Promotional material refers here to a variety of printed or digital materials, including -but not exclusively- leaflets, posters, and factsheets. The purpose of these materials is to inform, persuade, and engage the target audience while effectively conveying key messages. During the execution of the project different promotional materials will be produced in order to enhance the visibility of the project for specific activities, events or simply because the nature of the information to be highlighted is especially suitable for the format.

The first leaflet has been already produced and is available at <https://www.healthyw8.eu/downloads>.

Figure 7: Project first general leaflet

About the project

Over 30% of EU citizens at vulnerable stages and situations in life are at increased risk of progressing from a healthy weight to overweight and further to obesity. Though many interventions to prevent and tackle obesity have been proposed, they have rarely been effective.

The innovative **HealthyW8** project aims to advance the efficacy of current and future efforts and investments in obesity prevention initiatives across Europe.

HealthyW8 is a 5-year Research and Innovation Action embodied by a multi-disciplinary consortium of **24 partners from 9 EU countries**, including 15 research and higher education institutions, 5 NGOs, and 4 SMEs. **40 pan-EU multicentre pilots** and long-term randomized control trials (RCT) are planned in 8 different countries with children, young adults, and the elderly.

Participants

VirTech, LIST, spora, CEREA, cfta, DTU, MEDEA, EFAD, TU/e, The Institute for Health Data Science, KNOX, EFAD

healthyw8

Empowering healthy lifestyle behaviour through personalised intervention portfolios to prevent and control obesity during vulnerable stages of life.

Objectives

1. To expand the understanding of the biological causes underlying obesogenic trends and interactions with cross-cutting environmental, behavioural, and policy factors to propose evidence-based effective obesity prevention strategies.
2. To develop user-centred portfolio interventions to enhance the impact of lifestyle changes in an efficient, synergistic, long-lasting, and sustainable way.
3. To continuously improve, through iterations, the intervention strategies involving vulnerable populations and/or those undergoing transitions to maximise impact.
4. To leverage findings to EU stakeholders and to foster the multilevel uptake of solutions and strategies.

A participatory design approach: The Open Stakeholder Platform (OSP)

HealthyW8's OSP will be a central information resources hub, primarily a website designed for stakeholder engagement purposes, allowing to:

1. Enabling contextual information about obesity prevention and healthy lifestyle behaviours, including state-of-the-art scientific resources, current legislation features, policies, market and technological insights.
2. Link to an international community of researchers & stakeholders and an interactive knowledge system on obesity prevention.
3. Participation in questionnaires and surveys with feedback that could influence the project and contribute to shaping further work.
4. Access curated and targeted information on project results.

Focus on a user-centred mHealth solution

A central pillar of the proposed interventions will be a digital-based tool. Even though many mHealth tools exist, they fail to engage and sustainably motivate the user by not adapting to personal contexts focusing only on diet or physical activity alone and, in particular, by overlooking emotional aspects. HealthyW8 will address these shortcomings by building on a dietary app developed from a previous project (LIPAWA, H4L) project to design a **Healthy Lifestyle Recommender Solution (HLRS)**, which will empower and continuously motivate the user to make informed decisions about relevant lifestyle aspects, taking into account personal contexts and preferences. Integrating personal mood and psychological aspects, as well as nudging/gamification features, the HLRS will be further based on an emotions-aware **Human Digital Twin (HDT)** for better behaviour forecasting, thus, adopting recommendations to individual drivers and zodiac-signs.

It is expected that the successful uptake of the HLRS alone (minimum 200,000 users) is likely to prevent 10,000 cases of obesity per year.

Funded by the European Union

Budget: 10,000,000€
Start/End: 1 May 2023 - 30 April 2028
Coordinator: Luxembourg Institute of Health

healthyw8

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healthyw8 multi-level portfolio approach to obesity prevention

5. TRAINING

The training plan is an essential component of the overall project plan. The training plan outlines how to ensure that project participants, stakeholders, and relevant parties are adequately trained to support and contribute to the project's goals and objectives.

5.1 Identify Target Audiences

As set out in the Grant Agreement, HealthyW8 will develop and utilize dedicated training sessions, didactic material, and webinars to transfer key knowledge on obesity prevention interventions in healthcare practice and policy-making.

Training and educating researchers, students, healthcare professionals and other stakeholders, e.g. public health and government officers, at various national/super-national levels as well as civil society, about the risks related to obesity and effective solutions for adequate prevention is one of the core activities that will be included on HealthyW8's agenda with the aim to disseminate the project's outputs and facilitate future implementation and exploitation.

Other key stakeholder groups that HealthyW8 will target for training are food producers, the pharmaceutical/food industry, and various organizational settings (schools, afterschool settings, worksites, senior centers, and community settings)

In case other important stakeholder groups that will benefit from training are identified during the course of the project, the plan will be updated to include these stakeholders, and targeted trainings will be designed to fit their needs.

5.2 Determine Learning Objectives

After identifying the audiences, each respective audience needs to have clear and specific learning objectives. What should participants learn or achieve by the end of the training?

Examples of such objectives will include:

- For Researchers: Increasing their understanding of the implications of the research findings for policy development and public health initiatives.
- For the General Public: Raising awareness about the importance of nutrition, a healthy weight and obesity prevention and providing practical, evidence-based support for healthier lifestyles.
- For Healthcare Professionals: Updating their knowledge of the latest research in the field and its application in patient care.
- For Food Producers: Enhancing their understanding of nutrition standards and consumer preferences for healthier food options.
- For Policy Makers: Providing basic knowledge and critical insights into the research's policy implications and how to use evidence-based information on obesity prevention for decision-making.
- For Public Health and Government Officers: Equipping them with the knowledge and tools to design and implement effective public health programs related to nutrition and obesity prevention.
- For the Food Industry: Educating them on producing and marketing healthier food products that align with public health goals and regulations.

5.3 Review Project Findings

In due time, the research findings from the project will be compiled and reviewed. These findings will form the basis of the training materials, ensuring that the information is accurate, up-to-date, and relevant to each target audience.

As defined by the phases of the project, development of the training sessions can start as soon as the pilot studies (M13-M24) are implemented, utilising the results for training materials. Subsequently, once the final results of the RCTs are published (Long-term interventions M25-M48), the training materials will be updated accordingly, and training efforts will be intensified.

5.4 Develop Training Materials

As mentioned above, the development of the training materials will follow the different phases of the trials and their outcomes during the project. Tailored training materials will be created for each audience based on the project's results. These materials will include:

- For Researchers: Detailed research reports, scientific papers, and presentations highlighting key findings and methodology.
- For the General Public: Simplified infographics, brochures, or online resources that provide easy-to-understand information about health, nutrition, PA, and obesity prevention.
- For Healthcare Professionals: Continuing education modules focusing on applying research in clinical practice.
- For Food Producers: Guidelines on producing healthier food options, adhering to nutrition standards, and understanding consumer preferences.
- For Policy Makers: Policy briefs, policy seminars, and advisory documents that translate research findings into actionable policies.
- For Public Health and Government Officers: Training modules and toolkits to support the development and implementation of public health programs.
- For the Food Industry: Guidelines and resources on compliance concerning nutritional regulations and consumer demand for healthier options.

The objective is to establish a Working Group comprising key members of the consortium responsible for selecting the appropriate content and sharing it with the communication team to create the training materials.

5.5 Plan Delivery Methods

Determining how to deliver the training materials to each audience is another important decision that will be affected by the availability and preferences of the audience, the instructors, potential language barriers, and the budget. A mix of methods, such as workshops, webinars, online courses, in-person seminars, printed materials, and targeted policy briefings, will be considered.

Selecting the appropriate trainers for each delivery method and the different targeted audiences is very important. A webinar designed for schoolchildren might require a different skill set than a workshop for policymakers. Therefore, members of the HealthyW8 consortium will be carefully chosen for the trainers' roles based on their expertise, level of influence, and communication skills.

Because of different factors, such as the availability of the audience, language barriers, etc., remote training methods are expected to be a very useful tool. E-learning courses, e.g. education modules for health care professionals, will be developed with the content selected by the Working Group and will be utilized to increase outreach. Several e-learning platforms are available on the market where courses can be designed, hosted, and distributed. The platform selection will be based on the audience's specific needs, budget, features, and technical requirements.

Examples of e-learning platforms:

- Moodle
- Canvas by Instructure
- Blackboard
- Adobe Captivate Prime
- LinkedIn Learning

The possibility of creating educational videos is also being explored. The advantages of using a video are undeniable when it comes to outreach to different types of audiences, and it can overcome many barriers. Other benefits include high accessibility and global reach, easy sharing and distribution, self-paced learning, etc. For these reasons, the production process and the required resources are being reviewed to decide whether creating a series of training videos is feasible.

Physical trainings are also included in the project agreement, for which the timing will be very important. The audience that will attend the physical trainings, the trainers and facilitators, the content and the materials included, and the time and place of the trainings will be carefully chosen to achieve optimal levels of outreach.

The final project conference has already been identified as an excellent opportunity to organize training sessions. Additionally, the team will aim to host workshops at relevant conferences and trade fairs on a national or international level.

5.6 Additional steps

The training programs will be promoted through appropriate channels, targeting the specific audiences, both internal channels (social media, website, Open Stakeholder Platform) and external channels (collaboration with relevant government agencies, public health organizations, and industry associations to reach policymakers, public health officers, and the food industry). Collaborations with relevant organizations, institutions, and experts to enhance the reach and credibility of the training programs, especially when working with policymakers, public health officers, and the food industry, will be continuously sought out.

Each audience's training materials and methods will be regularly assessed by gathering participant feedback and making necessary adjustments to optimize the effectiveness and training experience. The goal is to achieve high-impact training programs for each audience and plan for the long-term sustainability of the training efforts, ensuring that the materials and programs can be maintained and updated as needed.

6. EXPLOITATION

6.1 Introduction

The presented preliminary strategy aims at exploiting the results of the HealthyW8 project, both individually and collectively, for maximizing their utilization.

Academic and research partners will base their exploitation plan mainly on follow up research, education initiatives, conferences, and publications together with joint ventures and spin-offs from universities.

Industrial partners will explore and set up business opportunities.

Attention will be devoted to the protection of Intellectual Property Rights (IPR).

The exploitation and business model will be regularly updated during the life of the project and will consider possible new sectors or market conditions as well as the evolution of the project. The HealthyW8 Consortium is fully committed to ensure the maximum possible utilization of the project results with the societal objective of improving scientific knowledge in obesity at different stages of the life course.

For this reason, the project intends to support open innovation with and for society by co-creation and will stimulate the openness and responsiveness of the stakeholders. Across exploitation activities, stakeholder involvement and facilitation of cross-sector and transdisciplinary collaboration will be of high importance.

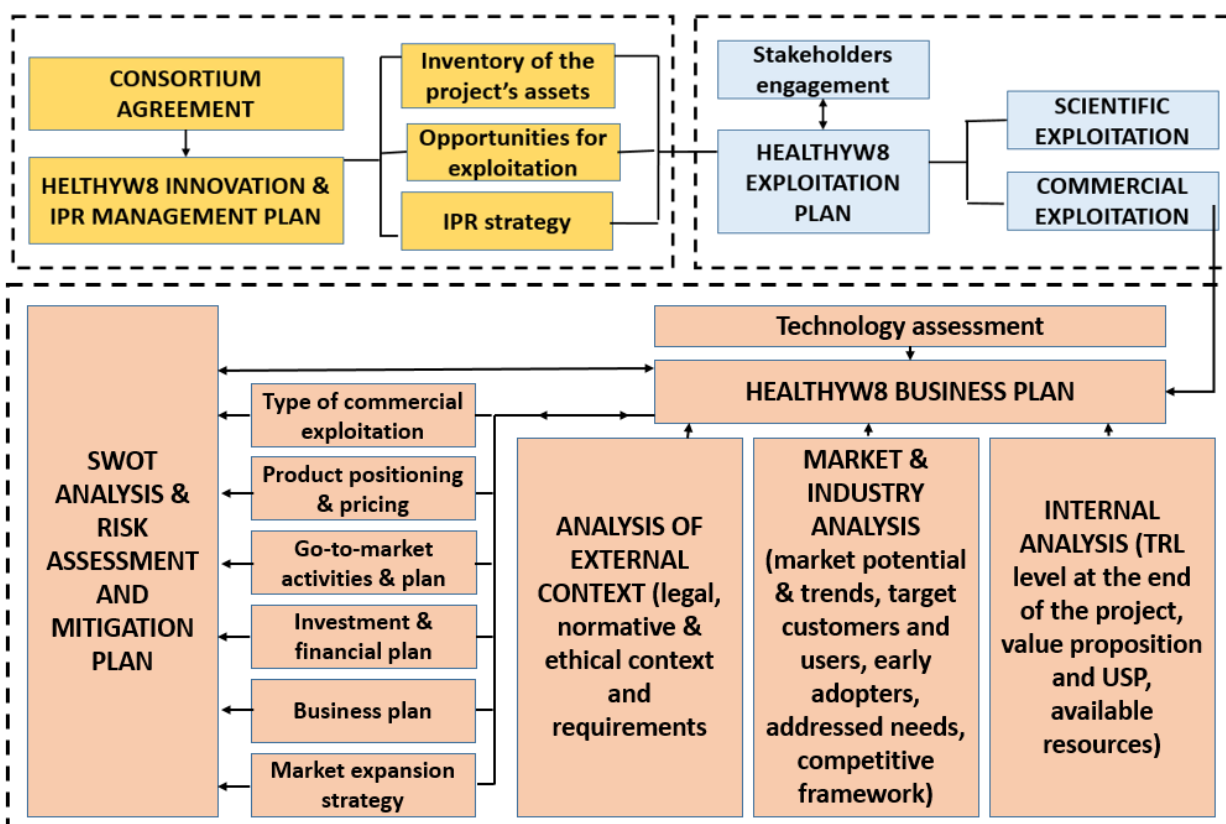
In developing an effective and final HealthyW8 exploitation plan different iterative steps will be considered and implemented, all carried out in a coordinated and joint manner (see diagram in the Figure 8).

Three major activities can be identified:

- definition of an Innovation and IPR Management Plan,
- preparation of the HealthyW8 Exploitation Plan,
- definition of a preliminary Business Model for the commercial exploitation, including a Risk Assessment and Mitigation Plan.

The starting point is the Consortium Agreement signed by the Partners, which describes the basic rules to protect the background and the results of the project and clarifies the reciprocal rights of the partners, IPR guidelines, and EU recommendations.

Figure 8: Towards the exploitation of HealthyW8 results



6.1.1 Innovation and IPR management

The Exploitation Plan will include the definition of an HealthyW8 Innovation and IPR Management strategy addressing a series of issues relevant for the success of the project and avoiding any conflict in matters of IPR and innovation.

HealthyW8 will generate various types of results and each of them will need specific measures to ensure effective IPR management and protection, including licensing and accessing policies, without compromising the smooth evolution of the project and achievement of results.

The Innovation and IPR Management process will be based on 3 lines of activity: inventory of the project's results and assets, preliminary definition of exploitation opportunities, definition of an IPR strategy.

- The **inventory** phase is intended to collect and characterize the different expected results and knowledge assets of the project and to identify lines of innovation and potential for future advance;
- Activity related to the **definition of exploitation opportunities** will explore potential opportunities and future R&D lines capable to expand the project's results to other application areas;
- The **IPR strategy** phase is intended to identify the most suitable IPR strategy for each expected result to pave the way to knowledge transfer and, at the same time, to protect each IP ownership. The IPR management in HealthyW8 is complex due to the different types of IP in the project (software, scientific knowledge, business ideas, and data) and the different laws across countries.

Based on these three activity pillars and in line with the Consortium Agreement signed by the Partners, the Partners will elaborate an Innovation and IPR Management Plan that will define rules with regards to:

- 1- exchange and handling of essential information among participants that will allow to facilitate and improve the project team capacities and the overall work;
- 2- protection and sharing of the results, knowledge, and business concepts among project participants.
- 3- maximization of the project impact, in terms of enrichment of the European industry with a specific focus on the SME sector, and the establishment of additional business and collaboration relationships among the project stakeholders.

6.1.2 HealthyW8 results

The following table lists HealthyW8 results and respective expected TRL at the end of the project, the means of exploitation, and the involved partner(s). The table will be regularly updated during the course of the project.

Table 3: HealthyW8's results

Product / solution	Description	Expected TRL at the end of the project	Means of exploitation	Targeted users	Involved partner(s)
COMMERCIAL EXPLOITATION					
HLRS	Healthy Lifestyle Recommender Solution	TRL4-5	Software copyright / Patent / Licence negotiated with company developing ICT-assisted systems for the health	Health professionals, ICT companies, Society	LIST, NIUM, DFKI, BIPS, UT, Virtech, TU/e, IDISBA, CREDA, DTU, SPORA, CNR, LIH, EFAD
Human Digital Twin	Emotional frameworks to better understand and forecast personal behaviour and dietary choices, i.e. the main drivers, barriers, and constraints to follow lifestyle recommendation.	TRL4	Software copyright / Patent / Licence negotiated with company developing ICT-assisted systems for the health	ICT companies, Scientific communities, Policymakers	LIH, NIUM, DEKI, Virtech, CREDA, AOUBO, DTU, UT
Pre-obesity biomarkers	Pre-obesity biomarkers to identify persons at risk	Not applicable	Patent / Licence to develop a point-of-care technology to screen for obesity risk, to stratify participants in clinical studies, or to develop anti-obesity drugs, functional foods and dietary supplements or therapies	Biotech and pharmaceutical / nutritional industry	LIH, NIUM, UEV, IDISBA, AOUBO, DTU, UT, UC,
SCIENTIFIC EXPLOITATION					
Economic methodology assessment	Economic methodology assessment for policy makers and potential investors for attracting potential new financing and interest toward HealthyW8 outcomes	Not applicable	Best practice / know-how to develop new policies, regulations & standard contributing to obesity prevention	Policymakers, Insurers	CREDA, CITA, MEDEA, ENHA

Healthy lifestyle intervention portfolios	Healthy lifestyle intervention portfolios for decision makers with evidence-based interventions & tools to combat obesity trends, adapted per examined population (children, young adults, elderly) & per country.	Not applicable	Best practice / Public guidelines to launch targeted obesity prevention interventions	Policy makers	All
Policy making toolkit	Policymaking toolkit with evidence on impact & sustainability of the proposed interventions & guidelines to support their implementation.	Not applicable	Best practice / Assuring that policy recommendations to combat overweight/obesity are effective, actionable and based on comprehensible scientific evidence	Policy makers	LIH, BIPS, SPORA, IDISBA, AOUBO, DTU, RCNE, MEDEA, ENHA, EFAD
Consumer's guidelines for healthy lifestyles		Not applicable	Other / Know-how to be integrated in communication campaigns	Society	MEDEA, CNR, LIH, Virtech, USG, CNR, CITA, UEV, UC, RCNE, TU/e, EADS, ENHA, EFAD

6.2 Exploitation plan

6.2.1 Scientific exploitation

In terms of R&I maturity, the HealthyW8 project is expected to move the HLRS to TRL4-5 (technology validated in relevant environment - industrially relevant environment in the case of key enabling technologies). It means that at the end of the project, additional efforts will be needed to allow the integration of HealthyW8 results introduction into the market. In addition, the Human Digital Twin is expected to reach level 4 (technology validated in relevant environment) since this technology is new.

Consequently, the main objective for the scientific exploitation will be to ensure continuity to the research work after the end of the project, to consolidate the acquired knowledge, and to fill in remaining gaps. This continuity will be pursued by communicating and making available the results of HealthyW8's research work to the scientific community, by creating interest in the addressed research topics, and by transferring knowledge. The HealthyW8 Consortium will promote a culture of innovation and will identify the most effective methods for involvement of the scientific community and other relevant stakeholders (e.g., medical professionals, researchers, HC

institutions, users, their families, and their associations).

The final goal is to build a community of professionals, experts, and researchers interested in the topics addressed in the project and willing to give continuity to the research work, e.g., through new EU-funded projects.

The Partners (and among them mainly the Universities and the Research Centres) will exploit the project's research results through:

- Publications,
- Conferences / seminars, symposia,
- Knowhow transfer within and outside the HealthyW8 Consortium,
- Collaboration between academic and industrial partners,
- Follow-up R&D projects.

6.2.2 Societal exploitation

The objective is to ensure effective implementation of the project's outcomes in the community and to maximize the impact for society. The societal issues addressed by HealthyW8, i.e., prevention and management of obesity and a better quality of life for them and their families, are quite complex.

The project will use Social Science and Humanities (SSH) methodologies and will promote a continuous integration between SSH disciplines (such as sociology, psychology, ethics, economics) and technology and medicine; it will add a socio-economic dimension into the design of the HealthyW8 solutions.

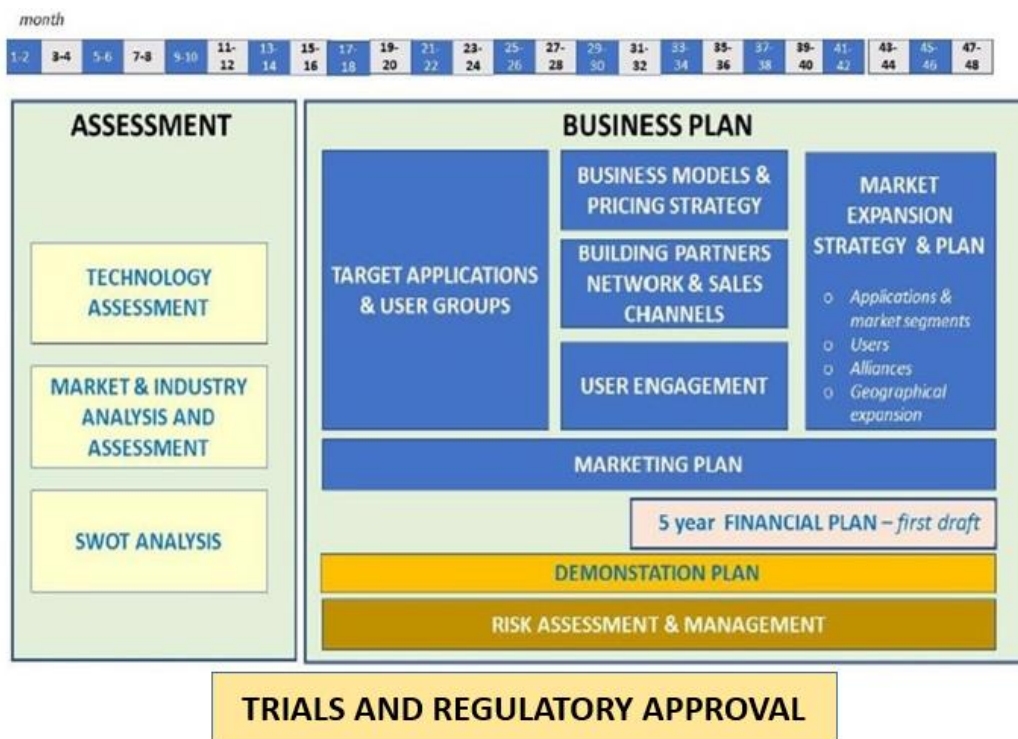
Critical aspects are:

- The acceptance of the new solution by all involved stakeholders,
- The acceptance of a new model of community-based care to move towards communities which embrace diversity,
- The education of the different project's target users with obesity.

6.2.3 Commercial exploitation

As previously indicated, we expect that the HLRS will achieve at the end of the project a TRL4-5. Below the HealthyW8's pathway to the market is presented considering 3-4 years after the project's end to reach it.

Figure 9: HealthyW8 pathway to the market after the end of the project



Nevertheless, a preliminary business model will be elaborated during the execution of the project mainly with the intent of defining.

- The feasibility of identified key exploitable results (KERs) i.e., the extent to which they can be used successfully within the healthcare setting;
- market potential and business sustainability;
- requirements of the addressed use cases to be reflected in the design of the proposed solutions;
- establishment of enabling conditions for a successful commercial exploitation.

Activities for the commercial exploitation of the HealthyW8 results will include an assessment phase (internal analysis and external analysis) and a planning phase i.e., the preparation of a preliminary business model).

6.2.4 Internal analysis

This phase will include:

- **The characterization of the key exploitable results (KERs) in terms of** main characteristics and positioning of the product / service in the relevant market segment also by taking into account existing competitive offer.
- **The definition of assessment criteria;** The Consortium will perform a preliminary assessment of the level of feasibility of each of the exploitable products i.e. the extent to which the new technology can be used successfully within a given setting. A multiparametric matrix will be used including features such as accessibility, affordability, acceptability and cultural appropriateness, scalability and potential for adaptation, innovation (as defined in the following table). When needed, the Consortium will be supported by a panel of experts (e.g. the members of the HealthyW8 Advisory Board)

Table 4: Assessment criteria of the HealthyW8 KERs

Feature	Description
Accessibility	The ease for users to get access to a particular technology
Affordability	The costs of the specific product/ service, the cost of implementation, and the cost of accessing the technology in a particular location
Acceptability and cultural appropriateness	The perceived fit, relevance, or compatibility of the technology to a particular user, service provider, community or setting
Scalability and potential for adaptation	The ability of a technology (verified to be efficacious on a small scale and/or under controlled conditions) to be expanded under real world conditions to reach a greater proportion of the eligible population, while retaining effectiveness in the target market and also in additional, new applications.
Innovation	The degree of innovation compared to the SOTA

The feasibility assessment of the HealthyW8 exploitable products will be done according to a twofold perspective: the setting of use (e.g. at home, at school, in the community) and the context of use (e.g. socio-economic conditions, low income countries (LIC) vs middle and high income countries (MHIC), small cities vs remote places, etc.).

It is important to assess the medium / long term effectiveness of the proposed solutions and to take into account multiple population strata (e.g. low income countries and middle-high income countries). Here below some considerations

Accessibility is often linked to the economic conditions (e.g. digital divide between low income countries (LIC) and middle and high income countries (MHIC)), to gender, level of education, literacy, urbanization and personal socioeconomic status.

Familiarity with the technology contributes to the implementation success of healthcare solutions (as an example a study reported that accessibility is 'very high' for smartphone-based technologies, 'high' for personal computers, 'low' for sensing and virtual reality technologies, and 'very low' for robotics⁴). In the same way an important element for online health services is the access to a PC and reliable internet connection with sufficient speed and bandwidth.

Affordability

Costs associated with purchasing and installation of equipment, software licensing, training and maintenance are likely to limit or even preclude the use of most technology platforms in LMIC community settings and also in high income countries where the reimbursement policies do not foresee a full or partial contribution of the National Health System to the purchase of a specific technology.

Acceptability and cultural appropriateness

Cultural beliefs often limit the adoption and use of technologies mainly in LMIC; ethical

issues around confidentiality of health information and stigma need careful considerations when determining if health on line services are appropriate and acceptable in some communities. An early engagement of the intended end user community should facilitate addressing local cultural, as well as practical challenges which may impede successful implementation.

Scalability

An important aim of technology is to reach people wherever they are. Advanced technologies (e.g. VR and robotics) typically require highly skilled people to operate and maintain them, as well as reliable and powerful internet infrastructure. Very high procurement and service costs are additional and important barriers to their widespread use. The evolution of mobile technology, the ever-expanding mobile broadband network as well as data becoming more affordable give mobile health (mHealth) the greatest scalability potential.

Risk Mitigation Plan

See section 6.4

6.2.5 External analysis

This phase will include:

- Analysis of the market segments related to the HealthyW8 KERs;
- Review of technologies for obesity prevention and management;
- Challenges for new technologies in the healthcare sector.

6.3 Towards the definition of a Business model

In defining a Business model for the HealthyW8's KERs the objectives will be the definition of the most suitable forms of exploitation that each one of the results can take as well as the identification of different strategies and expectations of the involved partners.

The model will take into account the outcomes of the internal analysis and of the external analysis aforementioned.

Detailed individual exploitation plans will be designed according to each partner's individual exploitable results, while a detailed Business model will be prepared for HealthyW8's HLRS in the course of the project and made available with the second release of this deliverable planned by month M18. A business model including marketing strategy and main clients for all project's exploitable results will be elaborated (using LEAN CANVAS and Unique Value Proposition CANVAS) and a "Results Ownership List" (ROL) to streamline future exploitation.

Here below the main topics addressed are listed in the Business model for each of the Key Exploitable Results (such analysis will be implemented through key instruments such as SWOT analysis, PESTEL and PORTER analysis to analyse the macro-environmental factors to facilitate project generated exploitable results' entrance into the market).

Table 5: Contents of the Business model

Topic	Description
Products and services	Description of how the proposed products / services intend to solve the addressed problem(s). A brief description of the proposed products / services; unique value proposition and willingness to pay. Description of any intellectual property or patents owned by the Consortium and relevant for the HealthyW8 business. Regulatory requirements. <i>Products and Services planned to be offered in the future:</i> Initial list of products and services expected to be successful.
Market and industry analysis	Target market: size and dynamics (market growth), potential customers and their segmentation, first customers; entry barriers. Market trends: purchasing habits, financial trends, and any other relevant factors. Expected changes in the industry
Competition	A list of main competitors; our strengths and weaknesses in comparison, and how we will differentiate from what is already available. If there are not direct competitors, description of what customers currently do to solve the problem that HealthyW8 product(s) plan to fix.
Marketing and sales	Marketing and sales model: how the target customers will be reached and what the process will be for selling to them. Advertising strategy, advertising channels, and goals. Partners and Resources: key partners allowing to make the business a success (who they are and what services or products they provide). Market positioning, marketing activities, sales channels, and pricing strategy (low-price leader or premium option); possible evolutions.
Operations	Description of the supply chain if it represents an important and critical aspect of the business.
Milestones and metrics	Planned roadmap for market introduction and important milestones (e.g. getting regulatory approval, launch dates, etc.) Metrics for the business (e.g. the number of sales leads expected to get each month or the percentage of leads that will become customers).
Financial Plan and forecast	Cost structure, along with a brief description of the assumptions made with the projections. Money needed to launch the business and a “use of funds” report (an overview of how the funding will be used in business operations). Exit strategy: a preliminary idea of how Partners may eventually to exit the business.

6.4 Risk management plan

The following approach will be applied to specific KERs such as the HealthyW8 HRLS, the Human Digital Twin and pre-obesity biomarkers as key output of the project and susceptible to such risks that could compromise the successful implementation of the business model.

Analysis of the exploitation risks

The objective of this section is to identify and assess the risks and potential obstacles - both inside and outside the consortium - for the exploitation of the project results.

The potential risks are grouped in six main categories:

- Partnership risks,
- Technological risks,
- Market risks,
- Risk related to legal and regulatory aspects,
- Financial risks,

For each risk, we will analyse how critical it is in relation to the final achievement of the KER (1 low - 10 high) (*C*) and the probability of its occurrence (1 low - 10 high) (*P*); their assessment (*C*P*) will provide an overall estimate of the resulting degree of risk. Likewise, for each risk, the potential mitigating or corrective interventions will be determined, analysing the root causes of the problem. The planned mitigation measures will be quantitatively assessed, considering the mix of their feasibility and potential for success (1 low-10 high). The combination of each risk/intervention pair (overall degree of risk and feasibility/success of the mitigation measures), both through a qualitative analysis and a numerical weighting, provides a global vision for the definition of a Risk Management Plan. A preliminary Risk Assessment is reported in the following sub-chapters; the list will be monitored and kept up to date.

Different types of exploitation risks

A. PARTNERSHIP RISKS

The project's results are generated with the contribution of more Partners; as a consequence, their commercial exploitation could be done:

- a. Jointly by the contributing partners,
- b. By a single Partner through an agreement with the other involved Partners with regard to the jointly owned IPRs.

In both cases some risks can be envisaged.

Table 6: Partnership risks

Risk:	Disagreement on further investments: some partners jointly owning the result may leave determining a lack of resources needed to complete the research work and to move to the market introduction phase		
Note:	In HealthyW8 each KER is generated mainly through the dominant activity and resources' investment of a more than one partner, but it will be easy to replace Partner(s) having a minor share in the generated IP (both in terms of needed competences and financial resources).		
Impact on the KER:	8	Probability of happening:	7
Potential intervention:	To add a clause in the Consortium Agreement that foresees the obligation by leaving Partners to sell their quota of IPRs to the other co-owners of the IP		
Feasibility/Success of Intervention:	8		
Risk:	A partner does not want to sell the IP or too high price.		
Impact on the KER:	7	Probability of happening:	6
Potential intervention:	Agreement to sell IP rights not as a one-time payment but as a share of the future benefits.		
Feasibility/ Success of Intervention:	7		

TECHNOLOGICAL RISKS

The most relevant risks related to technological aspects are the following ones:

Table 7: Technological risks

Risk:	Significant dependency of the newly developed solutions on other technologies		
Impact on the KER:	6	Probability of happening:	7
Potential intervention:	Find alternative technologies to substitute the current ones.		
Feasibility/ Success of Intervention:	9		
Risk:	Worthless result: better technology/methodology exists		
Impact on the KER:	6	Probability of happening:	5
Potential intervention:	The impact of this risk and the probability of its occurrence are low. The Consortium will monitor and control the technological framework and its dynamics and eventually will update the strategy according to any change.		
Feasibility/ Success of Intervention:	6		

B. MARKET RISKS

The most relevant risks related to market factors are the following ones:

Table 8: Market risks

Risk:	In the market the number of potential buyers is not so limited		
Impact on the KER:	10	Probability of happening:	7
Potential intervention:	Awareness creation and strong pre-marketing activities; Sound validation of the medical validity of the solutions; Involvement of main stakeholders and decision makers; Generation of success cases and strong dissemination of the achieved results.		
Feasibility/ Success of Intervention:	6		
Risk:	The product(s) are rejected by end-users (patients / families)		
Impact on the KER:	9	Probability of happening:	7

Potential intervention:	A clear understanding of the reasons of reject or weak acceptance; Simplify the use of the solutions; intense activity in terms of usability and product acceptance and co-creation and innovation adoption.		
Feasibility/ Success of Intervention:	7		

c. LEGAL AND/OR REGULATORY FACTORS

The most relevant risks related to legal / regulatory factors are listed here below:

Table 9: Legal / Regulatory risks

Risk:	Legal problems: infringement of third party IPRs		
Impact on the KER:	6	Probability of happening:	5
Potential intervention:	Deep and early analysis of the IPR framework; Buying access to third party IP before or during the developmentphase; Protection of the Consortium IPs		
Feasibility/ Success of Intervention:	7		
Risk:	Products/services do not comply with the standards.		
Impact on the KER:	8	Probability of happening:	4
Potential intervention:	Careful review of existing standards in the healthcare domain with a specific focus on MDR (Regulation EU 2017/745 on medicaldevices) and FDA Regulation on Medical Devices		
Feasibility/ Success of Intervention:	8		
Risk:	Complexity of the regulatory context		
Impact on the KER:	7	Impact on the KER:	7
Potential intervention:	Exhaustive analysis of the current regulatory context and its dynamics. Prioritization of the sales plan by accessing as first regions where regulatory rules and certification processes are less critical and fast		
Feasibility/ Success of Intervention:	7		

FINANCIAL RISKS

The most relevant risks related to financial factors are presented here below:

Table 10: Financial risks

Risk:	No resources (human and/or financial) secured to make the next step toward exploitation.		
Impact on the KER:	10	Probability of happening:	7
Potential intervention:	Joint venture to be formed with the needed partners to continuedevelopment. Alternative exploitation pathways (e.g. different market segments) have to be defined to make possible a faster market introduction and to motivate investments.		
Feasibility/ Success of Intervention:	5		

Risk Analysis Summary

This final scorecard summarizes the significance and likelihood of potential risks anticipated for the commercial exploitation of the project's results, as well as the feasibility and expected success of the measures defined to control them.

Table 11: Risk analysis summary for HealthyW8 KERs

Risk	Risk Grade	Feasibility/ Success of Intervention
Partnership risks	49	7,5
Technological risks	36	7,5
Market risks	66,5	6.5
Legal and regulatory risks	34	7
Financial risks	70	5

The above reported risk analysis, even if preliminary, suggests the need of attention and the implementation of actions with regard to the most relevant risks related to financial and market factors.

The financial risk is linked to the willingness of the involved Partners to continuing to invest and devote resources after the end of the HealthyW8 project for completing the development phase and bringing the new products / solutions into a difficult market such as the healthcare one.

On the other side, we assume that the HealthyW8 platform can benefit of a larger customer base and justify the needed additional investments.

At the moment, the measures established to mitigate potential risks and their effects are considered sufficient to offset negative effects that may arise.

7. Clustering

HealthyW8 will establish close collaboration and synergies with related projects (under the same call HORIZON-HLTH-2022-STAYHLTH-01-two-stage and/or other projects), networks and initiatives at the European and national/regional level to share information, exchange on best practices and maximize the visibility of the project results through multipliers. Networking with other projects will ensure knowledge interchange and reuse between previous and future projects. The JRC will be involved to enforce all aspects related to the transfer of the proposed strategies to the stakeholders.

- **Foodity** – Data driven solutions for food and nutrition respectful of citizen data sovereignty
- **epRObes** - Preventing lifetime obesity by early risk-factor identification, prognosis and intervention
- **BIO-STREAMS** - Multi-Pillar Framework for children Anti-Obesity Behavior building on an EU biobank, Micro Moments and Mobile Recommendation Systems
- **Pas Gras** - De-Risking Metabolic, Environmental and Behavioral Determinants of Obesity in Children, Adolescents and Young Adults
- **SHIFT2HEALTH** - Development and evaluation of nutritional strategies to reduce and prevent obesity in shift workers
- **Obelisk** - Fighting childhood obesity to stay healthy all over the life

The coordinator, the communications team and several researchers of HealthyW8 have already been in contact with the coordinator from FOODITY project and an initial meeting has been planned to explore potential opportunities for collaboration.

Clustering can include these levels of collaboration between the projects:

1. Collaboration for visibility

Enhance the impact of the communication and dissemination of results with key stakeholders by collaborating, instead of having each project function independently.

2. Organising joint events

Promote the organization of additional collaborative dissemination activities, such as sharing one project's information at events hosted by others, facilitating mutual participation in exhibitions and fairs, and coordinating joint special sessions at international conferences and events.

3. Create working groups between the researchers of the clustering projects

Provide an opportunity for partners from various consortia, each engaged in common research or business endeavours within the local or EU domain, to explore potential synergies.

The following steps can serve as a roadmap for organising a successful event.

- Early planning and defining the event's requirements by the consortium.
- Ensuring the date works for members of the consortiums but importantly will not limit external participation (e.g. due to public holidays, other events on the same dates)
- Definition of the audience to target and invite (researches, companies, users etc.)

- Select the location (physical event) or the web platform (online event)
- Set a realistic budget
- Ensure the event's programme to be comprehensive, relevant and interesting
- Plan the communication of the event (web, social media etc.)
- Follow up and keep in touch with existing and new contacts that were made during the event, also to receive feedback.

8. M1-M6 ACTIVITY REPORT

During the first 6 months of the project, the main efforts have been devoted to the definition and production of the underlying plan, and to the development of some of the products described in it:

- Project logo
- Preparation of the official project templates.
- Main version of the website, in English, on <https://www.healthyw8.eu/>.
- Social media accounts set up (Twitter - https://twitter.com/healthyw8_he -and LinkedIn - <https://www.linkedin.com/company/healthyw8/> -) and internal content plan definition for them.
- Preparation of the project leaflet, available at <https://www.healthyw8.eu/downloads>.
- Definition of the first version of the OSP for its development towards D6.2 submission on M8.

A survey was distributed among the members of the consortium in order to identify key roles (communication & exploitation officers within the organisations) as well as their communication channels.

In order to create a poll of profiles from the various stakeholder categories, the members of the HealthW8 consortium were asked to provide one recommendation to be considered for the StAB positions. In addition, research was performed on who might be a good fit for the project development so as to create a pool of expertise. Then the profiles were analysed and assessed in relation with several criteria: working environment, expertise, geographical diversity and gender balance. Subsequently, the invitations were sent out to the selected experts.

9. CONCLUSION- NEXT STEPS

This CDTEC plan presented the most important considerations on communication, dissemination, training, exploitation, and clustering within the HealthyW8 project. The aim was to introduce readers (consortium partners and general public) to the above -mentioned topics and to emphasise their importance.

The presented strategies will be reviewed after the results of the work done by WP2 are published, which might have an impact on the stakeholder mapping and the selected communication and dissemination messages.

During the next months the primary focus regarding the communication tools will be on the launch of the OSP, and the translation of the project website and the project leaflet to all the languages of the consortium. The translation is considered a of key importance to contribute to an effective stakeholder engagement, importantly in relation to the pilots and Long-term interventions.

An initial introductory video will be developed, in order to present the project to all audiences.

In regard to training, the next step will be to establish a working group for defining and developing content and to identify a pool of experts who can take up the roles of the trainers.

In terms of exploitation activities, the next actions will mainly focus on the identification of single pilot sites' ecosystem determinants through the implementation of a specific dedicated questionnaire to be administered to pilot sites and on the fine-tuning and update of the HealthyW8's members individual exploitation plans.

Finally for the Clustering efforts there is already an introduction meeting organised with project FOODITY to explore potential opportunities for collaboration. Other sister projects will be approached for establishing synergies.

10. LIST OF ABBREVIATIONS

GA	Grant Agreement
CA	Consortium Agreement
StAB	Stakeholder Advisory Board
WPS	Work Packages
M	Month
OSP	Open Stakeholder Platform
KERs	Key Exploitable Results
KPIs	Key Performance Indicators
LIC	Low-income countries
MHIC	Middle- and high-income countries
IPR	Intellectual Property Rights
MDR	Medical Device Regulation

11. LIST OF PROJECT PARTNERS

No.	Participant organisation name	Acronym	Country
1	Luxembourg Institute of Health	LIH	LU
2	Luxembourg Institute of Science and Technology	LIST	LU
3	NIUM	NIUM	LU
4	German Research Centre for Artificial Intelligence	DFKI	DE
5	VIRTECH OOD	Virtech	BG
6	Leibniz Institute for Prevention Research and Epidemiology	BIPS	DE
7	SPORA SINERGIES SCCL	SPORA	ES
8	Center for Agro-food Economics and Development	CREDA	ES
9	University of Gastronomic Sciences	USG	IT
10	Consiglio Nazionale delle Ricerche	CNR	IT
11	Agrifood Research and Technology Centre of Aragon	CITA	ES
12	University of Évora	UEV	PT
13	Foundation Balearic Islands Health Research Institute	IDISBA	ES
14	IRCCS Azienda Ospedaliero Universitaria di Bologna	AOUBO	IT
15	Technical University of Denmark	DTU	DK
16	University of Twente, Enschede	UT	NL
17	University of Coimbra	UC	PT
18	Regional Cluster "North-East"	RCNE	BG
19	Eindhoven University of Technology	TU/e	NL
20	MEDEA SRL	MEDEA	IT
21	Association Euro Atlantic Diplomacy Society	EADS	RO
22	The European Nutrition for Health Alliance	ENHA	NL
23	KNEIA S.L. SP	KNEIA	ES
24	The European Federation of the Associations of Dietitians	EFAD	NL

12. Annex 1 – Identity Manual



Identity Manual

Project: HealthyW8

This manual provides the basic tools to enable the proper use and application of the HealthyW8 graphic brand.

The correct use of the brand will help us to achieve the objectives of identifying and reinforcing its identity.

It is a team effort, in which we all participate to make HealthyW8 a great brand.

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Logo

These design instructions relate to the standard logo through which our target audience recognises our project.

The HealthyW8 logo is a typographic logo with a visual analogy on the right side of the letter W.



Alternative logo

The alternate logo may be used in small spaces. An example of use for the alternate logo would be the profile photo on social networks.



Colour scheme

The colour scheme describes the various values required for the correct reproduction of the corporate colours. The main colors of the brand are inside the square. Complementary brand colors are inside the rectangle.



#004169
PANTONE P 111-16 C



#00896E
PANTONE P 134-7 C



#9AC31C
PANTONE P 157-8 C



#EF7911
PANTONE P 27-8 C



#E40E20
PANTONE P 48-8 C

Logo versions

Whenever possible, the brand will be applied in its main version. In cases when this is not possible, for technical or design reasons, three alternatives should be used.



Main version



One color version




Black and white




Negative black and white

Correct uses

If the logo must be placed over a color or a photograph, it must be seen with a very good contrast. If the logo colors do not contrast well with the background, it is better to use the other color versions of the logo as shown in the examples.

 Incorrect use of the logo



 Correct use of the logo



 Incorrect use of the logo



 Correct use of the logo



Using the name

When the brand must be written in documents (for example, in word documents), it must be written with the letters H and W in capital letters. **“HealthyW8”** is the correct way to write the brand.

Muckups and ideas



Communication, dissemination and visibility

Any communication or dissemination activity related to the action must use factually accurate information. Moreover, it must indicate the following disclaimer (translated into local languages where appropriate):



**Funded by
the European Union**

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.

When creating a HealthyW8 communication product, you must include the emblem and the disclaimer (translated into local languages, where appropriate).



To clear any doubts, please contact the KNEIA team, or refer to the latest official guidance from the EU Commission, available at this link:

https://commission.europa.eu/system/files/2021-05/eu-emblem-rules_en.pdf

