



# User-driven health Risk Assessment Services and Innovative ADAPTation options against Threats from Heatwaves, Air Pollution, Wildfire Emission and Pollen

## Dissemination, Communication and Exploitation Plan (DCE Plan, 1st version)

### Deliverable D7.1

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## List of Acronyms

Acronym	Definition
C3S	Copernicus Climate Change Service
CAMS	Copernicus Atmosphere Monitoring Service
CINEA	European Climate, Infrastructure and Environment Executive Agency
CMYK	Cyan, Magenta, Yellow, and Key (subtractive color model)
CORDIS	Community Research and Development Information Service
D	Deliverable
DCE	Dissemination, Communication and Exploitation
DIAS	Data and Information Access Services
EC	European Commission
EU	European Union
GA	Grant Agreement
HVAC	Heating, Ventilation and Air-Conditioning
IPR	Intellectual Property Rights
JPG	Joint Photographic Experts Group
KER	Key Exploitable Result
KPIs	Key Performance Indicators
M	Month
MET	Meteorological
NBS	Nature-Based Solutions
NGO	Non-Governmental Organization
PNG	Portable Network Graphic
PT	Points
PU	Public
PX	Pixel
RGB	Red, Green and Blue (primary colors model)
SVG/EPS	Scalable Vector Graphics/ Encapsulated PostScript
T	Task
TRL	Technology Readiness Level
WHO	World Health Organization
WMO	World Meteorological Organization
WP	Work Package





healthRiskADAPT

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## 1 Executive Summary

The **healthRiskADAPT Dissemination, Communication, and Exploitation (DCE) Plan** defines a comprehensive and strategically coordinated set of activities to raise awareness, disseminate results, and maximise the uptake and long-term impact of the project outcomes. This plan is designed to ensure that key messages and outputs reach the most relevant audiences—from citizens and public authorities to researchers and EU policy-makers—through effective and tailored formats.

At the heart of the DCE strategy is the **healthRiskADAPT impact framework**, which integrates information delivery, stakeholder engagement, and capacity building to promote awareness, adoption, and replication of climate and health adaptation solutions. The strategy focuses on inclusive and multilingual communication, citizen participation through **Living Labs**, and the development of exploitable services and tools aligned with the **Horizon Europe Mission on Adaptation to Climate Change**.

Our Plan outlines:

- **Communication practices** to effectively reach the identified **Target Groups** in detail
- **Communication and dissemination tools**, such as the project website, social media, factsheets, videos, and scientific publications
- A **clear visual identity** applied across all outputs and partner materials
- **Monitoring of key performance indicators (KPIs)** to evaluate communication performance and engagement levels

This DCE Plan will be periodically updated (**M24, M48**) to reflect the evolution of project activities, stakeholder needs, and new opportunities, ensuring that **healthRiskADAPT** achieves lasting impact beyond the project lifecycle.

## 2 Aim of the Document

This document presents the DCE Plan for the Horizon Europe project **healthRiskADAPT**, which addresses the growing health threats posed by extreme weather events and environmental risks—such as heatwaves, air pollution, wildfires, and pollen—by delivering innovative, user-driven risk assessment services and adaptive solutions.

The purpose of this deliverable is to define a strategic and operational framework for DCE activities throughout the project's lifecycle. It outlines how **healthRiskADAPT** will engage citizens, stakeholders, policymakers, and the scientific community, ensuring that project outputs are disseminated widely, communicated effectively, and exploited sustainably. This plan aligns with the broader goals of Horizon Europe and the [Mission on Adaptation to Climate Change](#), supporting visibility, transparency, and long-term impact.

At the core of the **healthRiskADAPT** DCE strategy is a mission-oriented impact model, which integrates information delivery, co-creation through Living Labs, stakeholder engagement, and capacity building. This model is designed to increase awareness, encourage adoption of project tools and services, and foster policy and societal change. Special emphasis is placed on inclusion, multilingual outreach, and the replication of results in other regional and national contexts.

Our DCE Plan outlines:

- Strategic objectives for dissemination, communication, and exploitation
- Identification and prioritization of key stakeholder groups and audiences
- Core messages and value propositions tailored to user needs
- A suite of communication tools, channels, and branded materials, including the project website, social media, factsheets, videos, press releases, and academic publications
- A visual identity package that ensures recognizable and professional branding across all outputs
- Exploitation pathways built around Key Exploitable Results (KERs)
- Clustering activities with EU-funded initiatives and policy forums
- A performance monitoring framework with measurable Key Performance Indicators (KPIs) to track engagement and impact

This DCE Plan serves as a baseline reference and coordination guide for all consortium partners, enabling coherent messaging and targeted stakeholder interaction. It will be regularly updated to incorporate new lessons, opportunities, and stakeholder feedback. A follow-up version of this deliverable will be delivered midway through the project’s lifetime. A final version of this plan will be delivered at the end of the project, incorporating overall results, stakeholder feedback, and validated pathways for exploitation, reflecting the full range of DCE achievements and lessons learned during the project.

Through this structured and dynamic approach, **healthRiskADAPT** aims not only to disseminate and exploit knowledge but also to catalyse meaningful change in how Europe anticipates and responds to climate-related health risks.

D7.1	DCE plan (1st version)	WP7	12 - EILD	R – Document, report	PU - Public	9
D7.2	DCE plan (2nd version)	WP7	12 - EILD	R – Document, report	PU - Public	24
D7.3	DCE plan (3rd version)	WP7	12 - EILD	R – Document, report	PU - Public	46

Figure 1 The three deliverables of T7.1/versions of DCE Plan

## 3 Introduction of healthRiskADAPT DCE Plan

### 3.1 Objectives

The DCE strategy of the **healthRiskADAPT** project is guided by the ambition to maximise the visibility, accessibility, understanding, and long-term use of the project's results. It is rooted in a multi-actor engagement approach, involving a wide spectrum of stakeholders including policymakers, public authorities, civil society, and vulnerable communities. Through tailored communication, timely dissemination of outcomes, and strategic exploitation of results, the DCE plan contributes to the realisation of the project's mission and impact pathways.

The main objectives of the DCE plan are to:

- Foster awareness of health-related risks associated with heatwaves, air pollution, wildfire emissions, and pollen among target groups.
- Promote the uptake of co-created tools and services for health risk assessment and climate mitigation and adaptation at local and regional levels.
- Ensure that policy-relevant knowledge and innovations produced by the project are transferred to the appropriate institutional and societal actors.
- Strengthen the visibility and policy resonance of the project at European and international levels.
- Support the development of sustainable pathways for exploitation beyond the project lifetime through alignment with stakeholder needs and existing frameworks.
- Enable replication of project results in different contexts and regions via Living Labs, training, and open-access resources.

These objectives are operationalized through dedicated actions in **WP7** and coordinated by **EILD**, with the active involvement of all project partners.

### 3.2 Approach

The approach adopted in the **healthRiskADAPT** project for DCE builds on a systemic and participatory model of engagement, which is both horizontal (across disciplines and sectors) and vertical (across governance levels and population groups). The DCE logic is embedded within the project's co-creation activities and is aligned with its overall impact framework.

A conceptual framework has been developed to guide the planning, execution, and monitoring of all DCE-related activities. This framework structures the interaction between inputs, actions, outputs, and expected impacts, and ensures that communication, dissemination, and exploitation are interlinked rather than siloed.

The figure below presents the **healthRiskADAPT** DCE logic model, which shows how information, engagement, and knowledge use are structured to contribute to awareness, adoption, and long-term impact.

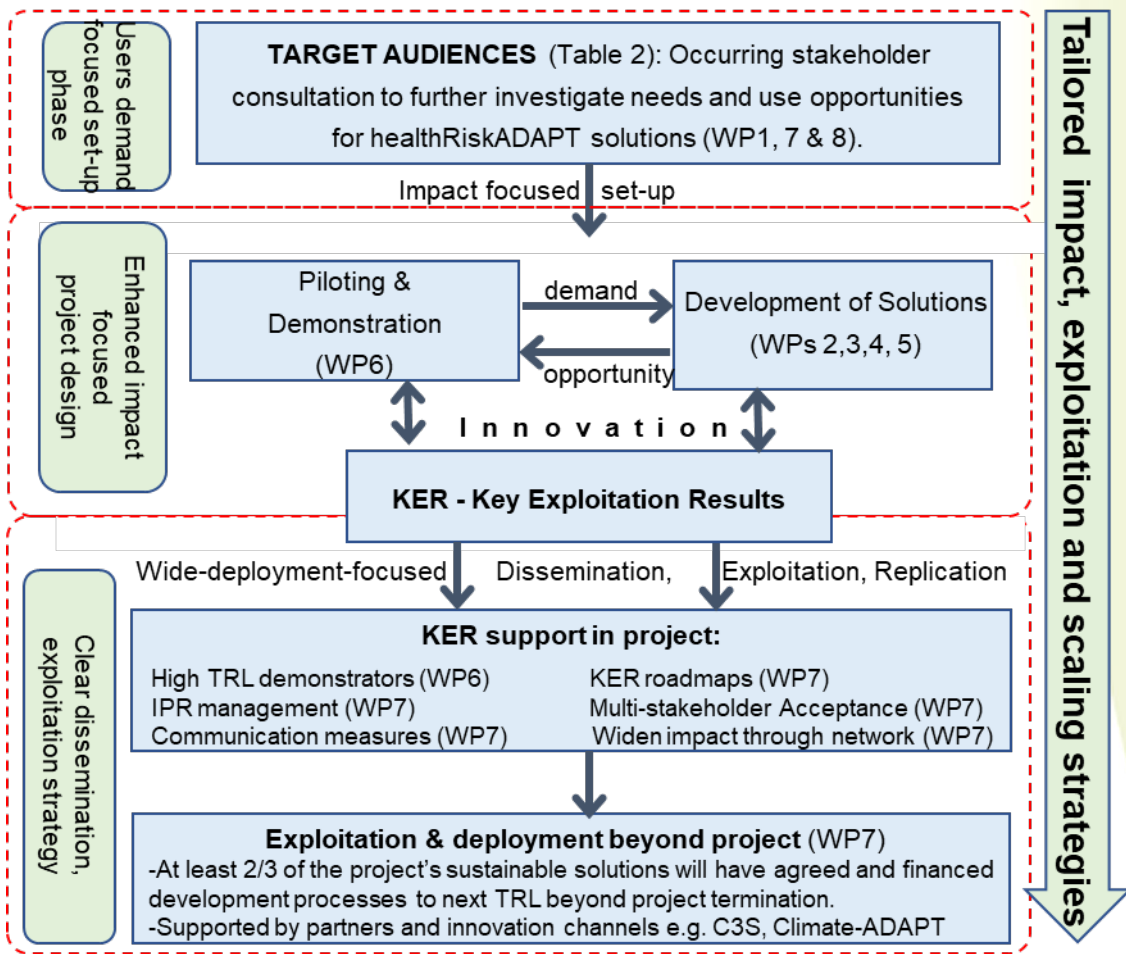


Figure 2 Dissemination, Communication and Exploitation (DCE) impact framework of the project

In the above model, specific Tables from the proposal document are mentioned, which are also represented here in the current document and the following pages.

## 4 Target Groups Definition and Approach

The target audience of the project is divided into two main target groups: internal and external audience. The former refers to actors directly involved in the project, among whom information must flow clearly and transparently. The latter includes all members of the public outside the project whose interest the project aims to engage.

### Internal Audience

The internal audience includes:



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- Project consortium partners
- Project advisory board
- European Commission

### External Audience

The external audience includes several thematic categories as follows:

- End users of the services (e.g., civil protection, health authorities, citizens)
- Policy and decision-makers
- Academia and the research community
- NGOs, community groups and vulnerable populations
- Media and general public

Our project's strategy ensures their early involvement and capacity building through Living Labs and participatory piloting, thereby increasing the relevance and usability of the final outputs.

Target Group (TG)	Details
<b>TG1: Local/regional authorities</b>	City planners, several representatives from local/regional governments (resilience officers, policy officers, etc.), city departments (Public health, Climate, Urban development.), emergency response
<b>TG2: National authorities</b>	Governmental agencies (Environment Agency, Public Health Agency, Regulatory Authorities), MET offices
<b>TG3: Health and healthcare institutions and professionals</b>	Hospitals and other healthcare services, healthcare professionals' associations, national, regional and local public health institutes, etc.
<b>TG4: Industries</b>	Construction industries, HVAC contractors, other air treatment providers
<b>TG5: Academia</b>	Scientific Community, Research Centers, Universities, Research Technology Actors
<b>TG6: EU Commission</b>	Actions/Initiatives (EU Climate Action, European Green Deal), European infrastructures (C3S, Climate-ADAPT), GEO initiatives (CAMS, Destination Earth, Copernicus DIAS) etc.
<b>TG7: Citizens and communities</b>	Citizen, Patients, Communities and Society (Civil society institutions: cooperatives, savings groups), Vulnerable populations, patients, local cooperatives, neighbourhood associations

Table 1 The healthRiskADAPT target audiences



Our project will adopt a tailored communication approach addressing the specific needs, information expectations, and engagement capacities of each target group. This segmentation enables appropriate content framing, language, format, and channel selection to maximise reach and relevance.

Stakeholder Groups	Level	Interest/Role in the Project	Communication Approach
<b>TG1 &amp; TG2</b>	Local / Regional	Implementers of adaptation measures and crisis response; key users of health-climate data in planning.	Workshops, Living Labs, factsheets, bilingual content, local policy briefs, on-site demonstrations, training sessions.
<b>TG3</b>	National / Regional	End users of risk assessment tools and services; contribute to data validation and response integration.	Webinars, training events, platform walk-throughs, user manuals, pilot testing feedback.
<b>TG6</b>	EU / National	Enable integration of results into policy agendas and strategic planning (e.g., Mission Adaptation).	Policy briefs, targeted mailing, roundtables, contribution to EU-level fora, advocacy channels.
<b>TG7</b>	Local	Participants in co-creation and awareness campaigns; intended end-beneficiaries of project services.	Storytelling, social media, infographics, Living Labs, community ambassadors, translated outreach materials.
<b>TG4 &amp; TG5</b>	EU / Global	Scientific collaborators and end users of methods and datasets; ensure scientific validation and legacy.	Open access publications, conferences, peer review networks, data reuse protocols, Knowledge Hub.

Table 2 The healthRiskADAPT project stakeholders and the relevant approach types

## 5 Dissemination and Communication Plan

### 5.1 Strategy and Objectives

The dissemination and communication strategy of the **healthRiskADAPT** project is designed to raise awareness of the project's goals, processes, and results among key target audiences, including public authorities, citizens, policymakers, health professionals, and the research and innovation community. It is structured to ensure inclusive outreach and wide accessibility of outputs across geographic, linguistic, and sectoral boundaries.



The communication strategy aligns with the overarching mission of the project and the Horizon Europe programme's emphasis on stakeholder engagement, co-creation, and societal impact. It adopts a multi-channel and multi-format approach combining digital outreach, direct stakeholder interaction, events, and participatory activities.

**Strategic objectives include:**

The strategic objectives of our dissemination and communication strategy are outlined below:

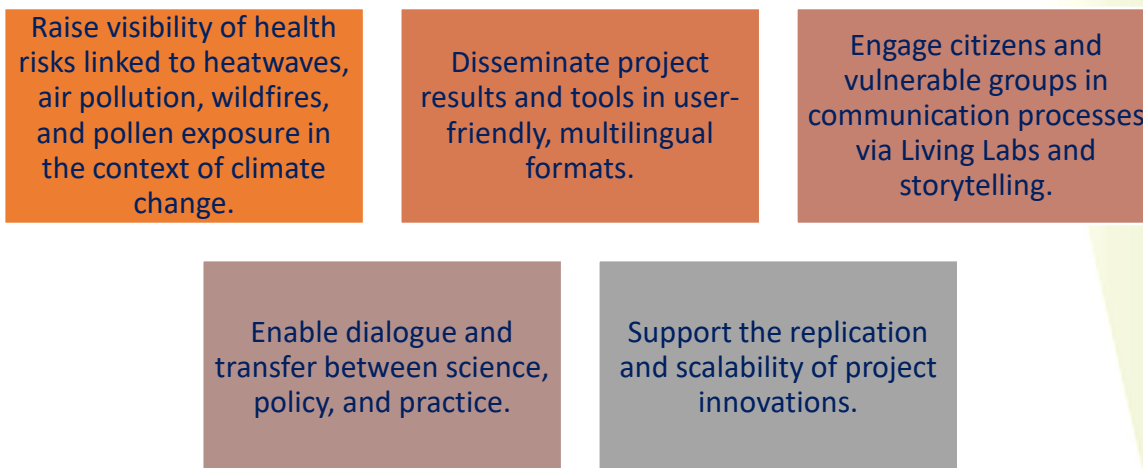


Figure 3 Dissemination strategic objectives

Below we provide a short analysis of these strategic objectives:

**1. Raise visibility of health risks linked to heatwaves, air pollution, wildfires, and pollen exposure in the context of climate change.**

The project's major aim is to develop integrated, user-driven health risk services that respond to environmental threats exacerbated by climate change. It is (*proposal part b section 1.1 & 2.1.1*) highlighted that the four considered hazards (heat, air pollution, wildfires, and pollen) represent growing and under-communicated threats to human health. This strategic objective aligns with **Specific Objective 1** of the project, which calls for enhancing risk awareness through inclusive, evidence-based communication. To achieve this, the DCE strategy must prioritize the production of targeted, hazard-specific content (e.g. factsheets, infographics, videos) and ensure regular dissemination through digital media, public events, and stakeholder networks. The **healthRiskADAPT** project will also work with local authorities and pilot sites to localize messages, making climate-health links more relevant and urgent to citizens and decision-makers alike.

This approach is also in line with Horizon Europe's requirement to address public understanding of climate risks as part of Mission Adaptation's citizen engagement goals.

**2. Disseminate project results and tools in user-friendly, multilingual formats.**

The dissemination activities are structured to ensure that the project's scientific outputs and digital services are accessible to non-expert audiences, as already described (*proposal part b section 2.2.2 and WP6*).



This includes both the user-facing risk dashboards and knowledge materials, which must be translated and adapted to multiple linguistic and cultural contexts across pilot countries and stakeholders. Our project specifically aims to co-design services and communication formats via **Living Labs** and stakeholder workshops (**WP5**). Therefore, co-development of user guides, visual explainers, and video tutorials will be an integral part of the DCE strategy. As it is well known, multilingualism ensures wider access and equity, particularly for vulnerable groups and local actors.

This approach also aligns with Horizon Europe's open science and inclusive communication principles, which underscore the importance of plain language, visual literacy, and multilingual outreach in all dissemination efforts.

### 3. Engage citizens and vulnerable groups in communication processes via Living Labs and storytelling.

A key innovation in **healthRiskADAPT** project lies in its participatory approach, with **Living Labs** as central platforms for co-creation, piloting, and mutual learning (proposal part b section 2.1.1, 2.2.2, and WP5). In our project, we emphasize the need to include at-risk populations — such as the elderly, children, and those with chronic conditions — in both the design and communication of health risk services. Storytelling, testimonial formats, and real-life experiences will be employed to humanize climate and health risks and make them more relatable. With such an approach, we also support trust-building and ensure that the services developed are not only technically robust but socially accepted and usable.

This approach matches a widely adopted best practice in Mission-oriented projects: leveraging personal narratives and community storytelling to build awareness, relevance, and behavioural change.

### 4. Enable dialogue and transfer between science, policy, and practice.

In the project, we will follow a transdisciplinary integration as a mechanism to amplify the project's societal impact. **WP6** (Impact) and **WP5** (Co-creation and Pilots) emphasize the project's intention to bridge scientific results with local planning, public health strategies, and policy frameworks at multiple levels. This strategic objective will be fulfilled by participating in joint events with policymakers, contributing to shared policy briefs, and engaging with platforms such as **Climate-ADAPT** and the **EU Mission Adaptation** Implementation Platform. Our project will also contribute to national and EU-level dialogues on climate-health governance.

Such cross-sectoral translation is strongly recommended under Horizon Europe in order to ensure that scientific innovation leads to real-world adoption and policy-informed change.

### 5. Support the replication and scalability of project innovations.

Scalability and replication are major goals under the project's impact strategy (proposal part b sections 2.1.1 and 2.2.2). To this end, **healthRiskADAPT** project will develop modular, open-access tools and generate guidelines that allow other regions and sectors to adapt and reuse the solutions.

This will be reinforced by the project’s involvement in clustering activities with “sister” projects (see Section 5.4 of the current document), participation in EU-wide adaptation platforms, and engagement with umbrella organizations such as ICLEI Europe and the Covenant of Mayors.

With this, we remain aligned with European Commission guidance that stresses the need to embed scalability into the design of services and tools and to provide transferable use cases for uptake in other territories.

## 5.2 Dissemination to Target Audiences and Stakeholders

The dissemination and communication strategy targets a broad set of stakeholder groups at different levels of governance and across sectors, as they are categorized and described in the previous **Chapter 4 “Target Groups Definition and Approach”**.

The **healthRiskADAPT** consortium has already started the engagement process for the project stakeholders by reaching out to them and has invited them to connect with us. In the Figure below, we show the relation between **healthRiskADAPT** and stakeholders. The basis of this activity is that by engaging diverse stakeholder groups in a continuous process involving several personal interactions, they become multipliers that promote further dissemination of the project results within their networks.

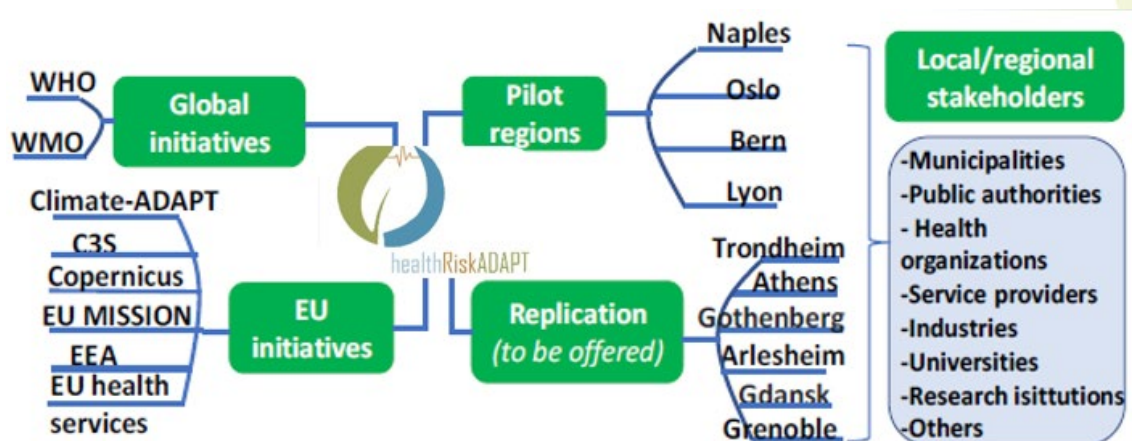


Figure 4 Stakeholder mapping

Specifically, regarding the **local and regional governments** in the considered Pilot regions and beyond, we understand that effective communication with them is key to impact, replication, and long-term integration into policy and practice.

So, some special outreach activities will be implemented towards them, as shown in the table below, in alignment with **Specific Objective 7** and in correlation with **WP1** and **WP5**, supporting sustained exploitation, visibility, and regional policy impact:

<b>Localized, Evidence-Based Messaging</b>	Provide municipality-specific briefs using data from risk assessment tools. focusing on local vulnerabilities and adaptation benefits.
<b>Active Involvement in Living Labs</b>	Involve local government representatives as co-hosts or facilitators in Living Labs and co-creation activities for direct engagement and ownership.
<b>Tailored Policy Briefs and Adaptation Toolkits</b>	Deliver concise, accessible toolkits and briefs with actionable recommendations and visual summaries to support informed decision-making.
<b>Engagement via Existing Governance Networks</b>	Disseminate through established networks such as the <b>Covenant of Mayors, ICLEI Europe, and Eurocities</b> to ensure wide municipal reach.
<b>Demonstration Events in Pilot Areas</b>	Organize interactive workshops and live demonstrations in the Pilot regions in order to showcase the practical value of <b>healthRiskADAPT</b> solutions.
<b>Co-Branding and Local Ownership</b>	Offer co-branding of tools and materials with local logos and allow regional actors to present solutions as their own to foster adoption.
<b>Post-Project Support and Handover</b>	Prepare “ <i>handover packages</i> ” with guidance, light training, and contact points to facilitate sustained use of project outputs.
<b>Translated and Accessible Communication</b>	Ensure all materials are available in local languages and written in non-technical language for ease of use by public administrators.

*Table 3 Local and regional governments communication best practices*

Several of the practices listed above will be implemented in the project, while others will be discussed within the consortium to determine the appropriate steps.

### 5.3 Examples of healthRiskADAPT Core Messages and Value Propositions

In the context of healthRiskADAPT, the development and delivery of clear, targeted core messages is essential for effectively reaching and engaging the project’s key stakeholder groups. These messages are not generic slogans but are strategically crafted to address the specific concerns, responsibilities, and motivations of each audience. They highlight the real-world value of the project’s outcomes and aim to foster a sense of ownership and active involvement in the adaptation process. From local policymakers to frontline health professionals and ordinary citizens, each group plays a crucial role in ensuring the sustainability and societal impact of the solutions developed.

For **local and regional authorities**, that are on the frontline of climate resilience planning, healthRiskADAPT delivers timely, science-backed risk intelligence tailored to support evidence-based decision-making.



The project equips public administrations with practical tools to monitor, anticipate, and respond to environmental threats to human health — including extreme heat, air pollution, wildfires, and pollen. By participating in Living Labs, municipalities co-develop solutions that match their local realities, making the tools more relevant and usable in practice. Ultimately, the project helps cities and regions to meet their obligations under EU climate and health policies, strengthening their capacity to protect communities and adapt urban spaces to a changing climate. What could be a clear message here in this case?

**“We empower cities and regions with real-time, science-based risk intelligence to protect public health from extreme heat, pollution, wildfires, and pollen - now and in the future.”**

Meanwhile, **health professionals and public health authorities** gain access to innovative services that enhance their preparedness and response capabilities. The predictive analytics and early warning systems developed by the project integrate environmental indicators with health vulnerabilities, offering advanced insight into upcoming risks. This allows hospitals, clinics, and emergency planners to take proactive measures, coordinate effectively with environmental and civil protection units, and issue early advice to at-risk populations. The project thus strengthens the evidence base for adaptation strategies related to health and contributes to a more responsive and informed public health system.

**“We bring predictive tools and tailored alerts to the hands of health professionals, enhancing preparedness and saving lives during environmental health crises.”**

Finally, for **citizens** — particularly vulnerable groups such as the elderly, children, and people with chronic illnesses — the project puts usable information directly in their hands. Through localized alerts, clear public guidance, and co-created communication tools, individuals are empowered to make safer choices during periods of environmental stress. Citizens are not treated as passive recipients of information, but as partners in resilience-building, participating in project activities and giving voice to their lived experiences. This inclusive and human-centered approach builds trust, promotes awareness, and helps create a cultural shift toward shared responsibility for climate-related health risks.

**“With healthRiskADAPT, you gain access to clear, local health risk alerts and advice — helping you and your loved ones stay safe during extreme weather and pollution.”**

#### 5.4 Networking with other EU Funded Projects

The **healthRiskADAPT** project will establish strategic collaborations and synergies with other EU-funded projects and initiatives operating in related domains, such as climate adaptation, public health, disaster risk reduction, and citizen engagement.

These networking efforts are essential to enhance the project’s visibility, avoid duplication of efforts, and amplify the impact of its outputs.





## healthRiskADAPT

The project will contribute to the Horizon Europe '[Mission on Adaptation to Climate Change](#)' through active participation in clustering activities, common events, and thematic working groups.

The **healthRiskADAPT** project will particularly seek engagement with projects funded under the same or related topics, such as Horizon Europe projects under HORIZON-MISS-2023-CLIMA-01. The “sister” projects of **healthRiskADAPT** project have been identified, which are:

**AURORA:** <https://www.auroraclima.eu/>

The **AURORA** project is an innovative research initiative focused on forecasting and preventing the impacts of climate change within a "one-health" framework, specifically targeting the EU Boreal region. Its core mission is to comprehensively monitor and model interconnected climate and epidemiological stressors, providing early warnings and tailored recommendations for adaptation measures to safeguard public health. The project develops tools to monitor climate stressors, create climate and epidemiological models, and identify climate change risks and vulnerabilities. A common element with **healthRiskADAPT** is the focus on assessing climate-related health risks and providing tools for adaptation and policy support, with both projects aiming to enhance resilience against health impacts through data-driven approaches and early warning systems.

**ISMED-CLIM:** <https://ismed-clim.eu/>

The **ISMED-CLIM** project addresses health challenges in the Mediterranean region exacerbated by climate change, such as rising temperatures, air pollution, and extreme weather. It aims to develop and test evidence-based tools and collaborative actions to protect vulnerable communities and ecosystems. Through five Living Labs, **ISMED-CLIM** tests early warning tools and health interventions to reduce climate-related health risks and enhance healthcare system resilience, leveraging advanced technologies like AI-driven systems and personalized risk assessment platforms. This project complements **healthRiskADAPT** by specifically focusing on the Mediterranean context and developing localized adaptation measures and early warning systems, aligning with **healthRiskADAPT**'s broader goal of empowering local authorities to assess vulnerabilities and enhance preparedness.

**MOUNTADAPT:** <https://mountadapt.eu/>

The **MOUNTADAPT** project is dedicated to advancing healthcare climate resilience in European mountain regions, addressing the increasing impact of climate change on public health and health systems. The project also focuses on training health professionals and developing innovative solutions for monitoring, early warning, response, and emergency management. **MOUNTADAPT** complements **healthRiskADAPT** by targeting specific vulnerable geographical areas (mountain regions) and health systems, contributing to a holistic approach to climate adaptation by emphasizing capacity building, risk prediction, and the co-creation of knowledge for resilient healthcare.



- Horizon Europe-funded Living Labs and citizen science initiatives

The project will explore further synergies with relevant currently running important initiatives like the ones in the framework of the following projects: [IMPETUS](#), [CLIMAAX](#), [CitiObs](#), and others that implement citizen-driven data collection, Living Lab experimentation, and climate resilience services. Collaborations will focus on shared tools for participatory risk communication, co-creation methodologies, and climate-health data integration, especially in urban and vulnerable areas.

IMPETUS	CLIMAAX	CitiObs
<ul style="list-style-type: none"> <li>• It aims to foster climate resilience by translating commitments into actions, collaborating with local communities across Europe to develop and share adaptation measures. This directly supports our project by facilitating on-the-ground implementation of health-protective adaptation strategies.</li> </ul>	<ul style="list-style-type: none"> <li>• It is a key EU Mission initiative, provides financial and analytical support for regional climate and emergency risk management, aiming to harmonize climate risk assessment. Its focus on empowering local authorities for risk assessment directly aligns with healthRiskADAPT's goal of assessing vulnerabilities to climate-related health risks.</li> </ul>	<ul style="list-style-type: none"> <li>• It aims to empower citizen observatories to monitor urban environmental challenges, fostering engagement and providing data for healthy and resilient cities. This complements healthRiskADAPT by generating essential environmental data and engaging citizens, crucial for understanding and adapting to climate-related health impacts.</li> </ul>

Figure 5 Short info of IMPETUS, CLIMAAX and CitiObs projects

So, to foster such collaborations, the DCE strategy includes actions like:

- ❖ **Participation in joint policy roundtables and webinars:** healthRiskADAPT partners will attend and contribute to thematic roundtables organized by our “sister” projects or EC-supported platforms (e.g., Adaptation Mission Implementation Platform), focusing on health-inclusive climate services, citizen engagement in risk communication, and local policy alignment.
- ❖ **Contribution to shared repositories and communication campaigns:** The project will share key outputs — such as policy briefs, training materials, and dashboards — via open-access platforms (e.g. CORDIS, Zenodo, Climate-ADAPT) and take part in EU-wide awareness campaigns during Climate Action and Health Days.
- ❖ **Cross-promotion through newsletters and social media presence:** Project updates, results, and joint activities will be disseminated through partner channels, EU clustering newsletters, and targeted LinkedIn campaigns, increasing audience overlap and reinforcing joint messages on climate and health.



- ❖ **Coordination of dissemination activities with relevant Mission Adaptation projects:** A shared calendar of major events (e.g. EU Green Week, Mission Forums, ECCA conferences) will guide coordinated project visibility. Joint booths, co-hosted sessions, and mutual references in public materials will support integration into Mission services and increase stakeholder exposure to the **healthRiskADAPT** ecosystem.

These partnerships will facilitate broader uptake and increase the policy relevance of **healthRiskADAPT** results, enabling replication and integration into multi-project platforms and Mission services.

### 5.5 Key Communication and Dissemination Activities

Throughout the **healthRiskADAPT** project lifecycle, a set of strategic communication and dissemination activities are planned to maximise awareness, stakeholder involvement, and uptake of the project’s results. These activities span digital engagement, public events, academic dissemination, and direct stakeholder dialogue in both local and international settings. They are coordinated by WP7 and involve all partners, with responsibilities clearly allocated based on thematic expertise and geographic reach.

The following table summarises the key communication and dissemination activities planned during the project in overlapping phases:

Activity	Type/Format	Target Audience	Timing
Project launch campaign	Press release, project website, branded visual identity, social media outreach, introductory media kit	General public, media, project stakeholders, EU audience	M1–M9
Living Lab engagement series	Local co-creation workshops, storytelling events, consultation sessions in pilot regions	Citizens, municipalities, NGOs, local authorities	M9–M30
Thematic webinars and training sessions	Online and hybrid capacity-building sessions focused on health-climate risk services, adaptation tools, and Knowledge Hub navigation	Health professionals, public authorities, researchers, technical users	M18–M36
Participation in external events and clustering	Conferences, EU project clustering events, scientific panels, poster presentations, joint networking	Research community, policymakers, environmental and health networks	M12–M48
Final conference and public exhibition	In-person dissemination of results, presentation of Key Exploitable Results (KERs), policy roadmap, replication strategies, media outreach	All stakeholders, media, policy actors, replication partners	M46–M48

Table 4 Core communication and dissemination activities in healthRiskADAPT



In addition to these core actions, the project will produce:

- \* At least 3 open-access scientific publications in peer-reviewed journals
- \* 6+ conference presentations and poster sessions
- \* Interactive storytelling content derived from pilot sites
- \* Multimedia awareness content (e.g. animated videos, explainer infographics)
- \* Periodic updates via newsletters and blog posts

These activities are designed to complement each other across the project's Work Packages and reinforce the adoption of outputs within the target ecosystems.

## 5.6 Dissemination and Communication Tools

The **healthRiskADAPT** project will deploy a wide range of tools and communication formats tailored to its key audiences and adapted to different levels of engagement and information needs. These tools will ensure broad outreach, accessibility, and engagement across all partner countries and beyond.

The **main communication tools** include:

- ❖ **Project website:** A central information hub providing up-to-date content, publications, results, events, and news.
- ❖ **Social media channels:** LinkedIn and YouTube will be used to share updates, visual content, and short narratives.
- ❖ **Project newsletter:** Published every 6 months, summarizing progress, key milestones, and partner highlights.
- ❖ **Press releases and media engagement:** Issued at key milestones (project launch, public events, final results).
- ❖ **Videos and infographics:** Short explanatory content to raise public awareness and enhance understanding of scientific topics.
- ❖ **Storytelling and testimonials:** Local voices and community stories from Living Labs to humanize project goals.
- ❖ **Factsheets, brochures, and posters:** Multilingual print and digital materials targeted to specific stakeholders and events.
- ❖ **Academic dissemination:** Scientific papers, conference proceedings, and open-access reports.

All materials will adhere to the project's visual identity and branding guidelines, ensuring recognizability and alignment with EU visibility requirements.

The project website, available at [healthriskadapt.eu](https://healthriskadapt.eu), has already been created and presented in another deliverable (**D8.1 - Project Website**). It was initially published with preliminary material; it is being populated with additional material being provided by project partners.





Some indicative screenshots are shown below:



Figure 6 Project website landing page



Figure 7 Project "About" page

GA No: 101157458  
HORIZON-MISS-2023-CLIMA-01-03



Co-funded by the European Union

Co-funded by the European Union. However, views and opinions expressed are those of the author(s) only and do not necessarily reflect those of the European Union or CINEA. This project has received funding from the European Union's Horizon Europe research and innovation programme under grant



**Goals and importance of addressing health risks from climate factors**

healthRiskADAPT's general objective is to develop and deploy a health risk assessment framework (namely healthRiskADAPT framework) in diverse bio-geographical European regions (Mediterranean, Alpine and Continental regions), enhancing the ability of (local/regional authorities, health professionals) to support decision-making related to strategic planning, management, and the daily operational mitigation of climate change-related health challenges.

- Specific Objective SO1 (WP1 - VISIONING & ROAD MAP)
- Specific Objective SO2 (WP2 - HAZARDS)
- Specific Objective SO3 (WP3- HEALTH, VULNERABILITY & RISK)
- Specific Objective SO4 (WP4-user-driven toolkits)
- Specific Objective SO5 (WP5- Customizing ADAPTATION OPTIONS in close interaction with stakeholders)
- Specific Objective SO6 (WP6- full demonstration, impact assessment and replication)
- Specific Objective SO7 (WP7- DCE strategy)

The flowchart diagram illustrates the project's process flow: SO1 (Visioning & Road Map) leads to SO2 (Hazards), which leads to SO3 (Health, Vulnerability & Risk). SO3 leads to SO4 (User-driven toolkits), which leads to SO5 (Customizing ADAPTATION OPTIONS). SO5 leads to SO6 (Full demonstration, impact assessment and replication), which leads to SO7 (DCE strategy). The flowchart also includes sub-processes like 'Risk without adaptation', 'Risk with adaptation', and 'SO5: options for adaptation'.

To exploit and disseminate the healthRiskADAPT's products (services, tools and datasets) into a wide range of stakeholders by providing a coherent DCE (Dissemination, Communication, and Exploitation) strategy.

**healthRiskADAPT project** aims to enhance resilience against climate-related health risks like heat waves, air pollution, and pollen. It will empower local authorities to respond effectively and lessen climate change's health impact. For citizens, this translates to improved health outcomes, including longer healthy lifespans and reduced hospitalizations, alongside economic benefits and increased productivity. healthRiskADAPT project will also provide accessible, cost-effective climate and risk assessment tools, enabling communities to implement efficient adaptation strategies.

healthRiskADAPT project, for the first time in Europe, will cover a whole range of transformative solutions for local and regional authorities to detect, manage, and control the risks against threats from integrated hazards of Heatwaves, Air Pollution (including wildfire emissions) and Pollen on human health.

Figure 8 Project further descriptions page

**Get In Touch**

We would love to hear from you. Feel free to reach out using the below details.

Fill in the form below or, alternatively, send us an email to [healthRiskADAPT@nilu.no](mailto:healthRiskADAPT@nilu.no).

Your name

Your email

Subject

Your message (optional)

Heatwaves and Health  
Air Quality and Health  
Wildfire Emissions  
Pollen and Allergens

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Figure 9 Project contact page



The official project social media account on LinkedIn is as follows:

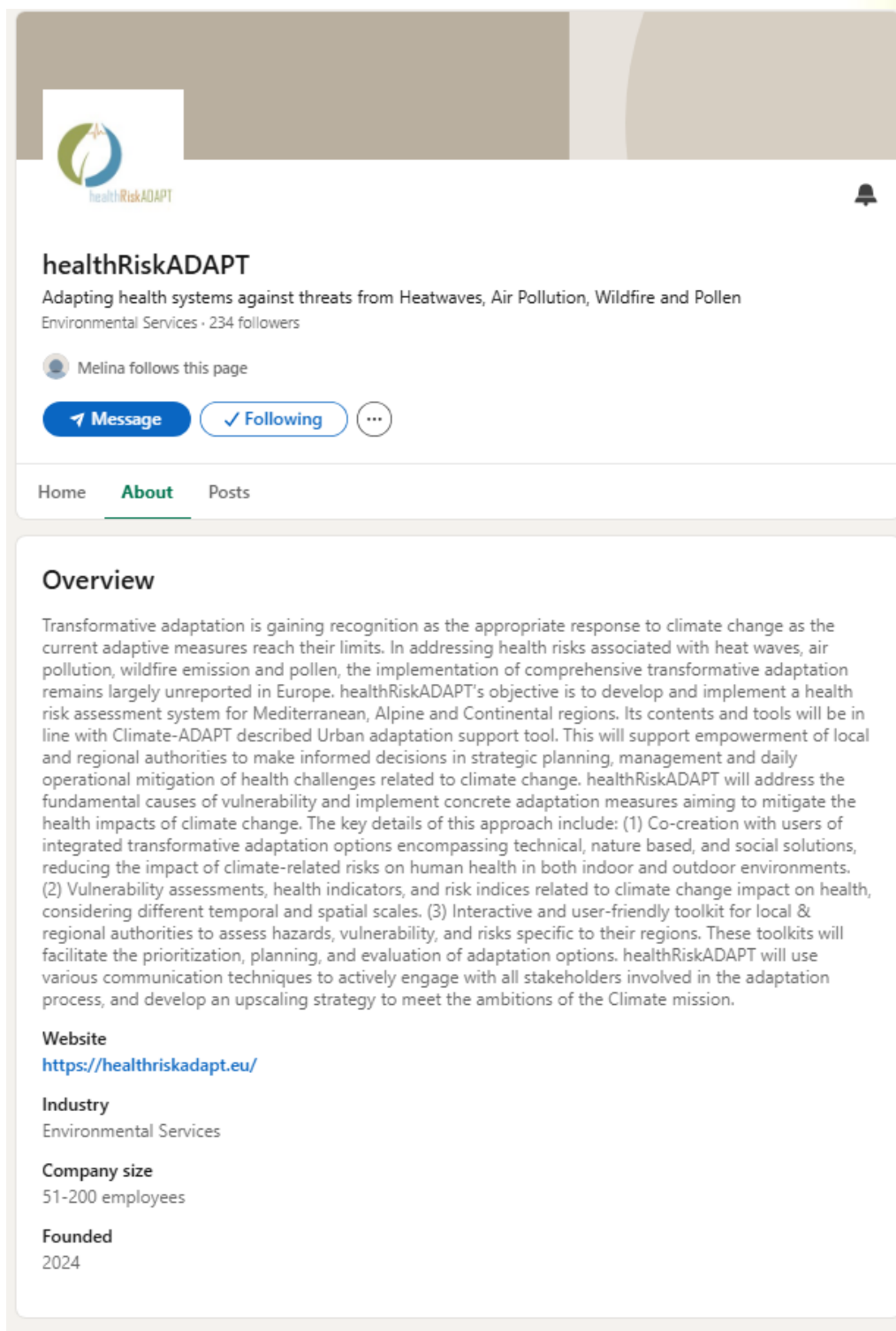


Figure 10 healthRiskADAPT project LinkedIn account

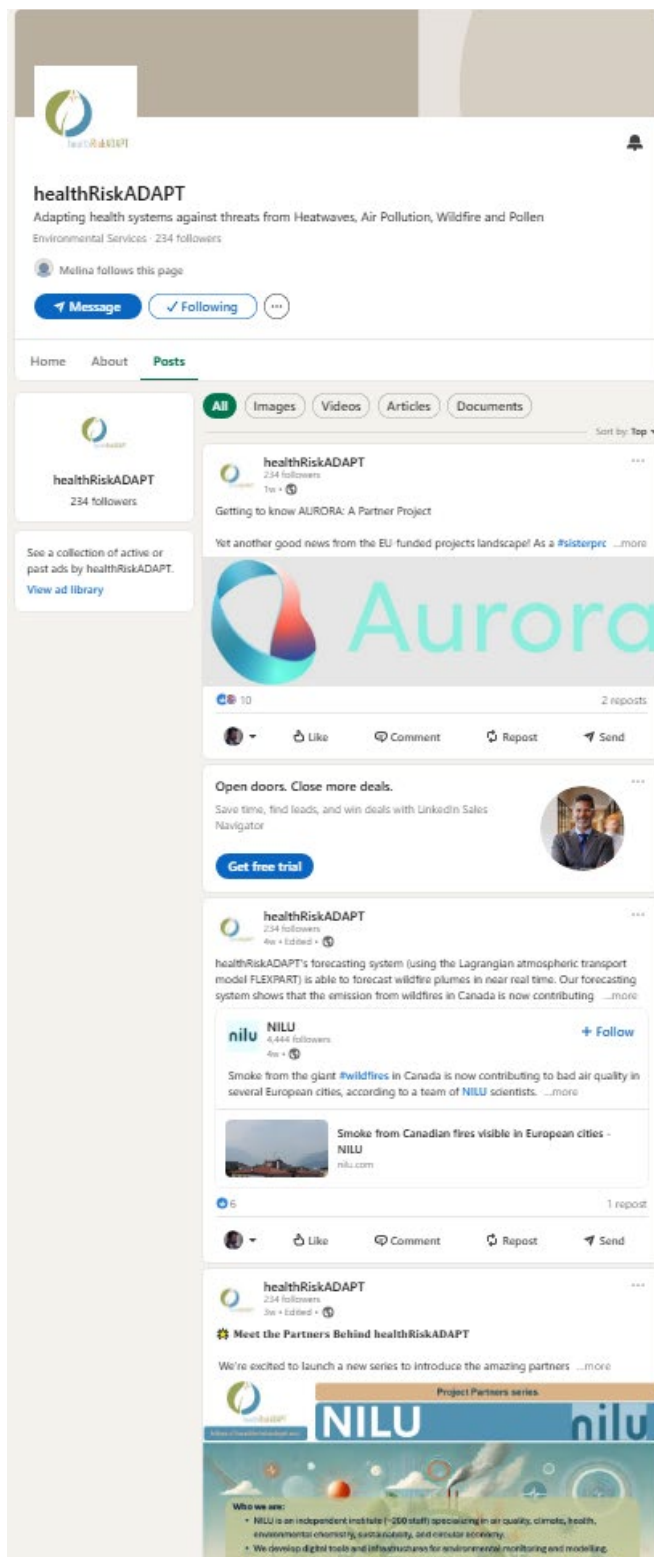


Figure 11 healthRiskADAPT project LinkedIn account posts



Co-funded by the European Union

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HORIZON-MISS-2023-CLIMA-01-03

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## 5.7 Communication Actions and Timeline

The DCE plan schedules key communication actions across the project lifecycle to align with major deliverables, stakeholder engagements, and milestones. Each action is mapped to the most appropriate period of the project, with specific audiences and tools designated for delivery. The table below presents the main communication actions planned by phase:

Period	Communication Activity	Target Audience	Tools/Channels
M1–M9	Project launch communication, visual identity rollout, website and social media setup, introductory press kit, stakeholder mapping.	General public, EU audience, project partners, initial stakeholders	Website, press release, social media (LinkedIn), visual identity pack, introductory newsletter
M9–M18	Stakeholder engagement through Living Labs, promotion of co-creation activities, early training pilots, collection of use-case stories	Local authorities, citizens, healthcare professionals, Living Lab participants	Videos, social media campaigns, blog posts, flyers, local media, Living Lab newsletters
M18–M30	Dissemination of intermediate results, collection of feedback, pilot evaluation, Knowledge Hub activation	Scientific community, public authorities, technical users, policy actors	Policy briefs, infographics, open-access datasets, Knowledge Hub updates, stakeholder workshops
M30–M42	Showcasing validated tools and recommendations, clustering with related EU projects, dialogue with policy networks	Policy-makers, multiplier networks, EU initiatives, HE Mission actors	Webinars, joint clustering events, technical fact sheets, LinkedIn outreach, community-of-practice meetings
M42–M48	Final conference, dissemination of Key Exploitable Results (KERs), handover to replication partners, sustainability roadmap promotion	All stakeholders, media, replication partners, advisory bodies	Final event, videos, factsheets, policy roadmap, stakeholder briefings, post-project KER packages

Table 5 The healthRiskADAPT project communication actions





Further, we will organize four (4) types of communication campaigns in the framework of the project:

- **End User campaigns** among local and regional authorities, health professionals (synchronise with WP1, WP6, T5.4) aimed at collecting users' expectations, users' needs (together with WP1), as well as the potential of interaction and co-creation solutions (WP3, WP4, WP5), deploying and using **healthRiskADAPT** solution as end users (WP6-Pilot), implementing education programme (T5.4, WP6).
- **Technology campaigns** targeting experts, modellers, product and service providers, as well as urban planners and the construction industry, to collect information on technology gaps of 1) climate services 2) health services 3) adaptation options (e.g. existing indoor air treatment) to address data sources, user interfaces, available adaptation options and to better design the services, toolkits and adaptation options for end users.
- **Awareness-raising campaigns** among citizens, students, patients and communities for community validation of **healthRiskADAPT** transformative solutions, and to strengthen their understanding of the solution developed by the project and of the importance of their attitudes and behaviour for the development of more sustainable and environmentally aware cities and regions.
- **Public awareness campaigns** on Health Emergency Preparedness and Response sharing insights from the pilot activities.

In addition, we will organize a series of **science-policy workshops** with policymakers, regulators and WP leads. In these meetings, we will work with stakeholders to:

- (1) Identify city specific challenges and needs;
- (2) Translate research recommendations into layman terms;
- (3) Identify potential policies and interventions on the adaptation solutions;
- (4) Develop a governance model for adaptation policy practice.

## 5.8 Monitoring and KPIs for DCE Activities

Monitoring and evaluation of dissemination, communication, and exploitation (DCE) activities are essential to ensure continuous improvement, transparency, and measurable impact. The DCE strategy of **healthRiskADAPT** incorporates both qualitative and quantitative indicators to assess outreach, engagement, uptake, and effectiveness.

Dedicated tasks in WP7 will track progress, compile metrics, and support adaptive planning based on stakeholder feedback and performance data. A DCE monitoring framework using online spreadsheets and forms is being established during this period and will be regularly updated through internal reports and feedback from partners.



The following table presents the main KPIs that will guide DCE activity evaluation:

KPI Description	Target/Threshold	Monitoring Method
Partner engagement in DCE planning	<b>100%</b> of partners contribute to DCE strategy and identify target groups	Internal coordination records, DCE planning documentation
Website and social media launch	Website and social media online by <b>M6</b>	Visual confirmation, links, and partner shares
Initial website/social channel reach	<b>&gt;2,000</b> visits in Year 1; <b>+50%</b> yearly growth thereafter	Analytics from website and social media platforms
Social media engagement	<b>All</b> partners actively share/like content	Monitoring social shares and mentions from consortium
Website content updates	<b>3</b> articles/year/partner published on website or partner channels	Web and social media content logs
Engagement with networks and initiatives	<b>5</b> international initiatives reached, <b>3</b> joint activities, <b>2</b> annual meetings	Event records, minutes of collaboration
Participation in conferences	<b>10</b> conferences attended, <b>8</b> presentations delivered	Conference agendas, presentations, photos
Knowledge sharing events	<b>100</b> total interactions; <b>15</b> external actors reached, <b>3</b> joint knowledge-sharing activities	Event attendance sheets, reports
Adaptation support to public entities	<b>2</b> EU/national authorities and <b>5</b> local/regional engaged; <b>4</b> access project solutions	Training records, feedback forms, platform logs
Scientific publications and reports	<b>5</b> journal articles, <b>10</b> conference papers published	Bibliometric tracking, open access repositories
Media and dissemination content	<b>8</b> articles in magazines, <b>7</b> public media pieces, <b>3</b> videos produced	Media monitoring, press archives, video analytics

Table 6 Main DCE strategy KPIs for the healthRiskADAPT project

## 6 Exploitation Strategy

### 6.1 General Strategy and Ambition

The exploitation strategy of the **healthRiskADAPT** project is designed to ensure the sustained uptake, transferability, and long-term use of the project’s results by relevant public and private stakeholders. It aligns closely with the project’s mission to support climate-resilient health systems and communities through participatory innovation and scientific evidence.

The general ambition is to translate research outputs into scalable solutions and policy-relevant knowledge that can be applied beyond the project duration, at both European and local levels. This includes engaging actors involved in climate adaptation, disaster risk management, public health, civil protection, and urban governance. The exploitation pathway is driven by a collaborative approach involving project partners, stakeholders from the Living Labs, and other beneficiaries of the innovations.

A dynamic and iterative process is planned, starting from early identification of Key Exploitable Results (KERs), through stakeholder co-development and piloting, to validation, adaptation, and final packaging for use and replication.

We present below some basic elements of the envisioned exploitation strategy of the project. The more detailed design of the strategy and its implementation will take place under Task 7.4 but we believe that the below information should be presented briefly in the current document for clarity and as a part of a holistic approach to our considerations for the communication and dissemination activities of the project, given that nothing is, or should be, isolated when it comes to such activities.

### 6.2 Key Exploitable Results (KERs)

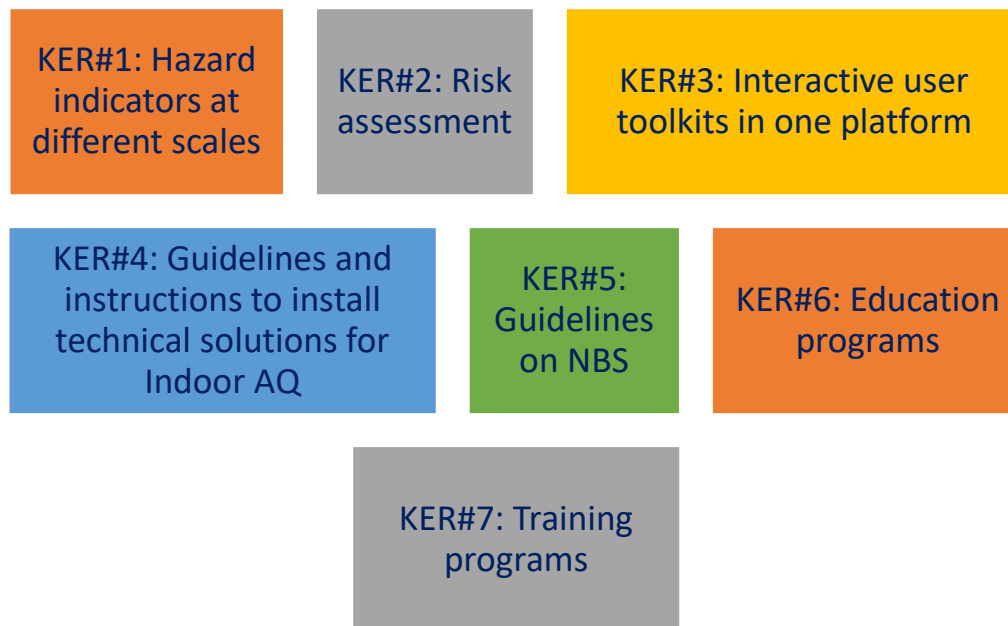


Figure 12 The healthRiskADAPT project KERs



As seen in the Figure 11 above, the **healthRiskADAPT** project has identified a series of preliminary **Key Exploitable Results** (KERs), which will be further refined and validated during project implementation. The following table presents the initial KERs, including a description of each result, its expected impact, and the target groups for exploitation.

**KER #1: Hazard Indicators at different scales**

KER1's elements	Spatial scales	Temporal scales	Possible uses	TRLs
Heatwaves >=5 indicators	-10 km x10 km for whole Europe	Long/term forecast	Knowledge, policy making	6->8
	-100 m x100 m for numbers of cities	Week forecast, hourly	Management, operational, planning (e.g., early warning)	5->7
Air pollution >=3 indicators	-10 km x10 km for whole Europe - 4 km x 4 km for Italy & Norway	3-day forecast, hourly	Knowledge building, policy making, strategic planning	6->8
	-1 km x1 km for numbers of cities -100 m x 100 m for Oslo, Lyon	3-5-day forecast, hourly	Management, operational, planning (e.g., early warning)	5->7
Wildfire emission (>=2 indicators)	-50 km x 50 km for whole Europe	Weekly forecast, hourly	Early warning for emission, planning	5->7
Pollen (>=3 indicators)	Short term forecast: -10 km x 10 km for whole Europe -1 km x 1 km for cities	4-day forecast, hourly	Management & Operational (e.g., early warning for allergy risks)	5->7
	Historical/retrospective data sets -10 km x 10 km for whole Europe -1 km x 1 km for cities	daily, monthly, yearly	Knowledge, policy making, operational, management.	5->7
	future projection of pollen season -50 km x 50 km for whole Europe	one year/one pollen season	Knowledge building, strategic planning	5->7

**KER#2: Risk assessment**

KER2's elements	Possible spatial scales	Temporal scales	Possible use	TRLs
Vulnerability indices in 4 cities	Naples, Lyon, Bern: 1 km x 1 km Oslo: 100 m x 100 m	Same as hazard	Adaptation planning, management, operational by regional/local authorities	5->7
Risk index in 4 cities	Naples, Lyon, Bern: 1 km x 1 km Oslo: 100 m x 100 m	Same as hazard	Adaptation planning, management, operational by regional/local authorities	5->7



**KER#3: Interactive user toolkits in one platform**

KER3's elements	Purposes	TRL
Risk map with Risk indices for indoors and outdoors	-To assess risk and vulnerability at specific scale, understanding which risks are most damaging. – to prioritise and plan adaptation.	5->7
Risk-based early warning	-Early warning of health risk due to air pollutants, allergens, dust and extreme heat. - To forecast health outcomes	5->7
Automated control tool to trigger air cleaning systems	-Automated central air conditioning systems and portable air cleaners control optimization	5->7
CBA- cost-benefit analysis	-To conduct a cost-benefit analysis of adaptation measures, -To rank adaptation options following users' needs, cost-benefit ratios.	5->7
<b>All-in-one interactive dashboard:</b> The interactive dashboard includes Risk map, cost-benefit analysis for users to identify and prioritize actions. The "risk-based early warning" and the "automated control software" can be embedded in the dashboard and/or can be subscription based (e.g., email subscriptions, social media/messaging, ...) and software/firmware update (e.g. smart-thermostats, home-assistant).		5->7

**KER#4: Guidelines and instructions to install technical solutions for Indoor AQ**

KER4's elements- Guidelines and instructions for technical solutions to improve IAQ	USERS / User Interfaces	Impact reduction	TRLs
Evaporative cooling integrated with Electrostatic and mechanical filtering to mitigate heat waves, air pollution and Pollen on schools	Main USERS: Public authorities, building managers, construction industries  -Guidelines and instructions to install solutions  - web API for remote control of mechanical ventilation system through smart thermostats	- Heart and vascular diseases -Allergic diseases -Extreme heat and thermal stress -Dry eyes and irritation of airways -fatigue	5-> 7
central mechanical air ventilation systems with enhanced filtration			5-> 8
home-made Corsi–Rosenthal Boxes to reduce contaminant in buildings	Guidelines and instructions for Users (Households, Students)	-Heart and vascular diseases. -Allergic diseases	6->8

**KER#5: Guidelines on NBS**

KER5's elements- Guidelines on Resilience measures of Nature-based solutions (NBS)	USERS / User Interfaces	Impact reduction	TRLs
Measures at outdoor environment	Main USERS: Public authorities, building managers, construction industries Recommendations & guidelines for public authorities based on the results of resilience measures	-Allergic diseases -Effects of extreme heat and thermal stress on urban populations	5->8
Measures at building level: trees front building, green roofs, improving the comfort of indoor spaces			5->8

**KER#6: Education programmes**

KER6's elements	USERS / User Interfaces	Impact reduction	TRLs
Education programmes for public authorities to raise awareness.	Education lectures, Guidance (user behavior e.g. clothing and ventilation) and raising awareness	-Allergic diseases -Extreme heat and thermal stress.	5->8
Education programmes for students in school ( <i>behaviour change</i> )			5->8

**KER#7: Training programmes**

KER7's elements	USERS / User Interfaces	Impact reduction	TRLs
Training for healthcare professionals	Lectures, Guidance, Knowledge transfer	Allergic diseases, thermal stress	5->8
Public awareness campaigns on Health Emergency Preparedness and Response	Experiences sharing for Health Emergency Preparedness & Response Authority	Allergic diseases, Extreme heat and thermal stress	5->8

Tables 7 Details of the healthRiskADAPT 's KERs with elements

**6.3 Exploitation Plan**

The exploitation and replication of the project results will be developed and implemented in WP7 by UCCRN with the support of all partners and especially from NILU and EILD. UCCRN will be in charge of defining further the project's exploitation strategy, based on the inputs given by all the partners. The business plan is going to be based on the effective exploitation strategy represented by a 3-level approach, as below, aiming to ensure both the immediate uptake and long-term sustainability of its KERs:



### 6.3.1 Level 1- Exploitation by direct end users

End users exploit healthRiskADAPT results for climate resilience planning and a better understanding of climate change related risks. For example, end users in **TG1** (local authorities) can use **KER #1** (hazard), **KER #2** (vulnerability & risk assessments) at fine scales for specific locations, and **KER #3** (risk map, cost-benefit analysis) for short-term planning to reduce the effects of heatwaves and air pollution with **KER #5 - Nature-Based Solutions (NBS) such as green walls, parks, and gardens**. Another example is that end users in **TG4** (e.g. HVAC companies) can use **KER #1, KER #2 and KER #3** to assess the specific risks in specific areas to develop business plans, and follow guidelines in **KER #4** to build technical solutions for air treatments. The direct end users of healthRiskADAPT have 2 levels as follows:

#### (1) Individual/Local Level

At this foundational level, the project targets direct users such as **municipal authorities, local civil protection units, healthcare providers, and community actors**. Through **living labs**, these stakeholders are engaged in co-creation processes that foster ownership of tools, services, and methods developed by the project. This bottom-up approach is critical for real-world integration of adaptation strategies and climate-health risk services.

- ◇ *Purpose*: Support contextualized application of project outcomes in specific local settings.
- ◇ *Mechanism*: A participatory engagement effective via living labs and also tailored training.
- ◇ *Impact*: Immediate use of risk assessment tools and improved preparedness at local level.

#### (2) Institutional/Regional Level

The second tier addresses **institutional and policy actors** such as **regional governments, civil protection authorities, public health agencies, and planners**. The goal here is to integrate the project's outputs into **existing planning and policy frameworks**. This includes promoting the uptake of toolkits, indicators, and evaluation frameworks as part of regular risk governance and health adaptation systems.

- ◇ *Purpose*: Institutionalization and long-term use of KERs in policy and planning.
- ◇ *Mechanism*: Policy briefs, technical guidelines, and also some structured outreach.
- ◇ *Impact*: Structural integration of climate-health adaptation in institutions.

### 6.3.2 Level 2- Exploitation by other stakeholders and third parties at European/Strategic level

At the highest level, the **healthRiskADAPT** project aims to influence EU-level discourse and align with broader strategies such as the Mission on Adaptation to Climate Change, the EU Green Deal, and the One Health frameworks. This is achieved through participation in relevant policy fora, networking with other Horizon Europe and HE Mission projects, and sustaining open access to results via a central Knowledge Hub.

We plan to ensure the long-term viability of **healthRiskADAPT** by nurturing a collaboration framework with the **TG6** (Climate-ADAPT, C3S, European Common Data Space and other relevant initiatives such as CAMS, GEOSS, and JRC).





Furthermore, to maximize the benefits of using the **healthRiskADAPT** solution, a set of findings through **KER#1** (on hazard), **KER#2** (vulnerability & health risk) for policymakers in local (**TG1**), national (**TG2**) and EU (**TG6**) levels will be formulated in a stakeholder-oriented format and report optimized for targeted dissemination and policy purposes. For example, **healthRiskADAPT** will cooperate with existing initiatives Climate-ADAPT, C3S, and EBAS databases, where its datasets, indicators (**KERs #1#2**), toolkits (**KER #3**) can be integrated to provide adequate access for a broader user community to its resources and services. Other European health associations in **TG3** can use **healthRiskADAPT** findings and datasets (**KER #2**) for reports and health assessments or **KER #3**-toolkits (e.g early warning) to implement adaptation measures (**KERs #4, 5, 6, 7**).

- ◇ *Purpose*: Contribution to EU research & policy fields on climate-health risk adaptation.
- ◇ *Mechanism*: Policy engagement, EU-level dissemination, and open data infrastructure.
- ◇ *Impact*: Wider replication, scalability, and legacy of the project's innovation.

### 6.3.3 Level 3- Exploitation by partners

The individual **healthRiskADAPT** consortium member exploitation plans will form part of the project-level exploitation plans. We will explore possible initial commercialization perspectives by leveraging partners' scientific networks and expertise. Attending scientific conferences to introduce **healthRiskADAPT** results (indicators, maps, tools, models, databases, guidelines) developed in the project will be significant for this pathway:

**End user partners as public authorities (NEA-Norwegian directorate of Climate and Environment, Oslo city, Naples city)** : will use the **healthRiskADAPT** framework for policy making purpose in national level (e.g., by national authority as partner NEA) where hazards information of whole country (10km x10km) (**KER #1**), and even other information of vulnerability and health risk (**KER #2**) in cities will be provided to improve insights into short- and long-term health effects of climate. For partners as regional/local authorities (Oslo city, Naples city), the whole platform of **healthRiskADAPT** assessment with interactive toolkits (**KER #3**) can be applied for adaptation planning to access hazard (**KER #1**), assess vulnerability and health risks (**KER #2**), adaptation options (**KERs #4,5,6,7**) with benefits-cost analysis. Cities can use **healthRiskADAPT** early warning system (part of toolkits-**KER #3**) to inform citizens about danger levels of heat, air pollution, wildfire emissions and pollen.

**Environmental & Climate change partners (NILU, UBERN, FMI, ENEA, ATMO, CNR)**: will use the **healthRiskADAPT** framework for further research and innovation activities on: i) hazard modelling: The indicators, modelling methodology (e.g downscaling techniques) provided under WP2 (**KER #1**) will be used for further research, for example, generating information and assessment of heatwaves, air pollutants and pollen under climate change scenarios at different temporal and spatial scales in different locations. ii) climate change adaptation: Moreover, data, indicators (**KER #2**), toolkits (**KER #3**), and adaptation options (**KERs #4,5,6**) generated in **healthRiskADAPT**'s use cases will be used to study and implement adaptation to climate change in other locations.



**Health partners (FHI, ISS, SwissTPH, INSERM):** will use the **healthRiskADAPT** framework for further research and innovation activities on health parts where data and information of hazard (**KER #1**) vulnerability and health risk assessment (**KER #2**) at fine scales will be used for further research to identify integrated health impact under the combination of heatwaves, air pollution (including wildfires) and pollen, for example: premature death and disease among vulnerable groups.

**Socio-Economic science partners (LSE, GAEL, NILU):** will use the **healthRiskADAPT** framework for further research and innovation activities on Social-Economic Dimensions of Climate Change, for example using social vulnerability and adaptive capacity assessment (**KER #2**) to answer the question, how does vulnerability to the negative effects decrease or increase depending on for example health infrastructure, geography, income level, education etc.

**Industry partners (VFA, LUC, SA)** will have a better assessment of climate & risk services to make their business plans. Adaptation options (**KERs #4**) & interactive user toolkits (**KER #3**) that incorporate tailored climate & health information (**KERs #1#2**), for example, to make a plan for building constructions and solutions for IAQ.

**Partners as EU associations and NGOs (HOPE, INCHEs, UCCRN, EILD):** **healthRiskADAPT** directly contributes to the EU Mission Adaptation to Climate Change Implementation Plan with the **whole range of transformative solutions** that can be replicated to other cities. Partners as EU associations, NGO will use **healthRiskADAPT** solutions (**ALL KERs**) to offer the solutions for their members. In addition, environmental and health NGOs can use **healthRiskADAPT** education programme and training (**KERs #6#7**) for public climate communication through their awareness-raising activities.

All the outcomes of the work regarding exploitation activities will be included and reported as individual sections (chapters) in the next updated versions of **D7.1** in **M24** and **M48**.

#### 6.4 Target Stakeholders and Users

The primary stakeholders targeted for the exploitation of the **healthRiskADAPT** project results include actors involved in climate adaptation, public health, disaster risk management, and civil protection. These stakeholders are distributed across local, regional, national, and European levels. As previously described, our project adopts a multi-actor and multi-level approach to ensure that results are actionable and transferable to real-world settings. The “multi-actor” part is defined and further described in the previous **Chapter 4 “Target Groups definition and approach”**.

#### 6.5 Exploitation Timing

Exploitation activities will follow a phased approach that reflects the maturity and readiness level of project outputs. Early engagement during WP2 and WP3 will ensure stakeholder buy-in and identification of specific use cases.

The high-level timeline is as follows:





- **M1–M12:** Identification and validation of KERs and initial stakeholder needs assessment
- **M13–M30:** Co-design, testing, and evaluation of services in Living Labs (WP4)
- **M31–M42:** Outputs refinement, tools packaging, and finalisation of policy recommendations (WP5)
- **M43–M48:** Dissemination of exploitation pathways, replication activities, & handover to the target users

This timeline is embedded in the overall project work plan and aligned with communication and dissemination actions to maximise impact.

## 6.6 Sustainability of Results and Replication

To ensure sustainability, **healthRiskADAPT** focuses on institutional embedding of tools and methodologies within the workflows of public authorities and community organisations. The project will also provide training resources and capacity building to facilitate autonomous use beyond the project's duration.

Replication potential will be addressed through:

- **Open-access technical documentation and guidance materials**
- **Modular and interoperable design of digital tools**
- **Tailored guidelines for different climate-health contexts**
- **Engagement with national hubs and networks (e.g., civil protection forums)**

Demonstrations and pilots in diverse geographies will validate applicability and encourage further scaling by other regions and EU Member States.

## 6.7 IPR and Knowledge Management

All partners will contribute to identifying, protecting, and exploiting the project's results in accordance with Horizon Europe regulations. **EILD**, as WP7 leader, will coordinate the development of a Knowledge Management and IPR Strategy, which outlines responsibilities, procedures, and conditions for access and use of results.

A common framework will be used to categorize results as:

- **Public domain (open-access tools and publications)**
- **Proprietary (software components, data services)**
- **Shared assets (jointly developed methodologies and content)**

The Consortium Agreement includes provisions on joint ownership and exploitation, ensuring a fair and transparent process.





## healthRiskADAPT

### 6.8 Role of Partners in Exploitation

Exploitation responsibilities will be distributed among all partners based on their expertise, stakeholder networks, and type of contribution to project outputs. Each partner will contribute to the refinement and promotion of relevant results, especially those aligned with their domain or geographical focus.

A **joint exploitation workshop** will be held in the final semester of the project to consolidate commitments and explore post-project pathways.

## 7 Visual Identity

The visual identity of the **healthRiskADAPT** project has been carefully developed to ensure a unified, recognizable, and professional appearance across all communication, dissemination, and exploitation materials. This visual identity not only supports the branding of the project but also enhances trust and visibility among target audiences. It adheres to the EU's guidelines on communication and dissemination for the Horizon Europe projects.

The project's visual identity package includes the following elements:

- Official **healthRiskADAPT** logo (in color, black & white, and icon-only formats)
- Microsoft Word templates for project deliverables, letterheads, and EU acknowledgements
- PowerPoint templates for internal and external presentations
- A comprehensive brand style guide detailing colors, fonts, spacing, and usage rules
- A standardized EU disclaimer and visual identifier block for use on all materials

These resources ensure consistency and clarity across project outputs, while enabling all partners to contribute to communication and dissemination efforts in a coordinated way.

The official project logo is shown below:



*Figure 13 Official healthRiskADAPT logo – full color, transparent, monochrome, and monochrome transparent versions*

The project's brand style guide provides detailed instructions for logo usage (including minimum size and exclusion zones), project typography (primary and secondary fonts), the official project color palette, and examples of compliant and non-compliant applications, such as the following. These rules are mandatory for all public-facing outputs and support clear, consistent communication throughout the project life cycle.





## healthRiskADAPT

### 7.1 Logo Usage Guidelines

#### Logo variations

- **Full-colour version:** The logo in its original design, suitable for digital and print materials.
- **Monochrome version:** A grayscale version for use in black-and-white printing or minimalistic designs.
- **Transparent background:** For use over various backgrounds without a visible box.
- **Favicon:** Simplified logo design for browser tabs and app icons (16x16px and 32x32px).

#### Logo placement and sizing

- Always maintain a clear space around the logo equivalent to the height of the "healthRiskADAPT" text.
- Minimum size for digital use: 100 px in width.
- Avoid stretching, rotating, or altering the logo in any way.

#### Examples of proper usage

- Full-color logo on a white or light-coloured background.
- Monochrome logo on a dark background.
- Transparent logo over imagery with sufficient contrast.

#### Examples of improper usage

- Distorted proportions.
- Placing the logo on clashing or overly busy backgrounds.
- Altering the colours or adding effects like shadows.

### 7.2 Colour Palette

#### Primary colours

1. **Green:** #88B04B (RGB: 136, 176, 75 | CMYK: 49, 0, 57, 31)
2. **Blue:** #4F81BD (RGB: 79, 129, 189 | CMYK: 58, 32, 0, 26)

#### Accent colours

1. **Orange:** #F79646 (RGB: 247, 150, 70 | CMYK: 0, 39, 72, 3)
2. **Gray:** #5A5A5A (RGB: 90, 90, 90 | CMYK: 0, 0, 0, 65)

#### Neutral colours

1. **White:** #FFFFFF
2. **Black:** #000000

### 7.3 Typography

#### Primary font

- **Font name:** Lato or Arial
  - Use for headings, subheadings, and emphasized text.

#### Secondary font

- **Font name:** Roboto or Arial
  - Use for body text and general content.





healthRiskADAPT

### Font guidelines

- **Headings:** Bold, 16-24pt.
- **Subheadings:** Semi-bold, 14-20pt.
- **Body Text:** Regular, 11-14pt.

### 7.4 Visual Elements

#### Icons

- Use simple, flat-style icons that reflect the project's themes, such as:
  - Heatwaves: Sun icon.
  - Air Pollution: Cloud with particles.
  - Wildfire Emissions: Flame icon.
  - Pollen and Allergens: Flower or particle icon.

#### Patterns and illustrations

- Abstract, nature-inspired patterns (e.g., leaves, waves) in primary and neutral colours.
- Avoid overly complex or distracting designs.

#### Image usage

- Use high-resolution images that reflect environmental resilience, health, and collaboration.
- Ensure images have a consistent tone and colour grading that complements the brand palette.

### 7.5 Horizon Publicity Guidelines

#### EU Funding Acknowledgement

- **Mandatory Text:**

"This project has received funding from the European Union's Horizon Europe research and innovation programme under grant agreement No. 101157458."

- **Usage:**
  - Include this text on all public-facing materials (presentations, documents, websites, and social media).
  - Place it near the EU emblem.
  - Ensure the text is legible and proportional to the layout.

#### Responsibility disclaimer

- **Mandatory text:**

"Co-funded by the European Union. However, views and opinions expressed are those of the author(s) only and do not necessarily reflect the views of the European Union or CINEA."

- **Usage:**
  - Include this disclaimer in reports, deliverables, and public-facing materials.
  - Add it to the footer of slides, documents, and publications.



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### EU emblem usage

- Always use the official EU emblem provided by the European Commission.
- Include the text: "Co-funded by the European Union" near the emblem.
- Ensure the emblem is not distorted or altered.

### Application across channels

1. **Website:**
  - Add the EU emblem and funding acknowledgement to the homepage footer.
  - Include the responsibility disclaimer on a dedicated legal information page.
2. **Social media:**
  - Use co-funding acknowledgement hashtags (e.g., #EUco-funded, #HorizonEU).
3. **Marketing materials:**
  - Ensure the emblem and funding text appear prominently on posters, leaflets, and event banners.

## 7.6 Application Examples

### Presentation slides

- Title Slide: Full-colour logo at the top left, a green or blue gradient background.
- Closing Slide: EU funding acknowledgement and emblem.

### Document templates

- Header: Full-colour logo and funding acknowledgement.
- Footer: Responsibility disclaimer.

### Social media posts

- Use bold headings in Open Sans and background patterns in green or blue.
- Include EU funding acknowledgement in the text or as hashtags.

## 7.7 File Formats

### Logo files

- **PNG:** For digital use.
- **JPG:** For web use.
- **SVG/EPS:** For scalable vector use in print and design.

### Templates

- PowerPoint (.PPTX)
- Word (.DOCX)
- Social Media Graphics (.PNG, .JPG)

Templates for Word and PowerPoint have been distributed to all partners, are hosted on the project's shared drive and are presented below. These include:

- Deliverable template with cover page, document control table, and section styling
- Letterhead template including contact block and EU funding acknowledgement
- Acknowledgement form for public events and third-party usage of project visuals
- Slide decks for general project presentations and technical reports





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**User-driven health Risk Assessment Services and Innovative ADAPTation options against Threats from Heatwaves, Air Pollution, Wildfire Emission and Pollen**

Document title.....

Deliverable DXX.XX

Dissemination Level: .....

Topic: HORIZON-MISS-2023-CLIMA-01-03  
Project Period: 01.11.2024 to 31.10.2028

Lead Participant: .....

Due Date of Deliverable: ..... Actual Date of Submission: .....

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**Deliverable Description**

Deliverable Title	.....
Deliverable Number	DX.Y
Work Package	WPXX
Associated Task	TXX.XX
Covered Period	MXX-MXX
Due Date	MXX
Completion Date	MXX
Submission Date	DD/MM/YEAR
Deliverable Lead Partner	.....
Deliverable Author(s)	.....
Version	XX.XX

**Dissemination Level**

PU	Public, fully open, e.g., web (Deliverables flagged as public will be automatically published in CORDIS project's page)
SEN	Sensitive, limited under the conditions of the Grant Agreement
EU-R	EU RESTRICTED under the Commission Decision No2015/444
EU-C	EU CONFIDENTIAL under the Commission Decision No2015/444
EU-S	EU SECRET under the Commission Decision No2015/444

**Document History**

Version	Date	Change History	Author(s)	Organisation
0.1	DD/MM/YEAR	Initial Version	.....	.....
0.2	DD/MM/YEAR	Monitoring & Reporting	.....	.....
1.0	DD/MM/YEAR	Final Version	.....	.....

**Distribution List**

Date	Issue	Group
DD/MM/YEAR	Submission	European Commission

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Figure 14 Deliverables template document



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**Acknowledgment Guidelines for healthRiskADAPT Publications**

When publishing results from the healthRiskADAPT project, please include the appropriate acknowledgment based on your institutional affiliation and funding source.

**1. Publications by Authors from Regular Project Partners**

The work was supported by the European Union under the healthRiskADAPT project, "User-driven health Risk Assessment Services and Innovative ADAPTation options against Threats from Heatwaves, Air Pollution, Wildfire Emission and Pollen" (Grant ID: 101157458).

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**2. Publications by Authors from Associated Partners (SwissTPH, UC Berkly, UNSYD, and LSE)**

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Figure 15 Project Letterhead and Guidelines for publications



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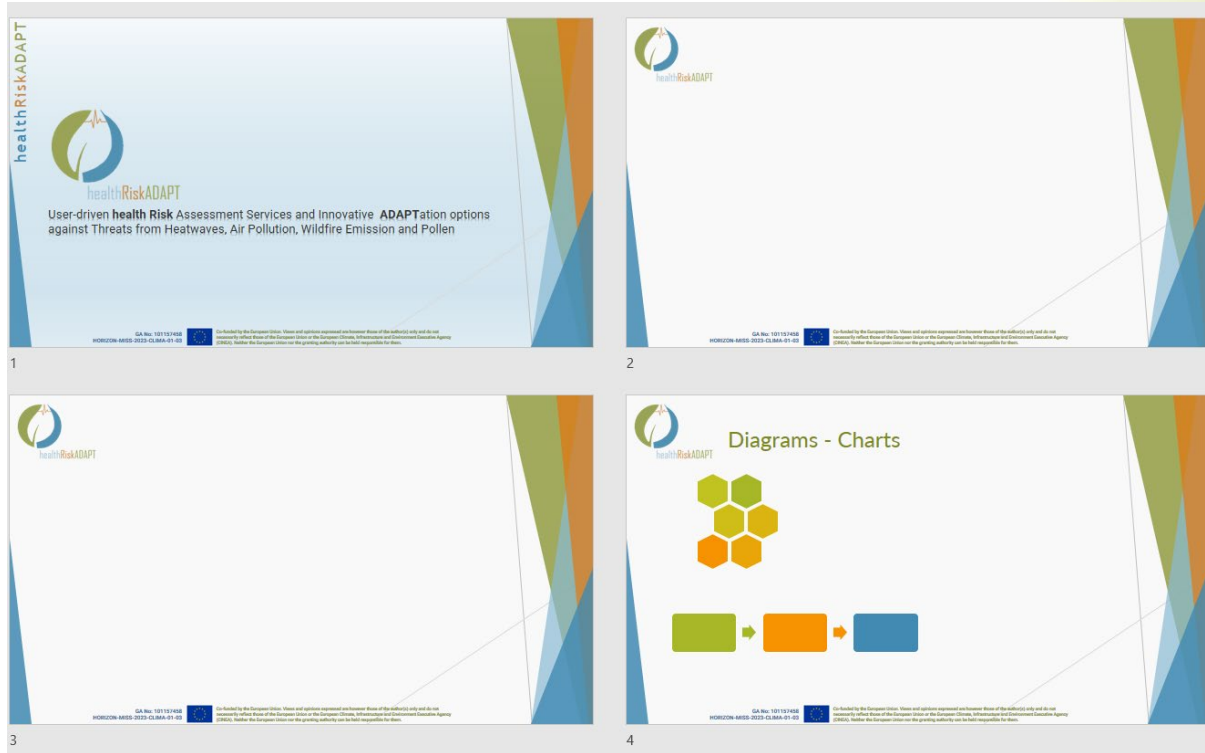


Figure 16 Project presentation template

A visual compliance check will be performed at each major project milestone by the WP7 lead to ensure adherence to the visual identity rules. The official EU disclaimer is also embedded in every template, ensuring legal and visibility compliance under the Grant Agreement.

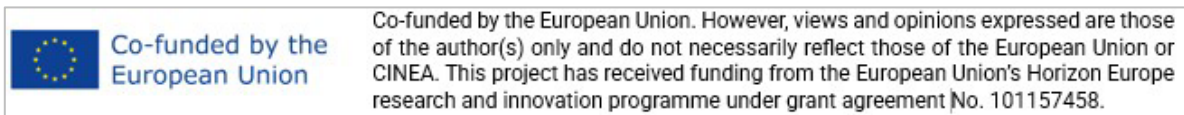


Figure 17 EU disclaimer

Visual identity materials will continue to evolve throughout the project as needed, based on partner feedback, audience reception, or updated EC guidelines. Any changes will be circulated by the WP7 leader to ensure all consortium members are aligned.



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## 8 Conclusion

This DCE Plan outlines a comprehensive and integrated strategy for the communication, dissemination, and exploitation of the results of the **healthRiskADAPT project**. It reflects the project's strong commitment to transparency, stakeholder involvement, and long-term impact across sectors and geographies.

The strategy ensures that project outputs reach key target groups—ranging from public authorities and health professionals to vulnerable communities and citizens—through a variety of channels and tools. It places particular emphasis on co-creation, local engagement via Living Labs, and alignment with major EU policies such as the Mission on Adaptation to Climate Change.

By leveraging diverse communication formats, rigorous stakeholder mapping, continuous KPI tracking, and structured exploitation pathways, **healthRiskADAPT** aims to maximise its scientific, societal, and policy contributions beyond the life of the project. All partners are actively involved in delivering these DCE actions, ensuring a unified voice and a broad outreach for the innovations developed under the project.

This plan will remain a living document and will be updated periodically to adapt to new opportunities, lessons learned, and evolving stakeholder needs throughout the project duration. To this end, we should note that the further updates of this document in **M24** and **M48** will include, in individual chapters, the fully analytical reporting from **Task 7.2** (*Communication Campaigns*), **Task 7.3** (*Networking with other projects and existing initiatives*) and **Task 7.4** (*Exploitation and replication of the project results*). In this way, the reviewer will have the chance in the intermediate and the final version of the current deliverable to form a comprehensive understanding of **WP7**, its activities, and its results.



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