



TeleRehab

D8.1 – Project presentation material

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Abstract

This document explains the first communication actions carried out by the TeleRehaB project. It involves the launching of the principal digital tools: TeleRehaB public website as the main point of information and social media channels that will serve to disseminate the project activity and to launch specific campaigns with the aim of attracting the attention of key stakeholders towards the project ecosystem. In addition, the first promotional and informative materials are presented, serving the consortium to spread the TeleRehaB challenges during the initial phase of the project.

Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation, or both.

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About this deliverable

This document represents the first deliverable of the Task 8.1: Dissemination and communication activities. The second deliverable related with this task will be the D8.2 – Dissemination and communication activities plan, which will provide a concrete plan of the whole D&C strategy (global and local) considering each phase of the project life. Having in mind that this deliverable is submitted in M6, the status of the actions presented along this document will be updated.

1 Introduction and specifications

During the first period of the project the dissemination and communication (D&C) efforts will be focused on creating awareness about the TeleRehaB mission, challenges, expected impact among the variety of stakeholders and final users that will take part in the TeleRehaB community.

In this respect, the project webpage will be the main digital point of information, acting as an open space for a wide audience with the purpose of maintaining all targets updated about the project progress.

A user-friendly design and interaction guidelines have been implemented to facilitate the user navigation through the website. Of course, TeleRehaB brand has been applied to create the website look and feel as well as the elements that are included such as graphs, infographics, timelines, etc. The visual identity and the elements that compose the TeleRehaB brand will be explained deeply in the next deliverable (D8.2) related to this task.

TeleRehaB webpage is responsive design which means visitors can visualize the content in any digital device in a proper way. Multilanguage option will be evaluated in the Clinical Study section so the audiences at local level can understand the experiments and this action can enhance the patient recruitment phase.

TeleRehaB website will be used just for external communication purposes. The TeleRehaB Consortium is already using the Basecamp tool as project repository for sharing information at internal level.

The following section explains the status and components of the first version of the project website which is accessible through the following link:

www.TeleRehaB-project.eu

2 TeleRehaB website content

The following structure has been defined to offer the project audiences key information about the project during the initial phase of the project. Naturally, the content will be updated according to the progress of the project to showcase the achievements and results obtained.

2.1 Home – Landing page

In this section the users can visualize brief information regarding the project, and they are invited to continue reading through a *Call-to-Action* button jumping to the section *About* where the objectives and the expected impact of the project are explained.

The main banner on this landing page will be dynamic and it will be used to promote other sections of the sites and/or specific D&C activities such as webinars/workshops, events' promotion, social media campaigns, etc.

Several elements are static and appear in every section of the website:

- 1) The header with the main menu and the links to the social media networks.
- 2) The newsletter subscription area, where the audience will be added to the TeleRehaB database for receiving regular communications from the project by entering their email address.
- 3) The footer including the navigation panel, the privacy and legal notice and the acknowledgement message as an EU funded project.

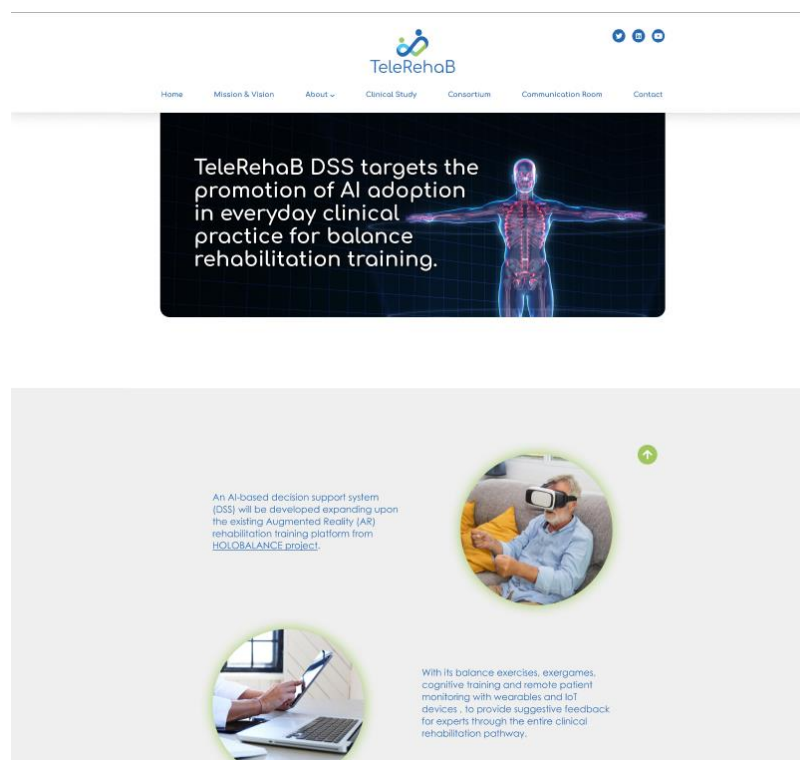


Figure 1 – Homepage section

2.2 Mission and vision

The TeleRehaB statement is included in this area merging the project purpose, values, and ambition for improving rehabilitation of patients with balance disorders thank to the usage of a Decision Support System based on advanced digital technologies.

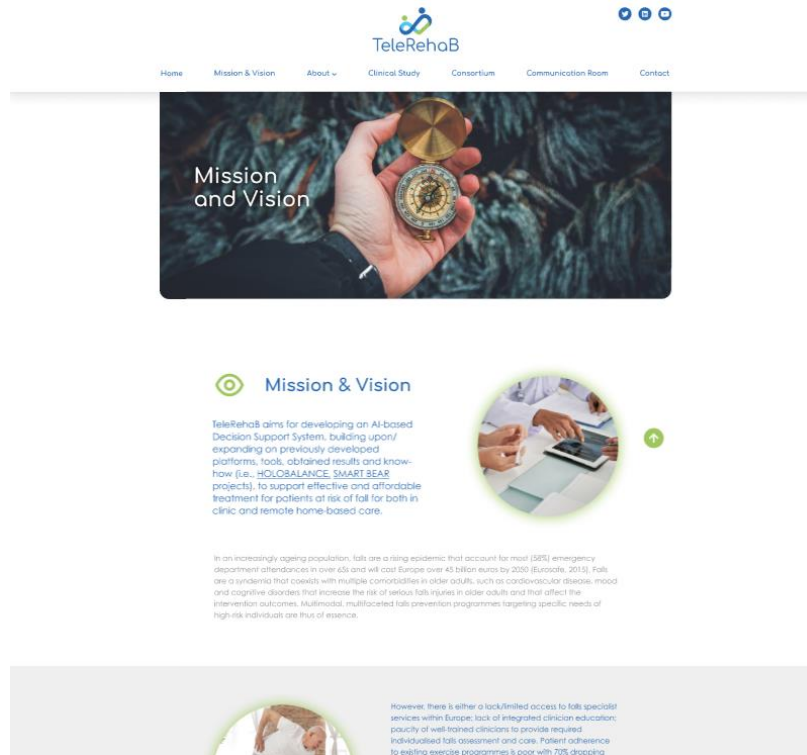


Figure 2 – Mission and vision section

2.3 About

This section is including:

Objectives and Impact. The main goals of the project as well as the expected impact applied to the variety of actors across the healthcare ecosystem is displayed in this area.

Governance. The HORIZON EUROPE projects funded by the European Commission follow a singular structure and methodology, this section is showing the Work Packages and tasks distribution and the interaction between them to run the project properly.



Figure 3 – Impact and governance section

2.4 Approach and clinical study

This section reflects how the project is going to achieve its goals by creating a technological platform for remote monitoring, and the crucial role of the DSS development that will support, both clinicians and patients, to improve the rehabilitation process of the TeleRehab population.

As a core area of the project the clinical study is presented including the explanation of the Active/Control intervention and the devices that will be used to monitor the patients in connection with the platform.

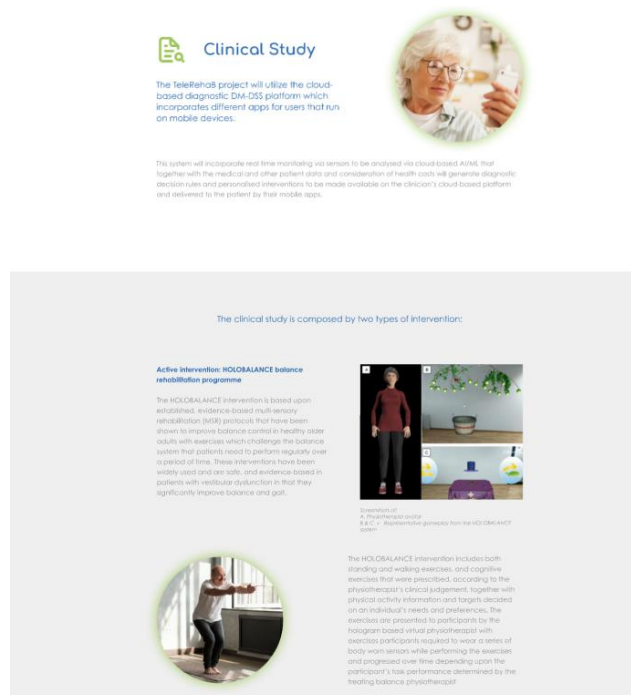


Figure 4 – Clinical study section

2.5 Consortium

Thanks to this section the audiences will be able to see the variety of the partners that compose the consortium and how powerful it is for potential collaborations.

In a grid format all partners appear showing the complete partner's name, affiliation logo and the link to the official webpage of the organizations.

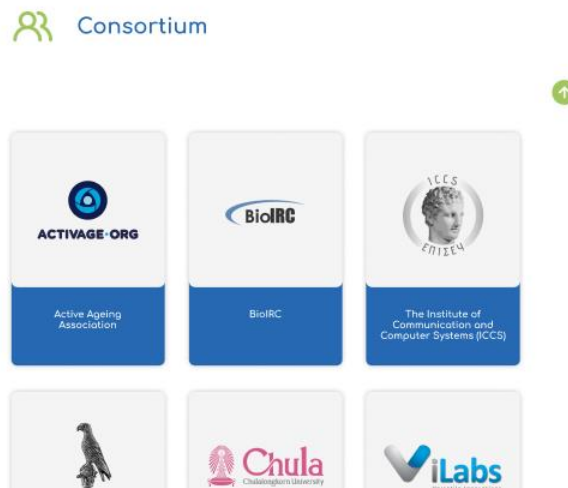


Figure 5 – Consortium section

2.6 Communication Room

By navigating through this section, the users will be informed about the latest news and outcomes produced by the project consortium.

News. In this section highlights about the project meetings, events attendance, and collaborations with other projects/initiatives will be displayed.

Public deliverables. Those deliverables categorized as Public will be available in this section to be downloaded.

Downloads. The marketing materials, both digital and audio-visual, produced by the consortium will be published here.

Once the project members start to produce scientific and informative **Publications** a new section will be enabled in this tab. All publications made in journals, conferences, magazines and chapters in books will appear here. The link to the source where the article will be placed in Open Access (accomplishing with the EC guidelines) will be attached.

2.7 Contact

This section has been enabled for the audiences to have an easy communication channel with the project managers. They will have the opportunity to be in contact with the project managers, either by sending a direct mail (contact@telerehab-project.eu) or by filling in the form with a concrete request. The coordination team will attend to these requests in order to canalize them through the consortium to evaluate possible collaboration opportunities.

2.8 Website impact indicators (KPIs)

It is crucial to monitor the user's behaviour to assess the interest that the webpage is generating, especially when campaigns or special actions are being developed within the project.

This means to evaluate the number of visitors and their behaviour during their navigation experience. This will be made with the Google Analytics tool which is already activated for the TeleRehaB URL.

The following KPI in terms of visitors are stated in the DoA, and its performance will be evaluated in the D&C deliverables' reports.

Number of unique visits to the website #2.000 per year

3 Social media accounts

The use of social media channels (Twitter, LinkedIn, and YouTube) is very relevant for the TeleRehaB project. Social media channels help to reach wider audiences with no geographical limitations and at a very low cost. They also allow and further promote engagement from the community through their interactive nature (e.g., twitter: comments on posts/retweets/likes; LinkedIn likes/reposts/groups discussions.)

A social media engagement plan will be carried out in coordination with the partner members, and it will be explained in detail in D8.2 – Dissemination and communication activities plan. Specific campaigns will be designed by the D&C task leader to be distributed across the consortium with the aim of multiplying its effect taking advantage of the consortium networks.

3.1 Twitter

Twitter is the preferred social network for TeleRehaB project as it is a public communication channel with a continuous flow of information in real time where global and local audiences can be reached, generating impact and immediate reactions.



Figure 6 – Twitter TeleRehaB account

TeleRehaB account has been recently launched and it will be updated at least three times per week in order to maintain a continuous communication with our audiences. The posts will be created considering "the perfect Tweet rule":

- @ Mention people whenever you can
- Including #TeleRehaBProject hashtag (plus selected #s for each of the social media campaigns)
- Include an image or link to enrich the post

ACT will be the member in charge to oversee the management of the general feed of the channel, posting information about the project's regular activity. As a first step a battery of tweets introducing the project will be produced and shared within the consortium. Additionally, connection with the main organisations and entities included in the TeleRehaB network, and outside the consortium, will be done to interact and participate on the debates generated around key topics of the project.

Moreover, specific campaigns will be produced according to the project needs. During the WP8 teleconferences all participants will be asked to update about the individual actions planned in terms of communication, such as conference attendance and/or local networking sessions. With this information a calendar will be developed to contact the representatives in advance so they will be able to provide information about their participation, including images and statements.

Hashtags will be used to highlight key words and attract relevant audiences. The main hashtag (#TeleRehaBProject) will be included in all social media messages and specific ones will be created for specific campaigns. In this way, social media campaigns will be monitored through "hashttracking.com" to analyse the impact of social media activities and to further adapt future campaigns.

3.2 LinkedIn

LinkedIn is a key communication channel amongst professionals working in the field of healthcare and active and healthy ageing. Due to this, it is being used as one of the tools to distribute messages for each of the social media campaigns within the TeleRehaB project target audiences.

A LinkedIn account is already created to connect with external stakeholders and to provide a space for online discussion and visualisation of important materials related to the TeleRehaB project.

The posts on this channel will include the project activity, articles generated by the partners and the proactive interaction with actors that can be relevant for the TeleRehaB community enlargement. Twitter and LinkedIn will be used simultaneously to cover the whole spectrum of key targets and the initial campaigns will be also launched though this channel.

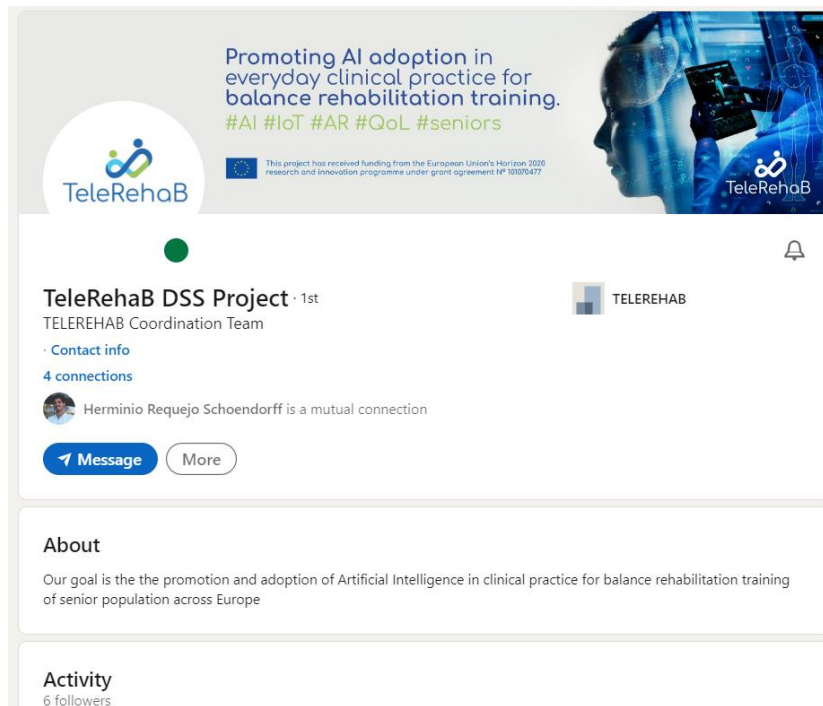


Figure 7 – LinkedIn TeleRehaB account

3.3 YouTube

A TeleRehaB YouTube channel will be set up as a repository to upload those videos produced by the project consortium. It will form an important part of the TeleRehaB communication and dissemination strategy as videos are an extremely effective tool in getting people's attention and transmitting key project messages.

The audio-visual materials produced will be directly linked with the TeleRehaB website and posted on other social media channels (Twitter/LinkedIn) to maximise their visibility. ACT will oversee managing the project YouTube channel and selecting the videos that should appear there.

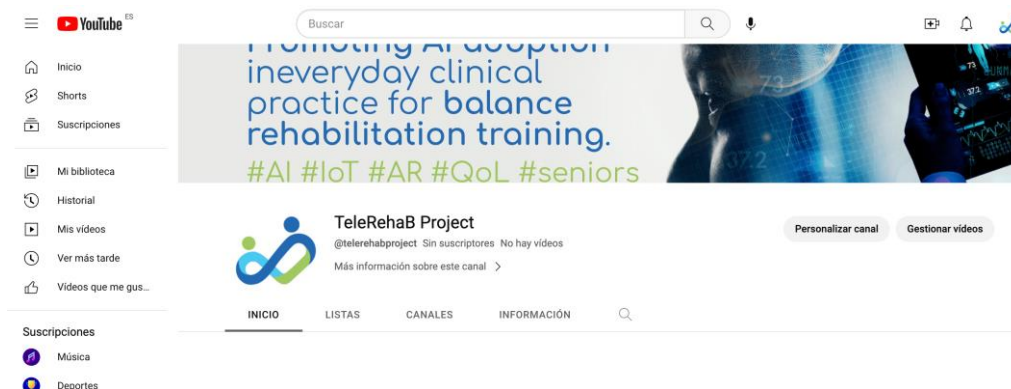


Figure 8 – LinkedIn TeleRehaB account

3.4 Social media impact indicators (KPIs)

The activity will be regularly monitored to analyze the progress of the social media activity and apply corrective actions if needed.

Number of Twitter and LinkedIn followers #3000 (whole project duration)

4 TeleRehaB communication materials

Having a professional set of printed and audio-visual materials is so relevant for the project members to transmit the potential of TeleRehaB among the target audiences in the variety of meetings and events that the consortium will attend.

These materials will be adapted depending on the phase of the project. During this initial period the communication kit available for the consortium members consists in a poster, an overview presentation, and a summary report.

The content is focused on showing the following thematic areas and some examples can be found below:

- Project ambition
- Main challenges
- Clinical study approach
- Expected impact
- Key project data: partners, countries, funding, and contact



TeleRehaB

TeleRehaB DSS targets the promotion of AI adoption in everyday clinical practice for balance rehabilitation training.



The poster is a blue-themed infographic. At the top, it specifies the call number 'Call: HORIZON-HLTH-2021-DISEASE-04' and 'Type of Action: HORIZON-RIA', along with dates '1st December 2022 to 31st November 2025'. A central map of Europe highlights five countries: Germany (IUGLFR), UK (UCL), Spain (Rovira De Prode), Greece (NKLIA), and Thailand (NCMH). A circular graphic indicates '5 COUNTRIES' and '5 COUNTRIES'. Text on the right describes an 'AI-based Decision Support System (DSS)' that will be developed on an existing 'Augmented Reality (AR) rehabilitation training platform', including balance exercises, exergames, cognitive training, and remote patient monitoring. A target graphic shows '6M€ EC GRANT' on both sides. Below the map, four numbered points outline the project's ambition: 1. Adaptable and expandable web-based and cloud platform and mobile phone apps; 2. AI model at the back end that will provide patient-specific and cost-effective interventions; 3. AI model for exercise progression and patient motivation; 4. Disease specific toolboxes: intervention outcome measures, meta-analysis, instructional videos. The bottom section features logos of consortium partners: UCL, Stride, NVA, QUANTITAS, UNIVERSITY OF ALBANY, Guy's and St Thomas NHS Foundation Trust, GOSD, SUPCALISTAR, HELIOS-BERLIN, National and Kapodistrian University of Athens, and ACTIVAS ORG. The footer includes the main contact 'Prof. Demis Kouzoumis, IC23 dkouz@ucl.ac.uk', the website 'www.telerehab-project.eu', social media icons for Twitter, LinkedIn, and YouTube, and the European Union flag.

Figure 9 – TeleRehaB poster

OVERVIEW PRESENTATION

TeleRehaB DSS targets the promotion of AI adoption in everyday clinical practice for balance rehabilitation training.



The project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement 101027747



TELEREHAB PROJECT OBJECTIVES

- To conduct a systematic review of existing evidence about AR interventions and digital tools for falls and balance physiotherapy
- Develop innovative AI models from the complex multifactorial falls/balance disorders data and related socioeconomic costs
- Develop AI-based predictive analytics for treatment outcomes, side effects and adverse events at baseline and throughout the entire duration of the intervention.
- Develop and validate an economic model to calculate cost-effectiveness of treatment considering availability of resources in different healthcare settings



3 TELEREHAB Overview presentation | March 2023

Figure 10 – TeleRehaB overview presentation

TeleRehaB DSS

Telerehab Clinical Study and expected impact

The clinical study is composed by two types of intervention:

Active intervention: HOLOBALANCE balance rehabilitation programme

The HOLOBALANCE intervention includes both standing and walking exercises, and cognitive exercises that were prescribed, according to the physiotherapist's clinical judgement, together with physical activity information and targets decided on an individual's needs and preferences. The exercises are presented to participants by the hologram based virtual physiotherapist with exercises participants required to wear a series of body worn sensors while performing the exercises and progressed over time depending upon the participant's task performance determined by the treating balance physiotherapist.

The technical components of the home based HOLOBALANCE system:

In the TeleRehaB Decision Support System the platform will decide which patient will benefit most by performing all components of the HOLOBALANCE intervention consisting of TeleRehaB DSS delivered/progressed balance exercises with/without:

- The AR avatar and feedback
- Augmented Reality gamified intervention
- Sensor monitored exercise performance
- Cognitive training

Control intervention

The comparator will be based on:

- OTAGO Home Exercise Programme for those patients who report falls/are at risk of fall. The OTAGO is a progressive strength and balance training programme provided by a workbook with written instructions and pictures for each exercise.
- Booklet based vestibular rehabilitation for those people with chronic dizziness/imbalance without falls/risk of falls that is a validated and widely used intervention for vestibular disorders.

TeleRehab DSS 3

Figure 11 – TeleRehaB summary

4.1 Communication materials impact indicators (KPIs)

The D&C will consider the production of all the material stated in the DoA as follows:

TeleRehaB DSS flyer, poster and rollup #1 per type

5 Conclusions

All the information contained in this document is just the first step of the D&C strategy that will be carried out by the consortium as whole. As commented the D8.2 will follow, with more concrete plans to ensure that the project activities and outcomes are widely spread among the appropriate target communities, at appropriate times, via appropriate methods, as well as to identify potential contributors to the development, evaluation, uptake, and exploitation of TeleRehaB results, and encouraging participation on a systematic and regular basis.