Human - Centric Indoor Climate for Healthcare Facilities

HumanIC

MS15

Public Engagement Strategy

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1.0	Anna Bogdan	WUT	17.11.2025	Version approved by SB

Table of content:

List of abbreviations

DC	Doctoral Candidate
D6.2	D6.2 Plan for the dissemination and exploitation of results, including communication activities

1 EXECUTIVE SUMMARY

This Public Engagement Strategy defines how HumanIC communicates and interacts with its diverse stakeholders to maximise the societal relevance, visibility and uptake of its results. Closely aligned with *D6.2 Plan for the dissemination and exploitation of results, including communication activities*, it translates the broader dissemination framework into a targeted approach focused on societal outreach, stakeholder involvement and effective knowledge transfer.

HumanIC aims to establish model with paradigm of human-centred indoor climates in healthcare facilities by advancing the understanding of airflow, contaminant behaviour and environmental control. Since these outcomes influence patient safety, staff wellbeing, clinical operations and engineering practice, public engagement is essential to ensure that project results are accessible, visible, trusted and useful.

The strategy identifies and categorises all major stakeholder groups and defines tailored engagement modes: informing, consulting, involving and collaborating. It summarises the types of information produced by the project, from measurement data and predictive tools to training resources, guidelines and outreach materials.

The communication principles include adapting language to audience needs, ensuring accessibility, using multiple channels and preventing information overload, supported by a dedicated set of tools for each stakeholder group, from the project website, ORTP and social media to workshops, open days, scientific conferences, industry and hospital visits and co-creation activities such as the REHVA Guidebook. Monitoring and adaptation rely on quantitative and qualitative indicators defined in D6.2, combined with quarterly reporting to the Supervisory Board, ensuring continuous improvement, alignment with MSCA requirements and effective responsiveness to stakeholder feedback.

Overall, the strategy ensures that HumanIC knowledge and innovations are effectively shared with all relevant audiences and that engagement activities contribute meaningfully to the project's impact and long-term value.

Milestones and deliverables:

Milestone No	Milestone Name	Lead Beneficiary	Means of Verification	Due Date (month)
15	Public engagement strategy	UC	Document uploaded to website	24

1.1 Objectives

The goal of the HumanIC project is to establish a human-centred indoor climate in healthcare facilities by integrating advanced understanding of airflow, contaminant dynamics, environmental control and improving infection control, thermal comfort, safety and energy efficiency in hospitals. The core of the project lies a clear principle: improved healthcare environments lead to better outcomes for patients, staff and society.

Involving wider society enhances both the relevance and the impact of the research. Engagement with healthcare professionals, patients, engineers, students and community groups strengthens the value of the project's work and supports the uptake, understanding and trust in the innovations developed within HumanIC. Through meaningful public engagement, the project aims to ensure that the benefits of human-centred environmental control are widely shared, and that all stakeholders can contribute to, participate in and ultimately benefit from the advances generated in HumanIC.

Objectives of the HumanIC Public Engagement Strategy:

I. **Build and promote sense of shared endeavour by making human-centred environmental concepts understandable and relevant to society.**

The findings of HumanIC, addressing air quality, safety and comfort in healthcare facilities, directly influence the lives of patients, staff and surrounding communities. The strategy aims to ensure that HumanIC is perceived as a collective undertaking whose results are useful, transparent and trustworthy.

II. **Ensure wide dissemination of benefits by supporting collaboration and recognising diverse forms of knowledge and experience.**

Progress in ventilation, occupational safety and environmental control is achievable only through cooperation among engineers, clinical staff, policymakers, professional bodies and user communities. HumanIC promotes co-creation by integrating scientific expertise with the practical knowledge of hospitals, laboratories and industrial partners to ensure that project outcomes respond to real operational needs.

III. **Create opportunities for all by inspiring and engaging the next generation of researchers, engineers and practitioners in healthy-building technologies.**

Students, doctoral candidates and young people are the future designers, researchers and users of building environmental systems. HumanIC will inspire and involve them through outreach activities, showing that innovation in air quality and safety is accessible, relevant and offers tangible opportunities for professional and societal development.

1.2 Organisation of the document

Public engagement is a fundamental element of the HumanIC project, designed to ensure long-term societal impact in areas of public health, safety and the built environment. Effective engagement guarantees that project outcomes are visible, well understood and practically applicable, while fostering interaction among researchers, clinical practitioners, engineers and the wider public.

For non-academic audiences, these activities build awareness of how indoor environments influence recovery, safety and wellbeing. For researchers, they offer opportunities to validate methods, test assumptions and tailor innovations to real-world needs.

The societal relevance of HumanIC is substantial. Indoor air quality, ventilation performance and environmental monitoring in hospitals directly affect infection risk, staff wellbeing and patient outcomes. The project's technologies and methodologies will contribute to safer clinical environments, more resilient building systems and more energy-efficient operational practices. They support EU and national priorities concerning healthy buildings and sustainable healthcare. By advancing approaches to airflow control, and enhanced monitoring, HumanIC will help hospitals respond more effectively to current and emerging public-health challenges.

The project brings together universities, research centres, hospitals and industrial partners across multiple scientific and engineering disciplines. This collaborative framework ensures that diverse perspectives - from clinical workflows to building operations - inform the research. Through the continuous involvement of users and stakeholders, HumanIC aims to facilitate direct translation of generated knowledge into practice.

Developing a project-specific public engagement strategy therefore requires addressing several key questions:

1. Who are the relevant stakeholders, why are they interested, and what expectations or perceptions do they hold?
2. What information can the project provide?
3. How should information be disseminated with regard to language, accessibility, information density and preferred communication channels?
4. How should stakeholders be approached and involved in an appropriate and constructive manner?
5. What does the project expect from stakeholders?

The following sections of this document provide answers to these questions.

2 STAKEHOLDER ANALYSIS

A systematic analysis of stakeholders, their roles, needs, level of engagement, expectations and potential barriers, covered clinical, technical, academic, industrial, institutional and community groups. For each group, answers were defined to three key questions: *Who are they? Why might they take an interest in the HumanIC project? What expectations or perceptions might they hold regarding the project?*

Table 1. Stakeholders of HumanIC

Target group	Who are they?	Why might they take an interest in the HumanIC project?	What expectations or perceptions might they hold regarding the project?
1.1 Healthcare Researchers	Researchers specialising in quality of care, infection control, epidemiology, occupational ergonomics and hospital environmental studies.	HumanIC generates new data on airflow behaviour, pollutant exposure, operator activity and HVAC system performance, all of which are directly relevant to their research.	• Access to robust experimental data and analytical tools. • Opportunities for co-authorship. • Translation of results into clinical practice. • Transparency of research methods and outcomes.
1.2 R&D Teams	Teams developing new HVAC technologies, medical devices and environmental monitoring systems.	HumanIC develops innovative algorithms and models that can be adapted for future products.	• Access to demonstrators and test results. • Opportunities for collaboration in commercialisation. • Clear pathways for technology deployment. • Predictable regulatory conditions.
1.3 Students and Doctoral Candidates	Participants in academic education, including the 11 HumanIC doctoral fellows.	The project provides a platform for developing research skills, publishing and engaging in international collaboration.	• Access to OR laboratories. • Training, mentoring and ORTP materials. • Opportunities to participate actively in conferences. • Real-world application of research findings.
2.1 Hospitals and Healthcare Facilities engineering staff	Institutions providing medical care, where ventilation systems and HumanIC technologies can be tested.	Improved air quality and intelligent control reduce hospital-acquired infections and enhance working conditions.	• Reliable, practical solutions. • Enhanced epidemiological safety. • Recommendations feasible within budget constraints. • Minimal disruption to clinical workflows.
2.2 Medical Staff	Healthcare professionals working in high-risk	Environmental conditions directly affect workplace safety,	• Intuitive, low-burden control systems. • Practical support in

	environments, including medical staff.	thermal load, comfort and infection risk.	daily tasks (ergonomics, thermal comfort). • Removal of barriers such as noise, draughts and temperature fluctuations. • Inclusion of their perspective in system design.
2.3 Patients and Care Recipients	Individuals receiving medical care, including patients in operating rooms, intensive care units and laboratories.	Better environmental conditions increase the safety of their treatment.	• Reduced risk of infection. • Higher comfort and less stress. • Greater transparency regarding hospital safety measures.
3.1 HVAC Companies	Manufacturers of air-handling units, filters, air-disinfection devices and control systems.	They can implement HumanIC solutions as new functionalities in their products.	• Data supporting system design. • Opportunities to test products in OR Lab conditions. • Use of research outputs in industry standards.
3.2 HVAC Engineers	Professionals responsible for designing, commissioning and operating hospital ventilation systems.	HumanIC provides knowledge for designing more efficient, adaptive and safe services.	• Technical guidance and standards. • Implementation examples and best practices. • Data on airflow and contaminant behaviour in ORs. • Educational tools and training.
3.3 Manufacturers of Medical and Environmental Monitoring Equipment:	Companies developing particle counters, IAQ sensors and autonomous measurement robots.	HumanIC tests their devices in demanding clinical environments.	• Validation data. • Opportunities to co-develop new functionalities.
4.1 Government Agencies and Health Ministries	Institutions setting safety standards and legal regulations.	HumanIC results can inform health policies on IAQ, ventilation and infection control.	• Credible scientific recommendations. • Materials supporting legislative processes. • Evidence of the effectiveness of proposed solutions.
4.2 Standardization Organizations	Bodies responsible for developing technical guidelines and standards.	HumanIC provides up-to-date measurement data from real hospital environments.	• Data supporting standard revisions. • Expert collaboration. • Opportunities for co-authoring guidelines and technical documents.

5. Managers and administrators of healthcare facilities	Decision-makers responsible for technology selection and investment planning.	Airflow control can reduce energy costs and enhance safety.	• Clear cost–benefit models. • Straightforward implementation processes. • Regulatory compliance. • Data to support strategic planning.
6. Public and Non-Governmental Organizations (NGOs)	Patient associations and health- and environment-focused organisations.	They advocate for high indoor-air quality and safety in public spaces.	• Accessible information materials. • Reliable evidence on health impacts of IAQ. • Inclusion in public debate.
7. Media and Public Awareness Initiatives			
8. Occupational Health and Workplace Safety Organizations	Units assessing occupational risks for medical staff.	HumanIC provides data on exposure to particles, aerosols and thermal loads.	• Clear recommendations to improve workplace safety. • Opportunities to introduce new procedures and standards. • Training materials.
9. Local community and patients	Residents, patient families, students and individuals visiting healthcare facilities.	HumanIC influences the quality of the environment in which they receive healthcare.	• Transparency of hospital practices. • Improved safety. • Access to accessible educational materials (ORTP, open days).

Division of stakeholders according to engagement levels: inform – consult – involve – collaborate. Justification of this segmentation and description of the approach to each group, taking into account their competencies, motivations and communication needs is presented in Table 2.

Table 2. Stakeholders Engagement Levels

INFORM	CONSULT
Purpose: dissemination of knowledge, reports and research results; awareness-building and education **Groups:** • Patients and care recipients • Families of patients • Local community • Primary and secondary school students • General and specialist media • Science-communication and outreach initiatives • Environmental and ecological organisations • Workplace Safety Agencies	**Purpose:** obtaining stakeholders' opinions, feedback, needs and expectations; validating research directions. **Groups:** • Medical staff: physicians, nurses and clinical personnel • Hospital and building administration • Public and private healthcare-sector management • Standardization organizations • Environmental and IAQ NGOs • Ergonomics and well-being consultants • Occupational health NGOs

• Patient advocacy groups **Justification:** These groups require reliable and accessible information about the project, but they are not directly involved in the research process or in decision-making.	• Hospital managers **Justification:** These groups provide valuable practical and regulatory knowledge that shapes the development of HumanIC solutions, while not being part of the daily research work.
INVOLVE **Purpose:** active participation in workshops and demonstrations; integration of their practical expertise. **Groups:** • Hospitals and healthcare facilities • HVAC engineers • HVAC companies as users and implementers • Manufacturers of environmental and medical monitoring equipment • Research and R&D teams • Workplace safety agencies • Patient advocacy groups **Justification:** These entities are essential for testing, and developing practical recommendations. Their involvement is more active and operational compared with the *consult* group.	**COLLABORATE** **Purpose:** co-creation of knowledge, projects, guidelines, prototypes and publications, as well as joint decision-making within the project. **Groups:** • Academic and research institutions • R&D teams • HumanIC industrial partners • Policymakers and health ministries • Standardization bodies • REHVA as a key partner • University hospitals **Justification:** These are the most deeply engaged stakeholders, jointly shaping the outputs, guidelines, tools and solutions of HumanIC, both conceptually and practically.

3 INFORMATION PRODUCED AND DELIVERED BY HUMANIC

The project generates a broad spectrum of information that addresses the needs of scientific communities as well as medical, engineering, administrative and public audiences. The nature of this information is diverse, ranging from fundamental research results to technical and training tools, public outreach materials and policy-oriented recommendations. All data, content and outputs are disseminated in accordance with the dissemination plan described in D6.2, using dedicated channels such as the project website, the ORTP platform, scientific publications, conferences, the REHVA Journal, educational materials and public events.

Key categories of information provided by HumanIC

- Results of experimental and measurement studies: airflow behaviour, contaminants, aerosols, working conditions
- Models, methods and technical tools: predictive models, simulation tools
- Design and operational recommendations for HVAC systems: best practices and guidelines
- Information related to patient and staff safety: impacts of environmental conditions on health and ergonomics
- Educational and training materials: ORTP resources for engineers, students and clinical personnel
- Public outreach and educational content: airflow visualisations, infographics, materials for European Researchers' Night
- Data supporting standardization and policymaking processes: materials for REHVA and standardization body

4 ACCESSIBLE AND EFFECTIVE INFORMATION DISTRIBUTION

The project operates at the intersection of multiple domains, scientific, clinical, technical, administrative and societal, and therefore communication must be tailored, both linguistically and in format, to the needs of each group. HumanIC applies a multi-channel, multi-layered approach to dissemination and communication, taking into account the audience's knowledge level, information density, preferred modes of contact and time or competence constraints.

HumanIC places strong emphasis on ensuring that every stakeholder, from patients and local communities to HVAC engineers, clinicians and policymakers, receives information in a form that is understandable, accessible and useful. This requires differentiating content by language, level of detail, length, visual format and distribution channel. In doing so, the project ensures equal access to knowledge, supports inclusiveness and increases the likelihood of real uptake of research outcomes.

Key principles guiding information distribution in HumanIC are listed below.

I. Adapting language to audience groups

- Popular-science language for the general public, media and patients
- Technical language for engineers and industry partners
- Expert language for the scientific community, policymakers and standardization bodies

II. Varying information density

- Short messages, infographics and visual materials for broad audiences
- Technical reports, models and raw datasets for researchers and the HVAC sector
- Guidelines and policy summaries for public institutions

III. Multi-channel communication

- Digital channels: website, ORTP, social media, online seminars
- Direct channels: workshops, study visits, open days, consultations
- Industry channels: REHVA Journal, conferences, technical materials
- Public channels: national media, information campaigns, outreach events

IV. Accessibility and inclusiveness

- Use of visual materials and infographics to support comprehension
- Plain-language communication for patients and the public
- Ensuring digital accessibility (readability, formatting, WCAG compliance)
- Availability of materials in multiple formats (PDF, video)

V. Considering audience preferences

- Medical staff prefer short, concise, mobile-friendly materials
- Engineers rely on technical booklets and conferences papers
- Policymakers expect clear, synthesised recommendations
- Students and doctoral candidates use the ORTP platform

VI. Avoiding information overload

- Structuring content into modules
- Linking to supplementary resources rather than embedding all content in one document
- Publishing shorter, more frequent updates instead of lengthy infrequent reports

5 TOOLS FOR REACHING INDIVIDUAL STAKEHOLDER GROUPS

Table 3 summarises the communication tools and channels used in HumanIC, showing how each method is matched to specific stakeholder groups and aligned with the intended level and purpose of engagement.

Table 3. Communication tools per stakeholder-engagement level

INFORM	CONSULT
They serve for one-way communication: sharing updates, research results, events and essential project information. **1. Project website** The main source of updates, descriptions of work packages, publications and events. Provides both general and specialist materials about the project. **2. Open Resource Training Platform (ORTP)** A repository of training materials, reports, research results and self-learning resources. High-quality, curated content forms the basis for knowledge transfer. **3. Social media – popular channels** LinkedIn, Facebook, Instagram, BlueSky, YouTube. Used to inform broad audiences, including the general public and the media. **4. Partners' media – websites, newsletters, social media** Publications through partners' channels extend the dissemination reach beyond the project community. **5. National media** Press articles, professional media, TV and radio. Present the project to the general public and the medical community. **6. European Commission information platforms** CORDIS, Horizon Dashboard, Results Platform, Horizon Magazine. Support the dissemination of project results at the European level. **7. Visual materials – posters, roll-ups, brochures** Provide concise, clear information during local and national events.	They enable two-way exchange of opinions and the collection of information from stakeholders. **1. Face-to-face meetings with stakeholders** Regular consultations with hospital staff, engineers, administrators and other stakeholder groups. **2. Visits and discussions in industry and hospitals** Consultation meetings held directly in the real environments of end users. **3. National workshops for medical staff** Debates, training sessions and consultations with medical staff on practical aspects of implementing solutions. **4. Round-table discussions** Moderated discussions with policymakers, standardization bodies, NGOs and experts.
INVOLVE	**COLLABORATE**
They enable active stakeholder participation in pilots, events and content co-creation. **1. European Researchers' Night** Interactive meetings with local communities, patients' families and young audiences.	Tools supporting co-creation of results, expert integration, joint authorship and the development of technological modules. **1. International scientific conferences** Presentations, workshops and co-creation of new concepts and methodologies.

2. Universities Open Days Engagement of students and prospective applicants through presentations, demonstrations and workshops. **3. Open-door meetings** Local meetings with residents and community members, often held in hospital or university spaces. **4. Seminars/workshops for medical staff and engineers** Interactive training sessions and workshops engaging users through real-time participation during face to face meetings with stakeholders or visits and discussion with industry and hospitals. **5. Industry fairs and congresses** Active participation in professional events offering opportunities for presentations and demonstrations.	**2. National scientific conferences** Meetings with national experts and development of joint research initiatives. **3. Consortium conference** Collaboration among consortium partners and doctoral candidates in producing results, publications and strategies. **4. REHVA Journal – Special Edition** Joint preparation of a thematic issue reflecting HumanIC outcomes. **5. REHVA Newsletter** Co-developed industry communications disseminated through the consortium and HVAC partners. **6. REHVA Annual Conferences** Formal collaboration with HVAC industry leaders. **7. REHVA Guidebook** A key collaborative tool: joint development of the guidebook on the design hospital environments. **8. Best Practice Booklet – technical** A document developed jointly by DCs and supervisors, based on empirical research.

5.1 Public Engagement Campaigns and Grant Agreement Requirements

Public engagement activities in the HumanIC project are implemented in full alignment with the requirements defined in the Grant Agreement. The project applies a structured approach that distinguishes between one-way communication, aimed at raising awareness and disseminating information to broad audiences, and two-way communication, designed to foster dialogue, interaction and mutual learning with stakeholders.

The activities defined in the Grant Agreement (CPE1–CPE10) are integrated into the overall public engagement framework of HumanIC and implemented using the communication tools and channels described in Sections 4 and 5 of this document. Each activity is assigned to specific Doctoral Candidates (DCs) or groups of DCs, ensuring clear responsibility, balanced workload and effective coverage of different stakeholder groups.

One-way communication activities focus on increasing the visibility of the project and improving public understanding of human-centred indoor climate solutions through digital channels, audiovisual materials, non-technical publications and media outreach. Two-way communication activities complement this approach by enabling direct interaction with stakeholders through meetings, workshops, visits and moderated discussions, supporting feedback collection and co-creation.

Table 4 presents a consolidated overview of the public engagement activities required by the Grant Agreement, including the type of communication, the corresponding tools and formats, and the Doctoral Candidates responsible for their implementation.

Table 4. Public Engagement Activities Required by the Grant Agreement

CPE No.	Type of communication	Activity / Tool	Responsible DCs	Related section in MS15
CPE1	One-way	Website and social media (Facebook, LinkedIn, Instagram); reposting via Beneficiaries' and Partners' channels	DC1, DC3, DC8	Sections 4 and 5
CPE2	One-way	YouTube video-clips with tutorials for non-specialists and project information	DC2	Sections 4 and 5
CPE3	One-way	Non-technical posters, roll-ups and brochures	DC4, DC5, DC7	Sections 4 and 5
CPE4	One-way	Information published in national media	All DCs	Sections 4 and 5
CPE5	One-way	Commission's Research and Innovation website	DC6	Section 5
CPE6	Two-way	Open-door meetings	DC9, DC10	Sections 5 and 6
CPE7	Two-way	Workshops at universities and face-to-face meetings	DC5, DC7	Sections 5 and 6
CPE8	Two-way	Universities open days	DC1, DC8	Sections 5 and 6
CPE9	Two-way	Visits and discussions in industry and hospitals	All DCs	Sections 5 and 6
CPE10	Two-way	Round-table discussions	All WSRs	Sections 5 and 6

The Doctoral Candidates responsible for individual public engagement activities are supported and coordinated by the Project Manager, who ensures coherence, timely implementation and alignment with the overall communication strategy of the project.

In line with the Grant Agreement, public engagement activities are organised within three recurring communication campaigns, implemented throughout the entire project duration.

- Campaign 1 – Awareness and visibility: focused on one-way communication tools such as social media, website updates, non-technical materials and national media (CPE1–CPE5).
- Campaign 2 – Interaction and feedback: based on two-way engagement formats including open-door meetings, workshops, university open days and visits to industry and hospitals (CPE6–CPE9).
- Campaign 3 – Co-creation and dialogue: centred on round-table discussions and structured stakeholder dialogue involving WSRs, policymakers and professional organisations (CPE10).

The campaigns are cyclically repeated and adapted over time based on stakeholder feedback and monitoring indicators described in Section 7.

6 EXPECTATIONS TOWARDS STAKEHOLDERS

Achieving the objectives of the HumanIC project requires the active involvement of multiple stakeholder groups. Each group contributes unique knowledge, experience and perspectives that enrich the research process and enable solutions to be tested under realistic clinical conditions. Collaboration with stakeholders is not one-directional, HumanIC not only provides valuable information and innovations, but also relies on stakeholder contributions.

HumanIC assumes that only through continuous information exchange, solution testing and integration of practical observations can technologies be developed that are not only scientifically robust, but also genuinely useful and ready for implementation. For this reason, the project's expectations towards stakeholders include both substantive and operational engagement.

Key areas of expected stakeholder involvement are presented below.

- **Participation in consultations, workshops and project meetings**

Stakeholders, especially medical staff, HVAC engineers, administrators and industrial partners, are expected to take an active part in consultation events such as workshops, seminars and round-table discussions, enabling better alignment of project solutions with real-world needs.

- **Sharing practical knowledge and operational experience**

HumanIC depends on insights into day-to-day challenges in clinical and technical settings: installation limitations, operational issues, staff workload, operator behaviour and hygiene practices.

- **Co-creating materials, standards and recommendations**

Industry partners, associations and regulatory institutions are invited to contribute actively to the development of the REHVA Guidebook, Best Practice Booklet, and materials published on ORTP.

- **Accepting a role in the feedback loop**

The project expects systematic feedback on clarity of materials and quality of training and implementation tools.

- **Supporting the dissemination of project outcomes**

Stakeholders are encouraged to share materials through local and sector-specific communication channels to broaden the project's reach.

- **Engagement in educational and outreach activities**

Stakeholders may support initiatives such as open days, student events and European Researchers' Night, helping to involve the public in the discussion on air quality and hospital safety.

- **Participation in monitoring and adaptation of the plan**

The project expects cooperation in quarterly reporting of WP6 activities and responsiveness to the conclusions and recommendations of the Supervisory Board.

7 MONITORING AND PLAN ADAPTATION

Effective stakeholder engagement requires continuous monitoring of communication and dissemination activities, systematic collection of feedback and regular assessment of whether the chosen tools fulfil their intended objectives. In the HumanIC project, this process is closely linked to the implementation of Work Package 6 and the reporting mechanisms described in document D6.2.

Collection of quantitative and qualitative data

Monitoring of communication and stakeholder-engagement activities includes both quantitative and qualitative indicators. In line with the approach described in D6.2, Project Coordinator collects and analyses, among others: number of recipients and reach (website visits, ORTP statistics, social-media reach, etc.), number of publications, conference presentations, workshops and events, attendance and participant activity during workshops, webinars and open days, participation rates of specific stakeholder groups (medical staff, HVAC engineers, patients, students, companies), level of engagement in ORTP activities, consultations and co-authored initiatives.

These data form the basis for evaluating the effectiveness of individual tools and for assessing the extent to which HumanIC activities reach their intended audiences.

Analysis of end-user feedback

Stakeholder feedback is collected through the tools described in D6.2, including: direct consultations, project meetings and visits, national and international workshops, round-table discussion, comments and feedback submitted via the ORTP platform, post-event surveys (where available).

Analysis of these materials enables the identification of problems, user needs and recommendations for adapting the communication strategy or the substantive content.

Mechanisms for adapting the strategy (continuous improvement)

HumanIC applies a continuous-improvement approach consistent with the objectives of WP6. This means that: insights from each activity cycle are systematically integrated into future plans, communication tools are adjusted to better address audience needs, training materials and ORTP resources are updated on the basis of feedback, the stakeholder-engagement process remains flexible and adapts to emerging findings and contextual changes (e.g. new technologies, research results, clinical needs).

These activities ensure that HumanIC communication remains coherent, responsive and appropriate at every stage of the project.

Periodic reviews and quarterly reporting

Within the project management system dissemination and communication activities are subject to regular quarterly reporting, in line with the practices described in D6.2. These reports include: analysis of all communication activities carried out, assessment of their effectiveness, identification of communication risks or gaps in reach, recommendations for adjustments, summary of quantitative and qualitative data. The quarterly reports are discussed and approved by the Supervisory Board, which provides oversight and verifies whether communication and engagement efforts align with project objectives and MSCA requirements. The Supervisory Board may recommend: modifications to the strategy, increased engagement of specific stakeholder groups, strengthening of dissemination or consultation activities, adjustments to dissemination priorities. This ensures that monitoring is connected to a formal project-governance mechanism that guarantees both accountability and strategic support.

8 CONCLUSIONS

The Public Engagement Strategy provides a structured framework that ensures HumanIC scientific and technological outcomes are communicated effectively, transparently and inclusively to all relevant audiences. By defining stakeholder groups, tailoring communication tools to their needs and clarifying expectations for engagement, the strategy strengthens the project's societal relevance and supports the uptake of its results in clinical, technical and policy contexts. Close alignment with D6.2 guarantees coherence between dissemination, exploitation and public engagement activities, while monitoring and quarterly reporting enable continuous refinement of the approach. Through these mechanisms, HumanIC ensures that the knowledge it generates is accessible, trusted and capable of driving meaningful improvements in healthcare environments and indoor-climate management.