1. Identification

Call	Date of submission
C1	14/04/2022

1.1. Full name of the project

DigiHealth 65+ - The First-Stage Digital Health and Well-Being Guidance Solution for the Social Welfare and Health Care Professionals and Older Adults

150 / 250 characters

1.2. Short name of the project

DigiHealth 65+

14 / 20 characters

1.3. Programme priority

1. Innovative societies

1.4. Programme objective

1.2 Responsive public services

1.6. Project duration

Contracting start	22/09/2022	**Contracting end**	31/12/2022
Implementation start	01/01/2023	**Implementation end**	31/12/2025
		Duration of implementation phase (months)	36
Closure start	01/01/2026	**Closure end**	31/03/2026

1.7. Project summary

The main challenge in the aging project countries is to curb the need for long-lasting and expensive continuous care (home care and 24-hour care). The project aims to develop and implement a digital self-assessment solution for developing and targeting short-term and cost-effective first-stage guidance in preventive units (e.g. day centers, age clinics, primary health care, customer guidance, etc). The social welfare and health care professionals have access to the solution based on modern research, supporting the guidance of risk groups related to e.g. early memory disorders, depression, anxiety, nutrition, interpersonal relations, coping in everyday life, etc., and through this targeting first-stage guidance to those who potentially benefit from preventive interventions.

The first-stage guidance is based on data provided by the elderly via validated health and well-being self-assessment indicators. Based on the data the solution will provide personalized online recommendations and timely guidance in everyday environments. The solution provides targeted information for professionals and citizens on the factors affecting the health and well-being of the elderly emphasizing the significance of an individual´s own choices in health promotion. It also generates personalized guidelines based on up-to-date and reliable research for goal-oriented guidance creating the conditions for more humanly and economically sustainable healthcare.

1,454 / 1,500 characters

1.8. Summary of the partnership

Public social welfare and health care providers (in this project municipalities and a municipal hospital) have a statutory mandate to provide preventive support for older adults in collaboration with different stakeholders (public, NGOs, private sector). The public preventive units are responsible for the development of timely support that promotes the well-being and health of the elderly, which concretely means organizing guidance and counseling in everyday matters in collaboration with different stakeholders. In some countries (e.g. in Finland), elderly workers act on the interface of the social welfare and health care counties and the municipality. The need-driven preventive measures developed and carried out in the public social welfare and health care are crucial for curbing the need for long-lasting and expensive continuing care (home care and 24-hour care).

Small and middle-sized municipalities typically do not have sufficient experience and resources to coordinate EU projects. For this reason, the national RDI organizations are responsible for the implementation of the measures according to the project plan in each country, and for reporting the results to the work package leaders and the project leader. The project leader (LAB University) has top-notch expertise related to preventive digital solutions for older adults. This expertise will be disseminated and applied in different project countries and organizations. RDI organizations play a significant role in dissemination, communication, exploitation, and stakeholder engagement during the project and after the project has ended.

1,617 / 3,000 characters

1.11. Project Budget Summary

Financial resources [in EUR]		Preparation costs	Planned project budget
ERDF	ERDF co-financing	0.00	2,909,808.16
	Own contribution ERDF	0.00	727,452.05
	ERDF budget	0.00	3,637,260.21
NO	NO co-financing	0.00	0.00
	Own contribution NO	0.00	0.00
	NO budget	0.00	0.00
NDICI	NDICI co-financing	0.00	0.00
	Own contribution NDICI	0.00	0.00
	NDICI budget	0.00	0.00
RU	RU co-financing	0.00	0.00
	Own contribution RU	0.00	0.00
	RU budget	0.00	0.00
TOTAL	**Total Programme co-financing**	0.00	2,909,808.16
	Total own contribution	0.00	727,452.05
	Total budget	0.00	3,637,260.21

2. Partnership

2.1. Overview: Project Partnership

2.1.1 Project Partners

No.	LP/PP	Organisation (English)	Organisation (Original)	Country	Type of partner	Legal status	Partner budget in the project	Active/inactive	
								Status	from
1	LP	LAB University of Applied Sciences	LAB ammattikorkeakoulu	FI	Higher education and research institution	a)	983,488.80 €	Active	22/09/2022
2	PP	Research Institutes of Sweden (RISE)	Research Institutes of Sweden (RISE)	SE	Higher education and research institution	a)	392,000.00 €	Active	22/09/2022
3	PP	Kärkölä Municipality	Kärkölän kunta	FI	Regional public authority	a)	137,200.00 €	Active	22/09/2022
4	PP	National Regions Development Agency	Nacionalinė regionų plėtros agentūra	LT	Business support organisation	a)	234,300.00 €	Active	22/09/2022
5	PP	Jan Garduła Municipal Hospital (Świnoujście)	Municipal Hospital im. Jana Garduły w Świnoujściu sp. z o. o.	PL	Hospital and medical centre	a)	261,950.00 €	Active	22/09/2022
6	PP	Viimsi Municipality	Viimsi vald	EE	Local public authority	a)	447,417.80 €	Active	22/09/2022
7	PP	City of Turku	Turun kaupunki	FI	Local public authority	a)	595,273.60 €	Active	22/09/2022
8	PP	Region Västerbotten	Region Västerbotten	SE	Hospital and medical centre	a)	585,630.01 €	Active	22/09/2022

2.1.2 Associated Organisations

No.	Organisation (English)	Organisation (Original)	Country	Type of Partner
AO 1	Siauliai City Municipality	Šiaulių miesto savivaldybė	LT	Local public authority
AO 2	Senoliu namai, Public Institution	Senolių namai, VšĮ	LT	Hospital and medical centre

2.2 Project Partner Details - Partner 1

LP/PP Lead Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language LAB ammattikorkeakoulu

22 / 250 characters

Organisation in English LAB University of Applied Sciences

34 / 250 characters

Department in original language Hyvinvoinnin palveluinnovaatiot

31 / 250 characters

Department in English Service Innovations for Health and Well-being Focus area

56 / 250 characters

Partner location and website:

Address Mukkulankatu 19

15 / 250 characters

Country Finland

Postal Code	15101 (5 / 250 characters)	**NUTS1 code**	Manner-Suomi
Town	Lahti (5 / 250 characters)	**NUTS2 code**	Etelä-Suomi
Website	https://lab.fi/en/application?gclid=EAIaIQobChMIwdLRy8qI9gIVGAWiAx1c1g3lEAAYASAAEgJUmfD_BwE (91 / 100 characters)	**NUTS3 code**	Päijät-Häme

Partner ID:

Organisation ID type	Business Identity Code (Y-tunnus)
Organisation ID	2630644-6
VAT Number Format	FI + 8 digits
VAT Number	N/A ☐ FI26306446 (10 / 50 characters)
PIC	949269355 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Higher education and research instituti	University faculty, college, research institution, RTD facility, research cluster, etc.
Sector (NACE)	72.19 - Other research and experimental development on natural sciences and engineering	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Financial data

Reference period	01/01/2020	–	31/12/2020
Staff headcount [in annual work units (AWU)]			477.5
Employees [in AWU]			477.5
Persons working for the organisation being subordinated to it and considered to be employees under national law [in AWU]			0.0
Owner-managers [in AWU]			0.0
Partners engaged in a regular activity in the organisation and benefiting from financial advantages from the organisation [in AWU]			0.0
Annual turnover [in EUR]			68,044,516.29
Annual balance sheet total [in EUR]			66,991,741.20
Operating profit [in EUR]			1,288,446.29

Role of the partner organisation in this project:

- Project management and ethics
- Validation of the solution model in the Finnish context
- Analysis of the new need-driven digital welfare service and operating models by using a digital service / first-stage guidance channel
- Requirement specification of the two-tier digital solution on a general level
- Public procurement of the two-tier digital solution for the consortium partners (this explains why LAB's budget is considerably bigger compared to the other partners)
- Support in modification of the chosen technical platform(s)
- Support in implementation of the need-driven operating model In the elderly services
- Dissemination, communication, exploitation, and stakeholder engagement between the project countries and with other related EU-projects

769 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

2.2 Project Partner Details - Partner 2

LP/PP	Project Partner		
Partner Status	Active		
Active from	22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Research Institutes of Sweden (RISE) (36 / 250 characters)
Organisation in English	Research Institutes of Sweden (RISE) (36 / 250 characters)
Department in original language	Digitala System (15 / 250 characters)
Department in English	Digital Systems (15 / 250 characters)

Partner location and website:

Address	Box 1263 (8 / 250 characters)	**Country**	Sweden
Postal Code	164 29 (6 / 250 characters)	**NUTS1 code**	Östra Sverige
Town	Kista (5 / 250 characters)	**NUTS2 code**	Stockholm
Website	www.ri.se (9 / 100 characters)	**NUTS3 code**	Stockholms län

Partner ID:

Organisation ID type	Organisation number (Organisationsnummer)
Organisation ID	556464-6874
VAT Number Format	SE + 12 digits
VAT Number	**N/A** ☐ SE556464687401 (14 / 50 characters)
PIC	999613422 (9 / 9 characters)

Partner type:

Legal status	a) Public

Type of partner	Higher education and research instituti	University faculty, college, research institution, RTD facility, research cluster, etc.
Sector (NACE)	72.19 - Other research and experimental development on natural sciences and engineering	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

The division Digital Systems at RISE has knowledge in gathering user needs within public organizations and methods for co-creation together with different stakeholders. The group at RISE will conduct needs analyses and data gathering within the participating Swedish municipalities; and contribute with technology development and data analysis.

344 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

2.2 Project Partner Details - Partner 3

LP/PP	Project Partner		
Partner Status	Active		
Active from	22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Kärkölän kunta (14 / 250 characters)
Organisation in English	Kärkölä Municipality (20 / 250 characters)
Department in original language	Senioripalvelut (15 / 250 characters)
Department in English	Senior Services (15 / 250 characters)

Partner location and website:

Address	Virkatie 1 16600 Järvelä (24 / 250 characters)	**Country**	Finland
Postal Code	16600 (5 / 250 characters)	**NUTS1 code**	Manner-Suomi
Town	Kärkölä (7 / 250 characters)	**NUTS2 code**	Etelä-Suomi
Website	https://www.karkola.fi/palvelut/hyvinvointi-ja-terveys/senioripalvelut/ (71 / 100 characters)	**NUTS3 code**	Päijät-Häme

Partner ID:

Organisation ID type	Business Identity Code (Y-tunnus)
Organisation ID	0148268-9
VAT Number Format	FI + 8 digits
VAT Number	**N/A** ☐ FI01482689 (10 / 50 characters)
PIC	n/a (3 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Regional public authority	Regional council, etc.
Sector (NACE)	86.90 - Other human health activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? Yes

Role of the partner organisation in this project:

In Finland, public social welfare and health care providers (municipalities, social- and healthcare districts, and in some countries) have a statutory mandate to provide preventive support for older adults in
collaboration with different stakeholders (public, NGOs, private sector). In the small municipality of Kärkölä, the senior counselor responsible for the development of the need-driven operating model of the municipality. The job description of a senior counselor and worker consists of the development of data-driven services that promote the well-being and health of the elderly, which in concrete terms means organizing a wide range of recreational activities, clubs, excursions, events, and providing information, as well as guidance and counseling in everyday matters.

781 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 4

LP/PP	Project Partner		
Partner Status	Active		
	Active from	22/09/2022	**Inactive from**

Partner name:

Organisation in original language	Nacionalinė regionų plėtros agentūra (37 / 250 characters)
Organisation in English	National Regions Development Agency (37 / 250 characters)
Department in original language	Nacionalinė regionų plėtros agentūra (37 / 250 characters)
Department in English	National Regions Development Agency (37 / 250 characters)

Partner location and website:

Address	Vašingtono a. 9/1-63a (22 / 250 characters)	**Country**	Lithuania
Postal Code	LT-01108 (8 / 250 characters)	**NUTS1 code**	Lietuva
Town	Vilnius (7 / 250 characters)	**NUTS2 code**	Vidurio ir vakarų Lietuvos regionas
Website	https://nrda.lt/ (16 / 100 characters)	**NUTS3 code**	Šiaulių apskritis

Partner ID:

Organisation ID type	Legal person's code (Juridinio asmens kodas)
Organisation ID	225008220
VAT Number Format	LT + 9 digits
VAT Number	N/A ☐ LT250082219 (11 / 50 characters)
PIC	939507469 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Business support organisation	Chamber of commerce, chamber of trade and crafts, business incubator or innovation centre, business clusters, etc.
Sector (NACE)	72.19 - Other research and experimental development on natural sciences and engineering	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

National coordinator / contact point. NRDA has a well-developed cooperation network of businesses, governmental institutions acting in the health care, so will communicate stakeholders and engage relevant organisations to address a common challenge,will reach out to target groups in order to bring willingness to act for a real change.

337 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 5

LP/PP	Project Partner		
Partner Status	Active		
	Active from 22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Municipal Hospital im. Jana Garduły w Świnoujściu sp. z o. o. (62 / 250 characters)

Organisation in English	Jan Garduła Municipal Hospital (Świnoujście) (45 / 250 characters)
Department in original language	Szpital Miejski im. Jana Garguły w Świnoujściu Sp. z o. o. (58 / 250 characters)
Department in English	n/a (3 / 250 characters)

Partner location and website:

Address	Mieszka I 7 (12 / 250 characters)	**Country**	Poland
Postal Code	72-600 (6 / 250 characters)	**NUTS1 code**	Makroregion północno-zachodni
Town	Świnoujście (11 / 250 characters)	**NUTS2 code**	Zachodniopomorskie
Website	https://szpital-swinoujscie.pl/ (31 / 100 characters)	**NUTS3 code**	Szczeciński

Partner ID:

Organisation ID type	Tax identification number (NIP)
Organisation ID	8551583467
VAT Number Format	PL + 10 digits
VAT Number	N/A ☐ PL8551583467 (12 / 50 characters)
PIC	N/A (3 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Hospital and medical centre	Hospital, medical centre, other health care centres and facilities, etc.
Sector (NACE)	86.90 - Other human health activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

The partner (medical unit) provides services for older people - preventive measures and active health care. Partner will be involve in development of the need-driven operating model in the municipality.

202 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 6

LP/PP	Project Partner
Partner Status	Active
Active from	22/09/2022
Inactive from	

Partner name:

Organisation in original language	Viimsi vald (11 / 250 characters)
Organisation in English	Viimsi Municipality (19 / 250 characters)
Department in original language	sotsiaal- ja tervishoiuosakond (30 / 250 characters)
Department in English	Welfare and Health Department (29 / 250 characters)

Partner location and website:

Address	1 Nelgi Street (14 / 250 characters)	**Country**	Estonia
Postal Code	74001 (5 / 250 characters)	**NUTS1 code**	Eesti
Town	Vimsi (5 / 250 characters)	**NUTS2 code**	Eesti
Website	www.viimsivald.ee (17 / 100 characters)	**NUTS3 code**	Põhja-Eesti

Partner ID:

Organisation ID type	Registration code (Registrikood)
Organisation ID	75021250
VAT Number Format	EE + 9 digits
VAT Number	N/A ☑ (0 / 50 characters)
PIC	890375320 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Local public authority	Municipality, city, etc.
Sector (NACE)	84.11 - General public administration activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities?	No

Role of the partner organisation in this project:

Viimsi Municipaity offers welfare services to different target grups, including elderly. The goverment of local municipality of Viimsi has a suborganisation called Viimsi Hoolekandekeskus, who ownes two day centres for elderly. Partner (the goverment of local municipality of Viimsi and Viimsi Hoolekandekeskus/Viimsi Welfare Centre) will be involved in development of the need-driven operating model in the municipality. The target group for the piloting of the need-driven operating model (approximately 100 people) will be based on the clients of day centres.

563 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 7

LP/PP Project Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language Turun kaupunki

14 / 250 characters

Organisation in English City of Turku

13 / 250 characters

Department in original language Konsernihallinto

16 / 250 characters

Department in English Central administration

22 / 250 characters

Partner location and website:

Address PL 355

6 / 250 characters

Postal Code 20101

5 / 250 characters

Town Turku

5 / 250 characters

Website www.turku.fi

12 / 100 characters

Country Finland

NUTS1 code Manner-Suomi

NUTS2 code Etelä-Suomi

NUTS3 code Varsinais-Suomi

Partner ID:

Organisation ID type Business Identity Code (Y-tunnus)

Organisation ID 0204819-8

VAT Number Format FI + 8 digits

VAT Number N/A ☐ FI02048198

10 / 50 characters

PIC 993966082

9 / 9 characters

Partner type:

Legal status a) Public

Type of partner	Local public authority	Municipality, city, etc.
Sector (NACE)	84.11 - General public administration activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? Yes

Role of the partner organisation in this project:

Being one of the biggest municipalities in Finland – Turku expresses its interest in piloting a digital first-stage guidance solution (mobile app) within the different divisions of the municipality. Since wellbeing and health promotion is one of the legal obligations of the municipality and leisure and customer guidance services will remain within the responsibilities of the municipality after the major social and health care reform, Turku could also contribute to its asiakasneuvonta.fi (Customer advisory) services for the older adults in the health and wellbeing. This precludes a competitive situation and still allows complementation of the platforms. Hence, Turku could add all the preventive support on this new platform, consisting of support provided by the leisure and culture industry and NGOs providing support for the older adults in Proper Finland, which would be coordinated by the City of Turku.

915 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 8

LP/PP	Project Partner		
Partner Status	Active		
Active from	22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Region Västerbotten (19 / 250 characters)
Organisation in English	Region Västerbotten (19 / 250 characters)
Department in original language	Geriatriskt centrum, Livsmedicin (32 / 250 characters)
Department in English	Geriatric Center, Life Medicine (32 / 250 characters)

Partner location and website:

Address	Region Västerbotten (19 / 250 characters)	**Country**	Sweden
Postal Code	901 89 (6 / 250 characters)	**NUTS1 code**	Norra Sverige
Town	Umeå (4 / 250 characters)	**NUTS2 code**	Övre Norrland
Website	https://www.regionvasterbotten.se (33 / 100 characters)	**NUTS3 code**	Västerbottens län

Partner ID:

Organisation ID type	Organisation number (Organisationsnummer)
Organisation ID	232100-0222
VAT Number Format	SE + 12 digits
VAT Number	N/A ☐ SE222000243601 (14 / 50 characters)
PIC	890643719 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Hospital and medical centre	Hospital, medical centre, other health care centres and facilities, etc.
Sector (NACE)	86.90 - Other human health activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? Yes

Role of the partner organisation in this project:

Västerbotten County Council with approximately 10000 coworkers is responsible for conducting prevention, health care, rehabilitation, dental care and education/research. The department Geriatric Center, Life Medicine is a part of the regions innovations development with a vast network to stakeholders and relevant organisations. Our role in the project is to pilot and participate and in the project activities (A Modifiable Digital Self-Assessment Solution for Targeting Preventive Measures).

495 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

◉ Yes ○ No

2.3 Associated Organisation Details - AO 1

Associated organisation name and type:

Organisation in original language
Šiaulių miesto savivaldybė
26 / 250 characters

Organisation in English
Siauliai City Municipality
26 / 250 characters

Department in original language
n/a
3 / 250 characters

Department in English
n/a
3 / 250 characters

Legal status
a) Public

Type of associated organisation
Local public authority
Municipality, city, etc.

Associated organisation location and website:

Address
Vasario 16-osios g. 62
22 / 250 characters

Country
Lithuania

Postal Code
LT-76295
8 / 250 characters

Town
Siauliai
8 / 250 characters

Website
www.siauliai.lt
16 / 100 characters

Role of the associated organisation in this project:

Enable access to public health care insitutions and provide with possibility to examine current situation, build capacity and willingness to act of decission makers in Siauliai city.
182 / 1,000 characters

2.3 Associated Organisation Details - AO 2

Associated organisation name and type:

Organisation in original language: Senolių namai, VšĮ
18 / 250 characters

Organisation in English: Senoliu namai, Public Institution
33 / 250 characters

Department in original language: n/a
3 / 250 characters

Department in English: n/a
3 / 250 characters

Legal status: a) Public

Type of associated organisation: Hospital and medical centre — Hospital, medical centre, other health care centres and facilities, etc.

Associated organisation location and website:

Address: Bridų g. 43
11 / 250 characters

Country: Lithuania

Postal Code: LT-76100
8 / 250 characters

Town: Bridai
6 / 250 characters

Website: www.senoliunamai.lt
20 / 100 characters

Role of the associated organisation in this project:

Will provide with piloting opportunity, participate in activities
65 / 1,000 characters

3. Relevance

3.1 Context and challenge

The decline in the functional capacity of older adults and the need for support is difficult to address mainly because health and well-being risk factors are often invisible to the service system, local communities, and even the target person. Lifestyle does not often change or external support is applied if the need for support is not obvious. Mainly for these reasons, support cannot be targeted timely.

A significant challenge to be tackled is that the preventive public service system (e.g. day centers, age clinics, customer guidance units, primary health care units, municipal units, etc.) is passive towards potential customers. Public social welfare and health care service system is often activated only through a service request when a health issue already exists and the need for support is obvious. This happens roughly 10-15 years after retirement at the age of 75-80. In too many cases during these years, for example, lack of social contacts, loneliness, substance abuse, mental health problems, early memory disorders, and vague health center visits have caused not only human suffering but also significant costs to the public service system.

At the same time, the need for long-lasting and expensive continuous care (e.g. home care and 24-care) is increasing, and not only employees but the whole service system is under significant pressure. Due to aging Europe, the current operating model in the elderly services is untenable eroding both prevention and continuous care. One of the main challenges for preventive services is to target new kinds of preventive "light" support, coaching, and guidance for those +65-year-olds outside the continuous care (home care, 24-hour care). The public sector lacks a modern digital solution and operating model for targeting timely support in all preventive units mentioned above.

1,843 / 2,000 characters

3.2 Transnational value of the project

The project countries represent the most rapidly aging countries in Europe. After Italy, Finland has the oldest population in Europe. This is one of the reasons that Finland is also a pioneer in several preventive agetech and customer guidance solutions, including the solutions developed, piloted, and disseminated in this project. Sweden, Estonia, and Lithuania are also among the twelve fastest aging European countries. The economic effects of demographic shifts will be less concerning in Poland than in other project countries even though it is expected to lose 15 percent of its population by mid-century.

The current operating model in the project countries directs to act in a situation where the need for support is obvious and the cost-effectiveness of the support measures is poor. The earlier measures can be targeted to the risk segments outside the long-lasting and expensive continuous care (e.g. home care, 24-hour care, etc.) the better the cost-effectiveness of timely interventions can be expected.

In optimal cases, preventive measures should be targeted before the need for continuous care. It remains a key task for project countries to develop the upstream service chain and target "light" support and coaching before the need for continuous care. Modern self-assessment methods in different areas of well-being and health and intelligent customer guidance solutions will allow carrying out the measures in an intensive, short-term, and cost-effective manner, which is mandatory to maintain humanly sustainable and economically profitable elderly services.

1,583 / 2,000 characters

3.3 Target groups

Target group	Sector and geographical coverage	Its role and needs
Local public authority	- University Hospital of Umeå (Sweden), - City of Turku (Finland), - Kärkölä municipality (Finland), - Jan Garduła Municipal Hospital in Świnoujście (Poland), - Siauliai Region municipality (Lithuania), - Senoliu Namai Hospital (Lithuania), - Viimsi municipality (Estonia) 278 / 500 characters	Municipalities and public hospitals are responsible for providing preventive guidance and support for the elderly. Thus, they have a significant role in organizing need-driven preventive measures and curbing the need for expensive and long-lasting continuous care (home care and 24-hour care). The challenge is municipalities lack of modern knowledge management tools for targeting preventive guidance in a timely manner. 421 / 1,000 characters
Higher education and research instituti	- LAB University of Applied Sciences (Finland), - The Research Institutes of Sweden (Sweden) 93 / 500 characters	Expertise related to preventive digital solutions and EU projects, responsibility for coordination and of the project in the respective country, responsibility for public procurements related to a modifiable digital platform(s). There is a need for modern digital knowledge management tools to strengthen cooperation between education and working life. LAB is responsible for the public procurement of the modifiable digital platforms suitable for the purpose. The digital solution covers solution version 1.0 and translations for project countries. 550 / 1,000 characters
NGO	National Regions Development Agency (Lithuania) 47 / 500 characters	Expertise related to preventive digital solutions and EU projects, responsibility for coordination and of the project in the respective region of country. 154 / 1,000 characters
Small and medium enterprise	An IT company responsible for the "core" platform for the two-stage digital solution will be selected through public procurement in Finland. 140 / 500 characters	Responsible for providing the digital solution: a need-driven self-assessment guidance solution for targeting preventive measures, guidance, and enabling proactive decision-making. A Digital first-stage guidance solution based on self-assessment in different areas of well-being and health (physical, mental, social, cognitive) for coordinating preventive actors (e.g. public, NGOs), targeting timely interventions, and enabling proactive decision making at all levels in the preventive elderly services. The digital solution covers solution version 1.0 and translations for project countries. 598 / 1,000 characters

3.4 Project objective

Your project objective should contribute to:

Responsive public services

The preventive guidance solution and the operating model enable timely collaboration (e.g. new light support and coaching) in everyday environments before the need for external support increases. Public social welfare and health care providers (in this project municipalities and municipal hospitals) are responsible for providing preventive guidance and support for older adults. Thus, they have a significant role in organizing preventive measures and curbing the need for expensive and long-lasting continuous care (home care and 24-hour care).

Also in some project countries (e.g. in Finland), there are state financial incentives for municipalities to promote health and well-being. A hundred million euros are distributed annually to municipalities based on how the health and well-being targets are achieved. Through this, the municipalities are potentially funding the digital solution described in chapter 3.3. after the project has ended. The most significant incentive for all the project countries is to curb the need for long-lasting and expensive care, which has already eroded preventive support not only in older adults' services but in all age groups.

The solution provides data that RDI organizations can utilize in research, development, and knowledge management under GDPR. RDI organizations have a statutory mandate and performance goals to launch development and research projects and disseminate results nationally and internationally. IT supplier(s) benefit from new international networks and the development of international business.

The project contributes EUSBSR to both PA Health and PA Innovation policy areas (New Action Plan 2021) by promoting co-creative innovations, digital innovation and transformation, health and well-being, and strengthening governance and coordination by enabling proactive decision making.

1,851 / 2,000 characters

3.5 Project's contribution to the EU Strategy for the Baltic Sea Region

Please indicate whether your project contributes to the implementation of the Action Plan of the EU Strategy for the Baltic Sea Region (EUSBSR).

(•) Yes ( ) No

Please select which Policy Area of the EUSBSR your project contributes to most.

PA Health

Please list the action of this Policy Area that your project contributes to and explain how.

In a framework of the European Union Strategy for the Baltic Sea Region (EUSBSR), Policy Area (PA) Health (coordinated by Northern Dimension Partnership in Public Health and Social Well-being) focuses on improving and promoting the health of people in the Baltic Sea region. The pace of population aging is much faster than in the past. According to World Health Organization statistics, the number of people aged 60 years and older outnumbers children younger than 5 years during 2020. The aging issues are relevant at all local, national, European, and global levels keeping in mind the level of impact. The project contributes to BA Health by developing and piloting a modern first-stage guidance solution for older adults outside the regular service to support timely collaboration and curb the need for expensive remedial support and continuous care.

The countries face similar health and wellbeing-related issues. PA Health seeks to (1) promote active and healthy aging to address the challenges of demographic change and (2) increase stakeholder and institutional capacity to tackle regional health challenges. According to PA Health coordinator Ülla-Karin Nurm, one of the main actions of PA Health for the future is to develop a flagship on active and healthy aging in the Baltic Sea Region. The topic of aging also highlights another unique feature of the EUSBSR - it enables cooperation not only between countries but also across different sectors e.g. social welfare and health care.

1,497 / 1,500 characters

If applicable, please describe which other Policy Areas of the EUSBSR your project contributes to and how.

The project contributes also EUSBSR PA Innovation policy areas (New Action Plan 2021) as stated below:

Action 2: Digital innovation and transformation, objectives:
• to promote harmonizing of data (how: by harmonizing validated self-assessment data content for targeting preventive support) - supporting the transfer of solutions across BSR, new market opportunities, and more
competitive digital ecosystems (how: a common plan for transferring project results).
• to give businesses and public service providers opportunities to analyze, evaluate, develop, co-create and test
new ideas and services together (how: new digital and data-driven operating models e.g. "light" support and coaching in collaboration with stakeholders).
• to promote knowledge sharing and institutional capacity building within digitalization to facilitate digital
transformation and bridge the digital divide in BSR (how: a common plan for transferring project results).

949 / 1,500 characters

3.6 Other political and strategic background of the project

Strategic documents

EU Strategy for the Baltic Sea Region - PA Health and PA Innovation: A healthy population in the BSR is a prerequisite for productivity, economic competitiveness, and further development. Through improving the health and well-being of people in the BSR, PA Health contributes to the objective of increasing prosperity in the region. PA innovation aims at promoting the growth of the BCR through support for entrepreneurship, business development, science, and increased innovation capacity.

490 / 500 characters

3.7 Seed money support

Please indicate whether your project is based on a seed money project implemented in the Interreg Baltic Sea Region Programme 2014-2020.

○ Yes ◉ No

3.8 Other projects: use of results and planned cooperation

Full name of the project	Funding Source	Use of the project outcomes and/or planned cooperation
AgeFLAG (7 / 200 characters)	Baltic Sea Region (17 / 200 characters)	The AgeFLAG project seeks to identify the most important issues concerning active and healthy aging that countries in the region are facing. The focus is specifically on developing and maintaining the functional ability that enables wellbeing in older age. AgeFLAG project brings significant added value to the Health4Elderly project in communication and dissemination of the project results. webpage: https://ageflag.org/ (425 / 1,000 characters)
Pharaon (7 / 200 characters)	Horizon (7 / 200 characters)	Pharaon aims to improve the quality of life, independence, and overall health of older adults. Advanced ICT solutions that combine technologies from multiple disciplines can address this problem, but the market is fragmented and many solutions have limited scope. PHArA-ON's overall objective is to make a smart and active living for Europe's aging population a reality by creating a set of integrated, highly customizable, and interoperable open platforms with advanced services, devices, and tools including IoT, artificial intelligence (AI), robotics, cloud/edge computing, smart wearables, big data, and intelligent analytics. Pharaon brings significant added value to the Health4Elderly project in communication and dissemination of the project deliverables regarding the digital first-stage customer guidance solution. webpage: https://www.pharaon.eu/about/ (868 / 1,000 characters)

Full name of the project	Funding Source	Use of the project outcomes and/or planned cooperation
Bestagers, Bestagers Lighthoses 32 / 200 characters	BSR Interreg 12 / 200 characters	Strategic age management in small & medium-sized enterprises and public organizations. Due to the consequences of demographic change, it is necessary to change the mind-set with which we see older people – especially in working life. The Baltic Sea Region Programme project "Best Agers" has indicated that keeping older workers can be economically beneficial for employers. The extension stage project "Best Agers Lighthouses" now creates practical examples to demonstrate consequences of implementing age management in Human Resources policy at the organisational level and promote them as "Lighthouses". https://www.best-agers-lighthouses.eu/ https://keep.eu/projects/6164/Best-Agers-Using-the-knowled-EN/ 712 / 1,000 characters
Innovation4ageing 17 / 200 characters	Horizon 7 / 200 characters	Innovation Networks for Active and Healthy Ageing (IN-4-AHA) is an EU-funded Coordination and Support Action (CSA) that contributes to the cross-border scale-up of tested and ready-to-use applications in health and social care. The project will bring together both the support and the demand sides as well as the end-users, engage with local and regional ecosystems. The main outcome of this cooperation is an innovation scale-up model that is validated by stakeholders and complemented by a clear implementation roadmap, an innovation impact evaluation toolkit, and a strategy for long-term investments. Innovation4ageing brings significant added value to the Health4Elderly project in communication and dissemination of the project deliverables regarding the digital first-stage customer guidance solution. https://innovation4ageing.tehnopol.ee/ 850 / 1,000 characters

3.10 Horizontal principles

Horizontal principles	Projects's direct impact
Sustainable development	positive
Non-discrimination including accessibility	positive
Equality between men and women	positive

4. Management

Allocated budget 10%

4.1 Project management

☑ **Please confirm that the lead partner and all project partners will comply with the rules for the project management as described in the Programme Manual.**

If relevant, please indicate any other important aspects of the project management, e.g. external entity supporting the lead partner in the management of the project, advisory board, steering committee, any other relevant working groups, etc.

A joint steering committee is responsible for ensuring the overall management of the project to strengthen and support the partners to achieve the objectives, complete the milestones in time and deliver the deliverables Ensure all appropriate ethical and regulatory principles are established and applied across the project, resources, and the environment. Ethical choices diminish risk, advance positive results, increase trust, determine long-term success and build reputations.

482 / 500 characters

4.2 Project financial management

☑ **Please confirm that the lead partner and all project partners will comply with the rules for the financial management and control as described in the Programme Manual.**

If relevant, please indicate any other important aspects of the financial management, e.g. external entity supporting the lead partner, positions planned for financial management, involvement of special financial experts (e.g. for public procurement), etc.

The lead partner (LAB University) has a dedicated financial expert for financial management. Internal financial reporting intervals will be carried out according to the funder's manual. LAB University also has strict instructions regarding public procurement and the technical solution provider will be selected via tender.

324 / 500 characters

4.3 Input to Programme communication

☑ **Please confirm that you are aware of the obligatory inputs to Programme communication that must be submitted along the pre-defined progress reports, as described in the Programme Manual.**

If relevant, please describe other important aspects of project communication that you plan to introduce, e.g. a communication plan, opening and closing events, social media channel(s) etc.

The aim of dissemination, communication, exploitation, and stakeholder engagement plan is to 1) disseminate information about the project, its objectives, the approaches, and results 2) coordinate internal and external communication of the project between consortium members and the public through the project website, social media platforms and seminars 3) create and lead a high-level stakeholder board 4) create and lead a cluster of projects related to Responsive Public Services.

484 / 500 characters

4.4 Cooperation criteria

Please select the cooperation criteria that apply to your project. In your project you need to apply at least three cooperation criteria. Joint development and joint implementation are the obligatory ones you need to fulfill in your project.

Cooperation criteria	
Joint Development	☑
Joint Implementation	☑
Joint Staffing	☑
Joint Financing	☑

5. Work Plan

	Number	Work Package Name
	1	Preparing solutions

Number	Group of Activity Name
1.1	Project Management, Ethical Guidelines, Project Objectives, Measures, Indicators and Quality
1.2	Analysis and Co-Design of the New Preventive Healthcare and Welfare Service and Operating Models
1.3	Development of the Minimum Viable Version of the First-Stage Digital Customer Guidance Solution
1.4	Mapping of the evaluation activities

	Number	Work Package Name
	2	Piloting and evaluating solutions

Number	Group of Activity Name
2.1	Piloting of the Need-Driven First-Stage Digital Health and Well-Being Guidance Solution
2.2	Peer-review process
2.3	Evaluation of the solution
2.4	Developing the final version of Need-Driven First-Stage Health and Well-Being Guidance Solution

	Number	Work Package Name
	3	Transferring solutions

Number	Group of Activity Name
3.1	Dissemination, Communication, Exploitation and Stakeholder Engagement
3.2	Transfer and uptake workshops
3.3	Uptake and transfer of Need-Driven First-Stage Digital Health and Well-Being Guidance Solution

Work plan overview

Period:	1	2	3	4	5	6	Leader
WP.1: Preparing solutions							**PP1**
A.1.1: Project Management, Ethical Guidelines, Project Objectives, Measures, Indicators and Quality							PP1
O.1.1: Ethical guidelines and project objectives, measures and indicators	O						
A.1.2: Analysis and Co-Design of the New Preventive Healthcare and Welfare Service and Operating Models							PP2
O.1.2: An analysis and of the new health care preventive first-stage guidance and coaching models	O	O					
A.1.3: Development of the Minimum Viable Version of the First-Stage Digital Customer Guidance Solution							PP1
D.1.3: A Digital Solution for Targeting Preventive Guidance and Enabling Proactive Decision-Making		D					
A.1.4: Mapping of the evaluation activities							PP2
D.1.4: The evaluation matrix		D					
WP.2: Piloting and evaluating solutions							**PP8**
A.2.1: Piloting of the Need-Driven First-Stage Digital Health and Well-Being Guidance Solution							PP8
O.2.1: The First-Stage Digital Health and Well-Being Operating Model			O	O	O		
A.2.2: Peer-review process							PP7
D.2.2: Peer-review reports				D			
A.2.3: Evaluation of the solution							PP2
O.2.3: Results of the Evaluation					O		
A.2.4: Developing the final version of Need-Driven First-Stage Health and Well-Being Guidance Solution							PP1
D.2.4: Need-Driven First-Stage Digital Health and Well-Being Guidance Solution 2.0				D	D	D	
WP.3: Transferring solutions							**PP7**
A.3.1: Dissemination, Communication, Exploitation and Stakeholder Engagement							PP1
O.3.1: Dissemination, communication, exploitation and stakeholder engagement plan and execution	O						
A.3.2: Transfer and uptake workshops							PP8
D.3.2: Local replication plans				D			
A.3.3: Uptake and transfer of Need-Driven First-Stage Digital Health and Well-Being Guidance Solution							PP7
D.3.3: The BSR promotional campaign promoting the preventive health and wellbeing interrogation						D	

Outputs and deliverables overview

Code	Title	Description	Contribution to the output	Output/ deliverable contains an investment

O 1.1	Ethical guidelines and project objectives, measures and indicators	Ensure the overall management of the project to strengthen and support the partners to achieve the objectives, complete the milestones in time and deliver the deliverables. Ensure all appropriate ethical and regulatory principles are established and applied across the project, consisting of the best possible decisions concerning people, resources, and the environment. Ethical choices diminish risk, advance positive results, increase trust, determine long-term success and build reputations.		
O 1.2	An analysis and of the new health care preventive first-stage guidance and coaching models	An analysis of the new preventive first-stage guidance, “light-services” and coaching models. Based on self-assessment data, cost-effective “light-services” and coaching can be targeted in different areas of well-being and health proactively for those who potentially benefit the most from preventive mini-interventions. (e.g. early memory disorders, interpersonal relationships, depression, nutrition, etc.). The public sector has a statutory mandate to coordinate the preventive network of actors. The division of labor is agreed upon between public and third sector actors as part of the digital guidance solution. In an aging Europe, preventive support should be provided in cooperation between different actors. For example, there are 11,000 social and health care NGOs in Finland. Due to poor coordination, civic organizations are partly an untapped resource. For example in some project countries, an NGO can be responsible for guiding lonely older adults whereas public sector units guide in the other areas of well-being and health. In this phase, strategic partnerships will be agreed upon between municipalities and NGOs as part of first-stage digital guidance and counseling. This is crucial since demand is concentrated in public sector units that do not have sufficient resources to provide preventive services. The solution creates the conditions for the coordination of the preventive network and diverts demand away from prevention provided by the public sector to NGOs and other preventive actors.		
D 1.3	A Digital Solution for Targeting Preventive Guidance and Enabling Proactive Decision-Making	A two-tier need-driven self-assessment guidance solution for targeting preventive measures, guidance, and enabling proactive decision-making. 1) A Digital first-stage guidance (mobile app) based on self-assessment in different areas of well-being and health for coordinating preventive actors (e.g. public, NGOs) and targeting timely “light-support” and coaching: Immediate feedback based on self-assessment of factors influencing persons' well-being and health, a summary of recommendations and preventive service providers (e.g. public, NGOs) for the risk groups identified via self-assessment in different areas of well-being and health. 2) A Digital self-assessment solution in different areas of well-being and health for targeting and assessing the effectiveness of preventive measures and enabling proactive reporting at all levels in the elderly services: Comprehensive self-assessments in different areas of well-being and health for targeting preventive group measures, assessing the effectiveness of group measures, and enabling proactive decision making (e.g. what kind of preventive resources are missing and how the light support should be targeted, e.g. a memory attendant, psychologist, nutritionist, friend service, etc.)	The Need-Driven First-Stage Digital Health and Well-Being Guidance Operating Model	
D 1.4	The evaluation matrix	The evaluation matrix would act as a framework for the post-pilot evaluation activities within the WP2, the results of which would act as a basis for the final version of the solution.	Piloting of the Need-Driven First-Stage Digital Health and Well-Being Guidance Solution	
O 2.1	The First-Stage Digital Health and Well-Being Operating Model	Based on a comprehensive digital solution, two kinds of pilots will be carried out in different project countries. Examples of preventive operating model pilots: 1) A Digital guidance channel is a tool for public preventive units (e.g. age clinics, primary health care, customer guidance, etc.) to carry out preventive guidance in a timely manner and coordinate the network of preventive actors (public, NGOs, private). Based on self-assessment in different areas of well-being and health for coordinating preventive actors (e.g. public, NGOs) and targeting timely “light-support” and coaching. The public provider maintains and markets a digital guidance channel for older adults over the age of 65. Personalized guidance is based on self-assessment in different areas of well-being and health. The target is for the older adults to find all the information and preventive support they need in the service channel completely independently, without contacting the public service provider that maintains and markets the service. The aim is to direct the demand for preventive services to a wide network of preventive actors (e.g. public, NGOs, private) and through this curb the need for long-lasting and expensive continuous care, which is eroding prevention. 2) A Digital self-assessment solution in different areas of well-being and health for enabling proactive reporting at all levels in the public elderly services: Self-assessment data can be collected through targeted surveys e.g. as part of statutory health checks in a way that health checks can be carried out in a need-driven manner. Comprehensive profiling in different areas of well-being and health enables multi-professional collaboration timely collaboration, e.g. an older adult might be suffering from early memory disorders, depression, and loneliness at the same time. Data is generated at different levels enabling e.g. geographical profiling and proactive decision making. Different needs may be highlighted in different geographical areas. Through this, data enables the proactive allocation of resources e.g. within specific geographical areas.		
D 2.2	Peer-review reports	Each peer group would sum up the results of consultation and give feedback on each others pilot experience and would be summarized in a general report which would be used to finalize the solution. The publishable report would be also created to show the best practices and actions during the piloting to promote better replicability of the solution.	Evaluation of the Solution	

O 2.3	Results of the Evaluation	The digital divide between the generation groups is obvious. Thus, co-design of the digital solution and new "light" services with older population groups is vital. The phase emphasizes the importance of user involvement in the development processes of digital services. The accessibility, usability, and utilizability of the solution have been assessed by end-users (social welfare and health care professionals and older adults). The development needs of the operating model and the digital solution have been identified and further measures agreed upon.		
D 2.4	Need-Driven First-Stage Digital Health and Well-Being Guidance Solution 2.0	The further development of the digital solution and operating model has been agreed upon based on the implemented end-user evaluation. The key areas of development are the accessibility, usability, utilizability of the digital solution, and effectiveness of the preventive operating model (light-services and coaching).	Dissemination, Communication, Exploitation and Stakeholder Engagement	
O 3.1	Dissemination, communication, exploitation and stakeholder engagement plan and execution	The dissemination, communication, exploitation, and stakeholder engagement plan will be prepared in a transnational team and carried out in collaboration with the project partners, and it covers all the project countries. The plan will address project target and target group, key messages, communication practices (e.g. webpage, social media, media & policy briefs, side events at conferences, participation of the international and/or other projects' events/webinars etc.). As a part of the dissemination of the project results, It is also important to address, how the preventive solution is carried out in each project country. A media contact person is responsible for being the spokesperson for the project to the outside world. A contact person is responsible for providing a brief pitch presentation (s) to support national and international dissemination and communication. As part of the plan, also internal communication and dissemination practices are defined. Internal communication aims to inform all the people working on the project about actual results, events, plans, schedules, and decisions. It covers the information exchanged inside the project and with the key cooperatives. The information may vary between formal and very informal. Good communication creates trust, improves collaboration, and supports the success of the project activities. Examples of internal communication practices: project meetings: work package meetings, general project partners meetings, steering group meetings, Teams communication, seminars and workshops, events, newsletters, etc.).		
D 3.2	Local replication plans	Initially the workshops would be organized by each of the pilot partners to map the potential stakeholders and discuss the transfer of activities. As a result, a transfer package considering each Target Group (NGOs/SMEs, municipality employees), will be designed. Using the transfer package each pilot will strive to ensure the sustainability of the actions. The actions included into the transfer package would be identified during the project implementation period and will include such activities as workshops, campaigns smaller event and others. The events might be planned back-to-back with peer-review workshops, project meetings or other events, also adding experience exchange and transnational value to the activities.	3.1	
D 3.3	The BSR promotional campaign promoting the preventive health and wellbeing interrogation	The campaign would be targeted mainly at the older adults empowering them to take action to improve their quality of life. The contents and the platforms or tools to deliver the campaign's messages will be identified during the project implementation phase. Apart from the older adults the campaign would target the decision-makers in the municipalities and NGOs/SMEs to promote the benefits of the cooperative timely interventions and preventive care. The translation of the text or other materials into the local languages would be done by the project partners.	3.1	

Work package 1

5.1 Preparing solutions

5.2 Aim of the work package

The aim of this work package is to prepare solutions to help address the identified challenge. You can either develop entirely new solutions or adapt existing solutions to the needs of your target groups. Prepare your solutions in a way that you can pilot them in Work Package 2. Consider how you involve your target groups in preparation of the solutions.
Organise your activities in up to five groups of activities to present the actions you plan to implement. Describe the deliverables and outputs as well as present the timeline.

5.3 Work package leader

Work package leader 1 PP 1 - LAB University of Applied Sciences

Work package leader 2 PP 2 - Research Institutes of Sweden (RISE)

5.4 Work package budget

Work package budget 30%

5.5 Target groups

	Target group	How do you plan to reach out to and engage the target group?
1	Local public authority - University Hospital of Umeå (Sweden), - City of Turku (Finland), - Kärkölä municipality (Finland), - Jan Garduła Municipal Hospital in Świnoujście (Poland), - Siauliai Region municipality (Lithuania), - Senoliu Namai Hospital (Lithuania), - Viimsi municipality (Estonia) 278 / 500 characters	The operating model has been validated in discussions with the public social welfare and health care providers before the project. Public providers actively participate in the planning of the requirement specification of the digital solution and new innovative operating models and first-stage "light services", such as coaching and guidance based on self-assessment data collected from local elderly outside the regular service. The project is organized into working groups and steering groups where professionals, municipalities, and countries can learn from each other. Examples of project practices: project meetings: work package meetings, project partners meetings, steering group meetings, Teams communication, seminars and workshops, events, newsletters, etc. 768 / 1,000 characters
2	Higher education and research institution - LAB University of Applied Sciences (Finland), - The Research Institutes of Sweden (Sweden) 93 / 500 characters	RDI organizations have prepared the project in collaboration and have agreed on a division of labor as part of the project plan so that responsibilities are divided according to the organizations' expertise. Each RDI organization communicates the project in its own country and acts as a contact point for the public social welfare and health care providers in the respective country. RDI organizations are responsible for establishing a project organization in collaboration with stakeholders as well as project management, ethical guidelines, project Objectives, measures, indicators, and quality. RDI organizations will support stakeholders in the analysis of the new preventive operating models and "light" support as well as requirement specification of the digital solution. 782 / 1,000 characters
3	NGO National Regions Development Agency (Lithuania) 47 / 500 characters	As stated above. 16 / 1,000 characters
4	Small and medium enterprise An IT company responsible for the "core" platform for the two-stage digital solution will be selected through public procurement in Finland. 140 / 500 characters	During the first work package, the requirement specification of the digital solution will be carried out so that the SME(s) can be selected via public procurement during the second work package. The project will not build entirely new digital systems but will take advantage of the agile modifiable digital platforms on the market. The first-stage digital platform should be evaluated by the older adults in terms of accessibility, usability, and utilizability preferably before the Minimum Viable Product (MVP) pilot. 518 / 1,000 characters

5.6 Activities, deliverables, outputs and timeline

No.	Name
1.1	**Project Management, Ethical Guidelines, Project Objectives, Measures, Indicators and Quality**
1.2	**Analysis and Co-Design of the New Preventive Healthcare and Welfare Service and Operating Models**
1.3	**Development of the Minimum Viable Version of the First-Stage Digital Customer Guidance Solution**
1.4	**Mapping of the evaluation activities**

WP 1 Group of activities 1.1

5.6.1 Group of activities leader

Group of activities leader PP 1 - LAB University of Applied Sciences

A 1.1

5.6.2 Title of the group of activities

Project Management, Ethical Guidelines, Project Objectives, Measures, Indicators and Quality

92 / 100 characters

5.6.3 Description of the group of activities

Ensure the overall management of the project to strengthen and support the partners to achieve the objectives, complete the milestones in time and deliver the deliverables. Ensure all appropriate ethical and regulatory principles are established and applied across the project, consisting of the best possible decisions concerning people, resources and the environment. Ethical choices diminish risk, advance positive results, increase trust, determine long-term success and build reputations.

It is mandatory to ensure, that all appropriate ethical and regulatory principles are established and applied across the project, consisting of the best possible decisions concerning data, people, resources, and the environment. Ethical choices diminish risk, advance positive results, increase trust, determine long-term success and build reputations. The project will provide a new data source related to self-assessment data. It is crucial to ensure, that data collection, storage, and utilization are in line with national and international (GDPR) regulations.

LAB uses management tools to ensure a smooth flow of information and an optimal communication between project partners, which are essential for the project's success. LAB will be responsible for the information management inside the consortium. Given its strong expertise with European consortia, LAB will animate the consortium and utilize tools that will facilitate know-how exchanges and collaborative work. LAB will also provide tools to ensure financial management through timely provision of accurate financial information. Management templates will be prepared for collecting administrative partner information, establishing cost statements (timesheets, financial tables, risk assessment tools etc.), evaluating progress achieved by each partner for each task (advancement indicators), for deliverable and technical reports.

1,893 / 3,000 characters

5.6.5 This group of activities leads to the development of an output ✔

O 1.1

Title of the output

Ethical guidelines and project objectives, measures and indicators

66 / 100 characters

Description of the output

Ensure the overall management of the project to strengthen and support the partners to achieve the objectives, complete the milestones in time and deliver the deliverables. Ensure all appropriate ethical and regulatory principles are established and applied across the project, consisting of the best possible decisions concerning people, resources, and the environment. Ethical choices diminish risk, advance positive results, increase trust, determine long-term success and build reputations.

496 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Local public authority - University Hospital of Umeå (Sweden), - City of Turku (Finland), - Kärkölä municipality (Finland), - Jan Garduła Municipal Hospital in Świnoujście (Poland), - Siauliai Region municipality (Lithuania), - Senoliu Namai Hospital (Lithuania), - Viimsi municipality (Estonia)	The overall management of the project strengthens and supports the partners to achieve the objectives, complete the milestones in time and deliver the deliverables. Ethical and regulatory principles are established and applied across the project, consisting of the best possible decisions concerning data, people, resources, and the environment. Ethical choices diminish risk, advance positive results, increase trust, determine long-term success and build reputations. The project will provide a new data source related to self-assessment data. data collection, storage, and utilization are in line with national and international (GDPR) regulations. 652 / 1,000 characters
Target group 2 Higher education and research institution - LAB University of Applied Sciences (Finland), - The Research Institutes of Sweden (Sweden)	The overall management of the project strengthens and supports the partners to achieve the objectives, complete the milestones in time and deliver the deliverables. Ethical and regulatory principles are established and applied across the project, consisting of the best possible decisions concerning data, people, resources, and the environment. Ethical choices diminish risk, advance positive results, increase trust, determine long-term success and build reputations. The project will provide a new data source related to self-assessment data. data collection, storage, and utilization are in line with national and international (GDPR) regulations. 652 / 1,000 characters

Durability of the output

The project will create ethical guidelines and a goal-oriented operating model for preventive units in the public sector. Stakeholders will develop a collaborative model during the project that will benefit them after the end of the project. For example, RDI organizations can process information generated by digital self-assessment methods and strengthen the data-driven preventive operating model in municipalities e.g. with the help of practical TestLAB activities and simulations that mimic real operating models. Also, the effectiveness of timely measures is systematically studied in collaboration with municipalities and RDI organizations.

647 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.1: Preparing solutions						
A.1.1: Project Management, Ethical Guidelines, Project Objectives, Measures, Indicators and Quality						
O.1.1: Ethical guidelines and project objectives, measures and indicators						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 1 Group of activities 1.2

5.6.1 Group of activities leader

Group of activities leader PP 2 - Research Institutes of Sweden (RISE)

A 1.2

5.6.2 Title of the group of activities

Analysis and Co-Design of the New Preventive Healthcare and Welfare Service and Operating Models

97 / 100 characters

5.6.3 Description of the group of activities

Based on proof-of-concept discussions between the stakeholders prior to the project, the most critical assumptions are valid with the relevant end-users environment and/or real-world setting and assessment need-driven model's performance in comparison to the standard-of-care. The aim is to carry out a more specific analysis of how the solution is utilized as a part of the preventive unit's (e.g. day centers, age clinics, customer guidance, primary health care, municipalities, NGOs) processes and value chains (including public providers, SMEs, and NGOs). Carry out analysis of how the solution supports professionals in a) segmentation of the risk segments and b) targeting preventive measures in different areas of well-being and health. Based on self-assessment data, cost-effective "light-services" and coaching can be targeted in different areas of well-being and health in a proactive manner (e.g. early memory disorders, interpersonal relationships, depression, nutrition etc.). The digital divide between the generation groups is obvious. Thus, in this group of activities, also co-design of the new "light" services, coaching, and support with older population groups is vital.

1,192 / 3,000 characters

5.6.5 This group of activities leads to the development of an output ✔

O 1.2

Title of the output

An analysis and of the new health care preventive first-stage guidance and coaching models

90 / 100 characters

Description of the output

An analysis of the new preventive first-stage guidance, “light-services” and coaching models. Based on self-assessment data, cost-effective “light-services” and coaching can be targeted in different areas of well-being and health proactively for those who potentially benefit the most from preventive mini-interventions. (e.g. early memory disorders, interpersonal relationships, depression, nutrition, etc.).

The public sector has a statutory mandate to coordinate the preventive network of actors. The division of labor is agreed upon between public and third sector actors as part of the digital guidance solution. In an aging Europe, preventive support should be provided in cooperation between different actors. For example, there are 11,000 social and health care NGOs in Finland. Due to poor coordination, civic organizations are partly an untapped resource.

For example in some project countries, an NGO can be responsible for guiding lonely older adults whereas public sector units guide in the other areas of well-being and health. In this phase, strategic partnerships will be agreed upon between municipalities and NGOs as part of first-stage digital guidance and counseling. This is crucial since demand is concentrated in public sector units that do not have sufficient resources to provide preventive services. The solution creates the conditions for the coordination of the preventive network and diverts demand away from prevention provided by the public sector to NGOs and other preventive actors.

1,519 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Local public authority - University Hospital of Umeå (Sweden), - City of Turku (Finland), - Kärkölä municipality (Finland), - Jan Garduła Municipal Hospital in Świnoujście (Poland), - Siauliai Region municipality (Lithuania), - Senoliu Namai Hospital (Lithuania), - Viimsi municipality (Estonia)	Based on analysis of the new preventive first-stage guidance, “light-services” and coaching models, cost-effective timely collaboration with professionals and a customer can be targeted in different areas of well-being and health in a proactive manner (e.g. psychologist, substance abuse worker, physiotherapist, nutrition therapist, exercise instructor, financial instructor, friend service instructor, sleep therapist , etc.). The digital solution strengthens the knowledge base of professionals about well-being and health holistically. The solution includes information guidance related to health and well-being for professionals (e.g. personalized risk factors based on self-assessment, customer segments, etc.). Public sector service providers maintaining the solution can add the content to the solution e.g. health recommendations, preventive service providers, etc.

883 / 1,000 characters

Durability of the output

The increase in the cost of expensive long-lasting remedial elderly services (e.g. home care) makes the public service system vulnerable and significantly undermines the ability to support the elderly in their everyday environments. To promote the well-being of older adults, the public sector (municipalities and social- and health care districts) are obliged to corroborate preventive support for the elderly. Thus, the public sector is interested in the development and implementation of the need-driven timely support based on the self-assessment data provided by the elderly after the project has ended. RDI organizations can process information generated by digital self-assessment methods and strengthen the data-driven preventive operating model in municipalities e.g. with the help of practical TestLAB activities and simulations that mimic real operating models. Also, the effectiveness of timely measures is systematically studied in collaboration with municipalities and RDI organizations

1,000 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.1: Preparing solutions						
A.1.2: Analysis and Co-Design of the New Preventive Healthcare and Welfare Service and Operating Models						
O.1.2: An analysis and of the new health care preventive first-stage guidance and coaching models						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 1 Group of activities 1.3

5.6.1 Group of activities leader

Group of activities leader PP 1 - LAB University of Applied Sciences

A 1.3

5.6.2 Title of the group of activities

Development of the Minimum Viable Version of the First-Stage Digital Customer Guidance Solution

96 / 100 characters

5.6.3 Description of the group of activities

In this work package, a public procurement process is carried out related to a modifiable digital platform(s) suitable for the purpose. The solution has to be In line with The Web Accessibility Directive (Directive (EU) 2016/2102) as well as General Data Protection Regulation (GDPR). In the terms of accessibility, usability, and utilizability, the digital service channel is based on research as well as the content of the platform regarding the self-assessment indications in different areas of well-being and health.

The digital divide between the generation groups is obvious. Thus, co-design of the digital solution and new "light" services with older population groups is vital. The first-stage digital platform should be evaluated by the older adults in terms of accessibility, usability, and utilizability preferably before the Minimum Viable Product (MVP) pilot. This should be taken into account when public procurement in the requirement specification of the solution.

Also, adequate performance metrics in different areas of health and well-being are defined (e.g. coping in everyday life, nutrition, memory disorders, physical activity, depression, interpersonal relationships, drugs, financial management, etc.). In other words, validated self-assessment indicators in different areas of well-being and health are defined for solution development. Define the user interface of the solution and test it with respective end-users e.g. in the RDI organization's TestLabs and simulations.

The validated self-assessment indicators can be found e.g. in Toimia Functioning Measures Database maintained by the Finnish Institute of Health and Welfare. The guidelines and measures published in the database have been systematically evaluated by the TOIMIA network of experts for their validity, reliability, and usability for different purposes. The database was developed by the national TOIMIA network of experts for the measuring and assessment of functioning: https://thl.fi/en/web/functioning/toimia-functioning-measures-database

2,047 / 3,000 characters

D 1.3

Title of the deliverable

A Digital Solution for Targeting Preventive Guidance and Enabling Proactive Decision-Making

92 / 100 characters

Description of the deliverable

A two-tier need-driven self-assessment guidance solution for targeting preventive measures, guidance, and enabling proactive decision-making.
1) A Digital first-stage guidance (mobile app) based on self-assessment in different areas of well-being and health for coordinating preventive actors (e.g. public, NGOs) and targeting timely “light-support” and coaching: Immediate feedback based on self-assessment of factors influencing persons' well-being and health, a summary of recommendations and preventive service providers (e.g. public, NGOs) for the risk groups identified via self-assessment in different areas of well-being and health.
2) A Digital self-assessment solution in different areas of well-being and health for targeting and assessing the effectiveness of preventive measures and enabling proactive reporting at all levels in the elderly services:
Comprehensive self-assessments in different areas of well-being and health for targeting preventive group measures, assessing the effectiveness of group measures, and enabling proactive decision making (e.g. what kind of preventive resources are missing and how the light support should be targeted, e.g. a memory attendant, psychologist, nutritionist, friend service, etc.)

1,243 / 2,000 characters

Which output does this deliverable contribute to?

The Need-Driven First-Stage Digital Health and Well-Being Guidance Operating Model

82 / 100 characters

5.6.5 This group of activities leads to the development of an output ☐

5.6.6 Timeline

	Period: 1	2	3	4	5	6
WP.1: Preparing solutions						
A.1.3: Development of the Minimum Viable Version of the First-Stage Digital Customer Guidance Solution						
D.1.3: A Digital Solution for Targeting Preventive Guidance and Enabling Proactive Decision-Making						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 1 Group of activities 1.4

5.6.1 Group of activities leader

Group of activities leader PP 2 - Research Institutes of Sweden (RISE)

A 1.4

5.6.2 Title of the group of activities

Mapping of the evaluation activities

36 / 100 characters

5.6.3 Description of the group of activities

Planning of assessment & evaluation that would include evaluation of the model and the implementation of the solution in the pilots (the proven measurables might be used to pre-assess the pilot cities and to later show the improvement)
defining methods and indicators for the two tier evaluation (model and pilots/ general and partticular)
According to the defined methods the data would be analysed either by obtaining the ready data from the partners or by partners collecting the data themselves.

500 / 3,000 characters

D 1.4

Title of the deliverable

The evaluation matrix

21 / 100 characters

Description of the deliverable

The evaluation matrix would act as a framework for the post-pilot evaluation activities within the WP2, the results of which would act as a basis for the final version of the solution.

184 / 2,000 characters

Which output does this deliverable contribute to?

Piloting of the Need-Driven First-Stage Digital Health and Well-Being Guidance Solution

87 / 100 characters

5.6.5 This group of activities leads to the development of an output ☐

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.1: Preparing solutions						
A.1.4: Mapping of the evaluation activities						
D.1.4: The evaluation matrix						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

Work package 2

5.1 Piloting and evaluating solutions

5.2 Aim of the work package

The aim of this work package is to pilot, evaluate and adjust solutions. Plan one or several pilots to validate the usefulness of the solutions prepared in Work Package 1. Start Work Package 2 early enough to have time to pilot, evaluate and adjust solutions, together with your target groups. By the end of this work package implementation the solutions should be ready to be transferred to your target groups in Work Package 3.
The piloted and adjusted solution should be presented in one project output.
Organise your activities in up to five groups of activities. Describe the deliverables and outputs as well as present the timeline.

5.3 Work package leader

Work package leader 1 PP 8 - Region Västerbotten

Work package leader 2 PP 7 - City of Turku

5.4 Work package budget

Work package budget 30%

5.4.1 Number of pilots

Number of pilots 7

5.5 Target groups

	Target group	How do you plan to reach out to and engage the target group?
1	Local public authority - University Hospital of Umeå (Sweden), - City of Turku (Finland), - Kärkölä municipality (Finland), - Jan Garduła Municipal Hospital in Świnoujście (Poland), - Siauliai Region municipality (Lithuania), - Senoliu Namai Hospital (Lithuania), - Viimsi municipality (Estonia) 278 / 500 characters	The project organizations are to choose between the digital solutions 1 and 2 and point out the preventive unit and operating model they prefer to pilot the chosen solution. The public elderly service providers from each country attend testing the different elements of the first-stage need-driven guidance solution within a service structure in question (e.g. age clinics, age counseling, customer guidance etc). Based on the self-assessment data provided by the elderly, the multi-professional teams designated in each country are responsible for the design and implementation of new preventive support. Experiences of new operating model practices are shared in transnational project and steering groups. 707 / 1,000 characters
2	Higher education and research institution - LAB University of Applied Sciences (Finland), - The Research Institutes of Sweden (Sweden) 93 / 500 characters	RDI organizations are supporting the implementation (e.g. through simulations and TestBed activities), evaluating and adjusting the need-driven solution in a national context and multi-professional project teams. This is mandatory since the service structure and operating model varies in each country. RDI organizations are responsible for carrying out pilots prepared in wp 1. By the end of this wp, the best practices are shared within the project stakeholders and the solution is ready to be transferred to target groups during wp 3. 537 / 1,000 characters
3	NGO National Regions Development Agency (Lithuania) 47 / 500 characters	As stated above. 16 / 1,000 characters
4	Small and medium enterprise An IT company responsible for the "core" platform for the two-stage digital solution will be selected through public procurement in Finland. 140 / 500 characters	A need-driven self-assessment guidance solution for targeting preventive measures, guidance, and enabling proactive decision-making. 1) A Digital solution for multi-dimensional need-driven well-being self-assessment surveys for targeting preventive measures and reporting at all levels in the elderly services. 2) A Digital guidance solution based on self-assessment in different areas of well-being and health for coordinating preventive actors (e.g. public, NGOs) and targeting timely interventions. 504 / 1,000 characters

5.6 Activities, deliverables, outputs and timeline

No.	Name
2.1	**Piloting of the Need-Driven First-Stage Digital Health and Well-Being Guidance Solution**
2.2	**Peer-review process**
2.3	**Evaluation of the solution**
2.4	**Developing the final version of Need-Driven First-Stage Health and Well-Being Guidance Solution**

WP 2 Group of activities 2.1

5.6.1 Group of activities leader

Group of activities leader PP 8 - Region Västerbotten

A 2.1

5.6.2 Title of the group of activities

Piloting of the Need-Driven First-Stage Digital Health and Well-Being Guidance Solution

89 / 100 characters

5.6.3 Description of the group of activities

Social welfare and health care professionals employ quantitative self-assessment indicators to identify and follow up on individuals with high risk in different areas of well-being and health (e.g. coping in everyday life, nutrition, memory disorders, physical activity, depression, interpersonal relationships, drugs, financial management, prevention of exclusion etc.). Older adults benefit from targeted and timely health care measures superior to the standard of care.

Based on a comprehensive digital solution, two kinds of pilots will be carried out in different project countries. Examples of preventive operating model pilots: 1) A Digital guidance channel is a tool for public preventive units (e.g. hospitals, day centers, age clinics, primary health care, customer guidance, etc.) 2) A Digital self-assessment solution in different areas of well-being and health for enabling proactive reporting at all levels in the public elderly services.

Based on the self-assessment data provided by the elderly, the multi-professional teams designated in each country are responsible for the design and implementation of new preventive support. Experiences of new operating model practices are shared in transnational project and steering groups.

A more detailed description is presented in chapter 5.6.5.

1,312 / 3,000 characters

5.6.5 This group of activities leads to the development of an output ✔

O 2.1

Title of the output

The First-Stage Digital Health and Well-Being Operating Model

61 / 100 characters

Description of the output

Based on a comprehensive digital solution, two kinds of pilots will be carried out in different project countries. Examples of preventive operating model pilots:

1) A Digital guidance channel is a tool for public preventive units (e.g. age clinics, primary health care, customer guidance, etc.) to carry out preventive guidance in a timely manner and coordinate the network of preventive actors (public, NGOs, private). Based on self-assessment in different areas of well-being and health for coordinating preventive actors (e.g. public, NGOs) and targeting timely “light-support” and coaching.
The public provider maintains and markets a digital guidance channel for older adults over the age of 65. Personalized guidance is based on self-assessment in different areas of well-being and health. The target is for the older adults to find all the information and preventive support they need in the service channel completely independently, without contacting the public service provider that maintains and markets the service. The aim is to direct the demand for preventive services to a wide network of preventive actors (e.g. public, NGOs, private) and through this curb the need for long-lasting and expensive continuous care, which is eroding prevention.

2) A Digital self-assessment solution in different areas of well-being and health for enabling proactive reporting at all levels in the public elderly services:
Self-assessment data can be collected through targeted surveys e.g. as part of statutory health checks in a way that health checks can be carried out in a need-driven manner. Comprehensive profiling in different areas of well-being and health enables multi-professional collaboration timely collaboration, e.g. an older adult might be suffering from early memory disorders, depression, and loneliness at the same time. Data is generated at different levels enabling e.g. geographical profiling and proactive decision making. Different needs may be highlighted in different geographical areas. Through this, data enables the proactive allocation of resources e.g. within specific geographical areas.

2,122 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Local public authority - University Hospital of Umeå (Sweden), - City of Turku (Finland), - Kärkölä municipality (Finland), - Jan Garduła Municipal Hospital in Świnoujście (Poland), - Siauliai Region municipality (Lithuania), - Senoliu Namai Hospital (Lithuania), - Viimsi municipality (Estonia)	The innovative operating model for professionals: Health care and/or social welfare professionals in the public sector (e.g. in hospitals, age clinics, health centers, customer guidance units) have access to the solution based on modern research, supporting the screening of risk groups related to e.g. early memory disorders, nutrition, interpersonal relations, etc.), and through this targeting first-stage lifestyle guidance to those who potentially benefit from preventive interventions. The digital solution corroborates the knowledge base of the professionals about well-being and health holistically. The solution includes information for prioritization and multi-professional collaboration related to health and well-being for professionals (e.g. customer specific risk factors based on self-assessment, customer segments, etc.). Public sector service providers maintaining the solution can add the content to the solution e.g. health recommendations, preventive service providers, etc.

997 / 1,000 characters

Durability of the output

After the project, municipalities are committed to the implementation and funding of the digital solution, which enables a need-driven preventive operating model in municipalities. The digital solution is owned and maintained by the company/companies selected through the tender. The digital solution is delivered as a modifiable SaaS service. The goal is that the municipalities involved will conclude a contract with SME(s).

The digital solution provides anonymized data for the attending research and development organizations under the GDPR Regulation, which enables data utilization in research, development, and knowledge management. The areas of interest may be, for example, the effectiveness of need-driven support measures, cost-effectiveness, the effects of need-driven data and information on proactive decision-making, etc.

837 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: Piloting and evaluating solutions						
A.2.1: Piloting of the Need-Driven First-Stage Digital Health and Well-Being Guidance Solution						
O.2.1: The First-Stage Digital Health and Well-Being Operating Model						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 2 Group of activities 2.2

5.6.1 Group of activities leader

Group of activities leader PP 7 - City of Turku

A 2.2

5.6.2 Title of the group of activities

Peer-review process

19 / 100 characters

5.6.3 Description of the group of activities

The peer-review process will contribute to the transnational value. The peers would be grouped to include at least three pilots in each group from different partner countries. peer-to-peer exchanges will be ongoing through the WP2 in the form of online/offline peer consultations, and the consultations would be concluded by the peer-visits and the peer-workshop during which the consultations of the peer-review process would be summed up.

The results of the peer consultations and the feedback given by partners would be used for the learning and identification of best practices in the implementation of the solution. The results will also be utilized to improve and develop the final version of the solution.

713 / 3,000 characters

D 2.2

Title of the deliverable

Peer-review reports

19 / 100 characters

Description of the deliverable

Each peer group would sum up the results of consultation and give feedback on each others pilot experience and would be summarized in a general report which would be used to finalize the solution. The publishable report would be also created to show the best practices and actions during the piloting to promote better replicability of the solution.

349 / 2,000 characters

Which output does this deliverable contribute to?

Evaluation of the Solution

26 / 100 characters

5.6.5 This group of activities leads to the development of an output ☐

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: Piloting and evaluating solutions						
A.2.2: Peer-review process						
D.2.2: Peer-review reports						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 2 Group of activities 2.3

5.6.1 Group of activities leader

Group of activities leader PP 2 - Research Institutes of Sweden (RISE)

A 2.3

5.6.2 Title of the group of activities

Evaluation of the solution

27 / 100 characters

5.6.3 Description of the group of activities

An overview of the accessibility, usability, and applicability of the solution and the results to finalize the need-driven first-stage digital health and well-being guidance solution

182 / 3,000 characters

5.6.5 This group of activities leads to the development of an output ✔

O 2.3

Title of the output

Results of the Evaluation

25 / 100 characters

Description of the output

The digital divide between the generation groups is obvious. Thus, co-design of the digital solution and new "light" services with older population groups is vital. The phase emphasizes the importance of user involvement in the development processes of digital services. The accessibility, usability, and utilizability of the solution have been assessed by end-users (social welfare and health care professionals and older adults). The development needs of the operating model and the digital solution have been identified and further measures agreed upon.

557 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Local public authority - University Hospital of Umeå (Sweden), - City of Turku (Finland), - Kärkölä municipality (Finland), - Jan Garduła Municipal Hospital in Świnoujście (Poland), - Siauliai Region municipality (Lithuania), - Senoliu Namai Hospital (Lithuania), - Viimsi municipality (Estonia)	The phase makes visible the development needs of the solution in terms of accessibility, usability, and utilizability, which are critical success factors of the solution after the project has ended. 198 / 1,000 characters
Target group 2 Higher education and research institution - LAB University of Applied Sciences (Finland), - The Research Institutes of Sweden (Sweden)	An overview of the accessibility, usability, and utilizability of the solution and the results to finalize the need-driven first-stage digital health and well-being guidance solution. 183 / 1,000 characters

Durability of the output

Key partners in the phase are providers of public preventive services, RDI organizations, SMEs, and end-users (social welfare and health care professionals and older adults). The phase makes visible the development needs of the solution in terms of accessibility, usability, and utilizability, which are critical success factors of the solution after the project has ended.

373 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: Piloting and evaluating solutions						
A.2.3: Evaluation of the solution						
O.2.3: Results of the Evaluation						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 2 Group of activities 2.4

5.6.1 Group of activities leader

Group of activities leader PP 1 - LAB University of Applied Sciences

A 2.4

5.6.2 Title of the group of activities

Developing the final version of Need-Driven First-Stage Health and Well-Being Guidance Solution

95 / 100 characters

5.6.3 Description of the group of activities

Basing on the peer-review and evaluation results and the feedback of the pilot coordinators, the solution would be adapted and finalised. The final version would also include the fixes to improve the applicability and replicability of the solution.

248 / 3,000 characters

D 2.4

Title of the deliverable

Need-Driven First-Stage Digital Health and Well-Being Guidance Solution 2.0

76 / 100 characters

Description of the deliverable

The further development of the digital solution and operating model has been agreed upon based on the implemented end-user evaluation. The key areas of development are the accessibility, usability, utilizability of the digital solution, and effectiveness of the preventive operating model (light-services and coaching).

319 / 2,000 characters

Which output does this deliverable contribute to?

Dissemination, Communication, Exploitation and Stakeholder Engagement

70 / 100 characters

5.6.5 This group of activities leads to the development of an output ☐

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: Piloting and evaluating solutions						
A.2.4: Developing the final version of Need-Driven First-Stage Health and Well-Being Guidance Solution						
D.2.4: Need-Driven First-Stage Digital Health and Well-Being Guidance Solution 2.0						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

Work package 3

5.1 Transferring solutions

5.2 Aim of the work package

In Work Package 3, communicate and transfer the ready solutions to your target groups. Plan at least one year for this work package to transfer your solutions to the target groups, considering their respective needs. Select suitable activities to encourage your target groups to use the solutions in their daily work.
Organise your activities in up to five groups of activities. Describe the deliverables and outputs as well as present the timeline.

5.3 Work package leader

Work package leader 1 PP 7 - City of Turku

Work package leader 2 PP 4 - National Regions Development Agency

5.4 Work package budget

Work package budget 30%

5.5 Target groups

	Target group	How do you plan to reach out to and engage the target group?
1	Local public authority - University Hospital of Umeå (Sweden), - City of Turku (Finland), - Kärkölä municipality (Finland), - Jan Garduła Municipal Hospital in Świnoujście (Poland), - Siauliai Region municipality (Lithuania), - Senoliu Namai Hospital (Lithuania), - Viimsi municipality (Estonia) 278 / 500 characters	As part of the project's dissemination, communication, exploitation, and stakeholder engagement plan, also internal communication and dissemination practices are defined between RDI organizations and municipalities. Internal communication aims to inform all the people working on the project about actual results, events, plans, schedules, and decisions. It covers the information exchanged inside the project and with the key cooperatives. The information may vary between formal and very informal. Good communication creates trust, improves collaboration, and supports the success of the project activities. Examples of internal communication practices: project meetings: work package meetings, general project partners meetings, steering group meetings, Teams communication, seminars and workshops, events, newsletters, etc.). 829 / 1,000 characters
2	Higher education and research institution - LAB University of Applied Sciences (Finland), - The Research Institutes of Sweden (Sweden) 93 / 500 characters	RDI-organizations are responsible for the project's dissemination, communication, exploitation, and stakeholder engagement plan. The plan will be prepared in a transnational team and carried out in collaboration with the project partners, and it covers all the project countries. The plan will address project target and target group, key messages, communication practices (e.g. webpage, social media, media & policy briefs, side events at conferences, etc.). 460 / 1,000 characters
3	NGO National Regions Development Agency (Lithuania) 47 / 500 characters	The international governmental organization is responsible for the project's dissemination, communication, exploitation, and stakeholder engagement plan. The plan will be prepared in a transnational team and carried out in collaboration with the project partners, and it covers all the project countries. The plan will address project target and target group, key messages, communication practices (e.g. webpage, social media, media & policy briefs, side events at conferences, etc.). 485 / 1,000 characters
4	Small and medium enterprise An IT company responsible for the "core" platform for the two-stage digital solution will be selected through public procurement in Finland. 140 / 500 characters	The digital solution will be carried out with the respective SME(s) in collaboration with stakeholders. 104 / 1,000 characters

5.6 Activities, deliverables, outputs and timeline

No.	Name
3.1	**Dissemination, Communication, Exploitation and Stakeholder Engagement**
3.2	**Transfer and uptake workshops**
3.3	**Uptake and transfer of Need-Driven First-Stage Digital Health and Well-Being Guidance Solution**

WP 3 Group of activities 3.1

5.6.1 Group of activities leader

Group of activities leader PP 1 - LAB University of Applied Sciences

A 3.1

5.6.2 Title of the group of activities

Dissemination, Communication, Exploitation and Stakeholder Engagement

70 / 100 characters

5.6.3 Description of the group of activities

Disseminate information about the project, its objectives, the approaches and results.
Coordinate internal and external communication of the project between consortium members and the public through the project website, social media platforms and seminars.
Create and lead a high-level stakeholder board.
Create and lead a cluster of EU-projects related to Responsive Public Services.

388 / 3,000 characters

5.6.5 This group of activities leads to the development of an output ✔

O 3.1

Title of the output

Dissemination, communication, exploitation and stakeholder engagement plan and execution

88 / 100 characters

Description of the output

The dissemination, communication, exploitation, and stakeholder engagement plan will be prepared in a transnational team and carried out in collaboration with the project partners, and it covers all the project countries. The plan will address project target and target group, key messages, communication practices (e.g. webpage, social media, media & policy briefs, side events at conferences, participation of the international and/or other projects' events/webinars etc.). As a part of the dissemination of the project results, It is also important to address, how the preventive solution is carried out in each project country. A media contact person is responsible for being the spokesperson for the project to the outside world. A contact person is responsible for providing a brief pitch presentation (s) to support national and international dissemination and communication.

As part of the plan, also internal communication and dissemination practices are defined. Internal communication aims to inform all the people working on the project about actual results, events, plans, schedules, and decisions. It covers the information exchanged inside the project and with the key cooperatives. The information may vary between formal and very informal. Good communication creates trust, improves collaboration, and supports the success of the project activities. Examples of internal communication practices: project meetings: work package meetings, general project partners meetings, steering group meetings, Teams communication, seminars and workshops, events, newsletters, etc.).

1,587 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Higher education and research institution - LAB University of Applied Sciences (Finland), - The Research Institutes of Sweden (Sweden)	The regional and national RDI-organizations and contact points are committed to disseminate and communicate the results during and after the project has ended. To ensure this, dissemination, communication, exploitation, and stakeholder engagement plan is drawn up, including exploitation of the results. 305 / 1,000 characters
Target group 2 Local public authority - University Hospital of Umeå (Sweden), - City of Turku (Finland), - Kärkölä municipality (Finland), - Jan Garduła Municipal Hospital in Świnoujście (Poland), - Siauliai Region municipality (Lithuania), - Senoliu Namai Hospital (Lithuania), - Viimsi municipality (Estonia)	Project municipalities are committed to communicating the project at a national level, for example through municipal advocacy organizations, e.g. in Finland Association of Finnish Local and Regional Authorities. The national associations of local and regional authorities are responsible for communicating and transferring solutions and operating models within the respective country. The role of the organizations are specified in the. dissemination, communication, exploitation, and stakeholder engagement plan. 513 / 1,000 characters

Durability of the output

Municipalities are responsible for providing preventive guidance and support for the elderly. Thus, they have a significant role in organizing preventive measures and curbing the need for expensive and long-lasting continuous care. Also in some project countries (e.g. in Finland), there are also financial incentives for municipalities to promote health and well-being. A hundred million euros are distributed to municipalities based on how well the health and well-being targets are achieved. Through this, the municipalities are dedicated to the funding of the digital solution after the project has ended.

The solution provides data that RDI organizations can utilize in research, development, and knowledge management under GDPR. RDI organizations have a statutory mandate and performance goals to launch development and research projects and disseminate results nationally and internationally. SMEs benefit from new international networks and the development of international business.

993 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.3: Transferring solutions						
A.3.1: Dissemination, Communication, Exploitation and Stakeholder Engagement						
O.3.1: Dissemination, communication, exploitation and stakeholder engagement plan and execution						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 3 Group of activities 3.2

5.6.1 Group of activities leader

Group of activities leader PP 8 - Region Västerbotten

A 3.2

5.6.2 Title of the group of activities

Transfer and uptake workshops

29 / 100 characters

5.6.3 Description of the group of activities

Pilot partners organize, with the support of expert partners, replication workshops for target groups and local stakeholders (NGOs/SMEs, municipal employees, etc.) to map the potential ways of replication of the pilot activities locally and nationally.
Pilot partners would involve local pilot stakeholders (NGOs/SMEs, municipality employees, etc.) in making local communication plans, and plan measures such as workshops, campaigns, smaller events etc with the aim of increasing local engagement regarding the uptake and the durability of the experiences gathered during the piloting.

585 / 3,000 characters

D 3.2

Title of the deliverable

Local replication plans

23 / 100 characters

Description of the deliverable

Initially the workshops would be organized by each of the pilot partners to map the potential stakeholders and discuss the transfer of activities. As a result, a transfer package considering each Target Group (NGOs/SMEs, municipality employees), will be designed. Using the transfer package each pilot will strive to ensure the sustainability of the actions. The actions included into the transfer package would be identified during the project implementation period and will include such activities as workshops, campaigns smaller event and others.

The events might be planned back-to-back with peer-review workshops, project meetings or other events, also adding experience exchange and transnational value to the activities.

728 / 2,000 characters

Which output does this deliverable contribute to?

3.1

3 / 100 characters

5.6.5 This group of activities leads to the development of an output ☐

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.3: Transferring solutions						
A.3.2: Transfer and uptake workshops						
D.3.2: Local replication plans						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 3 Group of activities 3.3

5.6.1 Group of activities leader

Group of activities leader PP 7 - City of Turku

A 3.3

5.6.2 Title of the group of activities

Uptake and transfer of Need-Driven First-Stage Digital Health and Well-Being Guidance Solution

94 / 100 characters

5.6.3 Description of the group of activities

Promotional campaigns for promoting the digital tool would be designed and held during the transfer part of the project. A promotional campaign would be tailored to show the challenge and the solution of the challenge within the pilots and would be a good way to visualize the benefits of using the tool. The exact actions would be discussed and identified during WP1 & WP2.

374 / 3,000 characters

D 3.3

Title of the deliverable

The BSR promotional campaign promoting the preventive health and wellbeing interrogation

88 / 100 characters

Description of the deliverable

The campaign would be targeted mainly at the older adults empowering them to take action to improve their quality of life.
The contents and the platforms or tools to deliver the campaign's messages will be identified during the project implementation phase.
Apart from the older adults the campaign would target the decision-makers in the municipalities and NGOs/SMEs to promote the benefits of the cooperative timely interventions and preventive care.
The translation of the text or other materials into the local languages would be done by the project partners.

563 / 2,000 characters

Which output does this deliverable contribute to?

3.1

3 / 100 characters

5.6.5 This group of activities leads to the development of an output ☐

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.3: Transferring solutions						
A.3.3: Uptake and transfer of Need-Driven First-Stage Digital Health and Well-Being Guidance Solution					■	■
D.3.3: The BSR promotional campaign promoting the preventive health and wellbeing interrogation						■

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

6. Indicators

Indicators

Output indicators				Result indicators		
Output indicators	**Total target value in number**	**Project outputs**	**Please explain how the solution presented in this output serves the target group(s).**	**Result indicator**	**Total target value in number**	**Please explain how organisations in the target groups within or outside the partnership will take up or upscale each solution.**
RCO 84 – Pilot actions developed jointly and implemented in projects	7	N/A	N/A	**RCR 104 - Solutions taken up or up-scaled by organisations**	5	Public social welfare and health care providers utilize preventive customer guidance for targeting timely support in everyday environments by gathering all the health and well-being related information and preventive support into an easy-to-use digital service channel and marketing it actively to potential older adults outside the regular services (e.g. home care, 24-hour care). The aim is to curb the need for long-lasting and expensive continuous care. RDI organizations can leverage the data generated from the digital solution(s) in the research and development of preventive operating models in different areas of well-being and health. The data is anonymized and thus in line with GDPR. 696 / 2,000 characters
		O.1.1: Ethical guidelines and project objectives, measures and indicators	Ethical guidelines, quality, and management tools are mandatory to ensure a smooth flow of information and optimal communication between project partners, which are essential for the project's success. LAB will be responsible for the information management inside the consortium. Given its strong expertise with European consortia, LAB will animate the consortium and develop tools that will facilitate know-how exchanges and collaborative work. This will also bring strong support to the consortium. LAB will also provide tools to ensure financial management through the timely provision of accurate financial information. Management templates will be prepared for collecting administrative partner information, establishing cost statements (timesheets, financial tables), evaluating progress achieved by each partner for each task (advancement indicators), for deliverable and technical reports. 897 / 1,000 characters			
		O.1.2: An analysis and of the new health care preventive first-stage guidance and coaching models	Due to an aging Europe, public social welfare and health care providers are obligated to allocate resources in a preventive manner. Innovative and cost-effective "light services" and coaching are targeted at those who potentially benefit the most from preventive mini-interventions. Based on self-assessment data, cost-effective "light services" and coaching can be targeted in different areas of well-being and health in a proactive manner (e.g. early memory disorders, interpersonal relationships, depression, nutrition, etc.). 529 / 1,000 characters			

Output indicators	Total target value in number	Project outputs	Please explain how the solution presented in this output serves the target group(s).
RCO 116 – Jointly developed solutions	5	O.2.1: The First-Stage Digital Health and Well-Being Operating Model	The preventive public social welfare and health care units utilize modern digital solutions to enable timely collaboration and to curb the need for long-lasting continuous care (home care & 24-hour care). A two-tier need-driven self-assessment guidance solution for targeting preventive measures, guidance, and enabling proactive decision-making. 1) A Digital solution for multi-dimensional need-driven well-being self-assessment surveys for targeting preventive measures and reporting at all levels in the elderly services. 2) A Digital service channel based on self-assessment in different areas of well-being and health for coordinating preventive actors (e.g. public, NGOs) and targeting timely interventions. 716 / 1,000 characters
		O.2.3: Results of the Evaluation	An overview of the accessibility, usability, and utilizability of the solution and the results to finalize the need-driven first-stage digital health and well-being guidance solution. The phase emphasizes the importance of user involvement in the development processes of digital services. The accessibility, usability and utilizability of the solution have been assessed by end-users (social welfare and health care professionals and older adults). The development needs of the operating model and the digital solution have been identified and further measures agreed. 570 / 1,000 characters

Output indicators	Total target value in number	Project outputs	Please explain how the solution presented in this output serves the target group(s).
		O.3.1: Dissemination, communication, exploitation and stakeholder engagement plan and execution	The dissemination, communication, exploitation, and stakeholder engagement plan will be prepared in a transnational team and carried out in collaboration with the project partners, and it covers all the project countries. The plan will address project target and target group, key messages, communication practices (e.g. webpage, social media, media & policy briefs, side events at conferences, etc.). As a part of the dissemination of the project results, It is also important to address, how the preventive solution is carried out in each project country. As part of the plan, also internal communication and dissemination practices are defined. Internal communication aims to inform all the people working on the project about actual results, events, plans, schedules, and decisions. It covers the information exchanged inside the project and with the key cooperatives. 873 / 1,000 characters

Output indicators		Result indicators			
Output indicator	**Total target value in number**	**Result indicator**	**Total target value in number**	**Please describe what types of organisations are planned to actively participate in the project. Explain how this participation will increase their institutional capacity. These types of organisations should be in line with the target groups you have defined for your project.**	
RCO 87 - Organisations cooperating across borders	10	**PSR 1 - Organisations with increased institutional capacity due to their participation in cooperation activities across borders**	10	Project partners and associated organisations	The operating model in the public elderly services is reactive and the results are in line with it - the share of expensive remedial support and continuous care in the budget is growing every year eroding prevention. The project will increase significantly to provide services in a targeted and preventive manner. Unlike continuous care, targeted preventive support is timely, short-term, and cost-effective. The shift from long-lasting remedial support to prevention is mandatory to maintain humanly and economically sustainable elderly services. The digital solution provides anonymized data for the attending research and development organizations under the GDPR, which enables data utilization in research, development, and knowledge management. The areas of interest may be, for example, the effectiveness of need-driven support measures, cost-effectiveness, the effects of need-driven data and information on proactive decision-making, etc. This is important because RDI organizations have a statutory mandate to corroborate collaboration e.g. with education and working life. 1,085 / 1,500 characters
				Other organisations	SME(s) responsible for the digital solution(s) are able to increase capacity to act in the international market. There is also often no market or public procurements for innovative solutions, so the project supports innovation and the related export of know-how internationally. 278 / 1,500 characters

7. Budget

7.0 Preparation costs

Preparation Costs

Would you like to apply for reimbursement of the preparation costs?	Yes

Other EU support of preparatory cost

Did you receive any other EU funds specifically designated to the development of this project application?	No

7.1 Breakdown of planned project expenditure per cost category & per partner

No. & role	Partner name	Partner status	CAT0 - Preparation costs	CAT1 - Staff	CAT2 - Office & administration
1 - LP	LAB University of Applied Sciences	Active 22/09/2022	10,000.00	560,376.00	84,056.40
2 - PP	Research Institutes of Sweden (RISE)	Active 22/09/2022	2,000.00	300,000.00	45,000.00
3 - PP	Kärkölä Municipality	Active 22/09/2022	2,000.00	104,000.00	15,600.00
4 - PP	National Regions Development Agency	Active 22/09/2022	2,000.00	121,000.00	18,150.00
5 - PP	Jan Garduła Municipal Hospital (Świnoujście)	Active 22/09/2022	2,000.00	127,500.00	19,125.00
6 - PP	Viimsi Municipality	Active 22/09/2022	2,000.00	315,706.00	47,355.90
7 - PP	City of Turku	Active 22/09/2022	2,000.00	408,672.00	61,300.80
8 - PP	Region Västerbotten	Active 22/09/2022	2,000.00	404,715.39	60,707.31
Total			24,000.00	2,341,969.39	351,295.41

No. & role	Partner name	CAT3 - Travel & accommodation	CAT4 - External expertise & services	CAT5 - Equipment	Total partner budget
1 - LP	LAB University of Applied	84,056.40	230,000.00	15,000.00	983,488.80
2 - PP	Research Institutes of S	45,000.00	0.00	0.00	392,000.00
3 - PP	Kärkölä Municipality	15,600.00	0.00	0.00	137,200.00
4 - PP	National Regions Devel	18,150.00	70,000.00	5,000.00	234,300.00
5 - PP	Jan Garduła Municipal Ho	19,125.00	79,500.00	14,700.00	261,950.00
6 - PP	Viimsi Municipality	47,355.90	25,000.00	10,000.00	447,417.80
7 - PP	City of Turku	61,300.80	62,000.00	0.00	595,273.60
8 - PP	Region Västerbotten	60,707.31	57,500.00	0.00	585,630.01
Total		351,295.41	524,000.00	44,700.00	3,637,260.21

7.1.1 External expertise and services

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
7. City of Turku	Events/meetings	CAT4-PP7-A-0	Travels of external experts 27 / 100 characters	No	2.1 2.2	2,000.00	
4. National Region	Specialist support	CAT4-PP4-E-0	Translators, interpreters 25 / 100 characters	No	1.3 2.3 3.1	5,000.00	
4. National Region	National control	CAT4-PP4-F-0	FLC audit 9 / 100 characters	No	N/A	5,000.00	
7. City of Turku	Communication	CAT4-PP7-C-0	Translations of communication and other materials to Finnish/Swedish 69 / 100 characters	No	3.1	5,000.00	
4. National Region	Specialist support	CAT4-PP4-E-0	Experts for trainings, communication campaigns 46 / 100 characters	No	2.3 2.4 3.1	10,000.00	
7. City of Turku	Events/meetings	CAT4-PP7-A-0	Project events x 3, communication workshops x 3, peer-review workshops x 2 etc. 79 / 100 characters	No	1.4 2.1 2.2 3.1	10,000.00	
4. National Region	Communication	CAT4-PP4-C-0	Communication channels (TV, press, influencers of social networks) 66 / 100 characters	No	3.1	15,000.00	
7. City of Turku	Communication	CAT4-PP7-C-0	Promo materials production and dissemination (videos, material, campaigns etc.) 79 / 100 characters	No	3.1	15,000.00	
1. LAB University of	Events/meetings	CAT4-PP1-A-0	Dissemination, Communication, Exploitation and Stakeholder Engagement 70 / 100 characters	No	3.1	30,000.00	
7. City of Turku	Specialist support	CAT4-PP7-E-1	Data obtained through the pilots would be used to develop the solutions attracting NGO/experts 95 / 100 characters	No	2.1	30,000.00	
4. National Region	Events/meetings	CAT4-PP4-A-1	Workshops, events, trainings, campaigns venues, catering, promotional items 75 / 100 characters	No	1.3 2.3 2.4 3.1	35,000.00	
	Total					524,000.00	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
1. LAB University of	IT	CAT4-PP1-B-1	Two modifiable digital platforms: versions 1.0 and translations based on the pilots in each country. 100 / 100 characters	No	1.3 2.1	200,000.00	
8. Region Västerbo	Specialist support	CAT4-PP8-E-1	External specialist to help in developing the solutions for health of older adults 82 / 100 characters	No	2.1	37,500.00	
8. Region Västerbo	Communication	CAT4-PP8-C-1	Materials for campaign of the tool, training events and replication workshops 77 / 100 characters	No	2.1 2.2 3.1	20,000.00	
5. Jan Garduła Mun	Events/meetings	CAT4-PP5-A-1	Workshop trainings, rent catering, dissemination, stakeholder engagement, communication / promotion 99 / 100 characters	No	2.1 2.2 3.1 3.2	31,000.00	
5. Jan Garduła Mun	Communication	CAT4-PP5-C-1	Communication channels, Promo materials production and dissemination 68 / 100 characters	No	2.1 3.1 3.2	30,000.00	
5. Jan Garduła Mun	Specialist support	CAT4-PP5-E-1	Experts for trainings, development the solutions with NGO/experts, communication campaigns experts 98 / 100 characters	No	2.1 3.1 3.2	15,000.00	
5. Jan Garduła Mun	Other	CAT4-PP5-G-1	Translation 11 / 100 characters	No	2.2 3.2	3,500.00	
6. Viimsi Municipalit	IT	CAT4-PP6-B-1	Integration of developed digital tool with municipality welfare information system, translation cost 100 / 100 characters	No	1.3 2.1	20,000.00	
6. Viimsi Municipalit	Communication	CAT4-PP6-C-2	Information dissemination costs - technical costs of public events, video clips, translation, etc 98 / 100 characters	No	3.1 3.2	5,000.00	
	Total					524,000.00	

7.1.2 Equipment

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
1. LAB University of	Office equipment	CAT5-PP1-A-0	Office equipment needed during the project. 43 / 100 characters	No	1.1 1.2 1.3 2.1 3.1	15,000.00	
4. National Region	Office equipment	CAT5-PP4-A-0	Office equipment for the project staff implementation of project actions 73 / 100 characters	No	1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1	5,000.00	
5. Jan Garduła Mun	Office equipment	CAT5-PP5-A-0	Office equipment needed during the project. 43 / 100 characters	No	1.1 1.3 1.4 2.1 2.2 2.4 3.1 3.2	8,000.00	
5. Jan Garduła Mun	IT hardware and soft	CAT5-PP5-B-0	Office IT hardware and software needed during the project. 58 / 100 characters	No	1.3 2.1 2.2 2.3 3.1 3.2	4,200.00	
5. Jan Garduła Mun	Machines and instru	CAT5-PP5-E-0	Machines and instruments the purpose of monitoring (target audience) 68 / 100 characters	No	2.1 2.2	2,500.00	
6. Viimsi Municipalit	Office equipment	CAT5-PP6-A-0	Office equipment for the project staff implementation of project action 72 / 100 characters	No	1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3	10,000.00	
	Total					44,700.00	

7.1.3 Infrastructure and works

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value
Please select	Please select	CAT6-PP--01	0 / 100 characters	Please select		0.00
	Total					0.00

7.2 Planned project budget per funding source & per partner

No. & role	Partner name	Partner status	Country	Funding source	Co-financing rate [in %]	Total [in EUR]	Programme co-financing [in EUR]	Own contribution [in EUR]	State aid instrument
1-LP	LAB University of Applied Sciences	Active 22/09/2022	FI	ERDF	80.00 %	983,488.80	786,791.04	196,697.76	For each partner, the State aid relevance and applied aid measure are defined in the **State aid section**
2-PP	Research Institutes of Sweden (RISE)	Active 22/09/2022	SE	ERDF	80.00 %	392,000.00	313,600.00	78,400.00	
3-PP	Kärkölä Municipality	Active 22/09/2022	FI	ERDF	80.00 %	137,200.00	109,760.00	27,440.00	
4-PP	National Regions Development Agency	Active 22/09/2022	LT	ERDF	80.00 %	234,300.00	187,440.00	46,860.00	
5-PP	Jan Garduła Municipal Hospital (Świnoujście)	Active 22/09/2022	PL	ERDF	80.00 %	261,950.00	209,560.00	52,390.00	
6-PP	Viimsi Municipality	Active 22/09/2022	EE	ERDF	80.00 %	447,417.80	357,934.24	89,483.56	
7-PP	City of Turku	Active 22/09/2022	FI	ERDF	80.00 %	595,273.60	476,218.88	119,054.72	
8-PP	Region Västerbotten	Active 22/09/2022	SE	ERDF	80.00 %	585,630.01	468,504.00	117,126.01	
Total ERDF						3,637,260.21	2,909,808.16	727,452.05	
Total						3,637,260.21	2,909,808.16	727,452.05	

7.3 Spending plan per reporting period

	EU partners (ERDF)		Total	
	Total	Programme co-financing	Total	Programme co-financing
Preparation costs	24,000.00	19,200.00	24,000.00	19,200.00
Period 1	602,210.00	481,768.00	602,210.00	481,768.00
Period 2	602,210.00	481,768.00	602,210.00	481,768.00
Period 3	602,210.00	481,768.00	602,210.00	481,768.00
Period 4	602,210.00	481,768.00	602,210.00	481,768.00
Period 5	602,210.00	481,768.00	602,210.00	481,768.00
Period 6	602,210.21	481,768.16	602,210.21	481,768.16
Total	3,637,260.21	2,909,808.16	3,637,260.21	2,909,808.16