



D2.3: Dissemination Plan

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I. Introduction

About ROUTE-HWF

Medical deserts – a growing concern

Many **rural regions** and **deprived urban areas** across Europe are witnessing a **shortage of medical personnel**. Known as ‘medical deserts’, this reality diminishes the effectiveness of healthcare systems, which are currently under considerable strain in the context of the COVID-19 pandemic and has severe **negative impacts** on population health. Despite existing research and health workforce policies addressing medical deserts, there is confusion concerning this concept and insufficient evidence on what policy interventions are most effective at addressing this phenomenon.

The aim of the ROUTE-HWF project

ROUTE-HWF stands for [*Roadmap OUT of mEdical deserts into supportive Health WorkForce initiatives and policies*](#). Co-funded by the European Union's Health Programme (2014-2020), it focuses on **research** and **policy recommendations** on **medical deserts** in the European Union (EU). Implemented during March 2021 - February 2024, its aim is to help EU Member States to improve timely access to high-quality healthcare across all EU regions, thus reducing disparities in population health.

Consortium members

- The Netherlands Institute for Health Services Research, the Netherlands (coordinator) (NIVEL)
- University of Vaasa, Finland (VAASAN YLIOPISTO)
- Avedis Donabedian Research Institute – UAB, Spain (FAD)
- Jagiellonian University Medical College, Poland (UJ)
- University of Zagreb Medical School, Croatia (U ZAGREB MED)

Specific objectives of ROUTE-HWF

- To provide a **definition** and **taxonomy** of the concept of medical deserts
- To develop **guidelines** on how EU Member States can **monitor** and **measure** medical deserts at national and subnational levels
- To analyse the **factors** that drive **medical “desertification”** and assess health workforce policy responses and approaches to medical deserts
- To provide an **optimal mix of policy responses** and approaches to medical deserts depending on the type of medical desert

- To develop a **roadmap** to **help EU Member States** in designing and implementing **their own health workforce policies** that address medical deserts

Activities of ROUTE-HWF

- A **literature review** and **database search** of available material on definitions, characteristics, mapping and influencing factors of medical deserts along with approaches to mitigate or eliminate them
- A **survey** across 33 European countries on characteristics, measurement and influencing factors of medical deserts along with policy responses
- Five national **stakeholder workshops** to discuss and evaluate the taxonomy and guidelines to measure and monitor medical deserts, feeding into the roadmap
- Six in-depth **case studies** to further assess the applicability and usability of the taxonomy and guidelines and refine the roadmap
- A final European **expert workshop** to discuss the optimal mix of policy responses and approaches to medical deserts

This present deliverable D2.3 Dissemination plan/strategy is the third deliverable that the ROUTE-HWF team has produced within Work Package 2 (henceforth WP2) (see Annex 2: List of ROUTE-HWF deliverables). This deliverable follows the completion of **D2.1 Leaflet** and **D2.2 Website** and it integrates **M2.1 Stakeholder and target group analysis**. This dissemination plan builds upon these existing deliverables and milestone to lay out both the principles and the concrete steps for ensuring the implementation of effective communication and dissemination activities throughout the duration of the project (see <https://route-hwf.eu/>).

This is the first version of the dissemination plan/strategy, produced at the beginning of the project, and will be updated yearly according to new information and insights that will be collected during the implementation of the project. The updated version will also include concrete dissemination and communication activities that will have been carried out in the course of the project. This existing plan will be amended accordingly and will result in deliverable **D2.4 Mid-term dissemination report** that the WP2 team, in collaboration with the entire ROUTE-HWF team, will create by month 18, covering the first half of the project. This will be followed by **D2.5 Dissemination report**, which will cover the dissemination activities carried out over the second half of the project, from month 19 to month 36.

II. Approach

In order to make the ROUTE-HWF project known to a wider audience and stimulate the uptake of its results by relevant stakeholders, a targeted communication and dissemination plan is required. This plan includes **four main components**:

- A. Aims of the ROUTE-HWF dissemination plan/strategy
- B. Stakeholder and target group analysis
- C. Dissemination channels and tools
- D. Overview of implemented dissemination and communication activities

To guide and support the implementation of the Dissemination plan/strategy, we carried out **Task 2.1: Set up a Dissemination Committee**. The WP2 leader coordinates the dissemination committee so that the entire consortium functions as a **collective intelligence platform** that actively communicates and shares information to achieve its dissemination objectives. To this end, all consortium members take responsibility for communicating, disseminating and exploiting the ROUTE-HWF results, including but not limited to the roadmap, and actively participate in WP2. The WP2 leader chairs the Dissemination Committee, which includes the project manager and a member from each participating partner. Table 1 outlines the composition and the roles and responsibilities of the Dissemination Committee.

Table 1: Roles and responsibilities of the ROUTE-HWF Dissemination Committee

Name & contact details	ROUTE-HWF consortium member	Role	Responsibilities
Sorin Dan E-mail: sorin.dan@uwasa.fi	University of Vaasa (VAASAN YLIOPIK)	Chair	Coordinates the committee and ensures that the dissemination plan/strategy is implemented as planned
Ronald Batenburg E-mail: r.batenburg@nivel.nl	Netherlands Institute for Health Services Research (NIVEL)	Member	Supports the committee with feedback and information on dissemination activities that NIVEL carries out
Ana I. González E-mail: aigonzalez@fadq.org	Avedis Donabedian Research Institute (FAD)	Member	Supports the committee with feedback and information on dissemination activities that FAD carries out
Katarzyna Dubas-Jakobczyk E-mail: katarzyna.dubas@uj.edu.pl	Jagiellonian University (UJ)	Member	Supports the committee with feedback and information on dissemination activities that JUK carries out
Robert Likić E-mail: robert.likic@mef.hr	University of Zagreb (U ZAGREB MED)	Member	Supports the committee with feedback and information on dissemination activities that UNIZG carries out

A. Aims of the ROUTE-HWF dissemination plan/strategy

The overarching aim of the ROUTE-HWF dissemination plan is to develop a strategy for stimulating the uptake of ROUTE-HWF's results by a range of key stakeholders according to their interests, preferences and roles in the project (as outlined in section B. Stakeholder and target group analysis). The impact of the project hinges on the ROUTE-HWF's ability to understand the needs and preferences of relevant stakeholders and the general public and to develop a dissemination strategy that meets those needs and preferences. ROUTE-HWF aims to provide relevant and useful content 'to the right people at the right time and in the right way.' We divide this overarching aim into the following **specific objectives**:

- **To raise awareness**, which involves making the project and its results widely known in order to attract and sustain the interest of stakeholders, target groups and the general audience in the project and its activities and results, see [section B. Stakeholder and target group analysis](#)
- **To consolidate ROUTE-HWF's results** by using and adapting a range of different communication channels, tools and content of dissemination messages according to stakeholders' needs and roles in the project; see [section C. Dissemination channels and tools](#)
- **To liaise with other EU Health Programme projects and networks** that relate thematically to ROUTE-HWF to foster mutual exchange and integration whenever possible
- **To monitor the implementation of the current dissemination and communication plan** to assess which dissemination and communication activities have been successfully implemented and which have been most effective in reaching the target audiences as well as taking the measures required to improve effectiveness, whenever required, see [section D. Overview of implemented dissemination and communication activities](#). Updates will be integrated into D2.4 Mid-term dissemination report and D2.5 Dissemination report
- **To take steps to ensure the sustainability of ROUTE-HWF results** by encouraging stakeholders and target groups to engage with the project activities and use the results in their own contexts. The ROUTE-HWF team will facilitate this process by engaging stakeholders in the project activities across the project duration, particularly in the following activities and events:
 - The European survey on medical deserts
 - The five national stakeholder workshops that will be organised in the Netherlands, Spain, Finland, Poland and Croatia
 - The six case studies on medical deserts
 - The final expert, consensus-building workshop
- **To optimise visibility by creating a recognizable and unified visual identity** through the appropriate use of logos. The logos of the European Union and/or the European Union's Health Programme will be used on official documents and project outputs alongside the ROUTE-HWF logo and other visuals that express a clear, relevant and unified project identity, see [section C. Dissemination channels and tools](#) and [section D. Overview of implemented dissemination and communication activities](#).

B. Stakeholder and target group analysis

A stakeholder and target group analysis is required in order to build a **tailored communication and dissemination plan** for the ROUTE-HWF project. The ROUTE-HWF strategy is to reach out to relevant stakeholders and the general public by communicating on its activities and disseminating its deliverables, including the roadmap, and engaging with stakeholders across the implementation of the project. In a stakeholder analysis, it is important to identify key actors as stakeholders, and prioritize them according to their role in health workforce policies related to national and regional medical deserts. A stakeholder analysis enables an assessment of the impact that ROUTE-HWF will have on different stakeholder groups and gauge their attitude towards project and its impact. Based on this, the communication and dissemination activities of ROUTE-HWF can be tailored in terms of the strategic choices to be made in presenting the right content, through the right channels to the right actors, to optimize impact.

The ROUTE-HWF stakeholder and target group analysis consists of **four interrelated steps**:

1. Identifying target groups
2. Mapping the needs of each target group
3. Understanding what roles target groups play in the project
4. Assessing how target groups can benefit from the implementation of the project

To carry out these steps we have developed an online questionnaire (see Annex 1: ROUTE-HWF stakeholder analysis questionnaire) in order to collect primary data from relevant stakeholders. For this purpose, the ROUTE-HWF consortium members have sent the questionnaire to approximately 50 respondents with expertise and experience in health workforce policies and received 20 responses (40% response rate). The respondents represent different target groups, countries, types of institutions and roles in healthcare policy on medical deserts (Figure 1 and 2). The data was collected through the online questionnaire during 19 - 28 April 2021.

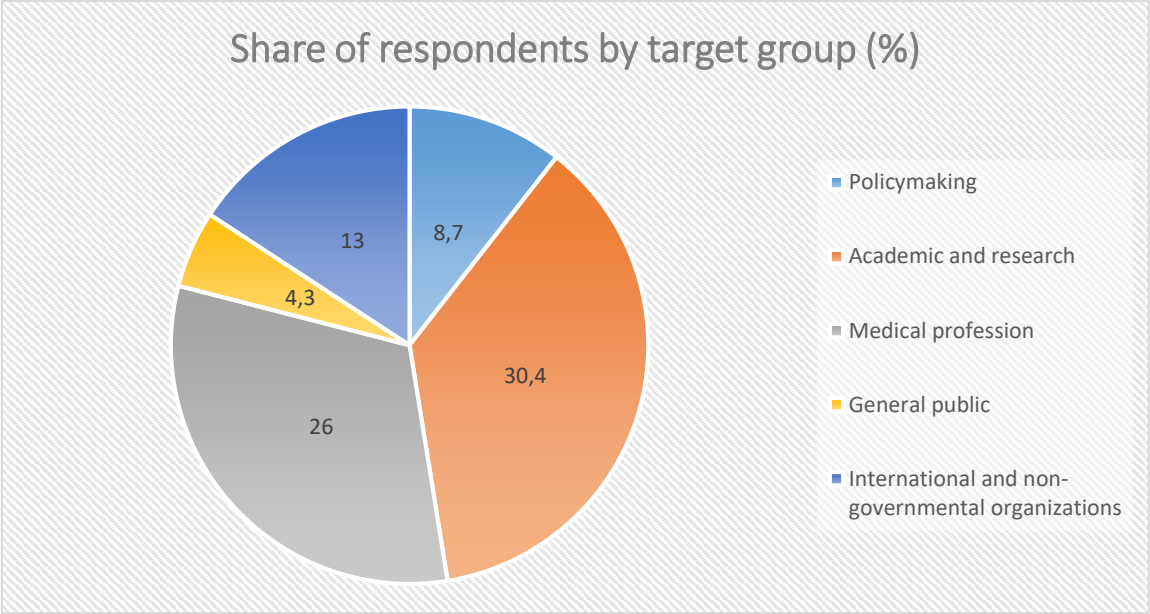


Figure 1: Share of respondents by target group

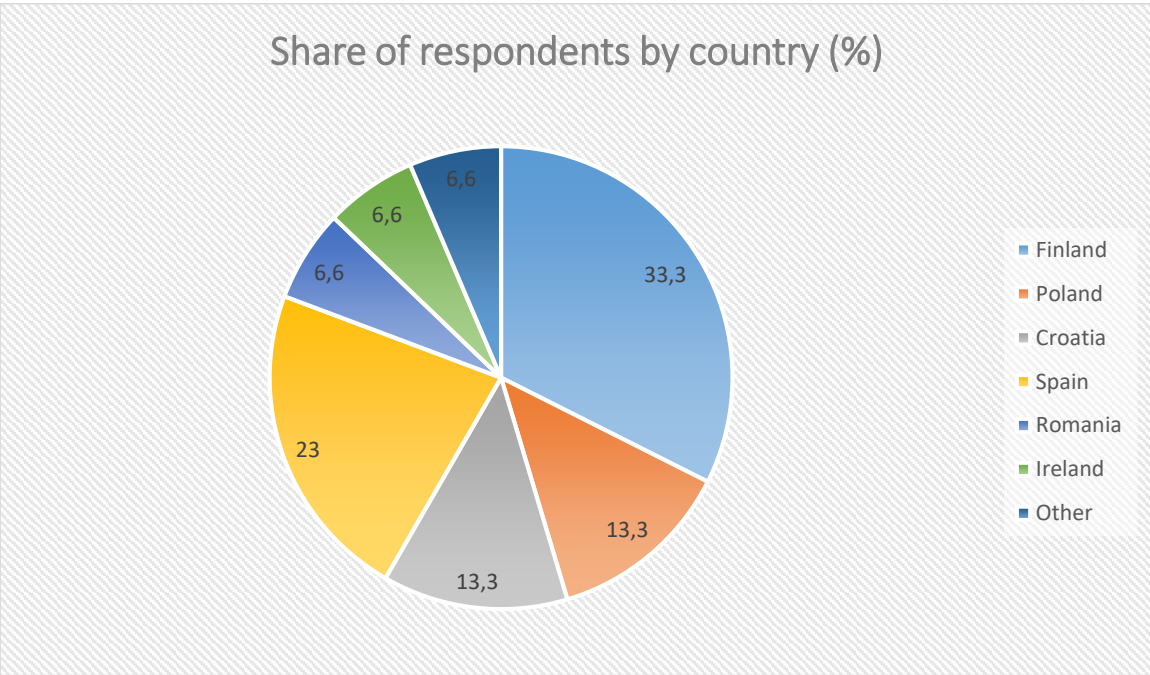


Figure 2: Share of respondents by country

We analyzed the data and derived preliminary findings with respect to the four steps listed above. We used thematic analysis centered on the following four guiding themes:

- Target groups' needs
- Target groups' roles
- Possible benefits for target groups
- Target groups' communication and dissemination preferences

We distinguish between three main types of stakeholder groups: core target groups, other stakeholders, and the general public. We then present within each group the stakeholders who can benefit from the implementation of ROUTE-HWF.

1. Identification of target groups

Core target groups

Citizens of medical deserts

The citizens of medical deserts represent the main 'subjects' of the ROUTE-HWF project and are its main beneficiaries. As 'end-users', they will benefit from more timely access to high-quality healthcare, contributing to improved health, wellbeing and quality of life. Taking rural areas, towns and suburbs as a proxy for medical deserts (for which an accepted definition is currently lacking, but which will be developed by the ROUTE-HWF project), roughly, two thirds of the European population can benefit from the mitigation and dissolving of medical deserts. According to Eurostat, almost one third of the European population lived in rural areas and another 31 percent lived in towns and suburbs in 2018 (Eurostat, 2020a). Obviously, putting the citizens of medical deserts at the centre of this action fits with and contributes to the mainstream principles of patient-centred and integrated care.

Local, regional and national public health authorities and EU health policy makers

This stakeholder group represents actors (i.e., all legal organizations, institutions) that have a large influence on and implement health workforce policies and approaches to reduce and mitigate the effects of medical deserts. The collected data, methods and practical tools developed in the ROUTE-HWF will support them in their policy-making role, by providing (1) context-specific insights into medical deserts and (2) a rationale for

(strategic) policy responses. From a geographical perspective, the deliverables and results of ROUTE-HWF can be divided for the stakeholders in NUTS 1 (major socio-economic regions), NUTS 2 (basic regions for the application of regional policies) and NUTS 3 (small regions for specific diagnoses) regions, covering respectively 104, 283 and 1,345 regions across Europe from January 2021 onwards (Eurostat, 2020b).

Health professionals and professional associations at national and subnational levels

This third core target group plays a decisive role in the success of the ROUTE-HWF roadmap and its practical application and use. The roadmap aims to have a significant influence on health workforce policies and interventions related to medical deserts, which determines the daily work of healthcare professionals, and their care delivery processes. Successful deployment of the tools developed by the ROUTE-HWF project is geared towards a decrease in health workforce shortages, improved recruitment, and retention rates. Strongly related to this, these factors will increase work satisfaction and decrease levels of stress among health workers.

Academic and scientific communities in health workforce and rural development policies

This stakeholder group will benefit from the knowledge building, sharing and networking that will take place during implementation, particularly in the form of the academic and scientific outputs that ROUTE-HWF will produce. The data collected through the European survey, national workshops, in-depth case studies and consensus-building workshop will feed into the creation of the roadmap out of medical deserts. It will constitute data and material that the ROUTE-HWF consortium will use for academic and scientific publishing and will subsequently be available to other scholars and researchers who can build on the knowledge and evidence base gathered in the course of the project.

Other stakeholders

Local, regional and national public authorities and EU level policymakers in other fields relevant for regional development policies

These stakeholders play a supportive role to health workforce policies related to medical deserts and include authorities and policy makers in employment and social affairs, economic policy, education and youth, agriculture and rural development.

International organizations, such as the WHO and ILO

International-level stakeholders, such as the World Health Organization (WHO) and International Labor Organization (ILO) deal, at the global level, with similar problems related to health workforce policies and medical desertification. They will benefit from the actions undertaken at the European level and the knowledge and evidence base created by ROUTE-HWF.

Other EU projects and networks

Other EU projects and networks that relate thematically to ROUTE-HWF can incorporate the ROUTE-HWF methodology, tools and results into their work and thus benefit from synergies that result from the dissemination of knowledge and expertise. ROUTE-HWF is part of the Health Workforce Projects Cluster (HWF Cluster) that covers five EU co-funded projects under the umbrella of the 3rd Health Programme. Through this network, ROUTE-HWF contributes to the provision of supporting tools, practical guidelines and sharing of best practices that can help Member States to design and implement their policies related to health workforce retention, task-shifting and tackling regional medical deserts.

The general public

EU citizens and residents

All EU citizens and residents play a pivotal role in the acceptance and promotion of health workforce policies and approaches that aim to mitigate medical deserts in their country and region. Moreover, medical deserts affect their opportunities and freedom to settle in areas of their preference, especially when trade-offs are at stake such as accessibility of health service versus travel time.

2. Mapping the needs of each target group

Respondents assessed positively the ROUTE-HWF's focus on the theoretical understanding and development of the concept and measurement guidelines of medical deserts, combined with an analysis of policy approaches and interventions. They particularly emphasized medical deserts in rural areas, geographic disparities within and between European countries and the implications of COVID-19 on medical desertification, as the following responses show:

- *“I deal with planning physicians specialization position at the regional level (how many and which specialization post will be available in my region each month), so most of the project objectives is relevant to my current work”*
- *“Policy measures to improve the availability of medical services in poorly served areas; tools to monitor regional availability of and access to medical services”*
- *“Monitoring and measuring the key concepts as well as analyzing but also what would the effective policies and programs to prevent medical desertification”*
- *“Aspects related to factors that drive medical desertification as well as health workforce policy responses and approaches”*
- *“The lack of resources in rural areas, the low coverage of health care and the scarcity or nullity of paediatricians”*
- *“Access to the services, demand management, frequent attenders, segmentation, welfare policies, knowledge management”*
- *“Geographical disparities in health service delivery plus country comparisons”*
- *“Deserts assessment reports and a system for tracking future changes”*
- *“Access to services as a socio-legal question and a human right”*
- *“Implementation of policies to move out of medical deserts”*

The following main themes have emerged with regard to the target groups’ interest in **the topic of medical deserts**:

- **Conceptual development**, particularly when it comes to the distinctive characteristics of medical deserts and its differences compared to other similar concepts that are used in relation to shortage of medical personnel and/or healthcare services – of particular interest to **academic and scientific researchers**
- **Measurement** of medical deserts, without which it is difficult to **monitor and evaluate** the current status and future evolution and ‘tracking’ of medical deserts at local, regional, national and European

levels – of interest to **health professionals, professional associations, local, regional and national public health authorities**, and **EU health policy makers** and **academic and scientific researchers**

- **Health workforce planning** and balancing between demand and supply, as well as aspects related to demand management, segmentation and patterns in the use of healthcare resources – highlighted by **health professionals, professional associations, local, regional and national public health authorities**, and **EU health policy makers**
- **Analysis of effective policies** and programs to respond to and prevent medical desertification, particularly the evidence that exists on what policies are effective and the factors and mechanisms that explain why some policy responses work well while others do not – emphasized by **local, regional and national public health authorities**
- The problem of **lack of resources** in rural areas, the low coverage of health care and the scarcity or nullity of both general and specialized care, with specific emphasis on the shortage of healthcare specialists was mentioned by respondents representing **local and regional public health authorities**
- **In-country geographical disparities** in health service delivery along with **practical guidelines** that practitioners and policy makers can use – of specific interest to **local, regional and national public health authorities**
- **Country comparisons** that are useful for addressing the international dimension of medical deserts and their relation to healthcare professionals' mobility patterns, resource disparities and opportunities for professional development that exists between countries in Central and Eastern Europe and those in Western Europe – especially of interest to **EU health policy makers** and **international organizations**, such as the WHO
- **The impact of medical deserts** on access to healthcare and unmet medical needs and finding policy options for bringing health resources closer to citizens and developing patient-centred care – mentioned by **EU citizens/residents'** representatives and **local, regional and national public health authorities**, and **EU health policy makers**

Concerning the **expected results of ROUTE-HWF** that target groups find most useful, answers have covered results related to research evidence, policy recommendations and guidelines for both academics and policymakers, as the following excerpts indicate:

- *“Information related to defining medical deserts yet with more quantitative than descriptive, qualitative character. What kind of indicators can be applied to measure the medical deserts? What kind of data and who should gather? What kind of policies can be applied – yet taking into account our national and regional context”*
- *“Monitoring and measuring the effects of policy measures as related to medical deserts “irrigation”*
- *“The definition and taxonomy of the concept of medical deserts, analysis of the factors that drive medical “desertification” and assess health workforce policy responses and approaches to medical deserts”*
- *“Potential applications in research on geographical differences and equity in use of medical services”*
- *“Insights into regional differences of patient needs, workforces and regional recruitment policies”*
- *“How medical deserts will be defined and whether they can be mapped at the EU level”*

The results that target groups are most interested in can be summarized according to the following main themes:

- **Information and evidence** related to defining and measuring medical deserts that is quantitative rather than descriptive and qualitative only. More specifically the indicators that can be applied to measure medical deserts; the type of data that is required and the responsibilities for gathering the required data – highlighted by **health professionals, professional associations, local, regional and national public health authorities** and **academic and scientific researchers**
- **The ROUTE-HWF roadmap, policy recommendations** and practical **guidelines** that are specifically targeting the phenomenon and problem of medical deserts, and are specific enough in order to be useful in practice, while, at the same time, taking into account the contextual differences that exist both within and between countries – of particular interest to **local, regional and national public health authorities** and **EU policy makers**
- **Mapping medical deserts** at EU level through the ROUTE-HWF European survey, as well as analysing **specific regional cases** of medical deserts and identifying good practices related to regional differences in patient needs and use of resources/services, health workforce planning and

recruitment policies and practices – emphasized by respondents who represent **local, regional and national public health authorities**, and **EU health policy makers**

3. Understanding what roles target groups play in the ROUTE-HWF project

In line with the high interest in the ROUTE-HWF's objectives and activities, the results of the preliminary questionnaire show that the majority of target groups are willing to take different roles in the implementation of the project. Figure 3 summarizes the ways and extent to which respondents are interested in contributing to the implementation of ROUTE-HWF.

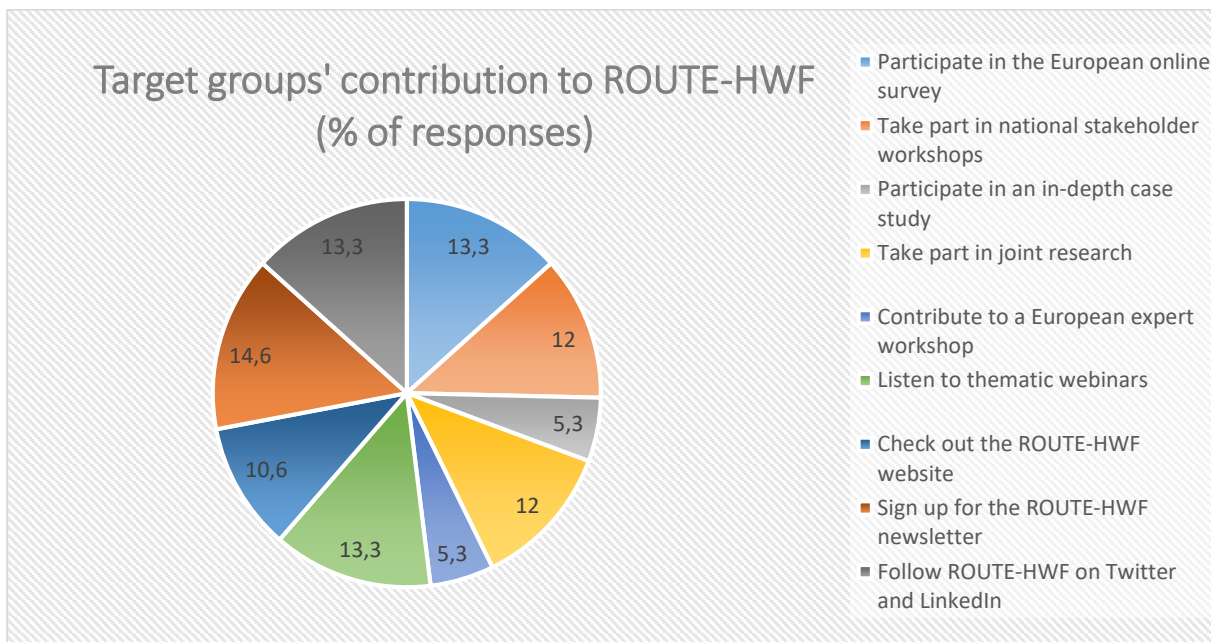


Figure 3: Target groups' contribution to the implementation of ROUTE-HWF

Depending on the type of target group, these roles range from being informed about the activities and results of the project by means of the website, webinars, newsletter and social media channels, to taking part in the European survey, national stakeholder workshop, European consensus-building expert workshop, in-depth case studies and joint research.

The preliminary questionnaire data suggests the following possible ways in which target groups may contribute to the project:

The EU citizens/residents are especially interested in learning more about medical deserts and raising awareness of the factors that influence medical deserts via social media channels and public participation in national, regional and local decision-making processes.

Academic and scientific researchers in health workforce and rural development policies are interested in taking part in joint research, publishing on medical deserts, and receiving data and information about, and using the results of the project in their scientific work.

Health professionals, professional associations, local, regional and national public health authorities, and EU health policy makers are interested in getting involved in the implementation of the project by participating in the European survey, national stakeholder workshops, in-depth case studies, receiving information about the results of the project and raising awareness about the phenomenon and problem of medical deserts.

4. Assessing how target groups can benefit from the implementation of the ROUTE-HWF project

Bringing together the findings of the previous sections, this section shows how the identified main target groups can benefit from both the process and results of implementing ROUTE-HWF. We underline that the process is as important as the outcomes. The discussions that will take place during the national stakeholder workshops and the final consensus-building expert workshop will prove instrumental in bringing stakeholders together to share knowledge, expertise and their experience related to medical deserts. This process is not only enabling the project team to collect the necessary data for refining the roadmap but constitutes a learning process in itself for all participants involved.

To assess how the project can produce benefits for each target group, the ROUTE-HWF stakeholder analysis questionnaire (see Annex 1) included the question: **“How could ROUTE-HWF contribute to your specific work?”** Answers to this question have included:

- *“As a nurse I would like to be able to develop my work in rural areas but currently there are no facilities to access these positions”*
- *“I am interested in integrating the topic into university teaching and thesis supervision”*
- *“Raising awareness on the phenomenon of medical deserts at national level”*
- *“Fulfilment of the specific objectives of ROUTE-HWF, especially: (1) identification of the factors that drive medical desertification and (2) development of guidelines on how to measure medical deserts”*

- *“By providing new evidence on the factors which contribute to unequal access to health care services and effective measures to ensure more equitable access for all”*
- *“Advice, country/regional information”*
- *“Access to information and databases”*
- *“As contextual information in research work”*
- *“A better understanding of needs”*
- *“By leading to good healthcare that would help to keep the population in these rural areas”*

The following **main conclusions** can be derived concerning the ways in which target groups benefit from the implementation of the project:

- The project’s objectives of **identifying the factors that drive medical “desertification”** and the **development of guidelines** on how to measure medical deserts are particularly beneficial for those target groups who work on improving access to healthcare and understanding the factors that lead to health disparities. These include all main target groups: **EU citizens/residents; academic and scientific researchers; health professionals, professional associations; and local, regional and national public health authorities**, and **EU health policy makers**
- There is a need for **new and updated knowledge** related to both research and policies on medical deserts in Europe, particularly in terms of **indicators** that measure medical deserts, **assessing the effectiveness** of existing policies, country and regional information, and development and planning of regional and national workforce policies. These activities and results are useful for all main target groups, but the measurement guidelines, indicators and evidence on policy effectiveness are especially useful for local, **regional and national public health authorities**, and **EU health policy makers**
- **Integrating the findings into research**, which is particularly valuable to **academic and scientific researchers** who carry out research on health workforce policies, health disparities, access to healthcare and medical deserts specifically

- Providing easy-to-understand **explanatory information and data and raising awareness** of the phenomenon of medical deserts, which is beneficial for all target groups and especially for the **general public**

C. Dissemination channels and tools

The ROUTE-HWF team is using a range of dissemination channels and tools in order to communicate about the project and its results. The need for a variety of dissemination means stems from the fact that the stakeholders have different needs and preferences about the type and amount of content in which they are interested. Thus, tailoring messages involves adapting content to fit these needs as well as adapting the way in which the project team communicates the results of the project. The dissemination channels and tools will use English as well as other languages that consortium members can effectively use, namely Dutch, Finnish, Romanian, Spanish, Polish and Croatian. To this end, a selection of the content that is produced within the project will be translated from English and disseminated by means of institutional and personal channels, such as science portals, newsletters, websites and social media accounts.

Primary data collected through the ROUTE-HWF stakeholder analysis questionnaire (see section II: Approach and Annex 1: ROUTE-HWF stakeholder analysis questionnaire), has revealed a set of findings concerning **target groups' communication and dissemination preferences**:

1. It is critically important to make the distinction between **three types of content** that results from the implementation of the project:
 - **Specialized content** that reflects the interests of **academic and scientific researchers** in the field of health workforce policy generally and medical deserts specifically
 - **Policy-oriented content** that is relevant and useful for **health professionals, professional associations** as well as for **local, regional and national public health authorities** and **EU health policymakers**
 - **Jargon-free content** that speaks to **citizens of medical deserts** and **the general public**

In the words of a respondent that is responsible for health policy at national level, it is important to *“show the main results written in non-scientific language, something that is ready to “take and show” our top policymakers to convince them about what should and can be done to improve access to care. Short, concise bullet points that include main messages for policy.”*

2. Target groups are interested in receiving information about the project by means of different channels and tools, but **prefer newsletters provided by e-mail** that synthesize the updates, progress and main results of the project
3. Although not as prominent as the interest in newsletters, there is also an interest in using **social media**, especially Twitter and LinkedIn, to keep abreast with the latest updates concerning the project and for networking purposes. This is particularly so for academic and scientific researchers who, in addition to newsletters, **website** and social media, are interested in reading and consulting **scientific output** (reports, book chapters and academic articles) that is relevant to their research interests. The use of ResearchGate is particularly useful to this target group
4. All target groups have expressed an interest in listening to **webinars** that summarize the results of the project and **face-to-face and/or virtual events** that are not only opportunities for presenting the results of the project, but also opportunities to exchange ideas, receive feedback and network with stakeholders.

Based on this evidence and insights, the ROUTE-HWF utilizes the following **dissemination channels and tools** to respond to the needs and interests of key stakeholders (see section D. for an overview of those dissemination channels and tools that the project team has already developed):

1. ROUTE-HWF press release

The press release (see Annex 3: ROUTE-HWF press release) constitutes an initial means of communicating about the project in order to make it known to a large audience. It briefly introduces the need for the project, its objectives and activities, along with the consortium members and brief facts about the project. The WP2 team will produce a general press release, which each consortium member will further adapt and tailor to fit best the national and regional context of each member. All members will publish their press release on their personal and/or institutional websites and share widely on social media. The WP2 team will further circulate the press release to national media and the EurekAlert and AlphaGalileo international science news portals.

2. ROUTE-HWF project leaflet

The aim of the leaflet is to inform, using accessible language and visuals, all interested stakeholders, including the general public, about the project's

- Objectives
- Activities
- Expected results

- Consortium members
- Ways to get involved in the project's activities.
- Expected results
- [Website address](#)
- [Twitter](#) and [LinkedIn](#) pages
- Contact details

3. [ROUTE-HWF website](#)

The website ensures accessible and relevant communication and represents the center of all dissemination and communication activities. It serves all stakeholder groups and includes the following key information and functionalities related to the project:

- Objectives
- Work packages and activities
- Deliverables and results, including the interactive ROUTE-HWF roadmap out of medical deserts, which will be developed in the course of the project, the leaflet, newsletters and links to the project's webinars
- Presentation of consortium members with links to their institutional and individual web pages
- Ways to get involved in the project's activities
- A library with links to medical desert resources
- Links to ROUTE-HWF [Twitter](#) and [LinkedIn](#) pages
- A Twitter live feed
- Contact details and a contact form
- EU, ROUTE-HWF and consortium members' logos

4. ROUTE-HWF newsletters

Twelve three-monthly newsletters will be produced in the project's lifetime. The newsletters will be available in an electronic form and include short articles and factsheets with the activities and results of the project. The newsletters will also announce upcoming ROUTE-HWF webinars, highlight key results in an accessible manner and provide insights on the on-going activities of the project.

5. Social media

The project uses [Twitter](#), [LinkedIn](#) and [ResearchGate](#) to reach out to a larger audience by communicating key developments and findings, written in an accessible and simple way, and to connect with stakeholders and other relevant projects and researchers. This online presence, which

makes use of attractive visuals, increases the visibility of the project and contributes to building an online community that exchanges information, ideas and insights on medical deserts across Europe and beyond.

6. Webinars

ROUTE-HWF will organize a series of thematic webinars, produced around key milestones of the project. The webinars will be organized four times according to the following schedule:

- Webinar 1 in M12 when the first set of guidelines and taxonomy is available
- Webinar 2 in M18 after the national stakeholder workshops
- Webinar 3 in M30 after the case studies
- Webinar 4 in M36 upon the completion of the project to present the final ROUTE-HWF roadmap

The webinars are an important channel to engage stakeholders and other interested parties and inform them about the project's results. At the same time, the webinars are a platform for facilitating the exchange of ideas between participants. The team will record the webinars and links to the webinars will be available on the ROUTE-HWF website.

7. Project deliverables

The project deliverables document the activities and results of the project in an extensive way and all deliverables with the dissemination level 'public' will be available on the ROUTE-HWF website (see Annex 2: List of ROUTE-HWF deliverables).

8. Conferences, symposia, seminars and other meetings at national, regional and local level

All consortium members participate in conferences, symposia, seminar and meetings, either physically or virtually, and use these events to disseminate the results of the project roadmap and promote the uptake of the ROUTE-HWF roadmap among relevant stakeholders. These events include academic conferences and symposia, but also seminars and meetings that are policy oriented and involve the participation of policy makers and health professionals.

9. Scientific publications

The ROUTE-HWF team will produce a number of peer-reviewed scientific publications published in international and national outlets. All consortium members will approve a publication policy that will be developed by the consortium. This policy will include the agreements on (co-)authorship and

requirements with regard to the internal review process and the circulation of drafts to other designated partners. Work on scientific publications will be on the agenda of ROUTE-HWF meetings, which will involve a discussion of on-going scientific output along with a discussion of the other deliverables.

10. ROUTE-HWF project booklet

The final project booklet will use accessible language and visuals to summarize the main results, achievements and benefits of the project.

In addition, ROUTE-HWF will also disseminate information and results via all members' institutional and /or personal websites and newsletters. Moreover, in collaboration with the other projects on medical deserts co-funded by the European Union's Health Programme, the exposure of the ROUTE-HWF project will be strengthened by the [EU Health Policy Platform](#). On this platform, The Health Workforce Projects Cluster (HWF Cluster) has been initiated, with the aim to provide supporting tools, practical guidelines and to improve sharing of best practices that can help Member States to design and implement their policies related to health workforce retention, task-shifting and tackling regional medical deserts. The Health Workforce Projects Cluster covers the five EU co-funded projects under the umbrella of the 3rd Health Programme. The projects focus on three key topics - medical deserts, task shifting and retention policies - that will be investigated thoroughly in the coming years. Next to ROUTE-HWF, the following four Projects are represented in the HWF Cluster:

- Action for Health and Equity - Addressing Medical Deserts: AHEAD
- MEnTal hEalth: fOcus on Retention of healthcare workers: METEOR
- prOmoting evidence-bASed rEforms: OASES
- Empowering EU health policies on Task SHifting: TaSHI

Finally, [the Assembly of European Regions](#) will communicate and disseminate the project results among its network members.

To measure the quantity and quality of the project team's dissemination efforts, the ROUTE-HWF Dissemination Committee will monitor the implementation of the planned dissemination activities and include the results of the evaluation in **D2.4 Mid-term dissemination report** and later in **D2.5 Dissemination report**. This assessment will be guided by a set of indicative **quantitative dissemination indicators and targets** (listed in Table 2) and by a **content-based, qualitative analysis** of the content and messages that are disseminated for the different target groups and dissemination channels and tools.

Table 2: ROUTE-HWF dissemination indicators and targets

Dissemination channel/tool	Indicator	Target
Website	Number of visits	1,000 (27/month)
	Total number of downloads	800
Project leaflet	Number of downloads	400
Project booklet	Number of downloads	200
Other deliverables	Number of downloads	500
Newsletter	Number of subscribers	200
Webinars	Number of views	500
Conferences, symposia, seminars or meetings	Number of conferences, symposia, seminars or meetings attended by ROUTE-HWF project members	10
	Number of papers presented/talks given	10
	Total number of participants	200
Scientific output	Number of conference papers, articles and other scientific output	10
Twitter	Number of followers	150
	Number of original tweets	100 (3/month)
	Number of retweets	200
LinkedIn	Number of followers	150
	Number of posts	100 (3/month)
	Number of reposts	200
ResearchGate	Number of updates	20
	Number of reads	2500
	Number of followers	150
	Number of recommendations	20

D. Overview of implemented dissemination and communication activities

This final section builds on the previous section that lists the ROUTE-HWF dissemination channels and tools and presents a current overview of the communication and dissemination activities that the ROUTE-HWF team has implemented in the first three months of the project. A more detailed list of activities will be available as implementation progresses and will be integrated into deliverables **D2.4 Mid-term dissemination report** and later in **D2.5 Dissemination report**. These activities correspond to the different tasks carried out as part of WP2:

1. **Task 2.1: Set up a Dissemination Committee** to guide the implementation of this dissemination plan/strategy (see section II of this Dissemination plan/strategy).

2. **Task 2.2: Develop the ROUTE-HWF project leaflet** that presents the project in an accessible way to all interested stakeholders

The ROUTE-HWF project leaflet (deliverable D2.1) has been finalized and submitted to the European Commission services.

3. **Task 2.3: Stakeholder and target group analysis**

A draft stakeholder and target group analysis, which represents milestone M2.1, has been created and discussed within the project team. This analysis has been integrated into section B Stakeholder and target group analysis of this dissemination plan/strategy.

4. **Task 2.4: [ROUTE-HWF website](#)**

A draft website, representing deliverable D2.2, has been developed and shared within the project team.

In addition to these tasks, the WP2 team, in collaboration with the entire ROUTE-HWF team, has developed the following additional communication tools that support and strengthen the project's dissemination plan and strategy:

1. **A recognizable and unified visual identity for ROUTE-HWF**

The ROUTE-HWF identity consists of a central mission statement *“Join us to create a European route out of medical deserts”* and two visuals, including the ROUTE-HWF project logo, see Figure 4 and Figure 5 that are utilized in all dissemination channels, activities and deliverables, including the leaflet, website, social media pages and reports.



Figure 4: The ROUTE-HWF mission statement and visual identity



Figure 5: The ROUTE-HWF logo

2. **A press release** (see Annex 3: ROUTE-HWF press release) to be circulated widely by all consortium members via institutional/personal websites and social media as well as to the media and the EurekaAlert and AlphaGalileo international science news portals.
3. **The setup of ROUTE-HWF [Twitter](#), [LinkedIn](#) and [ResearchGate](#) accounts**, which will be used frequently to share updates, communicate about project activities and main results, as well as to network and engage with stakeholders and other relevant projects. These social media pages use the same visual identity (see Figure 6, Figure 7 and Figure 8), which was tailored to fit their specific requirements in order to optimize visibility.



Figure 6: The ROUTE-HWF Twitter page

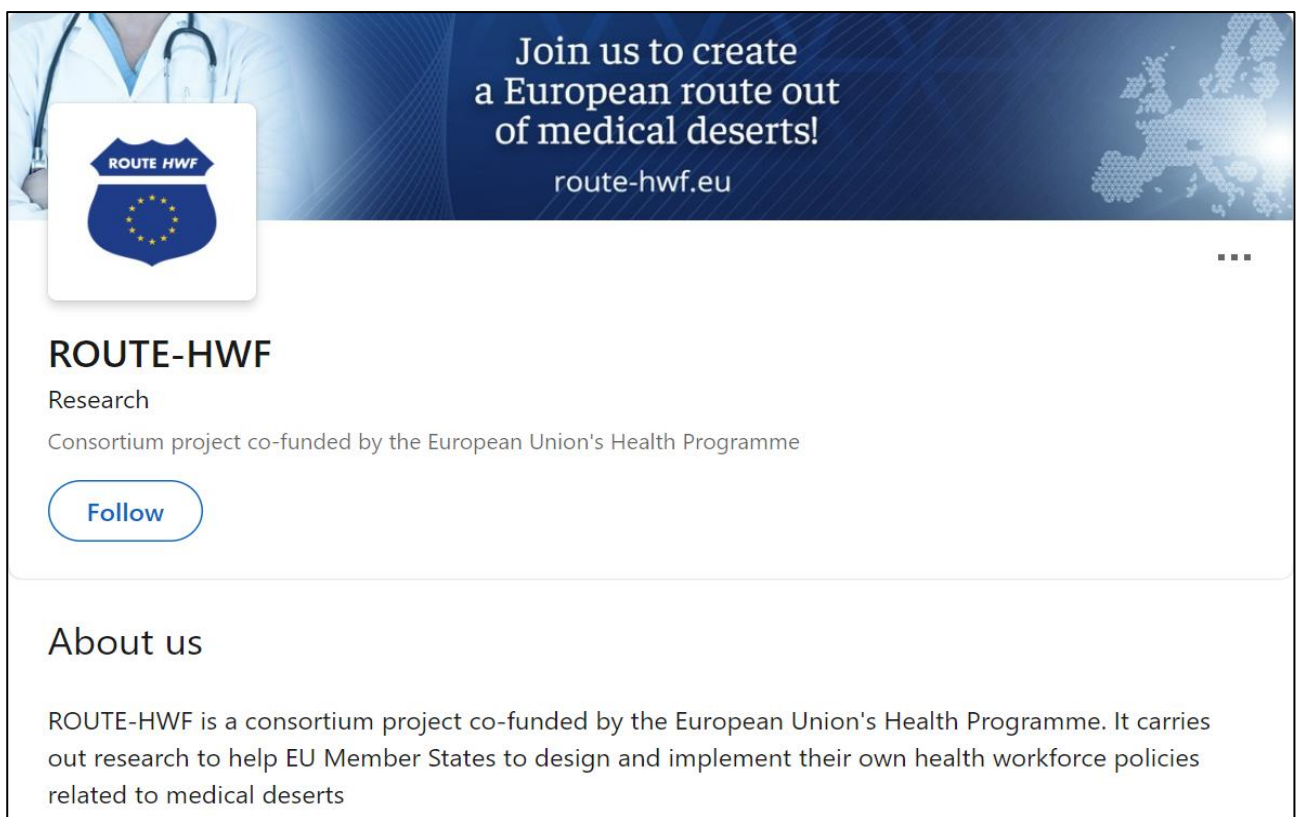


Figure 7: The ROUTE-HWF LinkedIn page

Project

A Roadmap OUT of mEdical deserts into supportive Health WorkForce initiatives and policies (ROUTE-HWF)

 Sorin Dan · Ana Isabel González González · Katarzyna Dubas-Jakóbczyk ·

[Show all 9 collaborators](#)

Goal: ROUTE-HWF (<https://route-hwf.eu/>) stands for Roadmap OUT of mEdical deserts into supportive Health WorkForce initiatives and policies. Co-funded by the European Union's Health Programme (2014-2020), ROUTE-HWF is a consortium project that carries out research to help EU Member States to design and implement their own health workforce policies related to medical deserts. Implemented during March 2021 - February 2024, its overarching aim is to help EU Member States to reduce disparities in population health by ensuring timely access to high-quality healthcare across all EU regions.

Many rural regions and deprived urban areas across Europe are witnessing a shortage of medical personnel. Known as 'medical deserts', this reality diminishes the effectiveness of healthcare systems, which are currently under considerable strain in the context of the COVID-19 pandemic and has severe negative impacts on population health. Despite existing research and health workforce policies addressing medical deserts, there is confusion concerning this concept and insufficient evidence on what policy interventions are most effective at addressing this phenomenon.

Methods: Survey Data, Systematic Review, Case Studies, Workshops

Date: 1 March 2021 - 28 February 2024

Figure 8: The ROUTE-HWF ResearchGate page

References

Eurostat. (2020a). Urban and rural living in the EU. Available at: <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/EDN-20200207-1>.

Eurostat. (2020a). NUTS-Nomenclature of territorial units for statistics. Available at: <https://ec.europa.eu/eurostat/web/nuts/background>.

Annexes

Annex 1: ROUTE-HWF stakeholder analysis questionnaire

The ROUTE-HWF project wants to ensure that its output and results are really useful and tailored to the needs of policy makers, researchers, medical professionals, citizens and other stakeholders across Europe. Therefore, with this short questionnaire we would like to hear your opinion about what you are most interested in related to ROUTE-HWF, how we can tailor its results to your specific needs and what ways of communication and dissemination you and your organization prefer. We hope that you can take 10 minutes of your precious time. Many thanks in advance!

YOUR NEEDS AND PREFERENCES

1. What aspects related to medical deserts are most interesting to you?
2. What results of ROUTE-HWF are most useful for you?
3. How could ROUTE-HWF contribute to your specific work?
4. How would you like to be informed about ROUTE-HWF's results?

POSSIBLE ROLES IN THE IMPLEMENTATION OF ROUTE-HWF

Please indicate your interest in the following by marking all options that apply:

- Participate in the European online survey on medical deserts
- Take part in national stakeholder workshops in the Netherlands, Finland, Spain, Poland and Croatia
- Participate in an in-depth case study of medical deserts
- Take part in joint research on medical deserts with the ROUTE-HWF team
- Contribute to a European expert workshop to discuss the ROUTE-HWF roadmap
- Listen to thematic webinars to learn about ROUTE-HWF's results
- Check out the ROUTE-HWF website to stay connected to our activities and outputs
- Sign up for the ROUTE-HWF newsletter
- Follow ROUTE-HWF on Twitter and LinkedIn
- Other:

Additional comments

What type of institution do you represent?

- National policymaking
- Regional policymaking
- Local policymaking
- University
- Research institute
- Medical profession
- Citizens'/patients' association
- Individual citizens/patients
- Non-governmental organization
- International organization
- Other:

Your e-mail and contact information (optional)

Annex 2: List of ROUTE-HWF deliverables

Deliverable Number	Deliverable Title	WP number	Lead beneficiary	Type	Dissemination level	Due date (in months)
D1.1	Risk management plan	WP1	1 - NIVEL	Report	Public	5
D2.1	Leaflet	WP2	2 - VAASAN YLIOPISTO	Report	Public	2
D2.2	Website	WP2	2 - VAASAN YLIOPISTO	Websites, patents filling, etc.	Public	3
D2.3	Dissemination plan/strategy	WP2	2 - VAASAN YLIOPISTO	Report	Public	3
D2.4	Mid-term dissemination report	WP2	2 - VAASAN YLIOPISTO	Report	Public	18
D2.5	Dissemination report	WP2	2 - VAASAN YLIOPISTO	Report	Public	36
D2.6	End of project booklet for the public	WP2	2 - VAASAN YLIOPISTO	Report	Public	36
D3.1	Evaluation plan	WP3	3 - FAD	Report	Confidential, only for members of the consortium (including the Commission services)	3
D3.2	Mid-term evaluation report	WP3	3 - FAD	Report	Public	18
D3.3	Evaluation report	WP3	3 - FAD	Report	Public	36
D4.1	First version of definition and taxonomy on medical deserts	WP4	1 - NIVEL	Report	Public	12
D4.2	Second version of definition and taxonomy on medical deserts	WP4	1 - NIVEL	Report	Public	17

D4.3	Final version of definition and taxonomy on medical deserts	WP4	1 - NIVEL	Report	Public	30
D5.1	First version of the guidelines on monitoring and measuring medical deserts	WP5	2 - VAASAN YLIOPISTO	Report	Public	12
D5.2	Second version of the guidelines on monitoring and measuring medical deserts	WP5	2 - VAASAN YLIOPISTO	Report	Public	17
D5.3	Final version of the guidelines on monitoring and measuring medical deserts	WP5	2 - VAASAN YLIOPISTO	Report	Public	30
D6.1	First version of the ROUTE-HWF Roadmap	WP6	3 - FAD	Report	Public	22
D6.2	Second version of the ROUTE-HWF Roadmap	WP6	3 - FAD	Report	Public	31
D6.3	Final version of the ROUTE-HWF Roadmap	WP6	3 - FAD	Report	Public	36
D7.1	Case study report	WP7	4 - UJ	Report	Public	29
D8.1	Workshop report	WP8	5 - U ZAGREB MED	Report	Public	33

Annex 3: ROUTE-HWF press release

What policies could help improve the shortage of doctors in remote rural areas and deprived urban areas? – A consortium consisting of five European universities is preparing a roadmap in the ROUTE-HWF project

Many rural regions and deprived urban areas across Europe are witnessing a shortage of medical personnel. Known as ‘medical deserts’, this reality diminishes the effectiveness of healthcare systems, which are currently under considerable strain in the context of the COVID-19 pandemic and has severe negative impacts on population health.

Despite existing research and health workforce policies addressing medical deserts, there is confusion concerning this concept and insufficient evidence on what policy interventions are most effective. According to Professor Ronald Batenburg, Consortium Leader and Project Manager of the Netherlands Institute for Health Services Research (NIVEL), *medical deserts tend to be overlooked or even forgotten by both policy makers and researchers. The call for action of ROUTE-HWF is to bring these literally deserted areas and regions back on top of the agenda.*

ROUTE-HWF aims to raise awareness of the existence of medical deserts and to help EU Member States to improve timely access to high-quality healthcare across all EU regions, thus reducing disparities in population health.

A literature review and database search of available material on definitions and characteristics of medical deserts will support the implementation of a survey across 33 European countries, along with national stakeholder workshops and in-depth case studies. These activities will produce the conceptual and evidence base required for defining and classifying medical deserts and recommending interventions that national and regional policy makers across Europe can implement to reduce medical deserts.

Policy makers can learn from these insights, design and tailor policy actions that best fit the context of the medical deserts in their specific regions and areas. *Medical deserts cannot be saved by ‘flying doctors’, which are often mentioned in a semi-romantic way as a means to overcome the pressing medical problems of these areas. ROUTE-HWF aims to design modules of policy solutions that fit the rich variety of countries and regions across Europe to motivate and inspire policy makers and stakeholders, Batenburg says.*

Strongly rooted in practice, ROUTE-HWF builds upon the established scholarship and expertise in health workforce policy research of the consortium. The European consortium includes the Netherlands Institute for Health Services Research (the Netherlands), which acts as coordinator, the University of Vaasa (Finland), the Avedis Donabedian Research Institute - UAB (Spain), Jagiellonian University Medical College (Poland) and the University of Zagreb Medical School (Croatia).

ROUTE-HWF in brief

ROUTE-HWF – A Roadmap OUT of mEdical deserts into supportive Health WorkForce initiatives and policies

Duration: 01.03.2021 - 28.02.2024

Funding: The Health Programme of the European Union (2014-2020)

33 European countries surveyed

6 in-depth case studies

5 national workshops

1.5-day consensus building workshop

1 final roadmap out of medical deserts

Further information

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