

Digital Therapeutics Across Communities – Rotary for Digital Health

Operational Document for Rotary Clubs

Executive Summary

This operational document provides a comprehensive, detailed, and standardized guide for the implementation of the project “Digital Therapeutics Across Communities – Rotary for Digital Health” by Rotary Clubs.

Its objective is to make the entire project pathway clear, replicable, and accessible, avoiding interpretative ambiguities while ensuring methodological consistency at the national level.

The document translates the scientific framework of the project into concrete operational instructions, specifying precisely which activities must be carried out, which stakeholder categories must be involved, and which minimum participation targets are required.

In this way, every Club – regardless of its size or territorial context – is provided with a common operational framework that enables meaningful and comparable contributions to the national outcome.

The project does not require Clubs to possess technical expertise in Digital Therapeutics, nor to undertake clinical evaluation or technology promotion roles.

Clubs are instead asked to act as facilitators of structured listening and community dialogue, using shared tools and following a rigorous yet accessible methodology.

The value of each Club’s contribution lies in the quality of the listening process, adherence to the methodology, and the ability to provide realistic evidence regarding local needs, perceptions, and barriers.

The document also clarifies how local activities contribute to a national synthesis represented by the Rotary White Paper on Digital Therapeutics.

This final document constitutes the project’s primary deliverable and gathers, in aggregated and interpretative form, the territorial evidence produced by the Clubs, translating it into operational recommendations for institutions and public decision-makers.

In this way, the contribution of each Club becomes an integral part of a coherent national strategy aimed at supporting the informed, equitable, and sustainable adoption of Digital Therapeutics within the Italian healthcare system.

1. Purpose and Scope of the Document

This document – together with the related questionnaire forms – defines in detail the minimum operational activities that each Rotary Club is required to carry out within the framework of the project. It serves as the single reference framework for ensuring consistency of approach, comparability of results, and the institutional credibility of the initiative.

Compliance with the instructions contained in this document is an essential condition for enabling territorial contributions to be effectively integrated into the national synthesis.

3. Stakeholders to Be Involved

The project involves the participation of distinct stakeholder categories, each corresponding to specific methodological objectives.

For each category, mandatory minimum participation numbers are indicated.

3.1 Summary Table of Minimum Numbers per Club

Macro – Category	Included Stakeholders	Minimum Units	Methodological Purpose
Healthcare	General practitioners or pediatricians, specialists, pharmacists	4	Ensures a clinical and community-based perspective
Institutional	Local public administration or territorial healthcare system	1	Identifies organizational and local policy barriers
Education and Training	Teachers/school leaders, educators/trainers, primary school students, secondary school students	12	Integrates health literacy and long-term perspectives
Third Sector and Citizens	Patient associations, third-sector organizations/volunteers, citizens	5	Captures trust, needs, and social perceptions

Overall minimum total per Club: 22 participants.

3.2 Details by Category

3.2.1 Healthcare Stakeholders

Stakeholder Type	Minimum Units	Practical Guidance
General practitioner or family pediatrician	2	Preferably from different practices or networks
Hospital or community specialist	1	Clinical area selected according to local context
Community pharmacist	1	Public or private sector

3.2.2 Institutional Stakeholders

Stakeholder Type	Minimum Units	Practical Guidance
Local public administration or territorial healthcare system	1	Municipality, local health authority, social or digital services

3.2.3 Educational and Training Stakeholders

Stakeholder Type	Minimum Units	Practical Guidance
School principal or lead teacher	1	Primary or secondary school
Educator or trainer	1	Adult or professional education
Primary school students	5	Activities always mediated by teachers
Secondary school students	5	Preferably heterogeneous by age and gender

3.2.4 Third Sector Stakeholders and Citizens

Stakeholder Type	Minimum Units	Practical Guidance
Patient association	1	Preferably with local territorial presence
Third-sector organization	1	ONG, social cooperative, volunteering organization
Citizens	3	Non-experts, heterogeneous by age and gender

4. Collection of Quantitative Data

Each Club must collect a minimum number of completed questionnaires using exclusively the standard tool provided by the national coordination team.

Questionnaires must be completed individually and may not be modified.

The collected data will be used exclusively in aggregated and descriptive form.

5. Collection of Qualitative Data

Each Club must implement at least one qualitative data collection method, choosing between semi-structured interviews or territorial focus groups.

Both methods are considered methodologically equivalent.

The objective of qualitative data collection is to identify recurring themes, perceived barriers, and enabling conditions related to the adoption of Digital Therapeutics within real-world contexts.

6. Information and Awareness Activities

Each Club must organize at least one public information or awareness activity on the topic of Digital Therapeutics.

The activity may take different forms, provided that it is consistent with the materials supplied by the national coordination team and addressed to a local audience.

7. Evidence from the Educational Sector

The evidence collected within schools is treated as a distinct dimension of the project.

For primary schools, only a narrative output is required, based on guided observations and thematic summaries.

For secondary schools, a mixed output is expected, combining a descriptive reading of micro-questionnaires with a qualitative synthesis of the discussions that emerged.

8. Territorial Report

Each Club must prepare a single territorial report using the official template.

The report must describe the local context, the activities carried out, the quantitative and qualitative results, and a summary of the main recommendations that emerged.

The recommended length of the report is between eight and twelve pages.

9. National Synthesis and Rotary White Paper

The White Paper represents the final deliverable of the project at the national level.

It collects and interprets, in an integrated manner, the territorial evidence produced by the Clubs, without introducing rankings or comparative evaluations between territories.

The White Paper includes:

- an institutional framing section;
- a presentation of aggregated evidence;
- a chapter dedicated to the educational sector;

- a section of operational recommendations addressed to institutions.

10. Concluding Principle

The success of the project is not linked to the quantity of activities carried out, but to the quality of the methodology applied.

Consistency, simplicity, and adherence to the operational guidelines are the elements that make it possible to transform local activities into useful knowledge for the national system.

The national coordination team ensures support, consistency, and continuity throughout the entire project pathway.

Annexes – Guide to Reading and Use

The following annexes constitute the project's operational toolkit.

Each annex corresponds to a specific evidence collection instrument and is designed to be used within a precise context, with distinct purposes and methods.

The correct use of the annexes is essential to ensure methodological consistency, comparability of results, and effective integration of territorial contributions into the national synthesis and the Rotary White Paper.

- Annex A is the standard questionnaire for adult stakeholders.

It represents the project's primary quantitative tool and is the only questionnaire whose results are included in the structured national database.

It must be used for healthcare professionals, public administrations, schools and training institutions (teachers and educators), third-sector organizations, and citizens.

- Annex B is the guide for semi-structured interviews.

It is a qualitative tool that may be used as an alternative to territorial focus groups.

Its purpose is to deepen and interpret quantitative findings by identifying barriers, enabling conditions, and local dynamics.

- Annex C is the tool dedicated to primary school students.

It is not a questionnaire and does not generate quantitative data.

It is a teacher-led educational activity aimed at collecting narrative evidence related to understanding, trust, and perceptions regarding digital health.

- Annex D is the micro-questionnaire for secondary school students.

It is a lightweight descriptive tool used exclusively to support the educational section of the territorial report and White Paper, without inclusion in the primary quantitative database.

The annexes must be used strictly according to the instructions provided in each section, without adaptations or modifications.

Annex A – Standard Questionnaire for Adult Stakeholders (RE-AIM Quantitative Tool)

Administration Instructions

This questionnaire must be administered exclusively using the text provided below, without modifications. It may be completed in either digital or paper format. Completion is individual and anonymous.

Before starting the questionnaire, the administrator should clarify that the questionnaire does not serve evaluative, clinical, or inspection purposes. Rather, it is part of a territorial listening initiative aimed at generating aggregated evidence to support public policy development.

The average completion time is approximately 10–12 minutes.

Introductory Page – General Information for Contextualization (RE-AIM Methodology)

The following information is collected exclusively to contextualize responses according to the RE-AIM methodological framework. All collected data are anonymous and do not allow respondent identification.

A1. Primary role of the respondent:

- healthcare sector
- public administration
- school or training sector
- third sector
- citizen

A2. Territorial area of reference:

- urban area
- semi-urban area
- rural area

A3. Main level of operation:

- local
- district
- regional

A4. Years of experience within your field:

- less than 5
- 5–10
- 11–20

Methodological Framework

This questionnaire is an integral part of the project “*Digital Therapeutics Across Communities – Rotary for Digital Health*” and has been designed in accordance with the international RE-AIM framework adopted as the methodological reference for the entire project.

The questions are structured to explore five key dimensions — Reach, Effectiveness, Adoption, Implementation, and Maintenance — in order to understand how Digital Therapeutics are perceived, received, and potentially integrated into real-world settings.

Responses are collected anonymously and analyzed exclusively in aggregated and descriptive form.

Section 1 – Reach**1. Does your local context receive adequate information and initiatives regarding Digital Therapeutics?**

- always
- often
- rarely
- never

Section 2 – Effectiveness**2. How familiar are you with the topic of Digital Therapeutics?**

- very familiar
- fairly familiar

- slightly familiar
- not familiar at all

3. Do you believe that Digital Therapeutics can provide concrete benefits to care or prevention pathways within your context?

- very much
- fairly
- slightly
- not at all

Section 3 – Adoption

4. How favorable are you toward the introduction of Digital Therapeutics within your local context?

- very favorable
- fairly favorable
- slightly favorable
- not favorable at all

5. In your opinion, what are the main barriers to the adoption of Digital Therapeutics within your territory?

Open-ended response.

Section 4 – Implementation

6. Does your local context have adequate digital infrastructure to support the use of Digital Therapeutics?

- always
- often
- rarely
- never

7. Do you believe that your territory has sufficient professional competencies to integrate Digital Therapeutics into everyday practice?

- high
- adequate
- limited
- absent

8. Are interoperable information systems available among the different healthcare and territorial stakeholders?

- complete
- partial
- absent
- I do not know

Section 5 – Maintenance

9. Do you believe that your territory is capable of sustaining the adoption of Digital Therapeutics over time?

- very much
- fairly
- slightly
- not at all

10. Which conditions do you consider essential to ensure the sustainable and responsible adoption of Digital Therapeutics?

Open-ended response.

Section 6 – Recommendations

11. Would you like to share a recommendation or message that you believe could be useful for national or regional public decision-makers?

Open-ended response.

Appendix B – Semi-Structured Interview Guide (Qualitative Tool)

Guidelines for conducting the interviews

The interviews should be conducted in a flexible yet structured manner. They are intended to feel informal in tone, while still following a clear thematic framework.

Audio recording is not required. A written summary is sufficient, highlighting the key topics and main insights that emerge during the conversation.

Estimated duration: 30–45 minutes.

Areas for discussion

1. What is your experience with, or perception of, Digital Therapeutics?
2. What concrete benefits do you foresee in your specific context?
3. What challenges or concerns most frequently emerge?
4. What organizational or cultural conditions do you consider necessary for adoption?
5. What type of support should be provided by institutions?

Appendix C – Tool for Primary School Students (Educational Qualitative Activity)

Context clarification and methodological framework

This tool is not a questionnaire and does not represent a direct continuation of the survey designed for adult stakeholders (Appendix A). It is a standalone instrument, aligned with Project Line B (awareness and digital literacy), and specifically designed to collect qualitative, education-oriented evidence.

Reference to the RE-AIM framework is indirect and mainly relates to the dimensions of *Reach* and *Effectiveness*, understood as the project's ability to engage the school environment and to foster understanding, curiosity, and trust among younger population groups.

No quantitative comparison with adult responses is foreseen, nor is the inclusion of these data in the database of standardized questionnaires. Evidence collected from primary schools will be used exclusively within the narrative section dedicated to the school context in both the territorial report and the national White Paper.

Guidelines for implementation

The activity is conducted exclusively within the school setting and is facilitated by the teacher. The Rotary Club supports the organization of the activity but does not directly conduct it.

Estimated duration: 30–45 minutes.

Guided discussion outline

The following outline is intended to support the teacher in facilitating the activity, while allowing full flexibility to adapt it to the classroom context and students' age. There is no requirement to ask all questions or to follow a fixed order.

Suggested prompts:

- What does it mean to you to take care of your health?
- Do you think technology can help people feel better or stay healthy?
- How do you imagine a computer or an app could help a doctor or a patient?

Expected output

The teacher prepares a narrative summary (maximum one page) highlighting recurring themes, meaningful examples, any difficulties in understanding, and signs of curiosity or hesitation.

Appendix D – Micro-Questionnaire for Secondary School Students (Descriptive Tool)

Administration guidelines

This questionnaire is anonymous and should be administered in the classroom or during a structured learning activity. Responses are used exclusively in aggregated and descriptive form.

Completion time: 5–7 minutes.

Student information

B1. Grade level:

- Lower secondary cycle
- Upper secondary cycle

B2. Age:

open-ended response

Questions

1. Before this session, were you familiar with the topic of Digital Therapeutics?
yes
no
2. How useful do you consider digital technologies in healthcare?
very useful
quite useful
not very useful
not useful at all
3. Which benefits do you consider most relevant?
open-ended response
4. Which risks or concerns do you perceive?
open-ended response
5. Would you use digital tools for your health in the future?
yes
maybe
no