



Polycare

D1.7 Dissemination plan POLYCARE Project

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1 EXECUTIVE SUMMARY

The Dissemination Plan aims to establish a common strategy among all Consortium partners to follow throughout the whole life cycle of POLYCARE project and after its completion in order to achieve an exploitation and dissemination of its results as optimal as possible (future research based on them, opening new business...).

In the D1.7 deliverable the methodology, the communication actions that will be used and the different actions proposed by the Consortium partners (at the time of writing of this document) to be carried out during the project are deeply described.

This document will evolve throughout the POLYCARE project life cycle and this first version will be submitted in June 2016 (M6) to the European Commission. New versions will be submitted every six months.

2 INTRODUCTION

The last few decades technological development became a crucial factor for the improvement of healthcare systems. Yet, many developments are not effectively communicated to their stakeholders and thus never reach their maximum potential. In order to prevent this from happening with the POLYCARE project this document has been produced.

2.1 Intended audience

This document is oriented to:

- POLYCARE Consortium partners
- The European Commission

2.2 Overview of the document

This document contains the following information:

- **Chapter 3 – Methodology:** in this section the methodology of the Dissemination Plan will be described in order to identify, design and execute the dissemination and communication activities proposed during and after the project life cycle.
- **Chapter 4 – Communication Actions:** each of the performed communication actions including all relevant information will be shown in this section (description, objectives, key messages, communicators, target audience, communication channel, tasks...). Every communication action will be described with its own card template.
- **Chapter 5 – Proposed Partners Actions:** the list of the proposed actions to be implemented by every partner will be shown in the corresponding tables of this section.

2.3 Reference documents

- **R1.** Grant agreement n^o: 690367 for the POLYCARE Project. [November 2015]
- **R2.** Proposal number: SEP-210271031 POLYCARE

2.4 Terminology

2.4.1 Abbreviations and acronyms

- **EC:** European Commission
- **CA:** Consortium Agreement
- **GA:** Grant Agreement
- **ICT:** Information and communications technology
- **DoA:** Description of Actions
- **SMEs:** Small and Medium-sized Enterprises
- **MNCs:** Multi-National Corporation
- **ROI:** Return on investment
- **WP:** Work package
- **KR:** Key Results
- **EIP:** European Innovation Partnership
- **AHA:** Active and Healthy Ageing
- **HAH:** Hospitalization at Home
- **PoC:** Proof Of Concepts
- **TA:** Target Audience
- **SO:** Specific Objective
- **QoL:** Quality of life
- **SW:** Software
- **HW:** Hardware
- **R&D:** Research and Development

3 METHODOLOGY

3.1 Introduction

This section will present the general methodology applied with regards the dissemination strategy. The methodology of POLYCARE project can be split into three phases:

- **Identification**

One of the most important points for the realization and implementation of a good dissemination plan is to determine the **objectives** and **needs**. This is the first essential step to establish an appropriate strategy and to achieve the expected results.

The identification of these objectives and needs, will be carried out in this first phase.

- **Design**

In this phase the main elements of the dissemination plan and its design will be defined (**context, messages issuers, channels, messages and target audiences**).

All these elements will be described in detail in the following sections of this document.

- **Execution**

This phase will elaborate on the execution of the planned activities proposed in previous parts of this document. (D1.7 deliverable, **section 5**) The execution will be performed in accordance with the established methodology.

All performed activities will be presented in the **D1.5 deliverable** (“Report on Information and Presentation Materials”). This document will be submitted to the European Commission on months M17, M25 and M36.

3.2 Identification

3.2.1 Objectives

The **general objectives** of the dissemination plan are as follows:

- To create tools to optimize the **flow of information** between the project partners and between project participants and target audiences.
- To communicate the project's **main topics** in an efficient, transparent and understandable way to the whole society.
- To **publicize** the project and its results as well as the experience gained to potential stakeholders and the main beneficiaries, to optimize the acceptance of the eHealth solutions like POLYCARE
- To obtain **feedback** about the publishing actions to adapt the next dissemination/ communication actions to fit with the Dissemination plan objectives.
- To disseminate the results obtained in the project through **public actions** like seminars, demonstrations, conferences, scientific publications, websites, social networks.
- To look for potential **customers** or future R&D project **partners**: to inform and to communicate the project results to public and private organizations of all the **European** regions that might be interested.
- To provide reference material for the realization of **future projects** related with the same basic elements.
- To use dissemination activities in order to optimize the **exploitation** of the project's results.

3.3 Design

As commented above (design phase of the methodology), there are five main elements (key factors) to be taken into account concerning the design of the dissemination plan. All of them must be perfectly coordinated in order to achieve the established objectives:

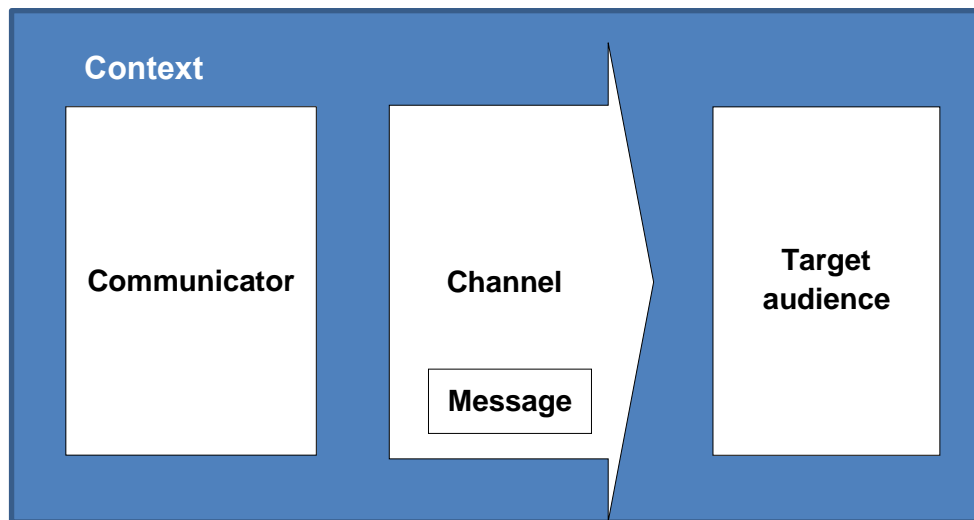


Figure 1 – Key Factors

3.3.1 Context

The POLYCARE project is focused on **home hospitalization** for **elderly people with chronic diseases** in acute phases. The project is based on a medical and social integrated care system supported by **ICT solutions** in order to provide **personalized service** and improve the **quality of life** of each patient.

Expected two main results (extracted from DoA) of the project:

- Reduction of the total number of bed days for emergency admissions.
- Reduce medical costs to significantly improve sustainability of healthcare system

These two results could be summarised in the improvement of the sustainability of the health care systems as well as the patients' quality of life.

POLYCARE project is divided into two main phases (technical and practical), realistically they could not be sequential, but generally these are the two main phases:

- **Phase 1 (technical):**

The **technical** phase covers the entire project. Although the first eighteen months will be most intensive with regards to analysis and development. From the middle of the project duration (M18) to the end (M36) the technical phase consists mainly out of adjustments as a result of the trial testing (second phase) .

WP2 (“Update on State of the art, requirements definition, architecture design”), **WP3** (“Gamification apps for patient integration”), **WP4** (“Development of the Decision Support System and the Collaborative Environment Tool”) and **WP5** (“Smart sensor platform”) provide the corresponding deliverables of this first part in a chronological order. This includes requirements extraction as well as all the developments corresponding to the three main elements of the technical part (the biosensors, the middleware and the mobile apps including gamification).

In chronological order, as this phase can be understood as a software development project, we can distinguish the following parts:

- State of the art
- Requirements
- Functional Analysis
- Development
- Testing
- Implementation
- Adjustments

- **Phase 2 (practical):**

This phase is focused on the POLYCARE Proof of Concepts (PoC) which will be developed on three different sites being: Spain (Aragón), France (Pays Couserans) and Germany (Bonn).

In the **practical** phase the development, previously executed, will be applied during trial testing in a real environment (patient home and clinical ambit). The trial testing will involve the patients and all other the stakeholders (medical team, social caregivers and informal caregiver).

In this part, developments, testing and implementations will also be considered a source of possible adjustments extracted from the trial testing.

During **WP6** (“New methodology and formation for stakeholders”), **WP7** (“Integration testing”) and **WP8** (“Trial testing”) of POLYCARE project the corresponding deliverables of this second part will be performed.

Based on the **DoA** of POLYCARE project, the proposed **Key Results** are the following:

Key Result	Description
K1	To demonstrate the sustainability of Integrated Care Home Hospitalisation , which thanks to technology allows efficient and effective use of all the resources involved, improving the quality of life of chronic people suffering from exacerbations .
K2	To demonstrate the deployment of this new integrated care model in different health and social environments across Europe (with both public and private actors).
K3	To develop an interoperable and open ICT platform , integrated with the use of wearable devices particularly designed and adapted to elderly people, which assures the collaboration between the health, social and informal caregivers .
K4	To provide a system that helps health professionals managing co-morbidities, reinforces medical knowledge about elderly people with chronic diseases and the improves interaction between medications.
K5	To demonstrate the ROI from several business models based on the deployment of this ICT platform.
K6	To break the technological barrier that exists between the elderly and the ICTs, encouraging the empowerment of the patients and a proactive attitude, taking into account the particularly human context of the project (chronic patient in acute phases).

Table 1 – Key Results

The key results enable the achievement of the objectives, attracting the attention to the main stakeholders of this project (medical team, social caregivers and informal caregiver).

The objectives of POLYCARE project are divided into four categories : user-oriented, organizational, business and technological. For the purpose of this dissemination plan the **business objectives** (Extracted from the DoA) are most relevant. See table 2 below for a detailed description of all business objectives:

Business Objectives	Description
B-OBJ1	Integrated care will reduce the stay of chronic patients at hospitals, increase home hospitalization and produce optimized care processes at public and private medical centers. The ICTs will also contribute to transfer some tasks that need fewer capacities to social and informal care services and it will allow saving time from medical professionals by focusing on more specialized tasks.
B-OBJ2	To demonstrate the viability of business and finance models through different pilots and end users.
B-OBJ3	Establish a basis to spread and adopt the new technologies and methodologies defined in POLYCARE.
B-OBJ4	To demonstrate that the project is capable of impacting integrated care at a European dimension by defining common best practices and methodology and test at real European environments.
B-OBJ5	This project will open new business opportunities such as telecare services, home care services, application developers and wearables. These opportunities eventually positively influence countries in terms of the economy and employment .

Table 2 – Business Objectives

The business objectives will be used to identify key messages for the dissemination plan. Table 3 shows the how the Business Objectives, Key Results and Work Packages of POLYCARE project are related.

Business Objectives	Key Results	WP
B-OBJ1	KR1, KR3, KR4	WP8, WP9
B-OBJ2	KR5	WP8, WP9
B-OBJ3	KR2, KR3, KR4, KR6	WP8, WP9
B-OBJ4	KR2, KR6	WP8, WP9
B-OBJ5	KR5	WP9

Table 3 – Business Objectives, Key Results and Work Packages

The dissemination plan is an important document throughout the entire project life cycle. This for the sole reason that the success of this project is highly dependent on the external communication during and after the project.

At the beginning of the project to establish an appropriate strategy, during the project for the purpose of raising awareness and implementation and especially at the moment of exploitation. This will be described in detail in **WP9** (“Exploitation and innovation management”).

3.3.2 Communicators

Within POLYCARE project, dissemination of project results will be carried out by various **communicators**. The communicators are all the partners of the **consortium**. The consortium consist of a variety of organizations:

- ICT providers (MNCs) (Multi-National Corporations)
- Service providers (clinical partners and social and care partners)
- Researchers ICT providers participating on active and healthy ageing European projects (i.e. EIP-AHA partners)
- SMEs looking for exploitation opportunities
- Usability and accessibility experts

3.3.3 Channels

The following communication channels are proposed in POLYCARE project:

- Workshops and conferences
- Publications (scientific and non-scientific)
- Commercial fairs
- Website
- Social Networks
- Interaction with associations, projects and initiatives with a common background
- Other dissemination material (posters, flyers...)
- Midterm and/or final dissemination event of the project

The key messages as well as actions related to these communication channels are described in the following sections.

3.3.4 Messages

Specific objectives for each of the target audiences will be established. These objectives and their potential audience will determine the nature of the messages as well as the used communication channels.

3.3.5 Target audiences

The dissemination and communication activities will be focused on expanding the project and its results as much as possible and therefore the identification and selection of the target audiences to which these actions are driven is essential to establish a good communication strategy.

Seven groups of **target audiences** (or target groups) have been identified within the scope of the POLYCARE project:

Number of Target	Target Audience
TA1	Policy makers and social/healthcare authorities: regional, national and european
TA2	End users: <ul style="list-style-type: none"> ○ Healthcare professionals ○ Social professionals ○ Patients and family
TA3	Private companies: <ul style="list-style-type: none"> ○ MNC and SMEs (related with eHealth, ICTs)
TA4	Patient associations
TA5	Scientific/ healthcare associations
TA6	Hospitals (public and private)
TA7	Press & media

Table 4 – Target audience

The next table matches the POLYCARE selected communicators and their corresponding target audiences:

Communicators	Targets
ICT providers	TA1, TA4, TA5, TA6, TA7,
Service providers	ALL
Researchers ICT	TA3, TA5, TA6,TA7
SME's looking for exploitation opportunities	TA2, TA3, TA7
Usability and accessibility issues expert partners	TA2, TA3, TA7

Table 5 – Communicators and targets audience reasons for TA

After the audience has been determined, the following section matches the target groups with the appropriate objectives, messages and communication channels. This will ensure optimized results of the dissemination plan.

3.4 Execution

3.4.1 Specific objectives Vs. Target audiences

The specific objectives of the dissemination plan depend on the different typology of the target audience.

Type	Number of Specific Objective (SO)	Specific objectives	TA1	TA2	TA3	TA4	TA5	TA6	TA7
Commercial	SO1	Open new business opportunities related with the typology of POLYCARE partners (increasing the client portfolio or the possible partners portfolio).			X			X	X
Methodological	SO2	Impact on integrated care at a European dimension by defining (and spreading) common best practices and methodology applied on eHealth systems.	X	X		X	X	X	X
Sustainability of the health care system	SO3	To disseminate that POLYCARE achieves a sustainable Integrated Care Home Hospitalization (cost reduction leads to sustainability)	X				X	X	X
	SO4	To remark the possibility of optimization in terms of sharing information between the health care stakeholders involved in the care process.	X	X				X	X

Technological	SO5	To emphasize the usage of ICT technologies on telecare health systems (from the professionals point of view).		X	X		X	X	X
	SO6	To break the technological barrier that exists between the elderly and the ICTs.		X	X	X	X	X	X
Social	SO7	To disseminate that POLYCARE achieves an improvement of the patient quality of life .		X		X	X	X	X

Table 6 – Specific objectives Vs. Target audiences

3.4.2 Target group Vs. communication channels and messages

As explained in the previous section, each of the target audiences of the POLYCARE projects have different dissemination objectives which can be transmitted into different (or not) communication channels using different (or not) messages. All these elements are a part of the POLYCARE dissemination plan and summarised in the following table:

Target group	Communication channel	#SO	Specific objective	Message
TA1: Policy makers and social/healthcare authorities	<u>Face2Face</u> 1. Conferences 2. Midterm and final dissemination event	SO2	Impact integrated care at a European dimension by defining common best practices and methodology .	Emphasize the benefits of an integrated care model for chronic disease patients on a European dimension
		SO3	To disseminate that POLYCARE achieves an sustainable Integrated Care Home Hospitalization system .	POLYCARE will reduce costs of chronic disease management with the result of improving sustainability of health systems.
		SO4	To remark the optimization of care processes at public and private medical centers (saving costs, improving collaboration and increasing the knowledge about patients).	Optimizing care processes will increase collaboration and home hospitalization while providing health professionals with additional resources (both time and capital)

Table 7 – TA1: Policy makers and social/healthcare authorities vs. Specific Objectives

Target group	Communication channel	#SO	Specific objective	Message
TA2: End users: <ul style="list-style-type: none"> Healthcare professionals Social professionals Patients and family 	<u>Face2Face</u> <ol style="list-style-type: none"> Workshops Conferences Seminars Commercial fairs Publications <u>Others</u> <ol style="list-style-type: none"> Website Social media Flyers Logo 	SO2	Impact integrated care at a European dimension by defining common best practices and methodology .	<i>To Healthcare and social professionals: Promoting and emphasizing the benefits of an integrated care model for elderly people with chronic diseases.</i>
		SO4	To remark the optimization in terms of sharing information between healthcare stakeholders	<i>To Healthcare and social professionals: in the same way than in TA1</i>
		SO5	To emphasize the usage of ICT technologies on telecare health systems (both from a patient and professional point of view).	<i>To Healthcare, social professionals, patient and family: To demonstrate how the POLYCARE operates and communicate its' benefits in practise.</i>
		SO6	To break the technological barrier that exists between the elderly and the ICTs.	<i>To Healthcare, social professionals, patient and family: All POLYCARE solutions are patient centralized and the use of gamification makes the proposed IT systems highly personalized and easy to use.</i>
		SO7	To disseminate that POLYCARE achieves an improvement of the patient quality of life .	<i>To Healthcare, social professionals, patient and family: Due to continuous monitoring and reduced hospitalization patient QoL will significantly increase.</i>

Table 8 – TA2: End-users vs. Specific Objectives

Target group	Communication channel	#SO	Specific objective	Message
TA3: Private companies	<u>Face2Face</u> <ol style="list-style-type: none"> 1. Workshops 2. Conferences 3. Publications 4. Commercial fairs 5. Midterm and final dissemination event <u>Others</u> <ol style="list-style-type: none"> 6. Website 7. LinkedIn 	SO1	Open new business opportunities related with typology of POLYCARE partners (increasing the client portfolio or the possible partners portfolio)	Demonstrate business opportunities derived from POLYCARE and potential future collaborative projects or initiatives with a common background
		SO5	To emphasize the usage of ICT technologies on telecare health systems	Communicate the growing need for SW/HW within the healthcare sector.
		SO6	To break the technological barrier that exists between the elderly and the ICTs.	To disseminate the possibility of expansion due to the breakdown of these barriers as well as a chronic disease management is an increasingly important issue.

Table 9 – TA3: Private companies vs. Specific Objectives

Target group	Communication channel	#SO	Specific objective	Message
TA4: Patient associations	<u>Face2Face</u> <ol style="list-style-type: none"> 1. Conferences 2. Midterm and final dissemination event <u>Others</u> <ol style="list-style-type: none"> 3. Website 4. LinkedIn 	SO2	Impact integrated care at a European dimension by defining common best practices and methodology .	Communicate the growing need for an integrated care system to ensure sustainability of healthcare systems and improve patient care.
		SO6	To break the technological barrier that exists between the elderly and the ICTs.	The POLYCARE solutions are patient centralized meaning, they are highly adaptable in order to personalize the system making it easy to use for each individual patient.
		SO7	To disseminate that POLYCARE achieves an improvement of the patient quality of life .	Due to continuous monitoring and reduced hospitalization patient QoL will significantly increase.

Table 10 – TA4: Patient associations vs. Specific Objectives

Target group	Communication channel	#SO	Specific objective	Message
TA5: Scientific and healthcare associations	<u>Face2Face</u> 1. Conferences 2. Publications 3. Midterm and final dissemination event	SO2	Impact integrated care at a European dimension by defining common best practices and methodology .	Communicate that the results of POLYCARE will enhance scientific and technological knowledge resulting in improved integrated care on a European dimension.
	<u>Others</u> 4. Website 5. LinkedIn	SO3	To disseminate that POLYCARE achieves a sustainable Integrated Care Home Hospitalization system .	POLYCARE will reduce costs of chronic disease management with the result of improving sustainability of health systems.
		SO5	To emphasize the usage of ICT technologies on telecare health systems	Demonstrate how ICT technologies improve chronic disease management in terms of collaboration and sustainability.
		SO6	To break the technological barrier that exists between the elderly and the ICTs.	Communicate that the gamification aspect within the POLYCARE solutions will contribute to the breakdown of the technological barrier between elderly and ICTs.
		SO7	To disseminate that POLYCARE achieves an improvement of the patient quality of life	Due to continuous monitoring and reduced hospitalization patient QoL will significantly increase

Table 11– TA5: Scientific and healthcare associations vs. Specific Objectives

Target group	Communication channel	#SO	Specific objective	Message
TA6: Hospitals (public and private)	<u>Face2Face</u> 1. Conferences 2. Publications 3. Midterm and final dissemination event <u>Others</u> 4. Website 5. LinkedIn 6. Flyers	SO1	Open new business opportunities related with typology of POLYCARE partners (increasing the client portfolio or the possible partners portfolio)	<i>Private:</i> POLYCARE solutions increase home hospitalization, which reduces costs, which mean these funds can be allocated to other areas.
		SO2	Impact integrated care at a European dimension by defining common best practices and methodology .	Communicate the growing need for an integrated care system to ensure sustainability of healthcare systems and improve patient care.
		SO3	To disseminate that POLYCARE achieves a sustainable Integrated Care Home Hospitalization system .	POLYCARE solutions will reduce the required time and capital needed for chronic disease management resulting in increased healthcare sustainability. On top of that, POLYCARE aims to reduce the gap between research, technological developments and practise.
		SO4	To remark the optimization in terms of sharing information between healthcare stakeholders	Promote improved collaboration between stakeholders which increases interaction and knowledge with the patient and informal caregivers.
		SO5	To emphasize the usage of ICT technologies on telecare health systems	Demonstrate how the POLYCARE operates and communicate its´ benefits in practise.
		SO6	To break the technological barrier that exists between the elderly and the ICTs.	Communicate that the gamification aspect within the POLYCARE solutions will contribute to the breakdown of the technological barrier between elderly and ICTs.
		SO7	To disseminate that POLYCARE achieves an improvement of the patient quality of life	Due to continuous monitoring and reduced hospitalization patient QoL will significantly increase

Table 12 – TA6: Hospitals vs. Specific Objectives

Target group	Communication channel	#SO	Specific objective	Message
TA7: Press and media	<u>Face2Face</u> 1. Conferences 2. Personal interviews 3. Midterm and final dissemination event <u>Others</u> 4. Website 5. Twitter/ Facebook/ LinkedIn 6. Flyers 7. Radio interview 8. Pilot on TV	SO1	Open new business opportunities related with typology of POLYCARE partners (increasing the client portfolio or the possible partners portfolio)	Demonstrate business opportunities derived from POLYCARE and potential future collaborative projects or initiatives with a common background
		SO2	Impact integrated care at a European dimension by defining common best practices and methodology .	Emphasize the benefits of an integrated care model for chronic disease patients on a European dimension, considering national data protection legislation.
		SO3	To disseminate that POLYCARE achieves a sustainable Integrated Care Home Hospitalization system .	POLYCARE solutions will reduce the required time and capital needed for chronic disease management resulting in increased healthcare sustainability. On top of that, POLYCARE aims to reduce the gap between research, technological developments and practise.
		SO4	Optimization in terms of sharing information between healthcare stakeholders.	Promote improved collaboration between stakeholders which increases interaction and knowledge with the patient and informal caregivers.
		SO5	To emphasize the usage of ICT technologies on telecare health systems .	demonstrate how the POLYCARE operates and communicate its´ benefits in practise.
		SO6	To break the technological barrier that exists between the elderly and the ICTs.	Communicate that the gamification aspect within the POLYCARE solutions will contribute to the breakdown of the technological barrier between elderly and ICTs.
		SO7	To disseminate that POLYCARE achieves an improvement of the patient quality of life .	Due to continuous monitoring and reduced hospitalization patient QoL will significantly increase

Table 13 – TA7: Press & media vs. Specific Objectives

3.4.3 Communication channel Vs. Actions

Finally, once the communication channels and the key messages to be sent are selected, the dissemination plan needs to propose actions to be performed in all of these channels. This information can be read into the following tables (the first is the description of the actions proposed to be carried out and the second matches these actions with the target groups and the communications channels to be used for each of them):

Number of Action	Action
AC1	The Polycare project and its results will be disseminated at various conferences and events related to the project (health, accessibility, ICT, gamification ...)
AC2	Conferences and/ or events performed will be held at local, regional, national or European level.
AC3	A number of events will be attended in order to inform stakeholders about the results of the project.
AC4	A final event is proposed in order to present to the community public and private of health and care services the final results of the project.
AC5	To participate in commercial fairs where Health and ICT developers as well as customers are present resulting in dissemination of the project and it's results.
AC6	To participate in trade shows and technical events which will also be used for the promotion of the outcomes of the project. It enables the companies of POLYCARE project showcase the devices potential customers, and also serve as a meeting point with potential distributors and business partners.

Number of Action	Action
AC7	The website of POLYCARE project will be published and available to collect all the information related to the project
AC8	Each partner will include updated information about the project and links(affiliate marketing) to the central website
AC9	A LinkedIn group will be created for the consortium members and all stakeholders interested in the project progress and results
AC10	Diffusion of POLYCARE project across other specific social networks accounts: Facebook, Twitter, YouTube...
AC11	A flyer will be created in order to spread POLYCARE project at the different events
AC12	A project logo will be designed as a visual representation of the project. The logo should enable all stakeholders to identify the logo with the project concept
AC13	Publication of articles in specialized and general press about objectives and results of POLYCARE project
AC14	To establish interaction with other projects related to Integrated Care.
AC15	To participate in lectures and seminars at national and international universities.
AC16	To establish interaction with national organizations related to Home Hospitalization.
AC17	To establish interaction with action groups from the European Innovation Partnership on Active and Health.

Number of Action	Action
AC18	To establish contacts with the mainstream media in order to increase the expansion of the POLYCARE project and its results.

Table 14 – List of actions

Target Audiences	Communication channel	Actions
TA1: Policy makers and social/healthcare authorities	1. Conferences	AC1, AC2
	2. Midterm and final dissemination event (invite ministers and management of authorities)	AC4
TA2: End users: <ul style="list-style-type: none"> • Healthcare professionals • Social professionals • Patients and family 	3. Workshops	AC1, AC2, AC3, AC15, AC17
	4. Conferences	
	5. Seminars	
	6. Commercial fairs	AC5
	7. Publications	AC13
	8. Website	AC7, AC8
	9. Social media	AC9, AC10
	10. Flyers	AC11
	11. Logo	AC12

TA3: Private companies	1. Workshops	AC1, AC2, AC3
	2. Conferences	
	3. Publications	AC13
	4. Commercial fairs	AC5, AC6
	5. Midterm and final dissemination event (invite CEOs/management)	AC4
	6. Website	AC7, AC8
	7. LinkedIn	AC9
TA4: Patient associations	1. Conferences	AC1, AC2, AC3, AC14
	2. Midterm and final dissemination event (invite association management)	AC4
	3. Website	AC7, AC8
	4. LinkedIn	AC9
TA5: Scientific and healthcare associations	1. Conferences	AC1, AC2, AC3, AC14
	2. Publications	AC13
	3. Midterm and final dissemination event (invite association management)	AC4
	4. Website	AC7, AC8
	5. LinkedIn	AC9
TA6: Hospitals (public and private)	1. Conferences	AC1, AC2, AC3, AC16
	2. Publications	AC13

	3. Midterm and final dissemination event (invite hospital management)	AC4
	4. Website	AC7, AC8
	5. LinkedIn	AC9
	6. Flyers	AC11
TA7: Press and media	1. Conferences	AC1, AC2, AC3
	2. Personal interviews	AC18
	3. Midterm and final dissemination event (invite press)	AC4
	4. Website	AC7, AC8
	5. Twitter, Facebook, LinkedIn	AC9, AC10
	6. Flyers	AC11
	7. Radio interview	AC18
	8. Pilot on TV	AC18

Table 15 – Communication channel Vs. Actions

The **specific actions** proposed and performed of each partner are covered in this document (M1 - M6) and they are displayed in **section 5**. The actions carried out throughout the project will be presented in more detail in the deliverable D1.5 (“Report on Information and Presentation Materials”). This document will be submitted in M17, M25 and M36 to the European Commission.

3.5 Communication actions card template

The methodology proposed in this deliverable applies the previous elements (context, communicators, communication channels, messages and targets) into a card templates as shown in table 8. These card templates provide all information related to communication actions in a clear overview.

Each communication action has its own card template.

<i>Description of the action</i>		
<i>Objectives</i>	<i>Key messages</i>	
<i>Communicators</i>	<i>Target Audience</i>	<i>Communication Channel</i>
<i>Tasks</i>	<i>Responsible</i>	<i>Notes</i>

Table 16 – Communication action card template

4 COMMUNICATION ACTIONS

This section will describe every single communication action with its own card template.

4.1 Website

<i>Description of the action</i>		
<ul style="list-style-type: none"> • The website of POLYCARE project will be published and will be available to collect all the information related to the project. • Each partner will include updated information about the project and links to the central website. 		
<i>Objectives</i>	<i>Key messages</i>	
<ul style="list-style-type: none"> • SO1: Open new business opportunities related with the typology of POLYCARE partners (increasing the client portfolio or the possible partners portfolio). • SO3: To disseminate that POLYCARE achieves a sustainable Integrated Care Home Hospitalization (cost reduction leads to sustainability). • SO5: To emphasize the usage of ICT technologies on telecare health systems (from the professionals point of view). • SO7: To disseminate that POLYCARE achieves an improvement of the patient quality of life. 	<ul style="list-style-type: none"> • Integrated Care Home Hospitalization as a sustainable system (reducing costs and better allocation of resources). • Increasing of knowledge and expertise to participate on new R&D projects. • POLYCARE aims to reduce the gap between research, technological developments and practice. • The need for SW/HW within the healthcare sector is increasing • ICT technologies improve chronic disease management in terms of collaboration and sustainability. • Improved collaboration between stakeholders increasing the interaction and knowledge with the patient and informal caregivers. • Technology to get a better quality of life. • Reduction of the stay of chronic patients at hospitals. 	
<i>Communicators</i>	<i>Target Audience</i>	<i>Communication Channel</i>

<i>Description of the action</i>		
All the project partners: ICT providers, Service providers, Researchers ICT, SME's looking for exploitation opportunities, Usability and accessibility issues expert partners	TA2: End users TA3: Private companies TA4: Patient associations TA5: Scientific and healthcare associations TA6: Hospitals (public and private) TA7: Press and media	Website

<i>Tasks</i>	<i>Responsible</i>	<i>Notes</i>
To develop a functional and usable website for all targets audience defined in this plan	EVERIS	
To keep updated content of the website	ALL	
To keep updated information about the project and links to the central website	ALL	

Table 17 – Communication action: Website

4.2 Press

<i>Description of the action</i>		
<ul style="list-style-type: none"> • A press release is another tool to disseminate information and results of the POLYCARE project. All partners have long year experience with press releases, in the local as well as in the international context. A press release is best used iteratively, at the time when publicity is most desired. • After discussing the impact of press releases, POLYCARE partners decided to produce press releases in the languages of the participating countries and in English. They will monitor upcoming results out of the project and suggest, write and issue press releases at the most suitable time. Press releases cause usually reactions from the public and media and lead to interviews and queries. The partners will tackle these reactions to produce the most possible publicity for the POLYCARE project. 		
<i>Objectives</i>	<i>Key messages</i>	
<ul style="list-style-type: none"> • SO1: Open new business opportunities related with the typology of POLYCARE partners (increasing the client portfolio or the possible partners portfolio). • SO3: To disseminate that POLYCARE achieves a sustainable Integrated Care Home Hospitalization (cost reduction leads to sustainability). • SO7: To disseminate that POLYCARE achieves an improvement of the patient quality of life 	<ul style="list-style-type: none"> • Life quality of patients of chronic disease will be improved by an integrated Care Home Hospitalization approach. • Increasing of knowledge and expertise to participate on new R&D projects. • Improved collaboration between stakeholders increasing the interaction and knowledge with the patient and informal caregivers • EU-funded research projects produce results for the community 	
<i>Communicators</i>	<i>Target Audience</i>	<i>Communication Channel</i>
All the project partners	TA2: End users TA3: Private companies TA4: Patient associations TA5: Scientific and healthcare associations TA6: Hospitals (public and private) TA7: Press and media	News agencies; Press media

<i>Description of the action</i>		
<i>Tasks</i>	<i>Responsible</i>	<i>Notes</i>
Write and issue press releases	ALL	
Monitor results and suggest the issue of new press releases	ALL	
Follow up reactions and interviews related to the press releases	ALL	

Table 18 – Communication action: Press

4.3 Events, conferences, workshops

Description of the action

Oral Communications, Posters, Presentations and active participation at events (conferences, workshops, forums, seminars, meetings) where the target audience is the same as the one in Polycare.

Objectives	Key messages
<ul style="list-style-type: none"> • SO2: Impact on integrated care at a European dimension by defining (and spreading) common best practices and methodology applied on eHealth systems. • SO3: To disseminate that POLYCARE achieves an sustainable Integrated Care Home Hospitalization system. • SO4: To remark the optimization of care processes at public and private medical centers (saving costs, improving collaboration and increasing the knowledge about patients). • SO5: To emphasize the usage of ICT technologies on telecare health systems (from the professionals point of view). • SO7: To disseminate that POLYCARE achieves an improvement of the patient quality of life. 	<ul style="list-style-type: none"> • ICT enhances the traditional approach of Home Hospitalization • Sustainability of the service • Quality of the service. With objective information. From different perspectives • User (quality of life) • Professional (ease of work, better quality of service provider) • Organization

Communicators	Target Audience	Communication Channel
<p>Project partners, participants directly involved in the project. If it is possible, similar profiles to those on the target audience.</p>	<p>TA1: Policy makers and social/healthcare authorities</p> <p>TA2: End users (professionals)</p> <p>TA3: Private companies</p> <p>TA4: Patient associations</p> <p>TA5: Scientific/ healthcare associations</p> <p>TA6: Healthcare institutions</p> <p>TA7: Press & media</p>	<ul style="list-style-type: none"> - Oral communication - Presentation - Poster - Roundtable presentations - Workshop - Seminar

<i>Description of the action</i>		
<i>Tasks</i>	<i>Responsible</i>	<i>Notes</i>
To identify those events (seminars, workshops, conferences, other projects meetings) in which the target audience groups are similar to those in POLYCARE.	ALL	The events should be relevant at local, regional, national, European and international level.
To evaluate the kind of participation (oral communication, presentation, poster, etc.) in terms of expected impact, target audience and costs. All the target audience should have been reached through this communication channel at the end of the project.	ALL	There must be a balance between the cost of the action and the expected impact (number of participants, dissemination material, significance).
To prepare the content of the participation with updated information adapted to the target group. To update the Polycare web calendar with information about the event.	ALL	A global picture of the project should be introduced, but key messages and contents must be adapted to maximize the impact on the target audience of the event.
To maximize the impact of the action by publishing information about it through other communication channels, primarily through digital media (social networks and webpages).	ALL	Concrete and visual information (videos, pictures and messages) about the events must be published right before, during and/or after the event (for instance, pictures of the presentation making visible POLYCARE logo).

Table 19 – Communication action: Events, conferences, workshops

4.4 Project brochure

Description of the action

- A promotional brochure has been developed for the POLYCARE project, with the aim of enabling wide dissemination of the project in face-to-face events (e.g. trade shows, conferences, scientific meetings, general public events).
- The brochure has been developed considering inputs from all the partners and includes information about the project goals, overall vision and links to the consortium members.

Objectives

- **SO1:** Open **new business** opportunities related with the typology of POLYCARE partners (increasing the client portfolio or the possible partners portfolio).
- **SO3:** To disseminate that **POLYCARE** achieves a **sustainable Integrated Care Home Hospitalization** (cost reduction leads to sustainability).
- **SO5:** To emphasize the usage of **ICT technologies on telecare health systems** (from the professionals point of view).
- **SO7:** To disseminate that **POLYCARE** achieves an improvement of the **patient quality of life**.

Key messages

- Integrated Care Home Hospitalization as a sustainable system (reducing costs and better allocation of resources).
- POLYCARE aims to reduce the gap between research, technological developments and practice.
- ICT technologies improve chronic disease management in terms of collaboration and sustainability.
- Improved collaboration between stakeholders increasing the interaction and knowledge with the patient and informal caregivers.
- Technology to get a better quality of life.
- Reduction of the stay of chronic patients at hospitals.

Communicators

All the project partners: ICT providers, Service providers, Researchers ICT, SME's looking for exploitation opportunities, Usability and accessibility issues expert partners

Target Audience

TA2: End-users
TA6: Hospitals (public and private)
TA7: Press and media

Communication Channel

Flyer (project brochure)

Tasks

Responsible

Notes

<i>Description of the action</i>		
To develop an engaging and usable brochure for all targets audience defined in this plan.	PLUX	
To define the key messages to be conveyed in the printed materials	ALL	
To keep a graphical language coherent with the project image and logo	PLUX, EVERIS	

Table 20 – Communication action: Project brochure

4.5 Social networks

4.5.1 Twitter

<i>Description of the action</i>		
<ul style="list-style-type: none"> Diffusion of POLYCARE project across specific Twitter account at least to cope with the DoA commitments (over 500 followers) 		
<i>Objectives</i>	<i>Key messages</i>	
<ul style="list-style-type: none"> SO3: To disseminate that POLYCARE achieves a sustainable Integrated Care Home Hospitalization (cost reduction leads to sustainability). SO4: To remark the possibility of optimization in terms of sharing information between the health care stakeholders involved in the care process. SO5: To emphasize the usage of ICT technologies on telecare health systems (from the professionals point of view). SO7: To disseminate that POLYCARE achieves an improvement of the patient quality of life. 	<ul style="list-style-type: none"> Integrated Care Home Hospitalization as a sustainable system (reducing time and capital needed). POLYCARE aims to reduce the gap between research, technological developments and practice. To Healthcare and social professionals: POLYCARE will increase collaboration while providing health professionals with additional resources. POLYCARE increases interaction and knowledge with the patient and informal caregivers. Patient QoL will significantly increase (due to continuous monitoring and reduced hospitalization). 	
<i>Communicators</i>	<i>Target Audience</i>	<i>Communication Channel</i>
ICT providers, Researchers ICT, SME's looking for exploitation opportunities, Usability and accessibility issues expert partners (Those who have active Twitter account)	TA2: End users TA7: Press and media	Twitter
<i>Tasks</i>	<i>Responsible</i>	<i>Notes</i>
Till December 2016: 3post/week	EVERIS	ALL partners are asked to interact with POLYCARE twitter account.

<i>Description of the action</i>		
2 nd and 3 rd year of the project to be reviewed the publication strategy	EVERIS	

Table 21 – Communication action: Social networks – Twitter

4.5.2 Facebook

<i>Description of the action</i>
<ul style="list-style-type: none"> Diffusion of POLYCARE project across specific Facebook account at least to cope with the DoA commitments (over 250 likes)

<i>Objectives</i>	<i>Key messages</i>
The same as in Twitter card	The same as in Twitter card

<i>Communicators</i>	<i>Target Audience</i>	<i>Communication Channel</i>
ICT providers, Researchers ICT, SME's looking for exploitation opportunities, Usability and accessibility issues expert partners (Those who have active Facebook page)	TA2: End users TA7: Press and media	Facebook

<i>Tasks</i>	<i>Responsible</i>	<i>Notes</i>
Till December 2016: 3post/week	EVERIS	ALL partners are asked to interact with POLYCARE Facebook page.
2 nd and 3 rd year of the project to be reviewed the publication strategy	EVERIS	

Table 22 – Communication action: Social networks - Facebook

4.5.3 Youtube channel

<i>Description of the action</i>		
<ul style="list-style-type: none"> Diffusion of POLYCARE project across specific Youtube channel at least to cope with the DoA commitments (5 project videos uploaded) 		
<i>Objectives</i>	<i>Key messages</i>	
<ul style="list-style-type: none"> SO4: The possibility of optimization in terms of sharing information between the health care stakeholders involved in the care process. SO5: To emphasize the usage of ICT technologies on telecare health systems (from the professionals point of view). SO7: To disseminate that POLYCARE achieves an improvement of the patient quality of life. 	<ul style="list-style-type: none"> POLYCARE aims to reduce the gap between research, technological developments and practice. To Healthcare and social professionals: POLYCARE will increase collaboration while providing health professionals with additional resources. POLYCARE increases interaction and knowledge with the patient and informal caregivers. Patient QoL will significantly increase (due to continuous monitoring and reduced hospitalization). 	
<i>Communicators</i>	<i>Target Audience</i>	<i>Communication Channel</i>
ICT providers, Researchers ICT, SME's looking for exploitation opportunities, Usability and accessibility issues expert partners (Those who have active Youtube channel)	TA2: End users	Youtube channel
<i>Tasks</i>	<i>Responsible</i>	<i>Notes</i>
Till December 2016: 2 videos (KOM/ 1 st Consortium meeting)	EVERIS	ALL partners are asked to disseminate the POLYCARE videos uploaded into this channel.
2 nd and 3 rd year of the project to be reviewed the publication strategy	EVERIS	

Table 23 – Communication action: Social networks – Youtube channel

4.5.4 LinkedIn

<i>Description of the action</i>
<ul style="list-style-type: none"> Diffusion of POLYCARE project across specific LinkedIn account at least to cope with the DoA commitments (200 members)

<i>Objectives</i>	<i>Key messages</i>
<ul style="list-style-type: none"> SO1: Open new business opportunities related with the typology of POLYCARE partners (increasing the client portfolio or the possible partners portfolio). SO2: Impact on integrated care at a European dimension by defining (and spreading) common best practices and methodology applied on eHealth systems. SO3: To disseminate that POLYCARE achieves a sustainable Integrated Care Home Hospitalization (cost reduction leads to sustainability). SO4: The possibility of optimization in terms of sharing information between the health care stakeholders involved in the care process. SO5: To emphasize the usage of ICT technologies on telecare health systems (from the professionals point of view). SO7: To disseminate that POLYCARE achieves an improvement of the patient quality of life. 	<ul style="list-style-type: none"> eHealth business opportunities are increasing: potential future collaborative projects or initiatives with a common background are possible. POLYCARE solutions promote home hospitalization reducing costs allowing better allocation of resources. Emphasize the benefits of an integrated care model for chronic disease patients. Communicate the growing need for an integrated care system to ensure sustainability of healthcare systems and improve patient care. Communicate that the results of POLYCARE will enhance scientific and technological on an integrated care European dimension. Integrated Care Home Hospitalization as a sustainable system (reducing time and capital needed). POLYCARE promotes the collaboration between stakeholders increasing the knowledge of patients. Demonstrate how ICT technologies improve chronic disease management in terms of collaboration and sustainability. Communicate the growing need for SW/HW within the healthcare sector. Patient QoL will significantly increase (due to continuous monitoring and reduced hospitalization).

<i>Communicators</i>	<i>Target Audience</i>	<i>Communication Channel</i>

<i>Description of the action</i>		
All the project partners: ICT providers, Service providers, Researchers ICT, SME's looking for exploitation opportunities, Usability and accessibility issues expert partners (Those who have active LinkedIn account)	TA2: End users TA3: Private companies TA4: Patient associations TA5: Scientific and healthcare associations TA6: Hospitals (public and private) TA7: Press and media	LinkedIn
<i>Tasks</i>	<i>Responsible</i>	<i>Notes</i>
Till December 2016: 1post/week	EVERIS	ALL partners are asked to interact with the POLYCARE LinkedIn account.
2 nd and 3 rd year of the project to be reviewed the publication strategy	EVERIS	

Table 24 – Communication action: Social networks - LinkedIn

4.6 Midterm workshop / Final event

This card will be fulfilled in future versions of this deliverable, maybe making differences between midterm workshop (M18) and final event (M36) just to be able to fit with the dissemination needs at each of these moment (i.e.: final press conference of the project).

5 PROPOSED PARTNERS ACTIONS

This section is a summary of all actions proposed and performed by the consortium partners (the final actions performed will be explained in the D1.5 deliverable, “Report on information and presentation materials”). This document will be updated every 6 months in order for the proposal to stay up to date.

At the time of writing this document, the activities proposed by the partners are the following (extracted from the Confluence tool):

Presentations of project (conferences, events, visits to region by external guests...)								
No.	Activity type	Location (if applicable)	Target audience	Audience estimated size	Language	Date	Lead partner	Link
1	Conference	Madrid (Spain)	Policymakers, decision	200	Spanish	09/03/2016	SALUD	http://www.seis.es/inforsalud2016/imagen/Programa.pdf
2	Conference	San Jose, CA, USA	Human-Computer Interaction Researchers	3700 participants, 400 in each keynote	English	7-12/05/2016	PLUX	https://chi2016.acm.org/wp/ACM_CHI_POLYCARE.jpg
3	Conference	Lake Buena Vista (Orlando), Florida USA			English	16-20/08/2016	PLUX	http://embc.embs.org/2016/
4	Conference	15th International Conference on Computers Helping People with Special Needs July 13-15, 2016; Pre-Conference July 11-12, 2016	Scientists, Engineers, Stakeholder, Students	150		11-12/07/2016	Fraunhofer	http://www.icchp.org/

		University of Linz, Austria						
5	Conference	Software Development and Technologies for Enhancing Accessibility and Fighting Info-exclusion December 1-3, 2016 - UTAD, Vila Real, Portugal http://www.dsai.ws/2016/call-for-papers/	Scientists, Engineers, Stakeholder, Students	100	English	1-3/12/2016	Fraunhofer	http://www.dsai.ws/2016/
6	Conference	Lisbon, Portugal	Makers, DiY and tech enthusiasts	50	Portuguese	25-26/06/2016	PLUX	http://makerfairelisbon.com/en/about.html
8	Conference	AGAH Annual-Meeting	Clinical Pharmacologists	250	German		Universitaetsklinikum Bonn	
8	Conference	VKliPha Annual Congress	Clinical Pharmacologists	150	English		Universitaetsklinikum Bonn	
9	Conference	Annual Congress of the German College of General Practitioners and Family Physicians German (DEGAM. http://www.degam.de/what-we-do.html)	General Practitioners	600	German		Universitaetsklinikum Bonn	http://www.degam.de/what-we-do.html

10	Conference	Annual Congress of the German Network for Healthcare Research (DNVF, http://www.netzwerk-versorgungsforschung.de)	Health care researchers, General Practitioners		German		Universitaetsklinikum Bonn	http://www.netzwerk-versorgungsforschung.de
11	Meeting	5th Tactic Table of the MAIA departmental network	Social and Health representatives of the most relevant care organizations in the Ariège department	20	French	17/03/2016	ECHOSANTE	
12	Prize	Submission of POLYCARE to the prize "Trophée de la Santé" in the framework of "L'université d'été". University of Castres (resolution still pending)		200	French	29/05/2016	ECHOSANTE	www.universite-esante.com
13	Event	Mérida, Spain	Social Workers	1000	Spanish	14-16/09/2017	Comarca de Somontano	https://www.cgtrabajosocial.es/bizkaia/noticias/xiii-congreso-estatal-del-trabajo-social-y-i-iberoamericano-de-trabajo-social-servicio-social-2017/3805/view

14	Prize	Submission of POLYCARE to the annual award of Social Work in Aragón			Spanish	Anticipated for end of 2018	Comarca de Somontano	http://www.trabajosocialaragon.es/wp-content/uploads/actualidad/2016/05/Convocatoria-Premios-y-Reconocimientos-T.Social-Arag%C3%B3n-BASES.pdf
15	Conference	Zaragoza (Spain)	Healthcare Staff	100	Spanish	14/06/2016	SALUD	http://www.aragon.es/estaticos/GobiernoAragon/Organismos/ServicioAragonesSalud/Documentos/docs2/Areas/Informacion_al_profesional_del_SALUD/Calidad/Comunicaciones_TODAS_comunicaciones_recibidas.pdf

Table 25 – Presentations of Project (conferences, events, visits to region by external guests...)

Articles and appearance in local/National/international media, social network activity						
No.	Activity type	Target audience	Language	Date	Lead partner	Link
1	Digital press	Public in general	Spanish	8/03/2016	Everis	http://www.computing.es/empresa/noticias/1087722013701/everis-liderara-proyecto-polycare.1.html http://www.europapress.es/economia/red-empresas-00953/noticia-everis-liderara-aragon-proyecto-mejorar-teleasistencia-pacientes-mayores-europa-20160308173340.html http://www.strategicpartner.es/sanidad/noticias/1016358026607/everis-liderara-proyecto-mejorar.1.html http://www.itcio.es/sanidad/noticias/1016358015602/everis-liderara-proyecto-mejorar.1.html?utm_source=rss http://www.ituser.es/actualidad/2016/03/la-ue-impulsa-un-proyecto-para-mejorar-la-teleasistencia-a-personas-mayores

						http://www.digitalavmagazine.com/2016/03/09/everis-desarrolla-el-entorno-tic-colaborativo-para-el-proyecto-de-teleasistencia-a-mayores-polycare/ http://www.techweek.es/sanidad/noticias/1016358004601/everis-liderara-proyecto-mejorar.1.html
2	Web Everis	Public in general	Spanish	8/03/2016	Everis	http://www.everis.com/spain/es-ES/sala-de-prensa/noticias/Paginas/asistencia-polycare-everis.aspx
3	NTT Data newsletter	Public in general	English	/04/2016	Everis	
4	<p>Poster at the Annual Congress of the German College of General Practitioners and Family Physicians German (DEGAM, http://www.degam2016.de, Frankfurt, Germany)</p> <p>Notes: Presentation of the study design with the German pilot</p>	General Practitioners	German	29.09.-01.10.2016	Institute of General Practice and Family Medicine	http://www.degam2016.de
5	Web Comarca de Somontano	Public in general	Spanish	13/06/2016	Comarca de Somontano	http://www.somontano.org/servicios/servicio-social-de-base
6	Press release	Technical press	German	14/06/2016	Fraunhofer	https://www.fit.fraunhofer.de/de/presse/16-06-14.html

7	Press release in Informationsdienst Wissenschaft e.V.	Technical press	German	14/06/2016	Fraunhofer	https://idw-online.de/de/news654294
8	Press release in AlphaGalileo	Technical press	German	14/06/2016	Fraunhofer	http://www.alphagalileo.org/ViewItem.aspx?ItemId=165125&CultureCode=de
9	Press release in HEALTH-CARE-COM GmbH	Researchers	German	14/06/2016	Fraunhofer	http://bit.ly/1VX2pKa
10	Press release in eHealthServer.de	Technical press	German	14/06/2016	Fraunhofer	http://www.ehealthserver.de/fraunhofer/703-bessere-versorgung-chronisch-erkrankter-zu-hause
11	Press article	Medical press	English	14/06/2016	Fraunhofer	http://www.news-medical.net/news/20160615/POLYCARE-project-aims-to-develop-integrated-home-care-model-for-older-c
12	Press article	General press	German	21/06/2016	Fraunhofer	http://bit.ly/28PzUOg

Table 26 – Articles and appearance in local/national/international media, social network activity

Publications/ scientific articles								
No.	Activity type	Target audience	Author	Language	Date	Journal/ Publication (if applicable)	Title	Link
1	Article Publication	General Practitioners and others, e.g. health care researchers	K. Weckbecker, D. Mauer, N. Heiland; Institute of General Practice and Family Medicine, University Hospital Bonn M. Coenen, C. Coch, S. Huhn; Clinical Study Core Unit, Study Center Bonn, Institute of Clinical Chemistry and Clinical Pharmacology, University Hospital Bonn	English	anticipated for end of 2016	BMC Family Medicine and other journals of BMC group (https://www.biomedcentral.com/journals)		

2	Article Publication	General Practitioners and others, e.g. health care researchers	K. Weckbecker, D. Mauer, N. Heiland; Institute of General Practice and Family Medicine, University Hospital Bonn M. Coenen, C. Coch, S. Huhn; Clinical Study Core Unit, Study Center Bonn, Institute of Clinical Chemistry and Clinical Pharmacology, University Hospital Bonn	English	anticipated for end of 2018	Journals of PLOS One group (http://journals.plos.org/plosone/)		
3	Article Publication	General Practitioners	K. Weckbecker, D. Mauer, N. Heiland; Institute of General Practice and Family Medicine, University Hospital Bonn M. Coenen, C. Coch, S. Huhn; Clinical Study Core Unit, Study Center Bonn, Institute of Clinical Chemistry and Clinical Pharmacology, University Hospital Bonn	German	anticipated for end of 2018	Journal of General Practitioners and Family Physicians (ZFA, https://www.online-zfa.de)		

Table 27 – Publications/scientific articles