Project Title:	**Sensing and predictive treatment of frailty and associated co-morbidities using advanced personalized models and advanced interventions**
Contract No:	690140
Instrument:	Collaborative Project
Call identifier:	H2020-PHC-2014-2015
Topic:	PHC-21-2015: Advancing active and healthy ageing with ICT: Early risk detection and intervention
Start of project:	1 January 2016
Duration:	36 months

Deliverable No: D8.2

Dissemination plan and FrailSafe dissemination material (vers. b)

Due date of deliverable:	**January 1st 2017**
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Version:	2.0
Lead Author:	Nhu Tram (AGE)
Lead partners:	Nathalie De Craecker (AGE)
	Kosmas Petridis (HYPERTECH)
	Vasilis Megalooikonomou (UoP)

Horizon 2020
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Change History

Ver.	Date	Status	Author (Beneficiary)	Description
1.0	9/12/2016	draft	Nhu Tram and Nathalie De Craecker (AGE)	First draft version sent to WP leader and project coordinator before submission to partners
1.1	21/12/2016	draft	Vasilis Megalooikonomou (UoP)	Inclusion of comments
1.2	22/12/2016	draft	Kosmas Petridis (HYPERTECH)	Insertion of google analytics data and final reading
2.0	19/11/2017	draft	Nhu Tram and Nathalie De Craecker (AGE)	Draft of version 2.0 sent to WP leader and project coordinator
2.1	22/11/2017	draft	Nhu Tram and Nathalie De Craecker (AGE)	Draft sent to Anne-Sophie Parent (AGE Secretary General) for final check
2.1	23/11/2017	Draft	Kosmas Petridis (HYPERTECH)	Inclusion of comments, contribution to google analytics data of WP leader.
2.2	24/11/2017	Final	Anne-Sophie Parent (AGE)	Final revised version sent to Project Coordinator and WP8 leader for submission to EC

EXECUTIVE SUMMARY

Deliverable D8.2 reports on the dissemination activities, materials produced and key stakeholders reached during M1 – M12. While no major changes to the initial Dissemination Plan (D8.1) developed on the basis of the Description of Work and agreed with the partners on M3 were deemed necessary during the course of Year 1, Deliverable D8.2 includes however the useful improvements and modifications suggested by the European Commission and FrailSafe Partners to engage the community and promote the benefits and unique selling points of the FrailSafe solution.

All activities implemented by the Dissemination Manager (AGE) in year 1 - in cooperation with the other FrailSafe partners involved in WP8 - sought to raise awareness about the newly launched project, its objectives and expected outcomes, and were adapted to their different audiences. The main aim of Year 1 dissemination activities were to start building a large network of stakeholders who will be interested in the future outcomes of the FrailSafe project and to build synergies with relevant other projects and actors in the field of frailty prevention (policy makers, healthcare professionals, social service providers, older persons' organisations, etc.), in order to boost the impact of the project once it is completed.

The report contains two main sections:

Section I details what was achieved in M1-M12 in terms of dissemination and communication activities, materials produced, stakeholders reached, and progress achieved in terms of the General Success Indicators agreed for year 1 (see table below - Part B – page 22).

Section II focusses on the dissemination activities, material and reach out activities agreed for year 2 when more information about the project development can be shared publicly, in order to give FrailSafe a better visibility and reach out to wider groups of targeted stakeholders.

WP No.	Indicator	Success Criteria for Year 1	
General Success Indicators associated with WP8 And 9			
Number of publications, number of workshops organized by the consortium and audience size, number of conferences attended, number of Leaflets and newsletters, website, size of user forum, membership to biometric organizations and forums/ - to disseminate project concept, vision and innovation - to spread out the outcomes and achievements of the project to all interest groups	1. Website of FrailSafe availabe (M3) 2. Project dissemination material available (posters, leaflets) as defined in WP8 3. At least 2 presentations of project objectives and results (conference proceedings, etc.)	1. ✓ 2. ✓ 3. ✓
Delivery of an effective, pragmatic and viable business & exploitation plan for project results uptake and commercialization potential	FrailSafe draft dissemination exploitation strategy and decisions (see D8.6)	N/A
Increasing public interest in FrailSafe concept measured by web server logs	500-1000	✓

DOCUMENT INFORMATION

Contract Number:	H2020-PHC–690140	Acronym:	FRAILSAFE
Full title	Sensing and predictive treatment of frailty and associated co-morbidities using advanced personalized models and advanced interventions		
Project URL	http://frailsafe-project.eu/		
EU Project officer	Mr. Jan Komarek		

Deliverable number:	8.2	Title:	Dissemination plan and FrailSafe dissemination material (vers. b)
Work package number:	8	**Title:**	Dissemination and exploitation

Date of delivery	Contractual	01/01/2017 (M12)	Actual	31/12/2016 D8.2 (v. b) – 2.0: 24/11/2017
Status	Draft ☐		Final ☒	
Nature	Report ☒	Demonstrator ☐	Other ☐	
Dissemination Level	Public ☒	Consortium ☐		
Abstract (for dissemination)	D8.2 reports on the dissemination activities, materials produced and key stakeholders reached during M1 – M12. It also provides information on the dissemination activities, material and reach out activities agreed for year 2 when more information about the project development can be shared publicly, in order to give FrailSafe a better visibility and reach out to wider groups of targeted stakeholders.			
Keywords	Dissemination, communication			

Contributing authors (beneficiaries)	Nhu Tram (AGE) Nathalie De Craecker (AGE) Anne-Sophie Parent (AGE) Vasilis Megalooikonomou (UoP) Kosmas Petridis (HYPERTECH)		
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TABLE OF CONTENTS

1 INTRODUCTION

This report covers detailed information on the dissemination activities, materials produced and key stakeholders reached during M1 – M12. It is framed on the initial Dissemination Plan (D8.1) developed on the basis of the Description of Work and agreed with the partners on M3. During the course of year 1, no major changes were deemed necessary. However, useful improvements and modifications suggested by the European Commission and FrailSafe Partners were taken on board to engage better the community and promote the benefits and unique selling points of the FrailSafe solution.

All activities implemented by the Dissemination Manager (AGE) in year 1 - in cooperation with the other FrailSafe partners involved in WP8 - sought to raise awareness about the newly launched project, its objectives and expected outcomes, and were adapted to their different audiences. The main aim of Year 1 dissemination activities was to start building a large network of stakeholders who will be interested in the future outcomes of the FrailSafe project and to build synergies with other relevant EU projects and actors in the field of frailty prevention (policy makers at EU, national and local level, healthcare professionals, social service providers, older persons' organisations, etc.), in order to boost the impact of the project once it will be completed.

Section I details what was achieved in M1-M12 in terms of dissemination and communication activities, materials produced, stakeholders reached, and progress achieved toward the WP8 General Success Indicators agreed for year 1.

Section II focusses on the dissemination activities, material and reach out activities planned for year 2 when more information about the project development can be shared publicly, in order to give FrailSafe a better visibility and reach out to wider groups of targeted stakeholders.

While no major changes to the initial Dissemination Plan (D8.1) developed on the basis of the Description of Work and agreed with the partners on M3 were deemed necessary during the course of Year 1, useful improvements and modifications suggested by the European Commission and FrailSafe's Partners during the course of year 1 were taken on board to engage better the community and promote the benefits and unique selling points of the FrailSafe solution.

Please note that this deliverable does not contain information on the project's data management, as it will be covered in D8.12 (vers. a)

2 SYNOPSIS

During the first year of the project, FrailSafe communication and dissemination activities followed the planned strategy described in Deliverable 8.1 (vers. a): activities focussed on developing the communication material and tools, ensuring strong web presence and adapting communication content to the diverse target audiences. In order to do so, communication tools were set up to support the partners, such as the website, leaflets, logo, newsletters and others (see section 3). The communication tools were used and various communication and dissemination activities took place during workshops, meetings, conferences, articles, local television and radio interviews by the Dissemination Manager and other WP8 partners. Social media has also been a great asset to convey the information about the new project and create interest among the targeted audiences (Twitter with 44 followers and Facebook with 120 followers).

The website has already started to raise great interest, as during the last eight months of year 1 (May-December 2016), it attracted nearly 200 distinct visitors per month, recording more than 250 sessions per month and, on average, six (6) page views per session (see below indicative figure illustrating October 2016 traffic). This means a total of 2.000 web server logs for M4-M12, a much higher results than expected in the WP8 General Success Indicators for year 1 (see table in Executive Summary).
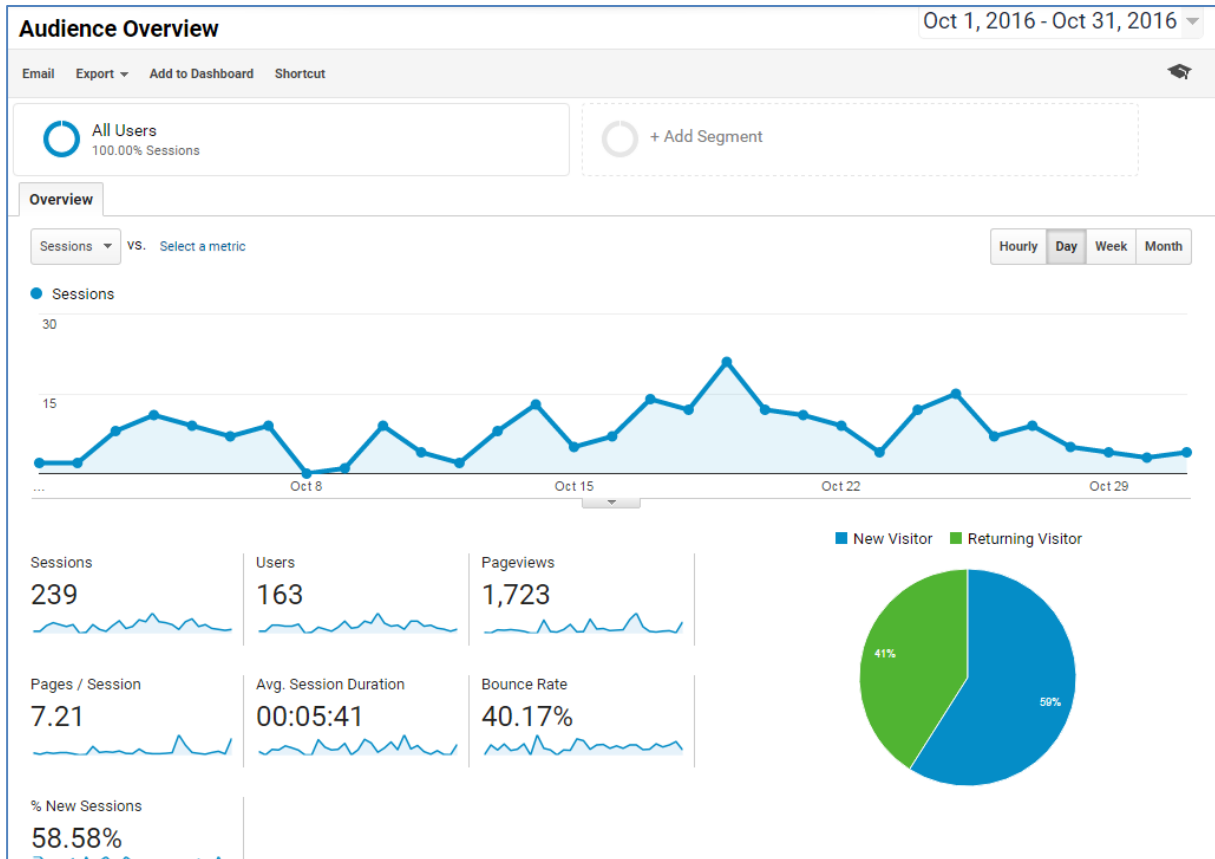
As can be also seen in the following table, some traffic (10,04%) is coming from direct links from other websites (referral). This figure is expected to grow as the project evolves and the website is enriched with new content and results. On the other hand, 44,77% of page traffic comes from search engines, which proves that FrailSafe pages start to gain visibility and appears in search engine results.

Default Channel Grouping	Acquisition			Behavior		
	Sessions	% New Sessions	New Users	Bounce Rate	Pages / Session	Avg. Session Duration
	239 % of Total: 100.00% (239)	59.00% Avg for View: 58.58% (0.71%)	141 % of Total: 100.71% (140)	40.17% Avg for View: 40.17% (0.00%)	7.21 Avg for View: 7.21 (0.00%)	00:05:41 Avg for View: 00:05:41 (0.00%)
1. Organic Search	107 (44.77%)	58.88%	63 (44.68%)	35.51%	5.21	00:04:37
2. Direct	91 (38.08%)	63.74%	58 (41.13%)	49.45%	9.42	00:05:18
3. Referral	24 (10.04%)	70.83%	17 (12.06%)	29.17%	4.04	00:07:38
4. Social	17 (7.11%)	17.65%	3 (2.13%)	35.29%	12.47	00:11:37

As foreseen in the Dissemination Plan, while the project progresses and generates results, the second year of the project will have more content to share with the wider public, and it is expected that the outreach will keep increasing while the project matures and delivers more sharable outcomes. Engagement of the community and promotion of the benefits of the FrailSafe study is expected to increase each time new outcomes will be made public. Special attention will be given to adapt the communication material to their target audiences to ensure that they can understand and fully benefit from the project technical deliverables and partners' participation into various conferences. The Dissemination Partner is in charge in particular of "translating" highly technical/medical information into plain language that can be understood by non-expert audiences (public authorities, service providers and older persons). In other words, partners will be encouraged to ponder their participation to dissemination activities based on the audience and the expected impact for the project. Moreover, partners are invited to keep track of the follow up of their dissemination activities through the dissemination report template (see section 3.10).

SECTION I

3   COMMUNICATION REPORTING

Based on the Dissemination Plan vers. a (D8.1), the first year focused on raising awareness and informing dissemination targets about the aims and objectives of the project. The project target audiences are divided in 2 categories:

- Non-expert audience: policy makers, older people, informal carers, general public, patient surrounding community,
- Expert audience: health-care personnel and care organisations, clinicians, health-care systems, scientific community, technical community, SMEs and pharma industries.

In order to do so, a number of communication and information materials were tailored to their specific audiences and disseminated during the first year mainly to raise awareness of the new project's objectives and are summarised hereafter.

3.1 Website

The FrailSafe website was launched at M3 as planned. Interested parties, such as experts in the field of health and/or IT, the wider public and partners can access the website through the following link: frailsafe-project.eu. Further information about the design and development of the website is available in D8.5 (Web Presence).

The project website is an online tool that enables the FrailSafe partners to communicate with the exterior world about FrailSafe results and progress (public part) as well as to communicate between them (Members restricted section). Different sections were created to help the readers find the information they need:

- **"Overview"** section with information about the project medical and technological objectives, partners;
- **"Media"** section subdivided in subsections entitled **"Dissemination material"**, "**Newsletter**" and **"Gallery"**;
- **"Results"** section listing the **scientific papers**, **demos** and **public deliverables**;

- **"News/blog"** collecting articles about the project progress and blogs of research and personal experiences, where partners could place relevant articles;
- **"Contact"** section that leads to a "Contact Form" and a "Want to work with us, Get in touch" button;
- **"Login"** which gives access to the restricted area for project partners**"** that allows internal sharing of data and communication.

As presented in detail in deliverable D8.5 (Web Presence), the website is based **on Joomla CMS**, a usable **content management system**, which supports, among others, a blog of research and personal experiences, as well as dedicated pages for presenting project overview, results, demos, events, dissemination material etc.

The website also includes a private/loggin area, restricted to consortium members only, which acts as the **internal Wiki/repository and knowledge base** of the project, enabling file sharing and information exchange among the project partners (see again deliverable D8.5 for further details).

3.2 Visual Identity: the logo

The FrailSafe logo (see below: horizontal and vertical versions) was voted by a majority of the partners by M3 on time for it to be used for the branding of the website. The logo is systematically used by the partners to communicate about the project. The more it is used, the more the audience gets used to the visual identity and associate it with the project's objectives.

Explanation of the logo: the heart, symbol of good health, is formed by the f of 'frail' and the s of 'safe'. Colours were chosen to give a dynamic and 'fresh' image. The typo aimed to be a modern but representing strength, as opposed to frailty, the project's objective being to delay frailty.

3.3 Press Releases

As stated in D8.1, press releases are written when some notable progress is done at the technical or medical level, or when a partner is organising a specific awareness raising event on FrailSafe. During the first year, the project was in its early stage and little progress could publicly be shared; therefore, two press releases were produced in line with the Wp8 General Seccess Indicators for year 1 (see Executive Summary):

- Press release #1 on the project launch, available here
- Press release #2 on the website release, available here

The press releases were sent to the partners who were asked to send it to their own networks (trickle down outreach). As for the Newsletter, for privacy matters, no common contact base was created for Frailsafe. Instead, all partners agreed to disseminate the press

releases and newsletters to their respective networks, targeting specific audiences with whom they work (medical professionals, IT specialist, civil society, EU stakeholders, users). This approach is considered to increase the chance of the information being read by these targeted audiences.

The below table gives an idea of the respective networks of each partner, generating a snowball effect when sending direct emails to the partners' network. However, the Dissemination Manager has been informed that some partners did not have access to the contact data base; therefore, could not guarantee an optimum spreading of information.

Partners	Contact network	Stakeholders
UoP	1500	Academic community
Brainstorm Multimedia	500	Technical community
Smartex	N/A	Technical community
AGE Platform Europe	2000 contacts	Civil Society, EU stakeholders, users
CERTH	300	Technical community
Materia Group	1000	Medical, Scientific Community, users
Gruppo SIGLA	1400 contacts	Technical community
HYPERTECH	300 contacts	Technical community
INSERM	N/A - The Frailsafe team doesn't have access to the contact data base of the national research institute	Medical, Scientific Community, users

3.4 Leaflet

A leaflet for a wider non-expert audience was prepared for the partners. That leaflet is meant to be distributed at conferences, workshops and used to spread the word about the FrailSafe project. The leaflet contains general information on:

- the concept of frailty and its consequences on the older people's health and daily lives
- the FrailSafe project
- the objectives
- the main expected outcomes and outputs of the project
- the project partners

To overcome the language barrier, and inform as best as possible local stakeholders and end users about the project, partners were asked by the Dissemination Manager to translate

the leaflet in French and Greek. The English (see 6.1) and French versions were uploaded to the website in September 2016 and the Greek version in November 2016 (the three versions are available in the "media" section of the website). Interested stakeholders thus have the possibility to download the documents directly from the website. Moreover, the leaflets are also saved on the restricted area where partners can upload the document when needed for dissemination purposes.

3.5 Newsletters

The Dissemination Plan plans biannual newsletters during the project duration. During Y1, two newsletters were produced, one in June 2016 and another one in December 2016. The content of the newsletters are divided into three main sections: (i) medical news, (ii) technical news and (iii) miscellaneous. News appearing in the newsletters are based on key achievements of the project so far and relevant activities where partners presented the project covering the period of the newsletter.

The newsletter is created in a PDF format and sent to the newsletter's subscribers[1] and FrailSafe partners' networks. For privacy matters, no common FrailSafe contact data base was created. It was decided that each FrailSafe partner would send the newsletter to their respective networks and use their communication channels to disseminate the newsletters[2], as this increases the chance that it will be read and help develop greater awareness of the project among the targeted audiences.

The newsletters are also announced on both Twitter[3] and Facebook[4] accounts with a good coverage.

In the proposal, FrailSafe partners stated that "the potential outreach will be of over 5,000 users across Europe and worldwide.". Thanks to the support of the European Commission, Newsletter #2 was shared on the news section of the Digital Single Market and mentioned in the newsletter #187 of DG Health and and Food Safety. This helped increase sharply the scope of potentially interested parties who receive project information. To reach out to EU stakeholders outside the FrailSafe consortium, but also working on frailty, the newsletters are also sent to the EIP AHA A3 group (Prevention of Frailty and Functional Decline) to update its members about the project. Finally, the newsletters and relevant news are and will be sent to other newsletter and EU news channel, such as the ICT for Ageing Well newsletter, which has 7.000 subscribers[5], and the members of the European Covenant on Demographic Change, a European network of 160 subnational public authorities, non-for-profit and profit actors promoting active and healthy ageing through age-friendly environments which was launched by a large group of members of the EIP-AHA D4 Action Group on age-friendly environments in close cooperation with the World Health Organization Global Network on age-friendly cities and communities.

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[1] 21 subscribers were registered in December 2016.

[2] See 3.3 information about partners' network outreach.

[3] see Fig. 4

[4] See Fig. 5 – 6

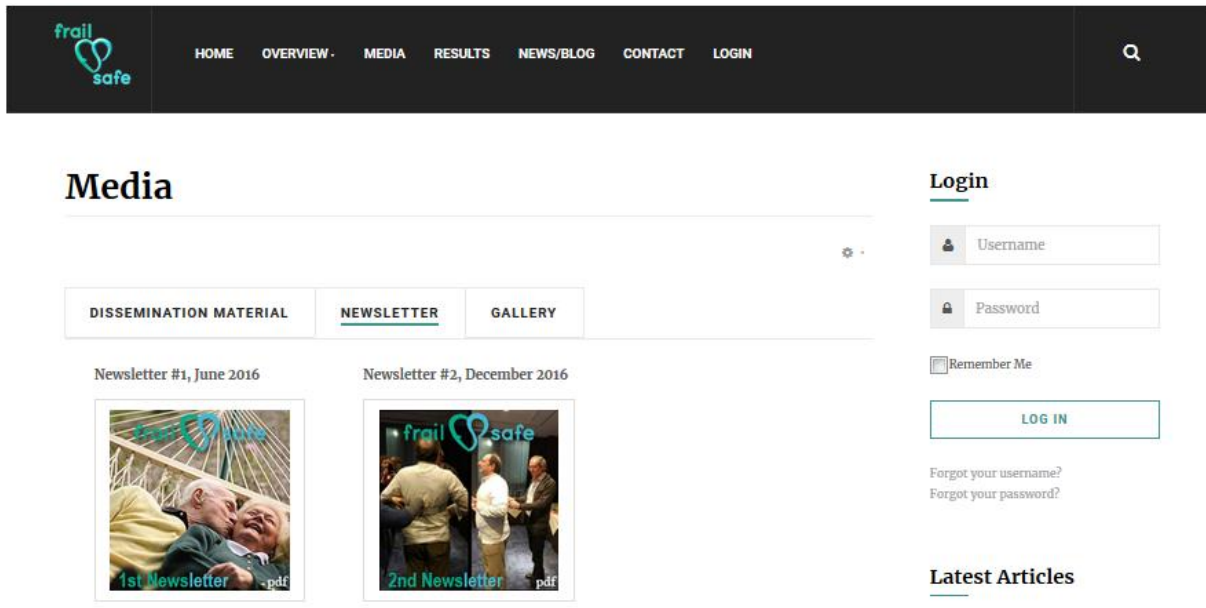[5] In May 2016, FrailSafe had been mentioned in their newsletter.
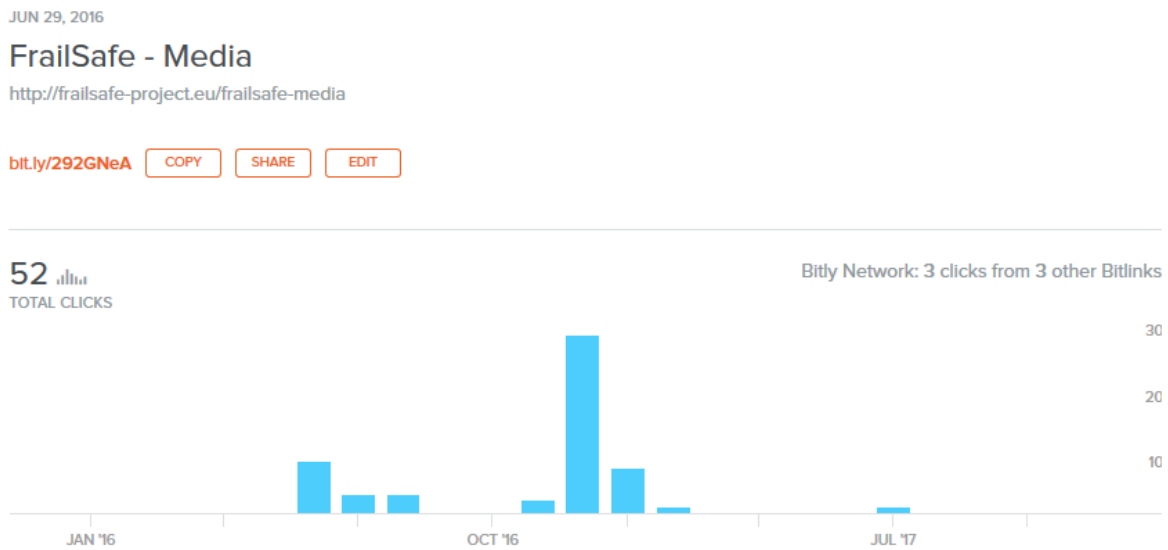
Fig. 1 – Newsletter section of the FrailSafe website

Fig. 2 – Bitlink Managament for Newsletter #1

REFERRERS

Email, SMS, Direct	30
Twitter	17
www.yammer.com	3
+1 more	2

52
TOTAL CLICKS

LOCATIONS

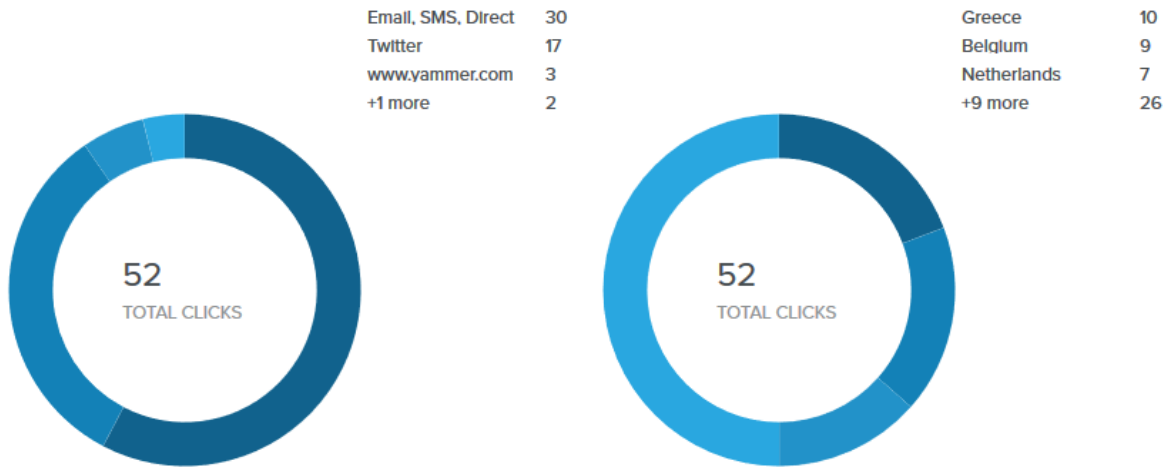| Greece	10
Belgium	9
Netherlands	7
+9 more	26

52
TOTAL CLICKS

Fig. 3 – Bitlink Management for Newsletter #1

Tweets	Top Tweets	Tweets and replies	Promoted	Impressions	Engagements	Engagement rate

EUFrailSafe @EUFrailSafe · Dec 23
The 2nd #newsletter is out. Check it out: virtual patient
model, virtual game, electronic case report form ...
bit.ly/292GNeA
View Tweet activity

2,340	28	1.2%

Tweet activity   ✕

EUFrailSafe @EUFrailSafe
The 2nd #newsletter is out. Check it out: virtual patient model,
virtual game, electronic case report form ... http://bit.ly/292GNeA

↗ **Reach a bigger audience**
Get more engagements by promoting this Tweet!

Get started

Impressions	2,340
Total engagements	28
Detail expands	11
Link clicks	8
Retweets	5
Likes	2
Profile clicks	2

EUFrailSafe @EUFrailSafe · 29 Jun 2016
Our 1st #newsletter is now available bit.ly/292GNeA
#frailty #jenga #ICT #AR #tech @AGE_PlatformEU
@AgeFriendlyEU @i_PROGNOSIS
View Tweet activity

1,948	24	1.2%
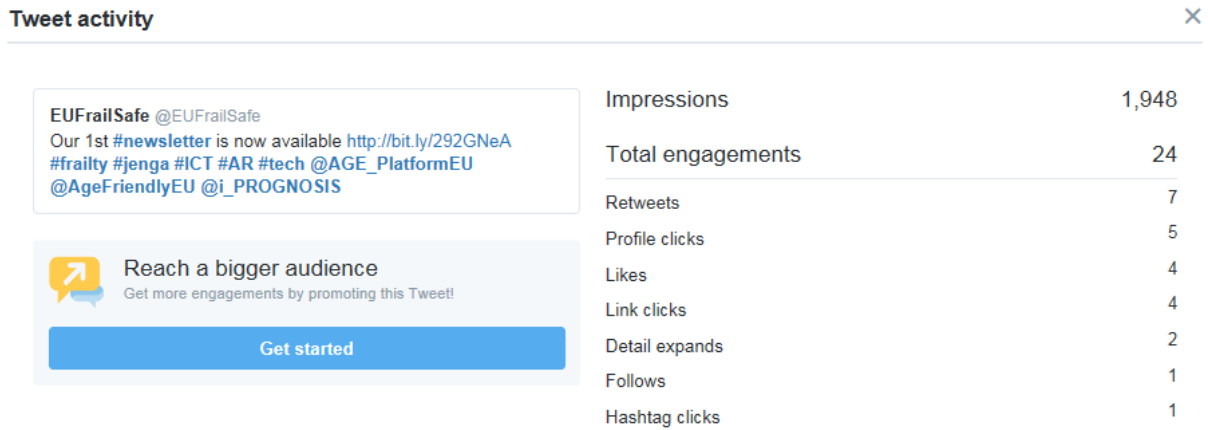
Fig. 4 – Twitter Analytics
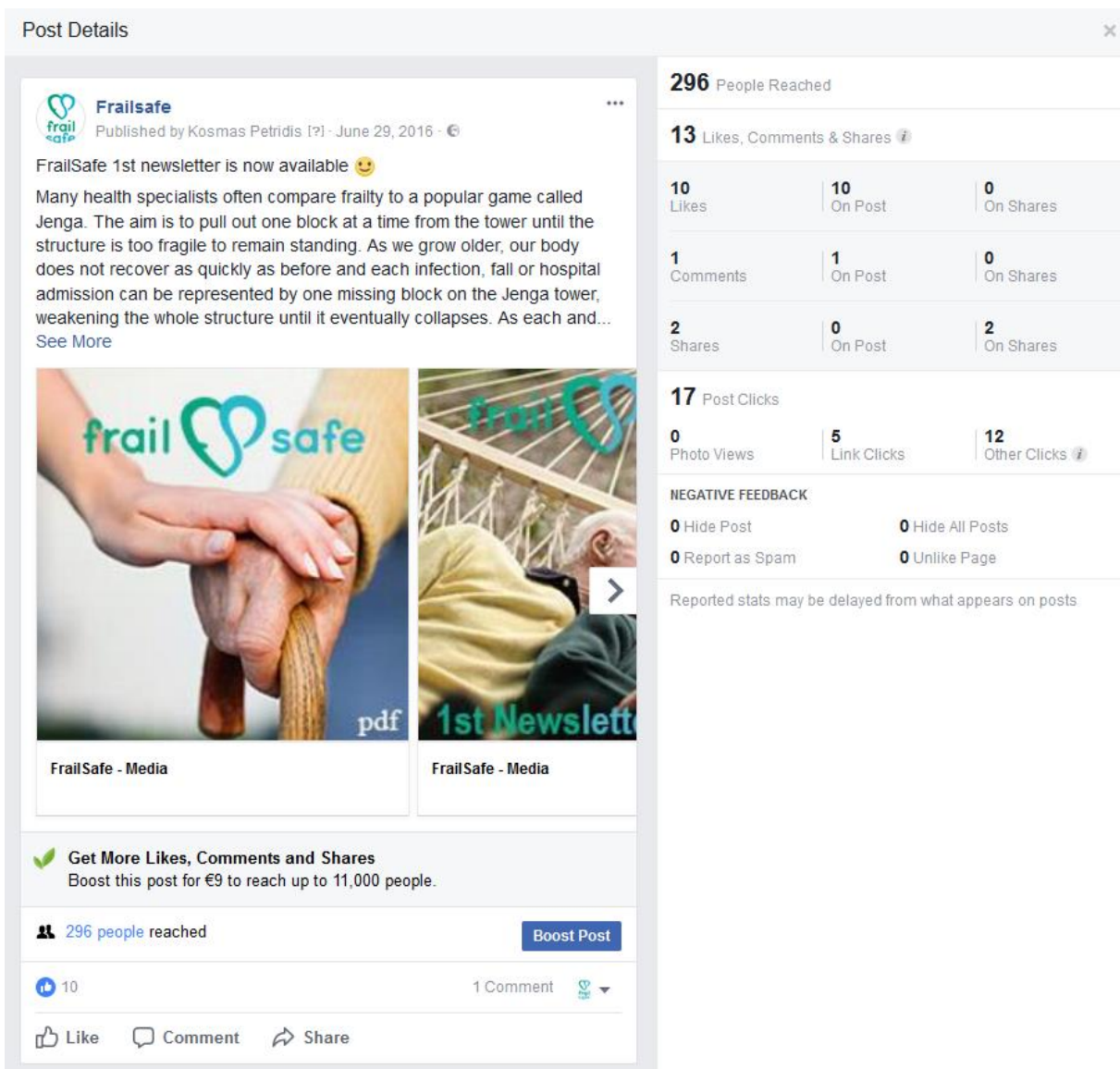
Fig. 5 – Facebook post details Newsletter #1
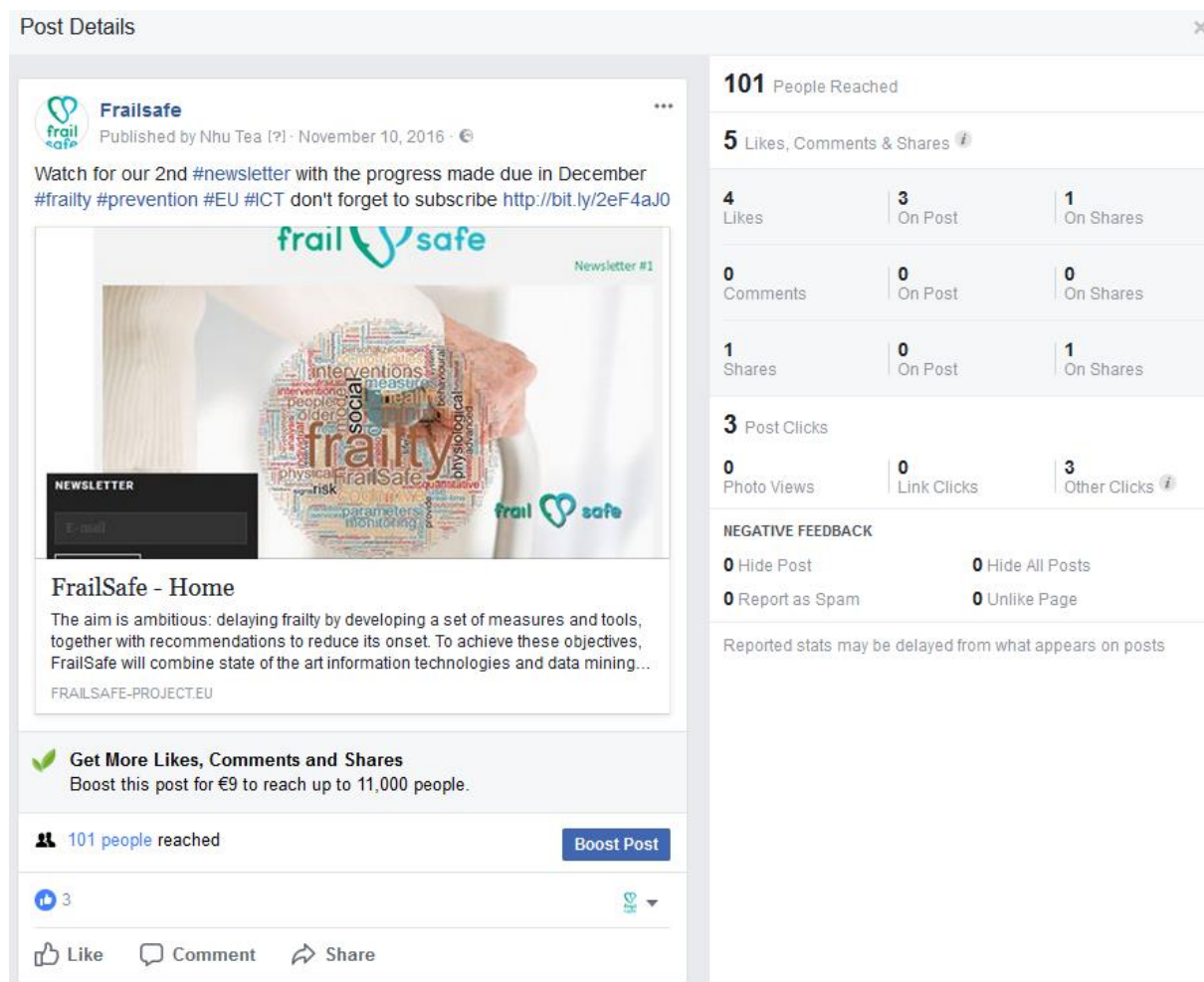
Fig. 6 – Facebook post details Newsletter #2

3.6 News Articles

FrailSafe articles are to be found in the News/Blog section of the website. Partners are invited to share with the wider public their latest technical or medical achievements (usually linked with a key milestone or deliverable), how they managed to recruit volunteers for the study or conferences they took part in activities to present FrailSafe.

As stated in 3.1, the website targets are experienced audience in the IT and medical field interested in innovations in frailty prevention. However, it is of utmost importance to inform also a wider public (ex. older people, informal carers, social and health care professionals, local and regional policy makers responsible for older persons' care) with little or basic notions in frailty related IT and medical terminology. Articles inform them about the condition of frailty, but also on how technology can be used to help medical staff detect when one person could become frail and how to prevent, delay or revert frailty in the best case scenario. Therefore, it was decided to use plain language to communicate about the IT and medical progress as much as possible. Should a reader want to know further medical or technical information described in the article, the contact person responsible for the described FrailSafe achievement is always mentioned at the end of each article.

The articles are always written in tandem with the Dissemination Manager and the technical or medical partner involved. Partners are reminded that the objective of each article is namely to inform the public about progress achieved by the project, and most importantly, to whom articles are addressed. The usually too technical and medical articles are translated by

the Dissemination Manager into a more understandable language in consultation with the author through email exchanges and skype calls to agree on the final version in plain language to be posted.

When finalised, the articles are published on the website and announced through FrailSafe twitter and Facebook accounts. Partners are invited to share and retweet the information through their individual accounts.

During M1-M12, the following articles were published on the website, in line with the General Success Indicators foreseen for WP8 in year 1:

- FrailSafe at IARIA 2016 International Conference
- Welcome to the 1st issue of the FrailSafe Biannual newsletter!
  - From Greece and Beyond for Frailty
  - FrailSafe Volunteer Recruitement in Nancy, France
  - When Technology Supports the Clinicians
  - FrailSafe at an International Conference
  - I-Prognosis
- FrailSafe Featured in Horizon Magazine
- FrailSafe in the "Open Doors" Event Organised by ONPA
- Welcome to the 2nd issue of the FrailSafe Biannual Newsletter
  - Materia Group, a Care Service Provider for Older Adults in Cyprus
  - The French Team Heard on the Local Radio
  - Older Women Association in Greece
  - The Virtual Patient Model (VPM)
  - Electronic Case Report Form (eCRF)
  - Cognitive Game in the Supermarket
  - Mobihealth 2016 Conference

3.7 Scientific Publications

Five scientific papers were published in 2016 in the framework of conference proceedings paper (one more than planned in the General Success Indicators foreseen for WP8 in year 1) and are available in the result section of the website:

- *A Graph Framework for Multimodal Medical Information Processing* by Georgios Drakopoulos, Vasileios Megalooikonomou in the framework of the Eighth International Conference on eHealth, Telemedicine, and Social Medicine (eTELEMED), Venice, Italy, 2016
- *Feature Selection Evaluation for Light Human Motion Identification in Frailty Monitoring System* by Evangelia Pippa; Iosif Mporas; Vasileios Megalooikonomou in the framework of the International Conference on Information and Communication Technologies for Ageing Well and e-Health, Rome, Italy, 2016
- *Regularizing Large Biosignals with Finite Differences* by Vasileios Megalooikonomou; Georgios Drakopoulos in the framework of the 7th International Conference on Information, Intelligence, Systems, and Applications (short name: IEEE IISA 2016), Chalkidiki, Greece, 2016
- *Investigation of Sensor Placement for Accurate Fall Detection* by Periklis Ntanasis, Evangelia Pippa, Ahmet Turan Ozdemir, Billur Barshan and Vasileios Megalooikonomou in the framework of the 6th EAI International

Conference on Wireless Mobile Communication and HealthCare - "Transforming healthcare through innovations in mobile and wireless technologies

- *An Adaptive Higher Order Scheduling Policy With An Application To Biosignal Processing* by Georgios Drakopoulos and Vasileios Megalooikonomou in the framework of the IEEE Symposium Series on Computational Intelligence (IEEE SSCI 2016), Athens, Greece

Based on the relevant scope of the conferences, linked with ehealth, telemedicine, ICT, health care and system applications, the medical and technical partners submitted papers, as it fit with the topics of FrailSafe. The papers were related to the work accomplished to progress with FrailSafe methodology, such as the paper on *Investigation of Sensor Placement for Accurate Fall Detection* which aim was to investigate the location where wearable sensors should be placed in order to optimize the discrimination of falls from other Activities of Daily Living (ADLs).

3.8 Power Point presentation

To support the project partners when they are invited to present the project, a standard and short PPT was created and shared among the partners. The presentation is also stored in the restricted area of the website for the partners to use when needed.

This short PPT (see 6.4) is meant to inform a wide audience about the project in general, its objectives, the used devices and how technology and medical worlds will collaborate to better understand frailty and prevent, delay and/or reverse frailty among older people.

On the other hand side, a longer standard PPT version was also prepared for the partners to use for a more technical and informed audience (health professionals, ITs, researchers). But an agreement on one single PPT version for both medical and technical partners could not be reached, as it either included too many details on the medical protocol or too complex IT information. It was thus decided that depending on the audience, partners would use the graphs and figures developed for this longer PPT and adapt their presentation to the specific audience with the help of the medical or technical partner.

3.9 Social Media – Twitter and Facebook

On a common agreement by the partners, two social media channels were favoured to communicate about FrailSafe: twitter (@EUFrailSafe) and facebook (@frailsafe). By the end of year 1, the twitter account had 44 followers in December 2016 and had tweeted 19 times; while the Facebook page counted 120 followers. Partners are informed by email when an article, press release or newsletter is being published and are invited to share the information via their social media accounts (see below the details about each partner's social media status).

The profiles are used to communicate about the project's outcomes and outputs illustrated by an article, a press release or a newsletter. But they also convey information about general events or studies on or related to frailty, not necessarily carried out by the FrailSafe partners.

The information is shared in a different way, where Twitter limits the amount of characters, the information needs to be focused and concise. On the other hand, Facebook can give a longer description of what is meant to be posted and invite the followers to check the website for further information.

A summary of what was shared on Twitter and Facebook for the first year was compiled and shared on both social medias: https://storify.com/T_U_Nhu/frailsafe .

Partners	Twitter	Facebook
UoP	2993 followers	11,629 followers
Brainstorm Multimedia	3 followers	515 followers
Smartex	N/A	N/A
AGE Platform Europe	3776 followers	1,048 followers
CERTH	971 followers	254 likes
Materia Group	30 followers	1,441 followers
Gruppo SIGLA	20 followers	N/A
HYPERTECH	18 followers	N/A
INSERM	95.3K followers	19,436 followers

It was observerd many partners were not really active on social media for diverse reasons that belong to their internal management or that they personally did not have access to its management. Indeed, for example, the FrailSafe partners from bigger structures such as UoP and INSERM informed us that they did not have a hand on their social media accounts so could not guarantee the information spreading through these channels.
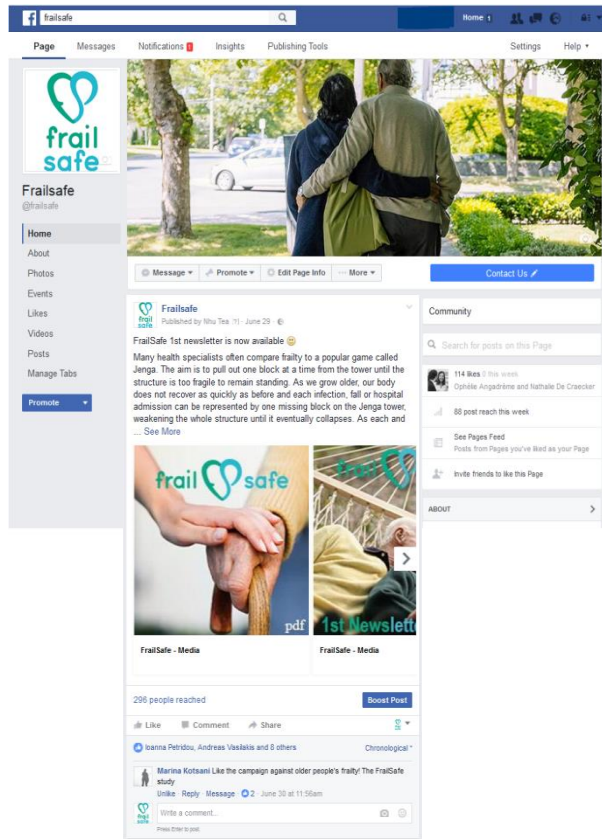
Fig. 7 – FrailSafe Facebook page account

Fig. 8 – FrailSafe Twitter account

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3.10 Dissemination activities

Project partners are expected to disseminate FrailSafe outcomes and outputs to activities such as conferences, events, info days, workshop organised by a third party or by themselves. The dissemination can be done by distributing leaflets at a networking session, presenting the project at a conference, raising awareness about the project and frailty in general to a wider audience.

Thanks to the proactiveness of the partners, Frailsafe was presented in many events by the partners during year 1 already to raise awareness about the project. To keep track of these activities, partners are asked to report on their dissemination activities every six month (see Fig. 9) about what they have done (which event), the audience present and potential impact. They are reminded at the monthly skype calls to report on the events where they talked about FrailSafe or disseminated the leaflet, whether an article should be written about their action, and if there were any impact (invitation for a future presentation, follow-up, ...).

The activities carried out during the first year sought to:

- Inform and raise awareness about frailty and FrailSafe;
- Improve further the website content and audience (See section 3.6 "News Articles');
- Increase the number of registrations to the newsletter and the number of followers on social media (see section 3.9 "Social Media" and Section 3.5 "Newsletter");
- Increase web-server logs to 500 – 1000;
- Disseminate the leaflets to a wider public.

Fig. 9 – Dissemination activities reporting

During the first year, partners carried out the following dissemination activities:

Type of dissemination and communication activities*	Number of activities
Organization of a Conference	0
Organization of a workshop	4
Press release	2
Non-scientific and non-peer reviewed publications (popularized publications)	5
Exhibition	0
Flyers training	0
Social media	2 (Twitter, Facebook)
Web-site	http://frailsafe-project.eu/
Communication campaign (e.g. radio, TV)	3

Participation to a conference	5
Participation to a workshop	2
Participation to an event other than a conference or workshop	13
Video/film	0
Brokerage event	0
Pitch event	0
Trade fair	0
Participation in activities organized jointly with other H2020 project(s)	0
Other	1

A description of the audience reached:

Type of audience reached in the context of all dissemination & communication activities* (multiple choices is possible)	Estimated number of persons reached
Scientific Community	500
Industry	100
Civil Society	3000[6]
General Public	1000+
Policy makers	10
Medias	1
Investors	0
Customers	0
Other	0

3.11   Concertation activities with EU projects

Some EU funded projects have similar thinking, methodologies, objectives or target users of the solutions they are developing. It is therefore recommended by the Commission to establish connections with these projects and see whether a possible concertation and collaboration is possible.

[6] The figure of civil society actors reached included in the above table is the number of AGE members and contacts who received information about the FrailSafe project through AGE online communication tools and dedicated sessions organised during AGE statutory meetings.

During the first year, the consortium partners identified the following projects with which potential collaboration was possible; however, contact was only established with some of them:

- **OPLON Care & Cure:** OPportunities for active and healthy LONgevity, co-funded by the Italian Ministry of University and Research within the Call "Smart Cities and Communities and Social Innovation";
- **My-AHA**: My Active and Healthy Ageing, funded within H2020-PHC-21-2015;
- **City4Age**: Prevention of Mild Cognitive Impairment and Frailty, funded within H2020-PHC-21-2015;
- **PreventIT**, Early risk detection and prevention in ageing people by self-administered ICT-supported assessment and a behavioural change intervention delivered by use of smartphones and smartwatches, funded within H2020-PHC-21-2015;
- **iPROGNOSIS**: Intelligent Parkinson eaRly detectiOn Guiding NOvel Supportive InterventionS, funded within H2020-PHC-21-2015

The consortium invited I-Prognosis at the first consortium meeting in June 2016 and City4Age at the 2nd consortium meeting in December 2016 to present their project and think about the best way to start a potential collaboration.

I-Prognosis aims to provide technology-based solutions against Parkinson's, as well as raise awareness on the disease and self-health management. I-Prognosis will employ latest technology (smartphones, fitness bands, smart connected everyday objects and serious games) and the vast experience of I-Prognosis medical partners to build its Parkinson's disease early detection tests and supportive interventions. As the two projects share similar motivation, synergies between I-Prognosis and FrailSafe are possible. These could be applied both to medical and technological developmental phases, as both projects successfully combine the medical with the technological knowledge domains. Behavioural models that come from both projects could be tested and validated in the corresponding participants, showing the modelling potentiality for generalization under the cases of the older adults with co-morbidities (such as Parkinson's disease). Moreover, both projects target the same population and tackle issues that relate to the older population (FrailSafe focusing on the 70+ and i-Prognosis on the 50+). Overall, various levels of communication between the two projects could definitely contribute to the active and healthy ageing endeavour. Some views on the use of no SQL databases for data management were exchanged among the technical groups of the two projects in December 2016.

At the second consortium meeting, **City4Age** was presented by Prof. Paolo Paolini. Its core objective is to enable Age-friendly Cities, where the urban communities of older people living in Smart Cities are provided with a range of ICT tools and services that - in a completely unobtrusive manner - will improve the early detection of risks related to cognitive impairments and frailty while they are at home or in the move within the city. Gruppo Sigla and City4Age decided to investigate whether collaboration was possible on geriatric modelling and data sharing. For the geriatric modelling, they are exploring the possibility of using as much as possible compatible geriatric profiles and avoid differences that can be avoided. A discussion was initiated on how data is being collected by the two projects and how they are processed. The following topics were identified to be explored in 2017: behaviour data, geriatric factors and harmonisation of the geriatric model.

In 2016, Gruppo Sigla established a first connection with **MyAHA** to identify whether there are   common   interests   and   objectives.

Possible matters of discussion are the following: i) standardization of devices in use; their accuracy; ii) clinical issues: in My-AHA there are already different environments, because the RCT will be lead in Italy, in Spain, in Germany, in Sweden, in England, in Australia, very likely in Japan and possibly in South Korea, which could be complemented by Frailsafe (France, Greece and Cyprus); iii) concertation on a more precise definition of "frailty" and how it can be measured; iv) inclusion criteria (>60 y My-AHA, >70 Frailsafe).

Finally, the consortium partners have been informed about the **EIP AHA A3** group on prevention of functional decline and frailty that gathers European stakeholders and experts in that field. A direct concertation is not planned with the network, but the consortium partners are informed about their activities. Moreover, the A3 group counts around 100 organisations to which FrailSafe newsletters and articles are sent.

It is important to mention that FrailSafe is still at its very beginning, meaning that not many concrete results have been achieved during 2016. Therefore, at this stage, partners could only start establishing contacts with other projects and evaluate if potential concertation was possible or not. It is without saying that the partners will keep an ongoing track of the projects activities and results. The partners will continue to search for relevant projects to build synergies with as new ones might start in the future.

SECTION II

4   DISSEMINATION PLAN M13 – M24

As stated in the D8.1, the period corresponding to M13 – M24 will be used to continue raising awareness about the project objectives, activities, outcomes and outputs. As it will progress with the setting up of the different architecture systems and devices, there will be more project results to disseminate, through the project dissemination tools, webinar or workshop, and through contacts with other stakeholders from EU projects working on similar topics such as active and healthy ageing, ehealth and mhealth.

4.1 Website – Press Releases – News Articles

The website will be updated with new articles and news related to progress achieved by the project adn relevant news around frailty prevention, active and healthy ageing... Articles in plain language will be written about the following milestones planned for year two:

- MS6 First version of the data processing and analysis platform
- MS7 First version of AR game system
- MS8 First Integrated System Prototype
- MS9 Second Integrated System Prototype

The writing process as applied during year one is expected to remain the same, namely co-writting by the medical or technical partner in charge of the achievement and the Dissemination Manager, modified and adapted until an easy to understand and comprehensive version for the wider public is reached.

As recommended by the reviewers in October 2016, articles depicting a more personal perspective from the field actors about their experience will be done and classified in the "news/blog" section of the website.

Following the reviewers advice, a youtube channel will be created. It will collect FrailSafe videos about demos and interviews with the actors to better illustrate the project and enable readers to identify better.

By updating the website with the latest news on the project, and adding a more personal approach to the project, we seek to achieve a 500-1000 total server logs.

4.2 Newsletter

Newsletter #3 and #4 are planned for year two. Both will be uploaded to the website and sent out in a PDF format. As it was done for the previous editions, each partners is expected to send it to their respective networks to inform them about their work but also to encourage their networks to seek further information about the study on the website (for snowball effect). The Dissemination Manager will continue to inform EU stakeholders and the contacts it has at the EU institutions about the progress made by the project to increase the promotion of the project outside the partners' network.

There were 21 newsletter subscribers in December 2016. The objective of 2017, will be to reach at least 50 newsletter subscribers in total and 100 by the end of 2018. As the project progresses, more results and content will be shared on the website and will be announced on social medias.

4.3 Leaflet

A leaflet for the wider public was produced during year one. However, the patners thought that another one should be created to target FrailSafe users, in other words, older people/ volunteers involved in the FrailSafe study. These leaflets will be widely used by FrailSafe medical teams to support their recruitment efforts in hospitals and at their dissemination activities. The leaflet will be translated in the languages of the pilot sites to help with the recruitment of older users and promotion of the project at the local level. The electronic version will be uploaded to the website for wider dissemination and stored in the restricted area for partners to download it when needed.

4.4 Scientific Publications

Partners will continue to submit scientific papers to relevant scientific journals, magazines, conferences where it is estimated that the readers are relevant to FrailSafe.

At this stage partners have planned the following 4 scientific papers for year 2 (in line with the WP8 General Success Indicators for year 2):

- *A comprehensive review on sensing and predictive treatment of frailty using advanced interventions & visualization interfaces* by CERTH in the a biomedical engeneering journal*;*
- *Exploiting openEHR Archetypes for expressing frail older patient* models by CERTH – UoP in an international journal of medical informatics;
- *Smart in-home monitoring system for older people via beacons technology* by CERTH in Transactions on Information Technology in Biomedicine;
- *Usability study on physical & cognitive training of older people via augmented reality glasses* by CERTH in Serious Games and Applications for Health journal.

Partners are encourage to continue promoting the project through the publication of scientific papers related to the work carried out in FrailSafe in relevant scientific magazines. At least 4 scientific papers should be published in 2017 and 7 in 2018.

4.5 Social Media

The project will continue to be promoted through its own Twitter and Facebook accounts. Specific communication campaigns will be done to announce each project achievement, illustrated by an article or video. The project intends to double its number of Twitter followers and Facebook views during year 2.

A third social media channel will be created on YouTube as recommended by the reviewers. It will collect FrailSafe videos and demos created in the framework of the project. The videos will be announced through Twitter, Facebook and the website, but partners will also communicate about them to their network. It is expected that the videos will be "viewed" at least 25 times each by interested stakeholders.

To increase the reach out, partners will be invited as before to share and retweet FrailSafe communication campaigns. Those belonging to a bigger structure will be encouraged to establish a bilateral contact with their communication departments to ensure they communicate about Frailsafe.

4.6 Concertation activities with EU projects

According to D8.1, the second year of the project would continue raising awareness on the project's objectives and activities, but would also start reaching out to other stakeholders. This would be done through seeking out collaboration or establishing connections with other EU projects which aim, methodology or target groups are similar to FrailSafe.

Such collaboration would benefit the medical or technical partners in discussing the outcomes of their respective projects. Some projects have already been identified and approached during M6-M12 (see 3.11). Partners will continue the collaboration initiated in 2016 with these projects and will select what topics are the most appropriate to be discussed to improve FrailSafe.

Joint activities, such a joint webinar or workshop, could be envisaged; however, such idea will have to wait for a more mature prototype of the FrailSafe solution. Nonetheless, the bilateral concertation between FrailSafe and other relevant projects will continue.

4.7 Dissemination Activities

Following the Review in October 2016 where partners were reminded that the emphasis should be put more on the impact of the participation and appropriateness of the activity, rather than the number of activities attended, it was recommended to ponder the participation of partners to conferences, and asses better whether future collaborations, feedbacks or negotiations could follow after their participation. It will also be reminded to the partners to think about the expected outcomes of their participation. Partners will have to inform the consortium if such a follow-up took place or not and if the expected outcomes were fulfilled or not. The checklist (see 6.3) should help the partners to better assess whether their participation to an event is relevant for FrailSafe and the activity reporting template will include additional columns to enable partners to give more information about the expected impact.

The following activities are foreseen for year 2017 by the different partners:

- Organisation of a workshop for the general public (3);
- Organisation of a workshop for the scientific community (1);
- Participation to a conference with a scientific community (1);
- Participation to a conference with a general public (1);
- Participation to an event other than a conference or a workshop with industrial actors (1).

5   CONCLUSIONS

The main objective of the first year of the project was to raise awareness and increase the visibility of the project objectives, expected outcomes and outputs. Communication material, tolls and website were developed according to the Dissemination Plan. Under the coordination of the Dissemination Manager, the consortium partners actively contributed to that aim by taking part in various dissemination activities, relaying information received from the project to their own networks, participating in conferences, publishing scientific papers, organising workshops to inform local residents about the project and recruit volunteers for the study and giving an interview at a local television channel.

Thanks to their activities and project achievements in the technical and medical field, the website content could be updated with interesting articles for the wider public. A point was made to write these articles in an easy to understand language, to reach a public with little or no notion at all on frailty and on technological innovation. Nonetheless, expert audiences also have the possibility to be in contact with the technical and medical partners in charge of the achievement described in the article to ask for further technical/medical information. Once the technical and medical outputs are available for public dissemination, further efforts might be needed to adapt them for a wider non-expert audience while dissemination among expert audience will happen through scientific articles to reach the right target.

For privacy matters, no common contact data base was set up for the project; therefore, each partner was asked to actively contribute by disseminating the communication material produced to support the communication of the project. To create the expected snowball effect, published articles and newsletters were also promoted through social media (FrailSafe Twitter and Facebook accounts) and partners were invited to share it through their own networks.
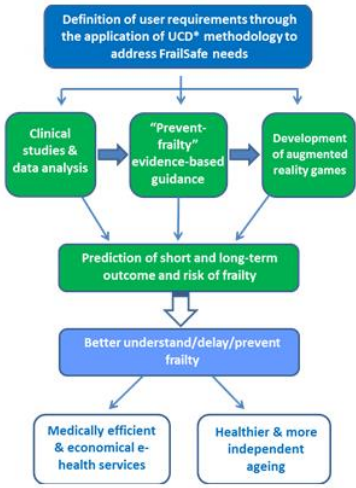
The second phase of the project will generate more outcomes to share with the public, more specifically with other EU projects. During 2016, partners identified projects worth approaching for potential collaboration on technical and/or medical matters. Partners will seek out the identified projects in 2017 to investigate further whether such collaboration is possible or not.

Finally, partners will continue their dissemination efforts with the support of the created communication material. However, they will be invited to carefully select the activities they will take part in, bearing in mind the objectives of the project for the coming years, namely raising awareness, but foremost reaching out to stakeholders who can help boost the exploitation of the FrailSafe solution.

6   APPENDIX

6.1 Leaflet (wider audience)

6.2 Links to key dissemination tools

- Website : frailsafe-project.eu/
- Twitter account: EUFrailSafe
- Facebook account: Frailsafe
- Leaflet: available on the project website (EN, EEL, FR versions)
- Short and long presentations are available for partners' use on the internal website (to be updated and adapted as project evolves)

6.3 Check list for partners on dissemination activities

☐ What do you want to disseminate? Is it a key project milestone? A deliverable?

☐ Which are your target group(s)?

☐ What is your key message? (or your key messages?)

☐ Which impact do you wish to obtain by the dissemination activity? How does this relate to the objectives of FrailSafe?

☐ Which are the best communication tools to reach the target groups? How can you adapt the writing style/communication style to your audience to achieve the best impact?

☐ Do you have a limited writing/speaking length to respect?

☐ Is your communication support easy to read and in general accessible?

☐ Do you mention the European Commission H2020 funding to the project on your dissemination support?

☐ Did you check if the information has to respect some confidentiality rules?

☐ Do you include clear contact details/link to the FrailSafe website?

☐ Which indicators will you use to measure the outcome of the dissemination activity?

6.4 Short FrailSafe PPT version