

Project Acronym: MovingLife

Project Full Title: MObile eHealth for the VINdication of Global LIFEstyle change and

disease management solutions

Grant Agreement #: 287352

Funding Scheme: **FP7-ICT-2011-7** 

Project website: www.moving-life.eu

# **D6.3 Dissemination Strategy & Plan**

Deliverable:	D6.3
Title:	Dissemination Strategy & Plan
Due date:	30 September 2011
Actual submission date:	19 October 2011
Lead contractor for this deliverable:	GSI
Contact:	Kush Wadhwa <a href="mailto:kwadhwa@globalseci.com">kwadhwa@globalseci.com</a> +44 (0)20-7993-5039
Dissemination Level:	PU

### **Abstract**

This deliverable presents the strategy and tactical approach for a robust dissemination of the work of moving life, with the aim of active engagement of stakeholders. The specific activities defined within this plan will be integrated into all other work packages and aim to complement other activities of the project to optimise the reach of the Moving Life project.

# **Document History**

Version	Issue Date	Stage	Content and changes
0.1	9 Sept 2011	Draft	Outline with preliminary content for partner comment and contributions
0.2	4 Oct 2011	Draft	Draft version with inputs from ATOS and IN-JET
1.0	18 Oct 2011	Final	Final version with additional inputs from IN-JET, INN, and VUB

# **List of Participants**

No.	Participant organisation name	Participant	Country
		short name	
1	Atos Research and Innovation	ATOS	ES
2	Innova S.p.A.	INN	IT
3	In-JeT ApS	IN-JET	DK
4	Global Security Intelligence	GSI	UK
5	Vrije Universiteit Brussels	VUB	BE
6	Capital Region of Denmark, Healthcare Innovation Centre	CSI	DK
	(Center for Sundhedsinnovation)		

# **Contents**

1	INTRODUCTION	4
2	PROJECT BACKGROUND & DISSEMINATION GOALS	5
3	STAKEHOLDER ENGAGEMENT	8
3.1	STAKEHOLDER GROUPS – PRELIMINARY IDENTIFICATION	8
3.2	DISSEMINATION STAGES	9
3.3	CONSULTATION EVENTS	11
	3.3.1 Consultative Workshops	11
	3.3.2 Structured Interviews	12
	3.3.3 Scenario-thinking Workshop	12
4	DISSEMINATION TOOLS	13
4.1	APPLICABILITY OF DISSEMINATION TOOLS TO MOVING LIFE	13
4.2	WEB-BASED RESOURCES	15
4.3	Wiki	16
4.4	Conferences	17
4.5	PUBLICATIONS	18
4.6	Press Releases	18
5	ROLES AND RESPONSIBILITIES	20
6	EXPECTED RESULTS AND PERFORMANCE INDICATORS	22
7	DISSEMINATION TIMETABLE	24

### 1 Introduction

This document provides a description of the efforts of the MovingLife team to maximise the dissemination of results from the work of the project over its term, beginning at the earliest stages of the project. The document includes the following sections:

- **Project Background & Dissemination Goals** reviews how dissemination plays a part in meeting the overall goals of the project and is interwoven into the other WPs.
- **Stakeholder Engagement** takes a preliminary look at the stakeholder groups for mHealth and defines the approach that will be taken to engage with them over the course of the project.
- **Dissemination Tools** defines the available dissemination tools and the criteria used to determine which will be employed in the project to maximise reach within the budgets available.
- **Roles & Responsibilities** defines who (by partner) will be responsible for each part of the dissemination effort.
- Expected Results and Indicators identifies how we will gauge sucess on the dissemination front, enabling us to refine our efforts over the course of the project.
- **Dissemination Timetable** illustrates the integration of various dissemination activities alongside the core activities of the project based upon a month-by-month delivery schedule.

# 2 Project Background & Dissemination Goals

The Moving Life project is aimed at delivering a set of roadmaps for technology and application research and innovation, implementation practice and policy support in order to aid in the

acceleration of mHealth solutions on a global scale. This effort will be undertaken through a series of activities aimed at 1) understanding the current state of play and identifying current trends, 2) developing a set of scenarios that reflect an informed vision of mHealth through 2025, developing and validating a set roadmaps (for technology and application research, for clinical and medical uptake, for socio-economic and policy frameworks) that look at fundamental issues related to arriving at the vision, and 4) performing an impact assessment as to acceptance. interaction user between patients and doctors, more participation of patients in care processes, impact on healthcare costs and healthcare outcomes, as well as business ecosystems.

These activities are organized within workpackages that correspond to these baseline objectives:

- WP2 State of Play Description
- WP3 Scenario Development
- WP4 Roadmaps Development and Action Plans
- WP5 Impact Assessment

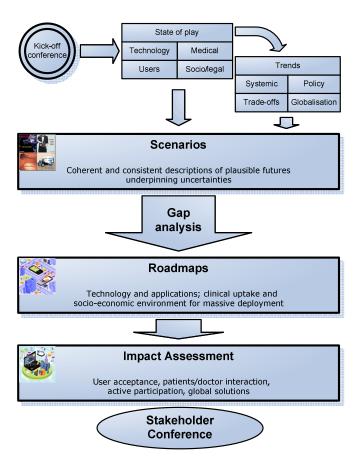


Figure 1: Meeting the Objectives of Moving Life

WP6, Stakeholder Engagement & Dissemination, runs throughout the course of the project, supporting all the other WPs in ensuring that stakeholders are involved as much as possible, and optimising the efforts to disseminate the interim and final outcomes of the project to a broad stakeholder community.

The key goals for dissemination in the project are:

• To identify stakeholder groups and representative stakeholders to include in the consultation and validation activities of Moving Life. These groups will include the full expanse of the social spectrum, including the broad range of citizens, commercial enterprises, public organisations, and everyone in between.

- To understand stakeholder motivations and determine how to adapt dissemination strategies to most effectively engage these stakeholders and leverage their inputs. Inasmuch as it is important to know who the stakeholders are, to effectively engage with them one must understand their motivations for participating in a consultative process. Preliminary contacts with or research about the stakeholders may be required to accurately gauge these motivations, and is anticipated to be adjusted through ongoing contact during the course of the project.
- Define a set of tactics to provide for as broad as possible a dissemination reach across all stakeholder groups for interim and final project deliverables and findings. Each type of stakeholder group has their own favoured communication approach, from government agencies that are oriented towards structured debriefing and dissemination patterns to the broader base of citizens that might be reached through mass media (for older demographic groups) or social media (for younger demographics). As a part of the stakeholder identification and engagement effort, these methods will be defined and may alter the overall dissemination plan, augmenting the planned activities for the consultation and dissemination (e.g., wiki, stakeholder conference, website).

This document lays out the strategy and plan to achieve these objectives, and begins to define the specifics that will be executed over the course of the project. It is important to view this plan as a living document in that some tactics may be found to be ineffective, and will be abandoned in favour of differing approaches. The strategy will aim to progressively increase dissemination efforts as project results are obtained, in order to assure a wide awareness of the project and favourable conditions to facilitate exploitation of the results after the end of project. The dissemination strategy is intended to optimise dissemination of project knowledge and results to stakeholders such as industries, healthcare provisioning bodies, policy-makers, patient organisations, etc., which share an interest in the results and the applications of mHealth solutions. Specifically the project will prepare preliminary material for the next Med-e-Tel 2012 symposium with the aim of collecting further context for the projects main outcome, the consolidated roadmap for mobile healthcare (mHealth). The potential for further impacting the Global eHealth Strategy is obvious when it comes to including also mHealth strategy elements.

For each stakeholder profile defined in task T6.1, dissemination approaches and activities will be selected, in some cases, to mirror the original engagement activities as part of a feedback loop. In other cases, the dissemination activities may be designed to complement or fill in gaps that could not be addressed as part of the stakeholder engagement process. Upon completion of this initial analysis, the overall dissemination plan will be assimilated and an overall plan of activities coordinated. Some of the identified dissemination activities may be filtered out as a matter of practical execution within the available time frames and with available resources, and some activities may be combined for efficiency. The filtering of dissemination activities will be influenced by a number of different factors, including the following key criteria: appropriateness to the stakeholder segment, effectiveness in eliciting the desired response or call to action, targetability towards a specific stakeholder segment, economic efficiency, measurability of impacts.

Ultimately, the effectiveness of the dissemination efforts will leverage the multiplicative power of utilising the stakeholder groups to amplify the reach of the project team. The execution of the dissemination plan will be led by partner GSI, but will include a significant participation by each member of the consortium.

# 3 Stakeholder Engagement

### 3.1 Stakeholder Groups – Preliminary Identification

This section begins to identify the stakeholder groups with which we will engage during the course of the Moving Life project. During WP2, a literature review will entail an examination of the broad spectrum of work in mHealth, particularly looking at European project activity (both in terms of mobile technology and healthcare technologies), academic publications, policy documents, and industry journals and web-based data. From this data, the stakeholder groups will be identified within classes (primary, secondary, tertiary, quaternary users).

Based upon the results of these tasks, stakeholder identification will be enhanced to reflect the trends in each of these areas to assure all stakeholder groups are effectively represented. As a baseline, the following table illustrates some of the types of stakeholders that could emerge from this state-of-play and trends review. Note that T6.1 of this project will focus on a complete stakeholder identification effort, which will produce a more refined categorisation than that included below, which is mainly for illustrative purposes. For example, some of the stakeholders described here could be viewed as either primary or secondary (e.g., medical professionals), depending upon the type of application is being used. These issues will be examined in more depth by the analysis in T6.1.

Table 1: Example stakeholder categories			
Categories	Type of stakeholders		
Primary Stakeholders	<ul> <li>Private users of mobile health technology solutions</li> <li>Citizens with chronic health conditions that require management</li> <li>Citizens who may be underserved by traditional medical community, often because of geographic or mobility constraints</li> <li>Private caregivers; usually family members or relatives</li> </ul>		
Secondary Stakeholders	<ul> <li>Professional users of mobile health technology solutions:</li> <li>Medical professionals, e.g. operating a tele-medicine centre</li> <li>Professional care providers; care homes</li> <li>Other service providers</li> <li>Members of this group have a B2C-relation to the primary stakeholders, i.e. they "sell" mobile health technology solutions solutions to clients, and a B2B-relation to tertiary stakeholder, i.e. they "buy" mobile health technology solutions from suppliers.</li> </ul>		

Table 1: Example stakeholder categories			
Categories	Type of stakeholders		
Tertiary Stakeholders	<ul> <li>Suppliers of mobile health technology solutions</li> <li>Research organisations: Public and private enterprises</li> <li>Enterprises with a business in mobile technology (smartphones, PDAs, etc.)</li> <li>Enterprises with a business in tele-medicine or telecare</li> <li>Providers of the IT infrastructure: Networks and databases</li> <li>Small and medium sized enterprises: hard- and software and/or service provision</li> </ul>		
Other Stakeholders	Supporters of mobile health technology solutions  Policy-makers Social (and private) insurance companies Employers Public administrations Standardisation organisations Civil society organisations Media		

This list of stakeholder groups along with a finite list of potential stakeholder representatives to involve in the consultation and validation process will be completed as an internal project document (and supporting contact/email list) for use in executing on the dissemination plan.

### 3.2 Dissemination Stages

The stakeholder engagement and dissemination strategy will be executed in stages. Throughout the course of the project, broad-based activities will be completed to achieve increased awareness of mHealth related topics as well as the specific work of the Moving Life consortium.

At the same time, the activities that are embedded into the main work packages fall into the stages shown in Figure 2 below, including 1) Planning, 2) Engagement, 3) Validation, and 4) Reporting of project outcomes. Note that all the activities of the plan, with the exception of the awareness raising activities, are intended to ensure effective stakeholder engagement in providing inputs, validating findings, and ultimately applying the results beyond the life of the project.

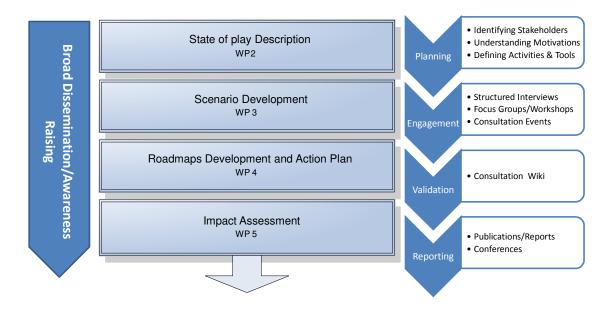


Figure 2: Relationship of WPs to Stages of Dissemination

The remainder of this section looks at a few key activities that are aimed directly at the engagement and validation stages shown above.

#### 3.3 Consultation Events

In broad terms, the MovingLife project includes consultation with stakeholders throughout the course of the project, with 3 distinct purposes: 1) to gather inputs, 2) to validate the analytical efforts of the consortium, and 3) to disseminate results.

Table 2: Consultation Approach			
<b>Consultation Event</b>	Consultation Event Stakeholders Engaged		
Task 2.2  State of play in medical and clinical guidelines	Primary event will be the Expert workshop 5 December, 2011 in Brussels. Healthcare experts (public and private healthcare professionals), representatives from provisioning bodies, and policy-makers including the European Commission.	CSI	
Task 2.3  State of play in socio-economic and policy	Experts in healthcare provisioning, policy-makers and regulators, including the European Commission, patients' organisations, business executives and venture capitalists.	VUB	
frameworks	Experts in Brazil and India focusing on the deployment of mHealth solutions in the respective countries with respect to local healthcare practice as well as cultural and social attitudes.	In-Jet GSI	
Task T3.1 –Scenario thinking workshop	ICT technology, healthcare and social care experts (public and private providers, healthcare professionals, patient organisations,), experts in supporting technologies, representatives from healthcare provisioning bodies and regulators, and policy-makers.	In-Jet	
Task 4.2 – Consultation process	Broad based call for wiki-based consultation will involve European and global experts, scientists, policy-makers and privacy advocates as well as any other relevant stakeholder to interact with each other and co-create in an intuitive and transparent context.	VUB	

### 3.3.1 Consultative Workshops

The structure and the organisation of the key consultation workshop events foreseen in MovingLife will follow the principles established by the European Commission in its communication "Towards a reinforced culture of consultation and dialogue - General principles and minimum standards for consultation of interested parties by the Commission (COM(2002) 704 final, Brussels 11.12.2002), notably: clear content of the consultation process and sufficient time for planning and responses to

*invitations and written contributions*." To do this, the consortium will provide participants with background documents as early as possible, but at least 2-3 weeks before the date of each consultation workshop.

Two events will be held in Europe with the aim of improving our insight into different clinical, cultural and social mechanisms of mobile healthcare processes as well as attitudes to global governance issues. These events will comprise one expert workshop and a follow-up focus group. The expert workshop will cover clinical practice and medical guidelines whereas the focus group will deal with socio-economic and policy frameworks.

#### 3.3.2 Structured Interviews

To provide a broader global view, anthropological interviews will be undertaken with experts in the developing economies of Brazil and India. The focus of these interviews will be upon the deployment of mHealth solutions with respect to healthcare practice, social values and cultural attitudes. Additional consultative interviews may be also carried out in order to clarify points and collect relevant opinions from the healthcare community and EC and governmental officers, complementing what is learned in the consultative workshops and literature reviews.

### 3.3.3 Scenario-thinking Workshop

A one-day scenario workshop will be organised, bringing together representative stakeholders with appropriate expertise and experience. Representative users will be drawn from a mix of ICT technology, healthcare and social care experts (public and private providers, healthcare professionals, patient organisations,), experts in supporting technologies, representatives from healthcare provisioning bodies and regulators, and policy-makers.

### 4 Dissemination Tools

### 4.1 Applicability of Dissemination Tools to Moving Life

The dissemination of the results of the project will take several forms and use a variety of media. Some activities are expected to have a greater impact than others, and thus, their value to the aims of the project may differ. Here we evaluate the use of different media, analysing their effectiveness from additional perspectives by looking at the richness of the medium used vs. the cost of that medium.

Media richness: impacts the ability to have a significant emotional impact on the person you are aiming to reach. In some cases, media richness is not terribly important, where simple factual details are required. Where complex ideas need to be communicated, and a call to action issued, the richness of the media becomes more critical.

Media cost: impacts the practical ability to deliver the messages, and these costs might be financial or time-based, but ultimately, this measure speaks to the practicality of a medium for the purpose.

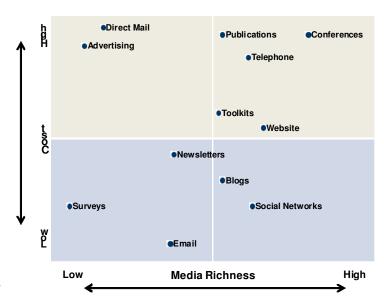


Figure 3: Media Selection Criteria

After the completion of the state of play analysis (WP2), we will reassess the dissemination activities selected here on a preliminary basis to determine the most effective combination of richness and cost and clarify future dissemination activities. Specific media that were considered for inclusion in the plan are the following:

- *Public website*. The website is a base requirement for internal and external communication about the project, its aims and status. Beyond this basic communication purpose, the website has potential (through wikis, e.g.) to provide significant levels of interactivity in the MovingLife consultation process, particularly with highly motivated, proactive stakeholders.
- *Conferences*. More focused in scope, conferences provide an opportunity to develop national and international connections with industrial, governmental, advocacy, or academic thought leaders, and engage in a direct, face-to-face communications and discourse.
- *Scientific reports* in peer-reviewed journals. Broadly disseminated, but sometimes limited to a more academic community.
- Press releases. Press releases elicit participation in events, raise interest in ongoing consultations, draw attention to published reports or simply drive interested parties to other sources such as the project website, which makes them a useful tool in support of other engagement and dissemination strategies.

- *Blogs and social networks*. Particularly important in considering engagement of people in younger generations, blogs and various social media must be contemplated as an important element in the dissemination plan, particularly given the technological focus of this project on the use of mobile devices, which are highly correlated to the use of social media.
- *E-mail*. E-mail campaigns would seem to be a natural and preferred method of communication with known stakeholders. However, careful evaluation must be done in terms of ensuring that messages provided via this means do not become lost amongst the myriad messages and spam that typify the inboxes of many active, working age people.
- Newsletters. Newsletters have been effectively used in the past to keep interested parties abreast of news, events, publications, and the like. However, like email, these may tend to be less engaging for individuals other than the most highly-vested parties, and to a great degree, the information typical of newsletters is largely supplanted by web-based content. Nonetheless, depending upon the audience being targeted, the newsletter may be considered as an effective way to summarize the research work and drive stakeholders to other sources for deeper engagement.
- Newspaper/Radio/TV Advertising Campaign. While expensive, mass media could be used with some success in order to reach citizens (particularly in older demographics) in order to engage and inform. While such campaigns may not allow for great depth of information to be disseminated, it can be effective in raising awareness and driving stakeholders to engage through other channels (web, email, etc.).

In order to assess the use of these tools within the context of Moving Life, the following criteria are applied

Criteria	Selection Criteria Defined
Appropriate	Suitable for a particular stakeholder segment.
Effective	Capable of eliciting a strong response or call to action from the particular stakeholder segment.
Targetable	Capable of direction to a stakeholder segment.
Economical	Deliverable efficiently both operationally and technically without burdensome aspect or cost.
Measurable	Capable of being measured and distinguishable with reasonable amount of effort and accuracy.

Following is an initial analysis of the considered tools based upon these criteria, reflecting the selection of tools to be used in the project.

	Appropriate	Effective	Targetable	Economical	Measurable	Selected
Public website	✓			✓	✓	✓
Conferences	<b>✓</b>	✓	<b>✓</b>			✓
Scientific reports	<b>✓</b>		✓	✓		✓
Press releases	✓	✓		✓	✓	<b>√</b>
Blogs and social networks	✓		<b>√</b>			
E-mail	<b>✓</b>		<b>✓</b>	✓		✓
Newsletters	<b>✓</b>		<b>✓</b>	✓		
Newspaper/Radio/TV Advertising Campaign	<b>✓</b>					

<u>Content creation</u>: Relevant content, to be disseminated through the selected activities, will be developed within each WP as core deliverables by the partners responsible for the WP.

<u>Localisation of content</u>: To ensure a broad geographic reach, key content developed will be localized and disseminated by project partners within their geographic networks of contacts.

#### 4.2 Web-based resources

Web-based resources are useful means for both dissemination and the MovingLife project and for gathering useful information that can give input to and support the project's work and progress. This section focuses on the most useful web-based resource used to disseminate about the project namely the project website. The project website can be viewed at the URL: <a href="www.moving-life.eu">www.moving-life.eu</a>

The project website was established at the beginning of the project containing a description of project objectives and aims, work plan, and the project's progress as well as a partner description, calendar of events (internal and external) and relevant links. The website will help create awareness about the MovingLife project and will be continuously enriched as the project progresses.

The website will be often be the first point of contact with the project for external audiences and it is therefore important that it provides clear and comprehensive information about the project's aims and objectives. It is also designed in a way that makes it easy to navigate and content will be written in a clear, concise and lay language in order to ensure that the general public and media will find the information easy to understand and interesting.

The website will be kept updated with news, public deliverables, articles and material from participation at events (e.g., slides of presentations, keynote speeches, and conference proceedings).

The site will also display (subject to copyright restrictions) papers and presentations given by consortium members, whether at European conferences or workshops.

Visitors to the web site are encouraged to become registered members and join interest groups and/or mailing lists (all free of charge). Registered members will have access to public deliverables which will give them a more detailed insight into and awareness about the project's results. The mailing lists and interest group are also useful means to communicate about the project results to a targeted audience.

A more detailed description about the project website, including the technology used to create the site is available in the deliverable D6.4 Project Website.

Other web-based resources which will be used internally include the project repository, BSCW, which allows project partners to share working documents and other relevant information (e.g. articles, presentations etc.) in an easily accessible manner. The BSCW will be available through the website via a direct link, as will Wiki (see below) and Doodle.

#### 4.3 Wiki

This task will result in the development of a *Consultation Document* (deliverable D2.1) on the basis of output from WP2 and WP3, the result of the gaps analysis and with the descriptive documentation of cross-cutting issues. The structure of the document will follow the roadmap notation. Each identified need will constitute a node of the roadmap. Each node will be described with its main attributes, contextualised with a systemic view on mHealth, and its role in supporting the vision scenarios. Nodes will be connected with links and their attributes specified.

This consultation document, including the scenarios and the draft roadmaps, will be published as Wiki pages on the project web site. It will be important for the roadmap to contain the following elements<sup>1</sup>:

- Needs to be served by the roadmap
- Objectives, which could be refined over time
- Drivers the factors that drive development of the map
- Trends the political, social, economic, technological developments that affect the outcomes of the map
- Scenarios, which can help clarify objectives and help make them "real"
- Actions and milestones, which specify which things need to be done by when
- Topics (issues, challenges), gaps to be addressed by the map
- Externalities, which are not easily predictable "or events that could affect the outcomes of the roadmaps
- Stakeholders
- Success criteria or indicators.

<sup>&</sup>lt;sup>1</sup> These notions have been adapted from D1.1 from the SENIOR project. The contributions were provided by David Wright, of Trilateral Research.

The following are important steps in producing a roadmap and shall be employed in Moving Life.

- 1. Identifying potential problems
- 2. Formulating visions
- 3. Developing quantifiable objectives
- 4. Data Collection
- 5. Identification of key stakeholders
- 6. Identification of key issues
- 7. Refinement of the criteria involved in producing a successful road map
- 8. Development of scenarios
- 9. Roadmap creation
- 10. Establishment of a platform
- 11. Undertaking projects and actions
- 12. Monitoring of actions against other criteria.

A Wiki is well suited for the methodology to be used in the project, which adopts a bottom-up approach. A Wiki allows different authors to read, edit and publish documents in a collaborative environment as a collective contribution to discussion, forum, debates and so on. In a co-operative context for mobile healthcare, a Wiki approach is a valuable solution for allowing experts, scientists, policy-makers and privacy advocates as well as any other relevant stakeholder to interact with each other and co-create in an intuitive and transparent context.

The consultation process will be widely announced in European and international eHealth and healthcare networks and media and with the support and active participation of the European Commission. An extensive mailing list will be created in order to make contact with as many potential stakeholders as possible. Commission resources will be used in hosting the consultation event. The consultation event may occur over a morning-and-afternoon or a two-day period in order to allow different experts to attend.

This task will be performed jointly by VUB, ATOS, and CSI with the support from partners GSI, IN-JET and INN. IN-JET and ATOS will establish the Wiki system to be used in the process. GSI will document the process and the results from the consultations.

#### 4.4 Conferences

All members of the MovingLife consortium will actively participate in the dissemination process by presenting relevant background in a variety of formal and informal settings. In particular, the following are conferences at which partners expect to present plans and/or results of the project in a formal setting, aiming to reach key stakeholders and reach pan-European and global audiences.

Table 3: mHealth Related Conferences				
Conference	Location/Date	Partner		
pHealth 2012	TBD	ATOS		
World of Health IT	Copenhagen, Denmark/May 2012,	ATOS, CSI		
International ICST Conference on Wireless Mobile Communication and Healthcare - MobiHealth 2012	TBD	TBD		
IADIS International Conference- e_Health 2012	Lisbon, Portugal/17- 23 July 2012	VUB		
Mobile Healthcare Industry Summit 2012	TBD/September 2012	TBD		

#### 4.5 Publications

After the end of the main project work, i.e. after the vision scenarios have been established, the results of the project will be disseminated directly to the wider decision-making community through a series of discussions with European Commission officials, Members of the European Parliament and National Parliamentary Commissions organised by partners. We envisage the majority of such discussions taking place in Brussels with the European Commission officials and within main Parliaments (UK, Spain, Italy, and Denmark) with the possible participation of politicians with particular responsibilities for ICT policy and healthcare.

It is also envisaged to have face to face meetings with regional responsible at national level. Within decentralized health systems as for instance Spain, this has been proved to be much more effective and dynamic.

Another action that may be accomplished is to meet national and regional representatives in different institutions and platforms promoting the use of new technologies applied to specific fields. This is strongly dependent on the existing organisms in each country and will be explored by the consortium.

Further, it is expected that the project's work will result in at least two discussion papers for international conferences for policy-makers as well as a number of review papers for professional conferences.

#### 4.6 Press Releases

In order to assure broad coverage in different parts of the world, press releases should be issued throughout the course of the project in connection with major events (meetings, workshops,

conferences), as well as to announce the release and/or availability of key public deliverables, papers, briefings, and reports, and should come from partners in each of the countries where located.

All consortium partners are encouraged to issue at least one press release each year, through local press contacts, or alternatively, through web-based press release sites, which typically require a small charge for issuing the PR (e.g., PRWeb, PRLeap). These sites also typically provide basic analytics for the press release as a part of the services for these fees, including number of:

- impressions
- reads
- downloads
- o search engine hits
- o times forwarded
- times printed

Beyond these baseline analytics, additional measurable value will be evident by the frequency with which journalists pick up the released stories and feature them within the context of external, independent articles.

# 5 Roles and Responsibilities

The following is a summary of the dissemination tools and activities that are identified in this plan, which will be tracked and reported upon during the course of the project. In particular, it is important to recognise that some of these activities may be modified during the course of the project, particularly based upon the findings of WP2, which will examine the current state of play and trends.

Table 4: Dissemination Roles & Responsibilities				
Dissemination Tools & Activities	Deliverable, if applicable	Responsible Partner		
Public website	D6.4 (website and related reports)	IN-JET		
Conferences & Workshops	D2.2 - Pan European expert workshop (CSI)	All		
	D3.1 – Vision Scenario Workshop (IN-JET)			
	D4.4 – Stakeholder Conference (ATOS)			
	All partners will participate in other conferences and workshops to connect with other projects or broadly disseminate work of MovingLife.			
Scientific reports	D2.1 - Report on state of play and trends in mobile healthcare (GSI)	All partners have responsibility for producing one or more		
	D3.2 Vision scenarios in mobile healthcare (IN-JET)	of the scientific reports of the project		
	D4.1 Consultation document (VUB)			
	D4.2 Wiki consultation (VUB)			
	D4.3 Consolidated roadmap for mobile healthcare (mHealth) (Innova)			
	D5.1 Selected Health Technology Assessments in mHealth (GSI)			
	D5.2 Simulation of aspects of future mHealth scenarios (CSI)			

Table 4: Dissemination Roles & Responsibilities			
Dissemination Tools & Activities	, , , , , , , , , , , , , , , , , , ,		
	D6.2 Engagement with Policy-makers (ATOS)		
	All scientific reports will be publicly available on the Moving Life website.		
Press releases	N/A	All partners will release information to press within their region	
E-mail	N/A	GSI	

# **6 Expected Results and Performance Indicators**

The following defines how the dissemination tools and activities are expected to impact the work of the Moving Life project, as well as the indicators that will be used to measure the effectiveness in achieving those results.

Table 5: Dissemination Results Monitoring									
Dissemination Tool	Expected Results & Indicator(s)								
Public website	We anticipate that the impact of the public website will grow steadily over the course of the project term, based upon press releases, emails, conference presentations, and other dissemination efforts. To understand the impact, and to make adjustments to enhance the impact level, we will measure specific statistical information from the website, including, but not limited to:  • number of visitors (in a month, year, total)  • number of registered members  • where members are from (country)  • number of downloads								
Conferences & Workshops	Conferences and workshops will be expected to enable making connections with highly vested stakeholders — other groups or individuals who are active in addressing the growth of mHealth, and who can serve as a powerful touch point for amplifying the reach of the MovingLife project.  We will track the stakeholders that we attract to attend project workshops and conferences, but also provide additional information about their roles and motivations vis-a-vis mHealth, its potential and								
Scientific reports	A key indicator of the dissemination level will be the number of reports/articles submitted and published as stated in DoW. It is possible that not all articles/reports developed during the course of the project will be published before its conclusion, given the long cycles for publication in peer-reviewed journals. However, the number of reports published, in review, and ready for submission to such journals will be tracked and reported, as well as the number of times public deliverables are downloaded from the MovingLife website.								

Table 5: Dissemination Results Monitoring								
Dissemination Tool	Expected Results & Indicator(s)							
Press releases	The total number of press releases related to: 1) the launch of the project, 2) availability of key deliverables, 3) invitation to the wiki consultation, and 4) other results or events of MovingLife, will prove as a key indicator of reach. Moreover, the number of different countries and languages in which press releases are issued will help to drive broader dissemination, and this data will serve as an indicator of success.							
E-mail	A master email mailing list will be developed and updated from online registrations, workshop/conference attendance, and other sources, including the various professional networks of the participating consortium partners. The goal for the project would be to maximize the reach through direct email contact with the largest number of stakeholders, and for this purpose, we have established a target for the email list to exceed 400 global contacts by the end of the project term.							

## 7 Dissemination Timetable

Shown following is a summary of the dissemination tasks of the project, aligned with the other key activities of the project. This plan features, for example, the ongoing update of the website, and issuance of press releases across the term of the project. It is also expected that attendance and presentation at external conferences will commence after the initial deliverables of the project (e.g., D2.1 and D3.2) have been completed. Emails will be sent out periodically to the then current contact list for MovingLife to publicize availability of deliverables for download from the website, and the conduct of conference, workshop, and consultation events.

	Project Month																	
	1	2	3	4	5	6	7	8	9	10		12	13	14	15	16	17	18
Public website																		
Conferences & Workshops																		
D2.2 - Pan European expert workshop																		
D3.1 - Vision Scenario Workshop																		
D4.4 - Stakeholder Conference																		
External Conferences																		
Wiki consultation																		
Scientific reports																		
D2.1 - Report on State of Play and trends in mobile healthcare																		
D3.2 - Vision scenarios in mobile healthcare																		
D4.1 Consultation Document																		
D4.3 - Consolidated roadmap for mHealth																		
D5.1 - Selected Health Technology Assessments in mHealth																		
D5.2 - Simulation of aspects of future mHealth scenarios																		
D6.2 - Engagement with Policy-makers																		
Press releases																		
E-mail																		