



**Active and Assisted Living Programme
AAL-2016 – Living with Dementia**



**Project Number
AAL-2016-049**



“CARELINK for Dementia suffers and their community”

Deliverable D5.2

Dissemination Plan

Work package: WP5– Dissemination and Exploitation

Prepared By/Enquiries To:	Christine O’Meara (comeara@tssg.org) –TSSG
Reviewer:	Gary McManus (WIT), Urs Baumeler (CRE)
Status:	Final
Date:	06/11/2018
Version:	2.0
Classification:	Public

Authorised by:

Gary McManus
WIT







Reviewed by:

Urs
Baumeler

Authorised date:

Project Funding Support

This project would not be possible without the support of the Ambient Assisted Living Joint Programme. The work has been promoted under the project CARELINK, AAL-CALL-2016-049 funded by AAL JP, and co-funded by the European Commission and National Funding Authorities of Ireland, Belgium, Portugal and Switzerland.

Partner	Country	National Funding Body	Logo
WATERFORD INSTITUTE OF TECHNOLOGY (WIT)	IRELAND	ENTERPRISE IRELAND	 ENTERPRISE IRELAND
INSTITUTO DE DESENVOLVIMENTO DE NOVAS TECNOLOGIAS (UNINOVA)	PORTUGAL	FUNDAÇÃO PARA A CIÊNCIA E A TECNOLOGIA	 FCT Fundação para a Ciência e a Tecnologia <small>MINISTÉRIO DA CIÊNCIA, TECNOLOGIA E ENSINO SUPERIOR</small>
U-SENTRIC	BELGIUM	IWT AGENTSCHAP VOOR INNOVATIE DOOR WETENSCHAP EN TECHNOLOGIE	
OPEN SKY DATA SYSTEMS LTD	IRELAND	ENTERPRISE IRELAND	 ENTERPRISE IRELAND
AKADEMIE BERLINGEN	SWITZERLAND	FEDERAL DEPARTMENT OF ECONOMIC AFFAIRS, EDUCATION AND RESEARCH EAER	 Schweizerische Eidgenossenschaft Confédération suisse Confederazione Svizzera Confederaziun svizra
CREAGY AG	SWITZERLAND	FEDERAL DEPARTMENT OF ECONOMIC AFFAIRS, EDUCATION AND RESEARCH EAER	 Schweizerische Eidgenossenschaft Confédération suisse Confederazione Svizzera Confederaziun svizra

Disclaimer:

This document reflects only authors' views. Every effort is made to ensure that all statements and information contained herein are accurate. However, the Partners accept no liability for any error or omission in the same. EC or AAL is not liable for any use that may be done of the information contained therein.







© Copyright in the document remains vested in the Project Partners.

CARELINK Project Profile

Contract No.:
AAL-2016-049

Acronym:	Carelink.
Title:	CARELINK for Dementia sufferers and their community.
URL:	www.carelink-aal.org
Twitter	@Carelink_AAL
LinkedIn Group	Carelink
Facebook Page	www.facebook.com/Carelink
Start Date:	01/08/2017
Duration:	30 months

Partners

	WATERFORD INSTITUTE OF TECHNOLOGY (WIT) - [COORDINATOR]	IRELAND
	UNINOVA - INSTITUTO DE DESENVOLVIMENTO DE NOVAS TECNOLOGIAS (UNI)	PORTUGAL
	U-SENTRIC (USE)	BELGIUM
	OPEN SKY DATA SYSTEMS LTD (OSD)	IRELAND
	AKADEMIE BERLINGEN (AKA)	SWITZERLAND
	CREAGY AG (CRE)	SWITZERLAND

Active and Assisted Living Programme
AAL-2016 – Living with Dementia

Document Control

This deliverable is the responsibility of the Dissemination and Quality Manager. It will be reviewed and approved by the Work Package Leader. It is subject to internal review and formal authorisation procedures in line with ISO 9001 international quality standard procedures.

Version	Date	Author(s)	Change Details
0.1	05/10/2017	C O'Meara	Table of Content.
0.2	08/11/2017	C O'Meara	Updated TOC based on feedback. Dissemination Plan Objectives. Introduction Target Audience Image Overview
0.3	15/ 11/2017	C O'Meara	Inclusion of contributions from partners on Target Audience, Communications Infrastructure, Key Events Website, Blog Schedule, Brand
0.4	29/11/2017	CO'Meara	Messaging, conference and events, press Releases
0.5	05/11/2017	CO'Meara	Full draft for review
1.0	18/12/2017	Gary McManus	Approved version release.
1.1	23/10/18	C O'Meara	First version of updated D5.2
1.2	06/11/18	CO'Meara	Further inputs from partners, due for review by Urs Baumeler and Gary McManus
2.0		C O'Meara	Final Plan

Executive Summary

Objectives

2018: This document contains an updated version of D5.2 Carelink Dissemination Plan. This work has been completed after an initial project period of 14 months. The original plan has been updated to reflect progress against the original dissemination plan and updated initiatives for the remainder of the Carelink AAL project period.

This deliverable describes the preliminary dissemination plan for Carelink. Effective dissemination is critical if this project is to have impact. The dissemination plan relies on the individual efforts of each partner within the Carelink consortium. Notwithstanding, a collective approach and philosophy is essential in order to ensuring maximum impact. The key elements of the plan are;

- Strategic approach including objectives, understanding of target audience and methodological approach,
- Dissemination work detail including branding, channels and activities,
- Targets & measurement.

Results

This deliverable represents a dynamic plan. Short term, specific initiatives are referenced and medium-term goals are identified. Quarterly reviews will allow this plan to be validated and adapted as needed. A revised plan will be submitted in month 15.

Table of Contents

1	INTRODUCTION	9
2	ABBREVIATIONS AND ACRONYMS	11
3	DISSEMINATION AND COMMUNICATION STRATEGY	12
	3.1 Objectives	12
	3.2 Stakeholders & Target Audience	13
	3.2.1 TSSG.....	14
	3.2.2 Uninova.....	15
	3.2.3 OpenSky Data Systems	15
	3.2.4 Akademie Berlingen	16
	3.2.5 U-Sentric.....	16
	3.2.6 CREAGY	17
	3.3 Strategic Approach	18
	3.3.1 Phased Approach	21
	3.3.2 Network Effect.....	22
	3.4 Dissemination Methodology	23
4	DISSEMINATION ACTIVITY.....	24
	4.1 Branding – Visual Identity.....	24
	4.2 Branding (Messaging)	24
	4.3 Instruments and Channels	25
	4.3.1 Conferences and Events.....	25
	4.3.2 Press Release	28
	4.3.3 Email Newsletter.....	29
	4.3.4 Project Collateral	29
	4.3.5 Social Media	30
	4.3.6 Carelink Website.....	31
	4.4 Activity Schedule.....	33
	4.5 Updated Activity Schedule.....	35
	4.6 Targets & Measurement	36
	4.6.1 Targets.	36
5	DISSEMINATION GUIDELINES	39
6	CONCLUSIONS	40
7	APPENDICES	41

TABLE OF FIGURES

Figure 1 Key Elements of Dissemination Plan	9
Figure 2 Target Audience	13
Figure 3 Dissemination & Exploitation failures	19
Figure 4 Logo	24
Figure 5 Carelink home page website	31

DOCUMENT TABLES

Table 1: Dissemination Plan Objectives	12
Table 2: TSSG Dissemination Target Table	15
Table 3: U-Sentric Dissemination Targets	17
Table 4: Risk Mitigation	21
Table 5: Preliminary Conferences and Events.....	28
Table 6: Carelink on Social Media	31
Table 7: Carelink Blog Schedule Year 1	33
Table 8: Dissemination schedule summary by partner	34
Table 9: Dissemination Targets	37

1 INTRODUCTION

This deliverable aims to develop a preliminary, detailed dissemination plan which will be continually reviewed and revised throughout the course of the project. The Carelink dissemination philosophy is built on a number of core principles;

- Dissemination is a collective responsibility which will be **integrated**, in a non-onerous way, into the Team's way of doing business.
- Carelink will seek to become **a member of the broader Alzheimer's community** telling all of our purposeful news, sharing insights and participating in thematically relevant discussions.
- The plan will seek **to leverage our total reach** as a consortium through existing networks, mechanisms and channels and in addition identify new outlets through which to promote the project activities and results.
- One size does not fit all. The plan will be **adapted to suit the circumstance** (for example, different audiences, geographies or project stages). Furthermore, dissemination activities will be monitored and reviewed. If a particular effort is not working, the plan will be modified.
- Effective dissemination is critical to impact. The plan will be **specific, measurable and dynamic**.

The expected results of this early deliverable are to put in place the structure and plans for the dissemination for this project, allowing all partners to view the document and get a full understanding of the plans for the consortium as a whole, as well as individual partners, thus allowing the project results to reach as wide an audience as possible and have the maximum impact in drawing interested parties to the project distribution channels.

The Dissemination Plan will outline strategic objectives, goals, methodological approach and guidelines. Section 3.1 outlines the key objectives of the dissemination effort and the strategic approach is outlined in Section 3.3. At the core of the plan will be the four key elements identified in Figure 1.

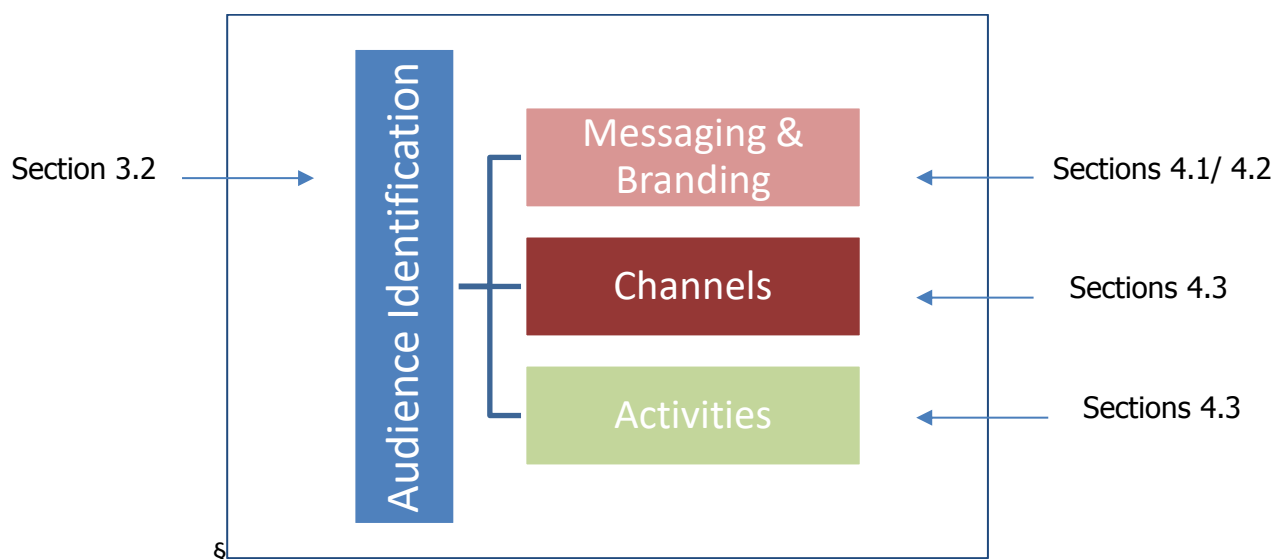


Figure 1 Key Elements of Dissemination Plan

Section 3.2 summarises at a broad level the collective intended audiences that will be targeted through Carelink's dissemination activities, as well as detailing distinct segments of the target audience that will be targeted individually by each member of the consortium. Key messaging and branding activities are critical to developing an impactful project identity and the preliminary plans in this regard are outlined in Sections 4.1 and 4.2. Section 4.3 details channels that will be used to disseminate our key results and efforts, as well as the specific dissemination activities that will take place.

2018 Update. This update to deliverable D5.2 (October 2018) will include a review of original sections, noting key achievements, key metrics, progress against goals and plans for subsequent project phases. ***Each update to the deliverable is highlighted in a shaded light blue box, usually found at each section end.***

2 ABBREVIATIONS AND ACRONYMS

Abbreviation	Description
AUP	Acceptable User Policy
PwD	Person with Dementia
HSE	Health Services Executive (Irish Public Health Body)
DACH	Region including Germany, Austria and Switzerland

3 DISSEMINATION AND COMMUNICATION STRATEGY

3.1 Objectives

A number of dissemination objectives have been identified and are outlined in the below table. The dissemination objectives consider the importance of achieving impact at every stage of this initiative. Furthermore, these objectives reflect the desire to get all key learnings and outcomes into the hands of the stakeholders that can best make use of them through the most appropriate and effective means.

No	Description	Update
Objective 1	Implement a sustainable, consistent and impactful dissemination framework with channels and tools that are fit for purpose	Framework in place. Online channels include website, blog, newsletter, twitter and LinkedIn. Key collateral includes project video, project leaflet and 2 x posters.
Objective 2	Communicate project findings and results to the target audience in a timely, meaningful way	Communication on target with expectations of dissemination phase with general messaging via press release, blog posts, social media.
Objective 3	Promote general awareness of the Carelink initiative through engagement of key stakeholders and the wider audience	Good user group outreach particularly in CH / Be. Engagement with local health authorities and not for profit groups strong in IE. Strong promotion to academic audience.
Objective 4	Maximise the opportunity for Carelink uptake and usefulness through a community approach which includes networking activities, education and awareness initiatives, workshops and multi-way interactions such as workshops or hackathons which can serve to refine, revise and improve the project efforts.	Early engagement of this nature includes AAL poster presentation (Bilbao) and participation in Innovation in Dementia conference in Ireland. Level of activity will increase as project advances through communication and exploitation phases.
Objective 5	Implement dissemination campaigns that support and maximise exploitation outcomes	Area of focus will intensify towards end of project lifetime.

Table 1: Dissemination Plan Objectives

2018 Update: To date good progress has been made against the dissemination objectives, particularly objectives 1 to 3. Effort in these areas is proportionate to the early project phase, with a focus on building a project brand identity through brand creation, key value messaging and the design and implementation of communication

channels such as the website, posters and social media. Now that the team has reached a stage where an early working demo of the Carelink solution is available, the dissemination work will shift the focus to activities suitable to communication and exploitation phases with a greater emphasis on networking activities and a campaign like approach to its efforts.

3.2 Stakeholders & Target Audience

Figure 2 broadly categorises the target audience which will be the focus of the dissemination effort. The consortium is made up of 3 x SMEs, 2 x Academic R&D entities and 1 x non-profit organisation from 4 countries. It includes both EU veterans and industry newcomers. The group is well positioned to ensure that the outputs and learnings of this effort are effectively shared with key stakeholders. In the early stages of the project, those key stakeholders will primarily include the core partners and some key links from their network, parallel projects, user groups and funding bodies. As development progresses and knowledge grows, it is important that the dissemination effort is extended to reach other communities including industry, health authorities and support organizations.

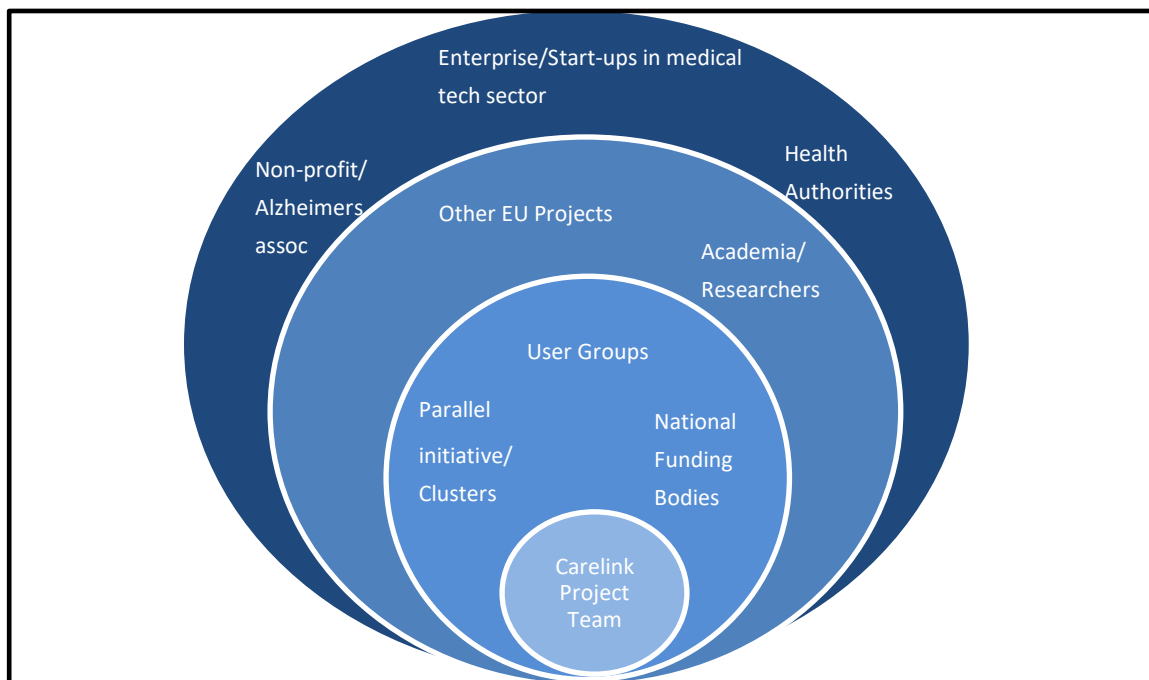


Figure 2 Target Audience

Each organisation will specifically target certain segments of this group.

3.2.1 TSSG

TSSG has identified a number of targets across both the research and industry spectrum, summarised in Table 2 below. TSSG has a good network of relationships into most of these targets through historical or current engagements and research and will leverage this network to promote Carelink.

Segment	Description	Existing Relationships	Progress
Parallel Initiatives / Clusters/ Support Groups	Specifically, projects funded under the AAL Programme Looking to get support from AAL2Business, MAESTRO identified as local project of interest	Participating in AAL forum, have relationships with many parties currently working on AAL Projects	TSSG has participated in 2 x AAL forum and has plans for deeper engagement with specific, relevant projects and initiatives: -ICT4LIFE -2PCS -iHomeLab -orientatech
Funding Bodies	Regular updates planned with NCP – Ciaran Duffy/ Enterprise Ireland	Regular meetings occurring between Gary McManus/ Project Coordinator and Ciaran Duffy	Ongoing via regular deliverables and adhoc communications
User Groups	Both dementia patients and their carers will be involved in requirements gathering and will be consulted throughout project	Working with Suzanne Denieffe, Head of Dept, WIT Nursing and Healthcare, to recruit suitable participants	Early user requirements sessions concentrated on DACH/ BE. Plans being developed for IE workshops. Consulting National Dementia Office and Dementia Pathways.
Academia / Researchers	Gateway Partners in Technology Gateway International Research Institutes with similar research agenda/ complementary projects	Inclusilver – NUIG/mHealth Research group National Health Innovation Hub (UCC)	Area of Focus for Phase 2
Enterprise sector	Business partners and customers in Health Sector (particularly Health Tech) Start-up community	Will promote the project to the 241 'Health' contacts on CRM database/ will refine further and look to expand Will look to see if any joint initiatives are appropriate with companies that we have worked with, e.g. Exerscout / gait analysis	Promotion of newsletter via TSSG website, at TSSG events and via TSSG social media. Some early interest expressed by device manufacturers following Carelink press release.
Non-Profit/ Supporting Organisations	Support organisations that can benefit from knowledge and the technology	For example, www.understandtogether a public information and advice portal Dementia Ireland Alzheimer's Association of Ireland and leading advocates such as Kathy Ryan	Genio participated in Irish plenary meeting in Dublin. Carelink subsequently invited to

			participate in Innovation in Dementia Conference.
Health Authorities	Health Services Executive		Team has engaged with HSE Memory Technology Libraries. Also reached out to National Dementia Office for advice on local user workshops.

Table 2: TSSG Dissemination Target Table

3.2.2 Uninova

Uninova has already started and will continue to disseminate CARELINK knowledge among the scientific community, as this is one of the main activities of this research non-profit organization.

Uninova has tentative relationships with health and voluntary organizations, and these relationships can be built on in the scope of the CARELINK project, once we identify and establish appropriate relationships with patient organizations. User requirements developed in CARELINK will need local interaction with the community and that engagement is seen as an opportunity to disseminate the project in the respective community.

Update 2018: Uninova has participated in 12 x academic conferences in Portugal and various international locations at which papers referencing the Carelink use case and technology discovery were presented. Uninova has also reached out to Alzheimer’s Portugal and has participated in the 1st Novassaude Aeging International Conference.

3.2.3 OpenSky Data Systems

OpenSky Data Systems core mission is to provide technological services to key government departments. Within this target market, one of the key segments with which OpenSky works is National Healthcare Services, in particular, Eldercare Services. Its dissemination efforts, in the context of Carelink, will promote the project initiatives to;

- Irelands Health Service Executive. The HSE is an existing client for Eldercare Services Systems and OpenSky has flagged the start of Carelink efforts to them in September 2017, with a commitment to deliver further updates.
- NHS UK – Dementia Programme Team. The NHS is a National Health Service of particular interest to OpenSky.

Update 2018: OpenSky has presented the Carelink project to both the HSE (IE Dementia Programme Managers) and the NHS (UK Dementia Programme team). Additionally, Carelink has been included in presentations to all non-dementia health teams including eHealth and ICT director teams. OpenSky regularly includes Carelink references in its website news and updates section which is accessed by up to 2,000 unique users per month.

3.2.4 Akademie Berlingen

Akademie Berlingen is a charitable foundation and as such it does not intend material gain. It is supported by women and men who are involved in volunteer trustees and the board. It is in every respect independent, economically independent, politically and ideologically unbound, and therefore available to all interested people on both sides of the borders, Swiss and German. Akademie Berlingen maintains extensive relations to local and regional institutions and partner organizations involved in geriatric work, including memory clinics, outpatient services and care homes for people suffering from both cognitive and physical impairments. Akademie Berlingen brings together elderly people from private households for common social activities such as seminars, social trips. It actively supports valuable work devoted to the interests of elderly people such as through reviews, tests, own contests and awards. Akademie Berlingen would like to show our target groups the benefit of technical items regarding their lives or the lives of their relatives and friends.

Update 2018: During phase 1, Akademie Berlingen has been in touch with potential end users such as people with dementia and their formal as well as informal caregivers in private households and in care homes for interviews, workshops and discussions in order to evaluate their needs and promote our product offerings. Furthermore, the organization came in contact with doctors, and experts from voluntary organisations as well as from Alzheimer Association Switzerland. The team also attended several B2B and B2C events where they had the chance to present the Carelink projects and its solutions to a broader audience.

3.2.5 U-Sentric

U-Sentric is currently in the process of vigorously expanding, in all of its key sectors, but especially in the health domain. Even more than in other domains, it is important in the health domain to have a proven track record for companies and organizations to seriously consider choosing U-Sentric over its competitors. U-Sentric will use the Carelink dissemination activities as an opportunity to extend its knowledge and expertise as well as establish new contacts in the health domain (with health organizations) and prove its trustworthiness (to companies) in this domain. In this sense, the Carelink project is an important reference for further expansion. Table 4 summarises these dissemination targets.

Segment	Description	Existing Relationships	Progress in Phase 1
User Groups	Both dementia patients and their formal and informal carers will be involved in requirements gathering and will be consulted throughout the project.	Non-existing relationships, but introductions can be made by other contacts.	12 persons with dementia, 7 informal caregivers and 8 professional caregivers have been involved during the requirements gathering.
Academia / Researchers	Research groups such as Mintlab and Social Spaces and individual experts in the domain that can share their	Strong links with research groups in general and individual experts in particular. For example, Niels Hendricks (see dementielab.be) is a key	Consulted with 3 experts to get tips on how best to approach persons with dementia as well as expert input on the topics of dementia and wandering.

	knowledge as well as spread our results to the right people in Belgium + internationally	contact and an expert in the area of user research and design research with people with dementia	
Health Service Providers	Healthcare organizations that want to share their knowledge in return for (the prospect of) new technologies. Examples of organisations of interest include; <ul style="list-style-type: none"> • Wit-Gele-Kruis • Familiehulp • Landelijke thuiszorg • OCMW Leuven 	Contacts from previous projects including Alternatief.	Have been involved to get access to experts, and user groups.
Commercial Companies	Commercial Companies active in the health domain such as builders of medical devices, pharmaceutical companies, ...	Experience from previous project or recently acquainted (and in the running for new project)	Mentioned to prospects in the health domain as one of the cases we are currently working on.

Table 3: U-Sentric Dissemination Targets

3.2.6 CREAGY

CREAGY works mainly in the financial services industry (International Swiss insurance companies and Swiss banks). CREAGY helps these companies to master the digital transformation with our staff consisting of senior IT and Business consultants. As an important part of that target group, it works for all the bigger Swiss health insurance companies and therefore has some access to the healthcare market and knowledge about this market. CREAGY provides relevant strategies and concepts for its clients and cover important roles in their strategic projects. It is a strategic decision of the board to widen our expertise and to grow in the healthcare market.

As a company, CREAGY will talk (direct engagements and via company website) about its results in CARELINK. However, it does not have existing relationships nor have plans to build new ones to promote the CARELINK results. CREAGY will get in contact with stakeholders as part of our tasks within CARELINK. In summary, the project itself is the driver, not the company.

2018 Update: Creagy regularly presents project news and results through the internal CKY (Creagy Knowledge Exchange) forum. In addition, Creagy has participated in the AAL Forum and Stakeholders event held in Bern in Aug '18. Finally Creagy, as part of its market research effort, has reached out to 72 gerontology specialists.

SUMMARY

Update 2018: Good progress has been made by each partner in their efforts to promote Carelink to various target groups identified in Figure 2;

- Carelink Project Team – internal communication is strong with a fortnightly team news bulletin, quarterly plenary meetings and regular calls between the smaller working groups.
- User Groups – to date opinions have been canvassed from 14 x PwD, 9 x informal carers, 14 x professional carers and 6 x experts. More user feedback sessions are imminent.
- Parallel initiatives/ clusters/ other EU projects – area of focus for next phase of project.
- National Funding Bodies – deliverables submitted in a timely manner
- Academia/ Researchers – significant outreach through 12 academic conferences/ papers
- Health Authorities – good engagement levels particularly in Ireland/ DACH
- Non-Profit/ Alzheimer's organisations – good engagement in Ireland/ Portugal
- Enterprise/ start-ups in med tech sector – some early interest and engagement from IE/ UK SMEs

3.3 Strategic Approach

The dissemination strategy has been developed with a few key considerations front-of-mind;

- The consortium consists of separate organisations with unique missions, visions and goals but success will depend on a shared project identity backed by a focussed team effort. While TSSG will lead the dissemination effort and CREAGY has overall responsibility for Work Package 5 (Dissemination & Exploitation), the TSSG role is one of coordination. Each partner has a part to play in ensuring that the knowledge and results are transferred to the ones that can best make use of it. TSSG must enable this transfer through many supporting activities including the development of project identity with strong brand visuals and messaging, the creation of appropriate dissemination tools (website, social media, newsletter, press release etc..) and monitoring and measuring the impact of the many activities. In addition, in order to maintain momentum an internal bi-monthly newsletter has been created. Each partner contributes updates according to three categories of information which are;
 - Organisational News
 - Project News
 - Stuff that caught our eye

This helps ensure that all news is documented and ready for redistribution through social media or other local channels and that as a team we are in touch with latest thoughts, activities and results.

- There are well established check points and discrete dissemination and exploitation phases that are appropriate at each project phase. A quarterly report outlined under dissemination methodology will be critical to ensure efforts are yielding results and momentum is maintained. The dissemination plan will be phased (see 3.3.1) with changing emphasis throughout the lifetime of the project.
- Dissemination pressure points are well documented and every effort is being made to avoid these pitfalls. At project kick-off these risks were identified, based on EU Commission H2020 and AAL Programme sources, and discussed (figure 3) and every effort is being made to mitigate them through the plan and its implementation.

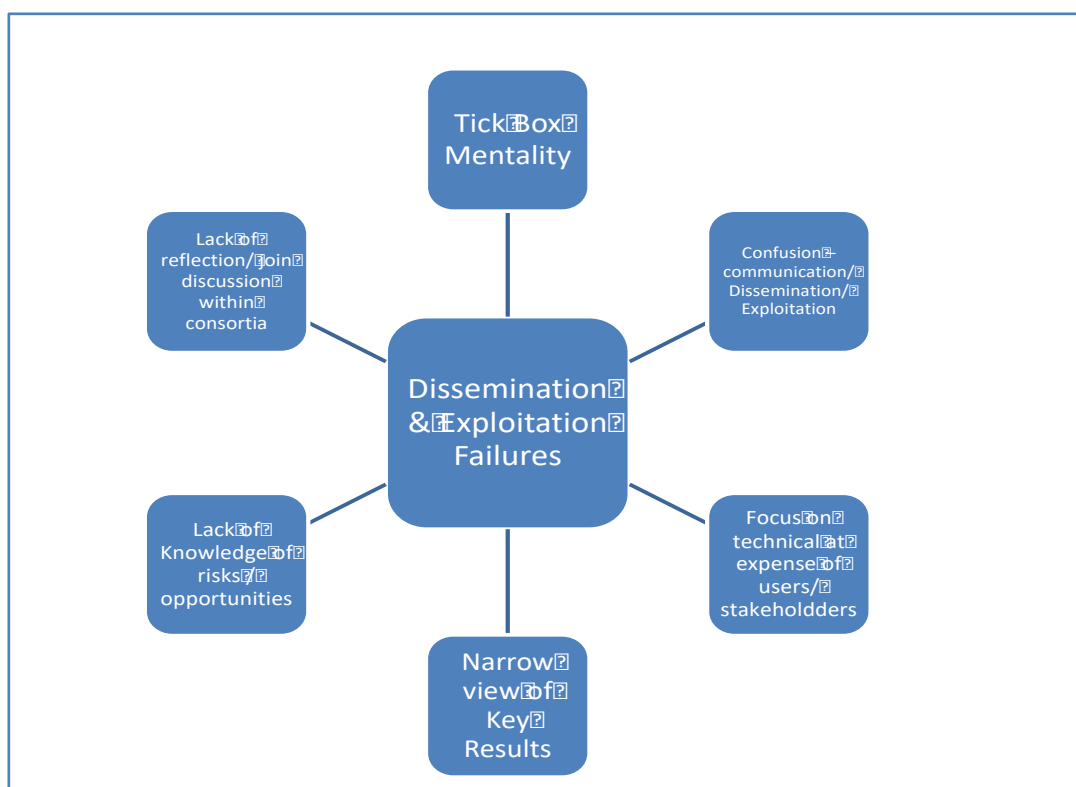


Figure 3 Dissemination & Exploitation failures

Table 4 identifies some of the measures that will be used to avoid these pitfalls.

Pressure Point	Steps to address	Progress
Avoid tick box mentality	Kick Off meeting highlighted	Each partner supporting dissemination in various ways including social media, blogs, papers.
Lack of knowledge of risks and opportunities	Risks identified and discussed at project kick off meeting	Quarterly reports have taken the form of reflective

	<p>Dissemination quarterly report to be issued within consortium to monitor progress, highlight shortfalls and discuss opportunities</p> <p>Internal twice monthly news bulletin will help maintain momentum for project communication</p>	<p>presentation at each plenary meeting, highlighting achievements and areas in need of focus, as well as discussing plans for remediation where necessary.</p> <p>News bulletin proving a useful reference for internal project updates and reminders as well as snippets from industry watch.</p>
Narrow view of key results	<p>Recognition of variety of results (i.e. knowledge, product, technical know-how) reflected in blog thematic areas which include hardware and software related technical topics, business themes and learnings from requirements gathering in sensitive populations</p>	<p>Wide variety of use cases for Carelink technology discussed through large no of academic conferences.</p> <p>Ten x blog posts published to date with themes including user requirements gathering, user mapping process and steps to building a value proposition</p>
Focus on technical at expense of Users/ Stakeholders	<p>User-centred design is core principle of project, U-Sentric, specialist in user experience research will spearhead end user requirements gathering</p>	<p>Early and regular user feedback collected and documented.</p> <p>2-sided approach to platform design including user-driven scenarios and tech driven user map.</p>
Confusion over Communication, Dissemination, Exploitation	<p>Different phases and related activities highlighted in the plan, discussed at kick-off meeting and will be reviewed at consortium meetings</p>	<p>Activities linked to each phase in original plan. Progress reports charted in the context of current phase.</p>
Lack of reflection/ joint discussion within consortia	<p>Each partner has made its own contributions to the plan</p> <p>Quarterly reports to be discussed and reviewed at consortium meetings</p>	<p>Collaboration on dissemination ongoing from individual plans to group discussions and work at plenaries. Each partner has had to submit progress report on dissemination and updated plans for phase II.</p>

Table 4: Risk Mitigation**Update 2018:**

The initial strategic approach seems to be working. While each organisation does indeed have different cultures, structures and missions the team has done its best to leverage the collective reach of the group as a whole. For example, Uninova has concentrated on its academic network resulting in Carelink exposure to researchers in the USA, Portugal, Spain, Serbia and Greece. TSSG as lead dissemination partner has pushed out general awareness initiative to a broad audience through press release, social media and event participation. OpenSkyData Systems, as a commercial partner, has supported this activity with direct engagements and push communications to its business network. The joint efforts have led to interest from potential hardware partners and trial users. While the ambition of each partner with respect to Carelink differs there has been a conscious effort by each partner to co create a solution of value and to communicate and promote the outputs of the project. Another example of this strategic approach at work can be seen in the work of Business Consultants Creagy. This organisation, from the outset, has stated that it does not intend to 'make a business' from Carelink. However, through its market research the company has reached out to 72 individuals and organisations that work in the area of Gerontology, to get feedback on Carelink, thereby generating useful awareness and tapping into valuable frontline market insights.

The approach to risk management (anticipation and mitigation) has worked well to date. A collaborative approach to content creation on the website in the early stages has been useful. In the pre-product 'communication' phase a broad look at early work has been taken with reflections on user requirements gathering, value proposition and solution design discussed in various blog posts. Emphasis will be on more specific product-related technical messaging as the project moves through the communication phase. Finally, in the exploitation effort, the value proposition will be supported through validation of claims around cost, energy efficiency and other key benefits.

A frank look at progress and plans has been taken in each plenary meeting with shortcomings such as newsletter delay and initial slow growth on social media highlighted and remediation plans developed.

3.3.1 Phased Approach

The three key phases which the project must address are;

1. The **Communication Phase**. In the early days of the project, tangible results and artefacts are a little way off. Effort at this point must concentrate on communicating the project existence and goals, creating a project identity and getting some basic facts out to broad but relevant audiences.
2. During the **Dissemination phase**, the effort centres on promoting the project results and engaging more specific target groups.
3. In the **exploitation phase**, the key goal is to help ensure that the results will be used and project impact fully realized.

As the emphasis changes at each phase, the effort from the previous phase does not necessarily diminish but becomes more focussed. For example, blog postings developed at phase I of the project will be more introductory in nature. As the project progresses, the blog postings will be more specific and additional results-focused instruments such as case studies will be developed.

It should also be noted that as the Business Plan is developed, it will important to review and possibly add to the plan to support the likely exploitation pathways identified as part of that process.

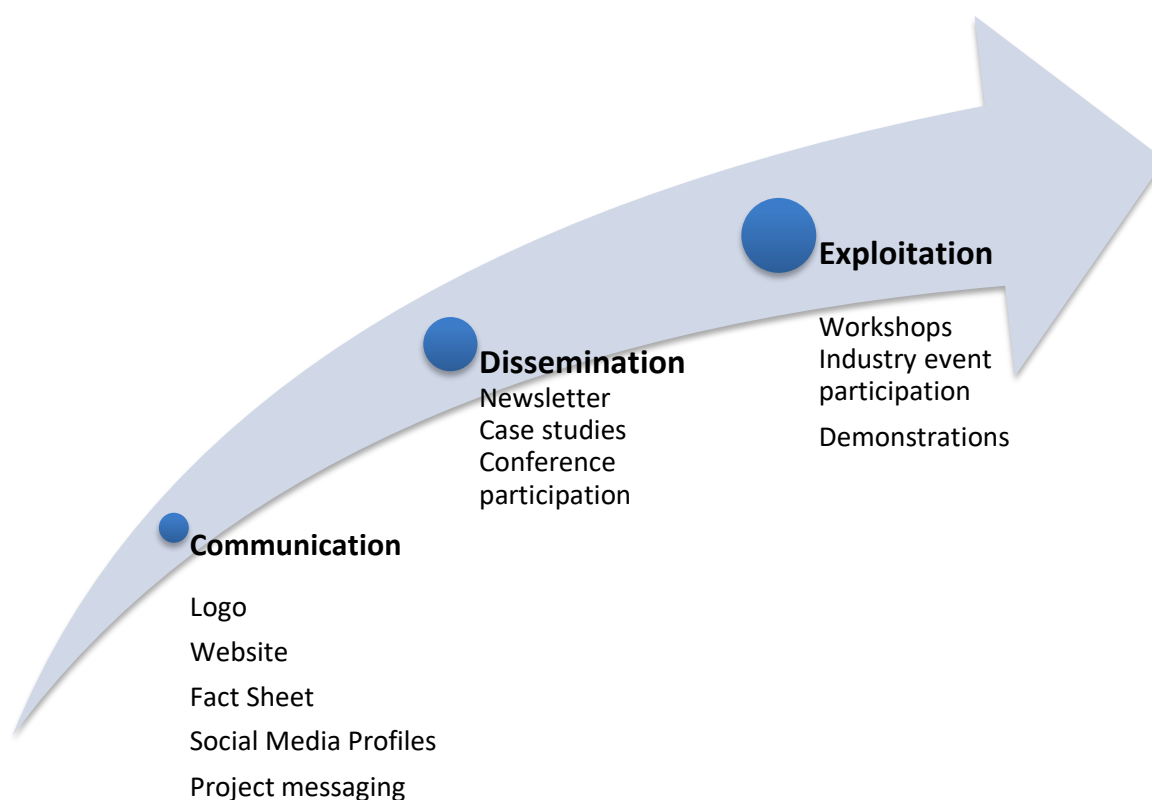


Figure 4: Dissemination Phases

3.3.2 Network Effect

While it is recognised that dissemination capabilities and objectives will vary by partner, it is also accepted that dissemination is a collective responsibility and that greater impact will be achieved if we leverage our individual networks to maximise reach and results. At the outset of this planning process, each partner has responded to requests for information which seeks to identify existing PR and communications infrastructure and networks within their organisations. Based on an understanding of current practises and resources and with the inclusion of additional channels and plans, a dissemination plan has been developed that seeks to maximise the network and capabilities of each organisation, utilising existing outlets, resources and channels where possible.

3.4 Dissemination Methodology

It is important that there is consistency, accountability and flexibility to dissemination efforts. The Carelink effort and results should be communicated in a coherent, consistent manner. However, there will be variation across media, channels and audiences as both the message and the format is adopted to suit the context. TSSG in its role as dissemination work package leader will ensure consistency through the creation of core artefacts including logo, website, fact sheet, brochure and social media portals. TSSG will manage the central information portals (website, social media) but will ensure a collaborative approach to content generation. This will be achieved through several mechanisms including internal news bulletins, partner blog schedules and partner newsletter submissions. The dissemination plan has been prepared with the help of all party submissions which documents dissemination activities on a per partner basis. A quarterly review of dissemination activity will help ensure continued progress against target and provide the opportunity to revise or renew efforts. The quarterly report will be prepared by the Dissemination Manager, reviewed by the Management working group and distributed among the consortium as a whole. The first report will cover the initial period up to end of December 2017 and will be discussed at the Consortium meeting scheduled to take place in January. Thereafter, the report will be prepared and distributed at the end of each calendar quarter (Jan – Mar 2018, Apr – Jun 2018 etc.) While a core arsenal of dissemination material will be available, each partner will engage in individual activities that best suit its context and goals.

Update 2018: The reviews have taken the form of presentations and discussions at the regularly plenary meeting with a review of dissemination output and collaboration on future initiatives. For example, at the September plenary session the poster for the AAL forum was co-created by the team on site.

4 DISSEMINATION ACTIVITY

This section documents the various different activities that will make up the overall dissemination effort for Carelink.

4.1 Branding – Visual Identity

A key part of the project's visual identity is the logo. This was created at an early stage in the project. Feedback on the first version created by TSSG Creative Design Unit was solicited at the project kick-off meeting and this led to the current logo which reflects key elements of this initiative;

- Visual element that references shared humanity, warmth and caring,
- A strong colour that is associated with dementia, for example, the use of purple in the promise garden¹,
- Soft, rounded font that represents inclusiveness and community but creates a strong, distinct identity.

The logo will be used in all project materials including the website, PowerPoint templates, newsletter, fact sheet, social media profiles and project deliverable templates. Logo guidelines have been created by the design team and can be found in the appendix.



Figure 5 Logo

4.2 Branding (Messaging)

Communication will be a feature of each of the dissemination & exploitation phases of the project but the messages will change. In the early stages messaging will be created with the following imperatives;

1. Simply describe the project idea
2. Identify the core participants
3. Share the core values, vision and aspirations of the Consortium

¹ https://theprmg.com/client_preview/alzheimers-assoc/july2011-2/news2.html

4. Impart 'why Carelink matters'

As results are yielded and Carelink moves into the dissemination phases, the messaging needs to be more specific, focussing on key results. For example;

- Requirements identified in the user group sessions,
- Agreed architecture and other features of the solution,
- Learnings from research into existing software and hardware.

This information will be exposed through different means including academic papers and a change in emphasis in blog themes.

To support exploitation efforts, the messaging will need to focus on proof points including case studies, user feedback

Update 2018: Impactful logo created and used across all project material including leaflet, posters, website and reports. Initial messaging concentrates on the core value proposition with succinct descriptions of features and benefits pitched at particular users. The vision and mission are laid out on the website and factsheet. As the project has progressed revisions have been made both large and small. For example, expert feedback led the team to revise the term used to describe target users, substituting 'patient' with 'people with dementia'. Also, as the solution design and development has evolved more detailed product information has been placed on the website.

4.3 Instruments and Channels

4.3.1 Conferences and Events

In order to engage and reach the target audiences, relevant events across research and industry will be targeted. Given the subject matter, Health related events and gatherings will be chosen with both a commercial focus but also, where possible, initiatives that are focussed on the caring community and support networks, both formal and informal. A preliminary list of events has been compiled in Table 6. It includes events at which Carelink has already participated, as there was a lag between initial project approval and official launch. Each partner has the responsibility to inform the Dissemination manager of dissemination activities, and this activity list will be updated on an ongoing basis and reviewed quarterly.

Conference	Theme	Participation Details	Location	Progress
ICE/ ITMC 2017	Engineering, Technology and Management Beyond 2020: New Challenges, New Approaches.	TSSG presented its paper <i>Fog-centric Localisation for Ambient Assisted Living</i>	Madeira, Portugal (June 2017)	Done

CELDA 2017 http://celda-conf.org/	Cognition and Exploratory Learning in the Digital Age	Uninova presented its paper <i>An Architecture to Support Wearables in Education and Wellbeing</i>	Villamoura, Portugal (Oct 2017)	Done
ASME / IMECE International Mechanical Engineering Congress and Exposition 2017	Multidisciplinary	Uninova presented paper <i>A GPS simulation framework on smartphones for elderly assistance applications</i>	Florida (November 2017)	Done
ICE/ IEEE ITMC International Conference on Engineering, Technology and Innovation http://www.ice-conference.org/Home.aspx	Era of Connectedness: The Further of Technology, Engineering and Innovation in a Digital Society	Uninova and TSSG considering submissions in one or more of Technology, Engineering or Innovation & Entrepreneurship tracks (deadline 13 Feb)	Stuttgart, Germany (June 2018)	Opted for alternatives
Healthcare Informatics Society of Ireland (HISI) Annual Conference	Healthcare Technology Solutions	Opensky Data Systems will present/ demo Carelink	2018 date confirmed for November (Ireland)	Pending
mHealth Conference	NUIG organised annual event – common themes include technology and ageing, entrepreneurship in mHealth	TSSG will seek speaking slot	2018 date to be confirmed but likely June (Galway, Ireland)	Opted for alternative
Human Centred Design Summit 2018	U-Sentric organised conference Empathy-as-a-service	U-Sentric will promote and demo Carelink	November, 2018	pending
Participatory Design Conference 2018 https://pdc2018.org/about-pdc/	PDC focusses on discussions and actions aimed at making technologies more responsive to human needs	Team to consider participation – considering workshop, short paper or interactive exhibition	Belgium (August, 2018)	Participation in alternative events
AAL Forum 2018	Active Ageing	Participation likely to include paper, demo and workshop	Bilbao September	Done – poster presented

Innovation through collaboration in Dementia care	Innovative developments and supports for PwD and their carers	Poster	Sligo, Ireland – February	Alternative to M-Health
ICIST 2018	Information Society and Technology (Special Track – Health, Ageing and well-being)	Paper <i>IOT for Active and Secure Ageing with Alzheimer</i>	Serbia, Mar 2018	Done
INES 2018	International Conference on Intelligent Engineering Systems	Paper <i>Methodology for Attention Detection based on Heart Rate Variability</i>	Spain, Jun 2018	Done
IEEE-IS 2018	Intelligent Systems – Theory, Research and Innovations in Applications	Paper <i>Behavioural monitoring of Alzheimer Patients with Smartwatch based System</i>	Portugal, Sep 2018	Done
IMECE 2017	Mechanical Engineering Congress and Exposition	Paper <i>Sensorial Experience Extensions in Learning Environments</i>	US, Nov 2017	Done
10 th International Conference on eHealth	Application of computer technology to improve quality of healthcare	Paper <i>Assessment of Risk for Alzheimer patients by Monitoring heartbeat + identifying falls</i>	Spain, July 2018	Done
DSAI 2018	Software Development and Technologies for enhancing Accessibility and Fighting Info Exclusion	Paper <i>Innovations Assessment Methodology to Promote Knowledge Transfer</i>	Greece, Jun 2018	Unforeseen when original plan drafted.
Health Ramp Up (Genk)		Presentation of work including Carelink	Genk	

International Conference digital innovators in health Ecosystem		Presentation of work including Carelink	Varna	<i>Unforeseen when original plan drafted.</i>
---	--	---	-------	---

Table 5: Preliminary Conferences and Events

Update 2018: Verdict. While Carelink did not participate in each of the conferences outlined in the original plan, it did participate in greater number of conferences relevant largely to Academic stakeholders but also the Health Sector.

4.3.2 Press Release

The launch press release is being prepared by TSSG and will be created in both domestic and international friendly formats. Each partner will promote and distribute the press release according to its internal public relations and communications network;

- TSSG has a well-established PR process and it is anticipated, based on previous project news campaigns, that the project will be picked up by National Media outlets including TV (RTE.IE), Radio (e.g. WLRFM and Newstalk) and online (Silicon Republic, Irish Tech News).
- Opensky Data Systems has involved their Marketing Manager (Susanne McCabe) in the PR effort from the start. They have several PR channels which they use including in-house distribution to general industry journalists as well as key health contacts in the main stream media and a PR agency.
- Uninova, as a research centre, does not have a distinct channel for press releases. However, news will be pushed out through the faculty website and social media channels. The University channels may be leveraged at important points in the project.
- U-Sentric, as an SME and consultant, does not have a structured press release process. However, it has excellent social media traction through blogs, LinkedIn, Medium and Twitter accounts and will push releases out to its high number of followers in these channels.
- Creagy is also an SME professional services company and its communications efforts are quite targeted. There isn't a structured PR process but press releases may be promoted through its website and via social media channels.
- Akademie Berlingen has an established network of journalists to which it can push out important news. Other channels such as its website and print bulletins will be used to support news pushes.

The press release will be available on the Carelink and partner websites. It is anticipated that at least one further press release will be pushed out in the second phase of the project as results become available.

2018 Update: TSSG engaged its PR agent to develop and distribute a press release in Ireland. The release was picked up by a wide range of National and Local print and online media;

- Irish Times
- Irish Examiner
- The Journal Online

- The Westmeath Independent
- Clonakilty Star
- The Nationalist

A subsequent International press release was sent out to a number of outlines and was picked up by;

- Tech Radar
- Reachmd.com online
- Healthscient.com online

The team will consider issuing a further press release towards the end of the project lifetime.

4.3.3 Email Newsletter

It is the consortium's intention to issue 3 newsletters per year during the course of this project. The newsletters will provide project progress, insights and learnings and general information pieces on dementia and ambient assisted living. Newsletter creation and content curation will be managed by TSSG with contributions solicited from all partners. The first newsletter will be published in April 2018, with August and December editions. Mailchimp will be used for newsletter distribution and to measure engagement levels. The newsletter database will be seeded through a sign-up option on the Carelink website. Additionally, partners will promote the newsletter through their own mailing lists, where available and depending on interests/ opt-in conditions. High level information on these mailing lists is outlined below;

- TSSG CRM List Size – 241 Contacts in Health Domain,
- Opensky Data Systems - 1,000+ on mailing list not segmented by domain,
- Akademie Berlingen – mailing list available through partner organisation terzStiftung which has approximately 2,500 subscribers, of which 1100 are private addresses,
- U-Sentric – Teamleader CRM list of customers/ potential customers with health sub segment and Flexmail list specifically opted in for newsletter.

Update 2018: The first edition of the newsletter was eventually published in Sept 2019. The newsletter is being promoted through a number of channels;

- Carelink social media and website
- Partner websites and social media
- Akaber newsletter

Originally it had been anticipated that the initial newsletter could be distributed to a TSSG mailing list but the GDPR implementation in May 2018 resulted in many recipients not opting in to receive additional, adjacent newsletters.

4.3.4 Project Collateral

A range of dissemination material and key collateral will be developed, led by TSSG, including project website, project fact sheet (see annex), poster, white paper and case study. The website and fact sheet will of course be

produced in the early communication phase of the project, with materials that focus on learnings and proof points being produced as the project progresses. All of the material will be available through the project website.

Update 2018: Verdict: Collateral completed to date includes project fact sheet, brochure and 2 x posters. Screenshots of posters, flyer/ brochure and newsletter are available in the appendix.

4.3.5 Social Media

Social media channels will be an important dissemination outlet for Carelink. Objective IV of the Dissemination plan states that dissemination activities will seek to *maximise the opportunity for Carelink uptake and usefulness through a community approach which includes networking activities, education and awareness initiatives, workshops and multi-way interactions such as workshops or hackathons which can serve to refine, revise and improve the project efforts*. Social media is perfectly suited to fulfil the community brief, enabling Carelink to identify and engage with key stakeholders including dementia organisations, researchers, health correspondents and medtech specialists. Social Media is interactive and pervasive. Different social media channels will be used to different effect. Moreover, results and impact can easily be measured. Table 7 outlines the social media channels to be used as part of the dissemination effort

Social Media Channel	Summary of Activity	Progress Update
Twitter @CarelinkAAL	Minimum twice weekly updates on project, industry news, observations and insights	Consistent updates. Good growth in relevant followers.
Linkedin https://www.linkedin.com/company/25176538/	Knowledge insights Postings on learnings including technical observations, requirements gathering for vulnerable users, business aspects of AAL	Periodic updates generally linked to blog postings.
Facebook https://www.facebook.com/CarelinkAAL	Consortium updates, news on collaborations	Decided early in project to eliminate facebook as a channel – felt it delivered less return on resource than other media.
Slideshare Pending	Conference slides	pending

<p>YouTube Pending</p>	<p>Promotional Video on concept Footage of conference presentations/ workshops</p>	<p>Good concept video and plans for insight series for phase II</p>
----------------------------	--	---

Table 6: Carelink on Social Media

4.3.6 Carelink Website

The web portal www.carelink-aal.org was launched in mid-October with a high-level project overview and information about the team and goals. Subsequent pages have since been added including a blog section and an insight centre which will contain a variety of resources including case studies and conference presentations. Fig 5 contains a screenshot of the home page header.

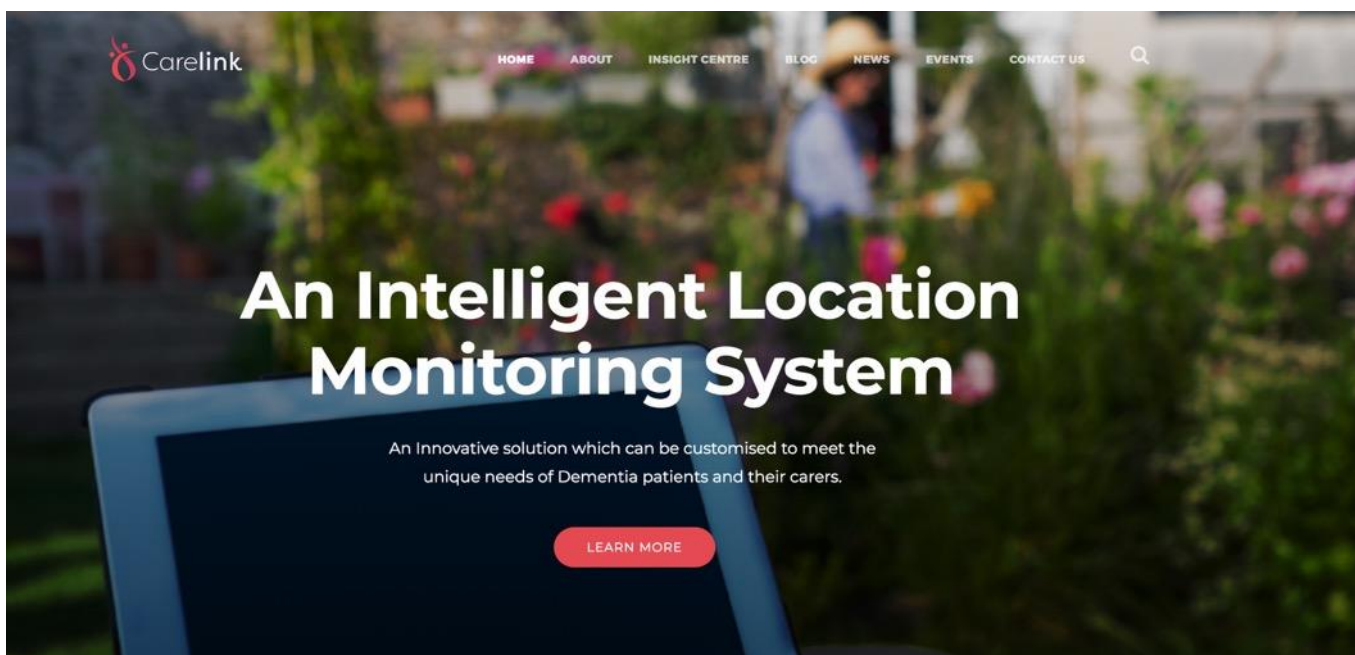


Figure 6 Carelink home page website

The website will be regularly updated with news and project information. A twitter feed on the home page ensures at least weekly activity. It is anticipated that the insight centre will be updated with new resources 1 – 3 times per quarter.

The website is being developed in accordance with a detailed brief which outlines style & tone, structure and content. Regarding style and tone, the key approach is to embody the following principles;

- The end-users (particularly Alzheimer’s patients, professional and informal carers) should be considered at all times. Given the particular challenges facing these groups, **usability** and **empathy** are of paramount concerns. The website should have easily accessible and useful information. The tone should convey empathy and understanding.

- The website should have a **modern, uncluttered look and layout**. It is important that the information is conveyed clearly and simply. The home page must convey what the project is about in a simple, easy to understand format through clear, uncomplicated messaging and supporting visual elements.
- The website will act as a **repository for multiple key stakeholders** and therefore will allow funding bodies, end users, academic institutions and R&D organisations to access detailed project documentation through clearly labelled secondary sections on the website.
- The website will very much be a portal. The initial entry point allows visitors to understand the core mission and vision of the project. However, it must also be **engaging and living**. At this initial access point, recent initiatives should be visible with sections displaying ‘latest news’ and social media feeds.

From an information perspective, project detail, regular news and deeper insights will all be contained in the portal. The website will also seek to engage readers through social media links and to develop a continuous relationship with interested parties through email capture. It is the intention of the consortium to create and distribute periodical newsletters to this audience.

While the pace of project news will intensify in the second half of year one as development efforts materialise, this early communication phase can generate interest through blog postings that discuss early reflections, observations and research. Blog postings will be published monthly with all partners contributing based on their area of expertise. At the time of preparation of this deliverable, two blog items are present with the first one discussing project launch, vision and goals and the second one outlining some insights from the AAL forum., vision and goals and A draft schedule has been prepared for 2018 and is in Table 8.

Month	Partner	Topic
January	U-Sentric	Considerations for collecting user feedback from vulnerable groups
February	TSSG	Outputs from 2 nd Consortium Meeting
March	Uninova	Observations from an analysis of the technology (hardware) in the marketplace
April	TSSG	Observations from an analysis of the technology (software) in the marketplace
May	OpenSkyData	Securing Sensitive Data
June	CREAGY	The Business of Dementia
July	AKABER	The critical role of voluntary organisations in supporting an ageing population

August	U-Sentric	The importance of a user-centred approach
September	TSSG	Reflections on the project at mid-term
October	CREAGY	A look at the competition
November	OpenSkyData	The impact of GDPR in the market
December	Uninova	How technical thinking on the project has evolved since day 1

Table 7: Carelink Blog Schedule Year 1

Update 2018: The website has a good frequency of new content editions through twitter feed, news updates and regular blog postings. A total of 10 blog postings have been delivered so far with contributions from various internal stakeholders. Topics include;

- Project launch / mission and vision
- User Mapping Process
- Considerations for collecting user feedback from vulnerable groups
- Developing the Carelink Proposition
- Funding challenges
- The importance of getting a diagnosis

More recently, a detailed product information page was added to the website. As we move further into the dissemination and exploitation phases the nature of the content will become increasingly focussed on the solution and its benefits with greater depth of technical content.

4.4 Activity Schedule

The following table presents a preliminary schedule of activity for Year 1 of the project. This will be reviewed and updated quarterly as new opportunities materialise and pipeline initiatives crystalize.

Partner	M1 – 4	M5 – 12
TSSG	Create Logo Project Website Project Factsheet Press Release Blog Postings Create Social Media Accounts	Blog postings x 2 Twitter + LinkedIn + Facebook Updates Internal Dissemination News Bulletins Quarterly Dissemination Reports 2 x Newsletters

	<p>Bi-Monthly Internal dissemination News Bulletins</p> <p>Regular Twitter Updates</p> <p>Project promotion via organisation website</p> <p>Quarterly Dissemination Reports</p> <p>AAL Forum 2017 participation</p>	<p>mHealth 2018 participation</p> <p>AAL Forum 2018 participation</p>
Uninova	<p>Project promotion via organisation website</p> <p>Create concept video</p> <p>CELDA 2017 Conference Participation</p> <p>AAL Forum 2017 participation</p> <p>Support press release through internal channels</p> <p>Ongoing social media posts</p>	<p>ICE/ IEEE / ITMC 2018 Conference participation</p> <p>AAL Forum 2018 participation</p> <p>Blog postings by 2</p> <p>Newsletter contributions</p> <p>Ongoing social media posts</p> <p>Present carelink to classes</p>
u-centric	<p>Project promotion via organisation website</p> <p>Use social media channels to promote Carelink</p> <p>Press release push</p>	<p>Human Centred Design Summit showcase Carelink</p> <p>Blog Postings x 2</p> <p>Use social media channels to promote Carelink</p> <p>Newsletter contributions</p>
Creagy	<p>Project promotion via organisation website</p>	<p>Blog postings x 2</p> <p>Newsletter contributions</p>
Opensky Data Systems	<p>Project promotion via organisation website</p> <p>Press Release</p> <p>Ongoing social media posts</p>	<p>HISI conference 2018 participation</p> <p>Newsletter contributions and distribution</p> <p>Ongoing social media posts</p>
Akaber	<p>Project promotion via organisation website</p> <p>Press release</p> <p>Ongoing social media post</p>	<p>Newsletter contributions and distribution</p> <p>Ongoing social media posts</p>

Table 8: Dissemination schedule summary by partner

Update 2018: In general partners have engaged in dissemination activities at the levels and nature of effort originally foreseen.

4.5 Updated Activity Schedule

Update 2018: Prior to completing the dissemination plan updates, a review meeting was held with all partners with the dual goal of assessing progress and status of dissemination to date and priorities for the next stage. Each partner subsequently submitted planned activities with an emphasis on supporting dissemination efforts and maximising exploitation opportunities for Carelink through specific, targeted initiatives. The Table below outlines these activities and represent effort additional to general dissemination commitments outlined in the original version of this plan.

Partner	Activity Detail – Next Phase
TSSG	<ol style="list-style-type: none"> 1. White Paper: Wandering Management: Enabling not limiting. Pioneering Deep Learning Algorithms 2. Case Study: Demonstration of the added value of behaviour detection and prediction 3. Interview series: Creation of 3 to 5 videos interviewing key members of the Carelink Team about their work with detailed information on learnings including technical insights, market analysis and other project and domains specific themes. 4. Key event participation <ol style="list-style-type: none"> a. M-Health Forum 2019 – presentation (Galway, Ireland) b. AAL Forum 2019 (workshop) (location TBD) c. AAATE/ Global Challenges in Assistive Technology: Research, Policy and Practice (Italy, Aug) – investigating feasibility of participation through paper presentation or other format. 5. Collaboration with AAL/EU projects for improved learning and reciprocal dissemination and promotion. Projects of interest identified as ICT4LIFE, iHomeLab, 2PCS and Orientatech.eu.
UNINOVA	<ol style="list-style-type: none"> 1. Prototype, device and services presentation to the community: Uninova will present Carelink applications and services, already developed, to the Alzheimer community. Those include 3-D prototypes, smartwatch and smartphone applications. Uninova has established a relationship with Alzheimers Portugal and will start by seeking feedback via their experts. 2. Workshop participation: UNINOVA will participated in the AAL Forum workshop and others as appropriate. 3. Academic publications: Continued dissemination of Carelink advances through targeting of conferences such as ICE/IEEE ITMC ITMC International Conference on Engineering, Technology and Innovation and ASME / IMECE International Mechanical Engineering Congress and Exposition.
OpenSky Data Systems	<ol style="list-style-type: none"> 1. Demonstrator Webinar to all contacts/ prospects. A Webinar where all partners contribute to content to update outreach recipients and potential stakeholders and users on the progress of the project and seeks recommendations for Phase 2. Webinar should then be made available on all websites. Opensky will host the webinar.

	<ol style="list-style-type: none"> 2. Mailshot: Carelink overview to be distributed to all contacts in 4Q 2018 with invitation to January Webinar 3. Event: Demonstration to ECHA during Health Informatics Society of Ireland conference 4. Outreach: Continued relationship building with Health Authorities particularly HSE/ NHS
U-Sentric	<ol style="list-style-type: none"> 1. Event: Human Centred Design Summit (Belgium) Presentation of the work that has been done and how it's being used during the development process 2. Outreach: Present Carelink as a case in prospect meetings with our clients (i.e. commercial companies) in the health domain; Present as a case on U-Sentric's own events + when invited to speak at other events; Present Carelink as a case in blog articles
AKABER	<ol style="list-style-type: none"> 1. Events: <ol style="list-style-type: none"> a. Messe die50plus: Engaging with end users, networking and promotion of Carelink solution (B2B and B2C) b. Information events on dementia: Engaging with end users, networking and promotion of Carelink solution (B2B and B2C) c. Dementia conference: Networking and promotion of Carelink solution(B2B)
Creagy	<ol style="list-style-type: none"> 1. Knowledge Exchange: Promotion of Carelink at regular CKY (Creagy Knowledge Exchange events) 2. Case Study: Work with TSSG to demonstrate the business value impact of behavioural detection in location monitoring.

4.6 Targets & Measurement

4.6.1 Targets.

Dissemination effort and impact will be measured on an ongoing basis. There are two types of targets against which progress will be monitored;

- Execution of dissemination activities, e.g. no of contributions to conference, no of newsletters delivered (Did it happen?)
- Impact of dissemination activities, e.g. no of visits to website, no of retweets (How effective was it?)

The 'Did it Happen' measures will help the team ensure that momentum is maintained, while the 'How effective' measures are important to help reflect on outcomes and improve on effort for future iterations and efforts.

At this early stage, some initial **targets** have been set. These targets are derived from existing channels and network statistics to provide a baseline to determine realistic targets.

ID.	Indicator name:	Target progress average per year (Y1 and Y2)	Progress at Mid-Term
1	Number of participants in workshops organized by Carelink	10 on average per event.	Next Phase

ID.	Indicator name:	Target progress average per year (Y1 and Y2)	Progress at Mid-Term
2	Number of contributions (presentations, articles, etc.) to relevant conferences & events	15+	15
3	Number of papers submitted for publication	7	12
4	Number of leaflets published	2	2
5	Number of Press releases	1	1
6	Number of media channels that pick-up press release	6	7
7	Number of downloads of leaflets from website	500+	n/a
8	Number of newsletters created/ distributed	3	1
9	Size of newsletter distribution list	2,000	n/a
10	Number of public deliverables requested	100	n/a
11	Number of news items published in the website per year	10+	9
12	Number of visits to the website per year	7500+	1,700
	Users		1,300
13	Number of Twitter followers	127+	170 for year one
14	Number of Twitter posts	120+	207 for year one
15	Number of Retweets	500+	100 - 150
156	Number of mentions in twitter	200	33

Table 9: Dissemination Targets

Measurement

For digital activities, a number of different measurement tools will be used, including;

- Google Analytics, free web analytics, will be used to measure the effectiveness of the project website with information including no of visitors, engagement level of visitors and various visitor segmentation information including location and browser type. Google Analytics can also help determine source of traffic to the project site, as well as conversions and abandons (completion or non-completion of certain actions such as brochure downloads).
- Hootsuite is a social media management platform that will be used to push messaging out through Twitter and also LinkedIn and can provide useful statistics on likes, followers, mentions etc. Hootsuite social media statistics will be supplemented by Twitter's own insights.
- The Mailchimp platform will be used to manage newsletter distribution and can provide detailed analysis on receipts, open rates, links opened and other engagement detail.

The execution and impact of non-digital activities will also be tracked and reported in the quarterly reviews, for example attendance level at workshops or conferences.

Update 2018: For the most part targets were achieved with activity surpassing expectations in certain areas (e.g. academic papers, twitter followers) and on target in most others. One area that fell short of original expectations is newsletter distribution. GDPR implementations meant that list sizes were drastically reduced. The first newsletter has been only recently published and is being pushed through Carelink and partner organisation channels.

5 DISSEMINATION GUIDELINES

A number of supporting procedural guideline documents will be developed to ensure consistent and impactful dissemination effort. These documents include logo guidelines (see annex) and social media guidelines (in progress).

In addition, the Carelink project adopts Acceptable Usage Principles for project participants and contributors. This approach is designed to minimise risk and ensure fair and reasonable behaviour. Key elements of this approach include;

- Use a Socially and ethically responsible approach to the development of materials and messaging and when participating in social media channels or other online forum, to avoid the creation of offensive, inaccurate or unsuitable images or materials,
- Adopt a risk-averse approach to ensure protection of personal identities,
- Respect copyright of all persons and organisations.

6 CONCLUSIONS

This preliminary plan of dissemination activities has been compiled in collaboration with each partner in the Carelink Consortium and identifies goals, activities and responsibilities for the dissemination effort required to maximise the impact of this project. The first internal review of dissemination activities will take place at the second consortium meeting, scheduled to take place in January 2018. A revised version of the plan will be published in month 15 of this project.

Update 2018: At the point publication of this updated dissemination plan, the team is broadly happy with dissemination progress in phase 1 and very aware of the need to shift gears and refocus communication and activities in phase II as work outputs become more concrete. This plan update has been developed with this in mind and with the overarching goal of helping get the results and outcomes into the hands of those that will make most / best use of them, thereby supporting business planning and exploitation efforts.

7 APPENDICES

PROJECT FACTSHEET



CARELINK aims to deliver an intelligent location monitoring system, which can be customised to meet the unique needs of the dementia patient and their carer. Within this solution we intend to address the issue of wandering in dementia patients, using machine-learning technologies to build route profiles, and thus provide tracking and early warning systems for carers if a patient deviation occurs like a wandering situation.

At a Glance

Project Title:
CARELINK for Dementia Sufferers and their Community (CARELINK)

Project Coordinator:
Gary McManus (gmcmanus@tssg.org)
Telecommunications Software and Systems Group (www.tssg.org)

Partners:
TSSG (IE), Uninova (PT), U-Sentric (BE), OpenSky Data (IE), Akademie Berlingen (CH), Creagy (CH)

Duration:
30 months - Start Date: 1st August 2017

Total Cost:
€2.5M (€1.7M funded)

Programme:
AAL

Further Information:
<http://www.carelink-aal.org>

Social Media:
Facebook: www.facebook.com/Carelink-AAL
Twitter: [@CarelinkAAL](https://twitter.com/CarelinkAAL)
LinkedIn: [www.Carelink-AAL](https://www.linkedin.com/company/Carelink-AAL)

Carelink - A Technological Solution to a societal problem...

Driven by the societal need for an increasing worldwide problem, and supported by the European Commission through the Ambient Assisted Living (AAL) programme, Carelink aims to ease the burden on informal carers within the healthcare sector, with regards to wandering in Dementia. Carelink will achieve this by utilising intelligent localisation techniques to monitor journey routes of patients, detecting occurrences of wandering and alerting when these patients deviate towards dangerous zones, thus allowing for timely interception and subsequently reduce overall stress levels.

Carelink Objectives

The goal of Carelink will be achieved by addressing the following key objectives:

1. Design an innovative wearable tag for dementia patients at different disease progression stages suitable to their needs and the needs of the carers.
2. Design and develop a wireless sensor tag suite that is capable of providing proximity and location information for the wearer that is low cost, robust and energy efficient.
3. Design and develop a cloud-based platform to support personalised connected solutions to enable carers to monitor the proximity and location of patients and interact with the system remotely.
4. Develop an information suite that allows carers and family of patients to be educated and informed in the key elements of dementia as well as providing a platform for support and discussion.

Carelink Vision

The vision of CARELINK is to deliver a low cost connected health solution for carers to monitor, via sensors, the location and proximity of their loved ones suffering from Dementia. These sensor monitors will be designed with the end-user specifically in mind to ensure user acceptance and market usage.

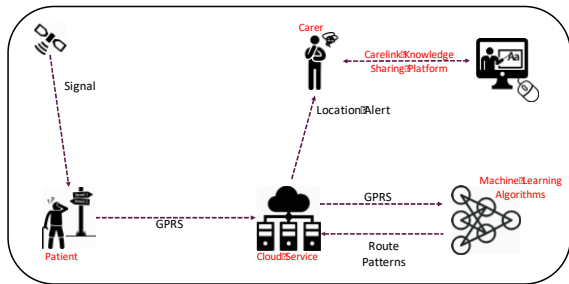


Figure 1: Carelink Vision

The platform will initially detect regular movement patterns and build up a repository of regular routes. This will provide the mechanism to track pattern changes, and thus begin to recognise the signs of a patient beginning to wander. These routes will also be cross-referenced against identified danger zones to provide a warning system when a patient begins to wander towards a dangerous zone.

In addition, the platform will provide important support services around training and information sharing via an online discussion forum type component. Taking the state of the art, the CARELINK consortium has identified technological novelties and innovation potential to be integrated, a unique CARELINK monitoring solution.

Carelink Methodology

The CARELINK project will apply state of the art development processes that have been trialled and tested in the TSSG over many years. The coordinator TSSG, along with U-Sentric and its associated experienced development partners, will introduce its user centred design approach to guide the team through the requirements phase, the design and development of the system, the integration including the first informal usability tests and optimisations and finally the field trials and evaluation procedures. In this process, special care is given to a unified and intuitive UI that appeals to the desires of the end-users, but also to people who are not familiar with technology.

The project develops complex, distributed and connected software components running as high-level

enterprise applications on the services servers. In the requirements process, tests and trials with end-users focus groups and early friendly user trials will be conducted to gather the requirements and feedback. These focus groups will collect a number of potential customers from the target segment and present the whole product, including services and processes to them and receive qualitative feedback on the offering. This will be used to adapt the offering in a first step to customer needs. Friendly user trials expose the users to new services continuously as they are developed. Then they closely follow and analyse their usage of the new services, get active feedback in terms of usability, added value to their daily lives.

Carelink Impact

In currently available systems no account is taken into the specific requirements of Alzheimer's patients or their carer, with regards to behavioural analysis on habitual routes of wandering patients. Our solution, we intend to address these issues by offering innovations in areas such as wearability, (flexible wearing options), designed in consultation with our end-users, and providing a service platform to follow personalized location and proximity based services in order to analyse this data.

By allowing Dementia sufferers the freedom to be able to move around without the constant worry of being lost, or providing them with the facility to carry on with everyday activities will reduce the stress and anxiety levels for both the patient as well as the carer, which in turn improves the quality of their life.

Through the education and learning element of our platform we are providing the informal carers with a channel to firstly learn about the disease and the various stages and repercussions, but also provide the forum for conversations and informal knowledge sharing to take place, bringing the information being sought or provided to a more personal and individually targeted level.

Further Details:

For further information please see:

<http://www.carelink-aal.org>

Email: info@carelink-aal.org

Project Brochure/ Leaflet

"The World population is ageing. Life expectancy has increased & in many cases a greater quality of life for older people is achievable. However, the prevalence of dementia increases with age and incidence of dementia is expected to triple by 2050.

A community-based care approach enabling independent living has many positive benefits for people with dementia. However, wandering is a common symptom and can cause significant stress for these individuals as well as their carers."



[@CarelinkAAL](#)
www.carelink-aal.org
info@carelink-aal.org
[linkedin.com/company/carelink-aal/](https://www.linkedin.com/company/carelink-aal/)





Funded by:











SOLUTION

An adaptive wearable customised to meet the unique needs of people with dementia

A context-aware, smart-energy wireless sensor suite providing proximity & location data

An open cloud-based ecosystem supporting remote system access and future services development

Intelligent definition of smart safe-zones & the prediction of unusual behaviour which may indicate wandering

An alert system that warns of potential hazards or atypical wandering episodes

Information/training portal to support knowledge sharing & platform use

Carelink is a team of researchers, innovators and business people from across Europe, committed to delivering a technology & service suited to the unique needs of people with dementia & their carers.



Project Coordinator, Software Needs & Experts
tssg.org



The Business Driver, Value Focused
creagy.ch



Hardware Guide, Education & Training Specialist
unovapt



Privacy and Security oriented Software company
openskydata.com



User-centred design, Gurus, AAL experts
ucentric.com



Non-profit Organisation helping elderly
akademie-berlingen.de



The Carelink team's core mission is the creation of a smart, adaptive & low cost solution for positively managing the wandering of people with dementia, thereby reducing stress for these individuals & their carers.

Poster 1/ AAL Forum

Carelink
Innovative Personal Tracking for People with Dementia
Responding to Complex Market Needs

PROJECT VISION

Innovative wearable tags customized for people with dementia
 Low-cost, robust, energy-efficient sensor suite enabling proximity & location data

Wandering is not **THE** problem, it is **one of many** challenges encountered by people with dementia
 Individuals must be treated with respect – avoid stigmatization and focus on enabling rather than limiting lifestyle
 Device preferences vary greatly between individuals & stages of condition
 Simplicity of use is critical to success
 There are well recognized triggers to wandering and understanding these can help intervention & prevention

USER WORKSHOPS

Cloud based system facilitating remote monitoring of people with dementia by carers
 Training and education platform

MARKET VALIDATION

Competitively - many players but technology offerings are fragmented without any clear winners
 Selling 'wandering' on its own unlikely to result in a viable business opportunity
 The target ecosystem is complicated with many influencers and stakeholders
 Competitors tend to level pricing models, reflecting a variety of service offerings including, for example 24/7 monitoring, fall detection & device choice

MARKET VIABLE PROTOTYPE

Microservices approach enables Carelink to create and participate in ecosystems
 Sensor testing includes GPS, accelerometers, Gyroscopes for more than location data
 Investigation of multiple hardware types including Huawei Watch 2, Smartphone, Arduino and Raspberry to ensure flexible form
 Predictions based on previous behaviour recognise triggers such as restlessness and remain unique



Market Entry Option

- Extending applicability in other domains, e.g. Education
- Development methodologies and technologies ensure ecosystem compatibility
- Partnership with hardware/ device manufacturers

Funded by:

AAL, TSSG, u-sentry, OPENSPACE IRELAND, FCT, TSSG, OPENSPACE IRELAND, u-sentry, OPENSPACE IRELAND, FCT

Poster 2/ Innovation in Dementia Conference

ACTIVE AND ASSISTED LIVING PROGRAMME
 ICT for ageing well

CARELINK will deliver an intelligent location monitoring system, which can be customised to meet the unique needs of People with Dementia and their carers. The **Carelink** solution will specifically address wandering behaviour using machine-learning technologies to enable intelligent route profiling, thereby providing location and early warning systems for carers if a significant pattern deviation occurs.

AT A GLANCE

<p>PROJECT TITLE: CARELINK for Dementia sufferers and their community</p> <p>PARTNERS: TSSG (IE), Uninova (PT), U-Sentric (SE), OpenSky Data (IE), Academia Berlingen (CH), Craggy (CH)</p> <p>TOTAL COST: €2.5M (€1.7M funded)</p> <p>FURTHER INFORMATION: http://www.carelink-aal.org</p>	<p>PROJECT COORDINATOR: Gary McManus (gmcmanus@tssg.org) Telecommunications Software & Systems Group</p> <p>DURATION: 30 months - Start Date: 1st August 2017</p> <p>PROGRAMME: AAL</p> <p>SOCIAL MEDIA: Facebook: fb.com/Carelink-AAL Twitter: @CarelinkAAL LinkedIn: Carelink-AAL</p>
---	---

CARELINK OBJECTIVES

Carelink has four key objectives:

1. Design an innovative wearable tag for people with dementia suitable for their needs at different disease progression stages.
2. Design and develop a low-cost, energy efficient and robust wireless sensor tag suite that is capable of providing proximity and location information.
3. Design and develop a cloud-based platform to support personalised connected solutions, enabling carers to monitor the proximity and location of individuals and interact with the system remotely.
4. Develop an information suite that allows carers and families to be educated and informed in the key elements of dementia as well as providing a platform for support and discussion.

CARELINK VISION

The vision of CARELINK is to deliver a low cost connected health solution for carers to monitor, via sensors, the location and proximity of their loved ones with dementia. These sensor monitors will be designed with the end-user specifically in mind to ensure user acceptance and market usage.




Figure 1: Architecture

The platform will track regular movement patterns and build up a repository of usual behaviour. This will provide the basis for pattern analysis and wandering detection. These routes will also be cross-referenced against identified danger zones to provide a warning system when a person begins to wander towards a dangerous zone.

In addition, the platform will provide training and information support in addition to an online discussion forum.

Carelink Methodology

The CARELINK project will apply state of the art development processes that have been trialed and tested in the TSSG over many years. The coordinator TSSG, along with U-Sentric and its associated experienced development partners, will introduce its user centred design approach to guide the team through the requirements phase, the design and development of the system, the integration including the final informal usability test and optimisations and finally the field trials and evaluation procedures. In this process, special care is given to a unified and intuitive UI that appeals to the desires of the end-users, but also to people who are not familiar with technology.

CARELINK IMPACT

Driven by the societal need of massive growth in the number of people living with dementia, and supported by the European Commission through the Ambient Assisted Living (AAL) programme, Carelink aims to ease the burden on informal carers occasioned by wandering behaviour.

In currently available systems no account is taken of the specific requirements of people with dementia or their carers, with regards to behavioural analysis on their habitual routes. In this solution, these issues are addressed by offering innovations in areas such as wearables designed in consultation with end-users, and providing a service platform to follow personalised location and proximity based services in order to analyse this data.

By allowing people with dementia the freedom to be able to move around without the constant worry of being lost, or providing them with the facility to carry on with everyday activities the quality of life will be improved for these individuals and their carers.

The education and learning component of the platform will provide informal carers with a channel to learn about the disease, its various stages and repercussions, and will also provide the forum for conversations and informal knowledge sharing to take place.

Further Details:

For further information please see:
<http://www.carelink-aal.org>

Email: info@carelink-aal.org



WELCOME

As Project Coordinator, I would like to welcome you to our first Carelink Newsletter. Carelink is a research project, funded under the European AAL programme, close to the market, with the goal of developing a smart, adaptive and low-cost solution for positively managing the wandering of people with dementia, enabling them to walk freely while reducing the stress on the caregivers.

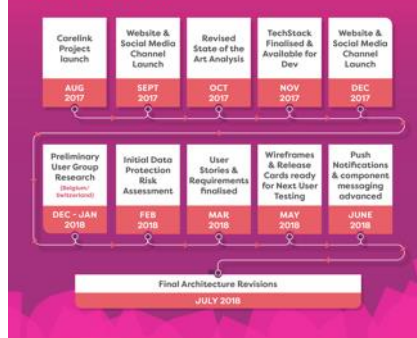
Gary McManus
Project Coordinator

EDITORIAL

Wandering is one of the behaviours exhibited by some people with dementia. Six out of ten people with dementia will wander. When a person with dementia wanders can find themselves in dangerous situations and unfamiliar environments. The situation results in significant stress for families, caregivers and the person with dementia. The consequences can be severe and sometimes fatal. The Carelink user group feedback has indicated what works can differ greatly from person to person. While there are both some positive preventions (e.g. preferred activities) or interventions (trackers), there is no silver bullet.

Our vision is that the solution will be flexible in delivery and will be viewed by users as beneficial and enabling, while giving carers peace of mind. To find out more about our solution visit www.carelink-aal.org

PROJECT STATUS UPDATE



CARELINK RESEARCH SPOTLIGHT

The Carelink team includes expert researchers in the areas of intelligent communications, artificial intelligence, sensor device and networks. We will use the Research Spotlight to highlight some of the key research investigations that underpin the Carelink solution.

Fog-Centric Localisation for AAL
Khriti Bhargava, Gary McManus, Stepan Ivanov

Ambient assisted living technologies deliver context aware services enabled by behaviour and preference monitoring. An important feature of AAL is the ability to detect anomalies (Carelink goes even further by predicting when an anomaly/wandering behaviour in people with dementia). In order to achieve monitoring including the localisation of service users, sensors are a necessity. The use of sensors frequently results in high costs either as a result of expensive hardware or dense sensor deployments. A key goal for Carelink is the delivery of a low cost solution. This research solution proposes a single wearable sensor and cloud gateway for sensor localization. Iterative Edge Mining (IEM) is one of the light weight data mining techniques which is being considered for activity recognition to be executed on the device. IEM runs autonomously on the sensor node sending alerts to the gateway node upon detection of an anomaly. [Read the full research paper here.](#)

[Full Paper here](#)

IN THE NEWS

Snippet 1: Funding care for people with dementia and their families continues to be a challenge with a shared emphasis across the EU on enabling individuals to live well and safely at home and within their communities as long as possible. There is a reliance on non-profits to supplement care provision in...

Snippet 2: Getting a dementia diagnosis is problematic with delays... In Ireland, an online dementia diagnosis service is due to be rolled out imminently by VideoDoc, claiming to make a 30 minute diagnosis feasible. This has the potential to reduce the process from the months and even years currently involved...

USEFUL LINKS

- Read about the National Dementia Strategies in each of our regions
- Ireland - link to <https://health.gov.ie/wp-content/uploads/2014/12/30115-National-Dementia-Strategy-Eng.pdf>
 - Portugal - <https://www.alzheimer-europe.org/Policy-in-Practice2/National-Dementia-Strategies/Portugal#fragment1>
 - Belgium - <https://www.alzheimer-europe.org/Policy-in-Practice2/National-Dementia-Strategies/Belgium>
 - Switzerland - <https://www.alzheimer-europe.org/Policy-in-Practice2/National-Dementia-Strategies/Switzerland#fragment1>

CARELINK PARTNERS

TSSG - Passionate about ICT Research & Development

UNINOVA - Scientific Research, Technical Development & High level Training experts

u-sentric - Customer Driven Innovation Consultancy, Human-centred design ambassadors

opensky - IT solutions provider

CREAGY - Business Engineering, Software Engineering & Process Improvement Specialists

AKADEMIE BERLINEN - Non-profit, with interest in educational activities & support services for elderly

[VIEW OUR PRIVACY POLICY](#)

[Privacy Policy](#)