Confidence

D 5.1 Field Trials
Austria, Romania and Switzerland

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Vers. 0.3

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Executive Summary

The Confidence project aims at providing mobility and safeguarding assistance services to people suffer from mild to moderate forms of dementia. It intends to develop a novel community-enabled mobility safeguarding assistance service that combines "assistive technologies" with "personal help". This document contains the concept for the field trials with primary end users (PEU), secondary end users (SEU), formal and informal carers as well as CONFIDENCE members in Austria, Romania and Switzerland. Furthermore it describes how different user groups will be trained on the system. The three countries carried out an acceptance test. The test aimed to show if the device (technical assistance service) is practical and useful for the end user groups.

1. Introduction

1.1 Purpose

This document is the Field Trials and Training Specification for Austria, Romania and Switzerland of the AAL Call 4 project Confidence. This document is part of to the official project deliverable D5.1 Test scenario description and is called D5.1.A3. It's the result and continuation of the activities conducted in T5.1 Test Scenario Creation and T5.2 Preparation of Trials (Pilot system & User Training) and of the internal document "Test and Training Concept Switzerland", especially 4.

1.2 Scope

The deliverable is based on D2.1 End User Requirements. D2.1 is a prerequisite to this document and is recommended to be read prior to this document. D2.1 describes the functionality of the Confidence project as seen from the end user perspective.

The document's scope is a description of the testing and end-user training concepts of the Confidence project applied in Austria, Romania and Switzerland. As such it also partly relates to the document *D6.3.1 – Training Concepts for End-Users* and can be seen as a specialisation of. This document consists of the following sections:

- Section 1 provides an introduction to this document.
- Section 2 provides the trial specification for the countries Austria, Romania and Switzerland.
- Section 3 provides the assessment procedure for the end-user recruitment.
- Section 4 deals with the organisation of the user training.

1.3 Definitions, Acronyms and Abbreviations

Confidence-assistant:	Employee of the Hilfswerk who is in direct contact with the end-users and responsible for the training and accompaniment.
MiMoD:	Mild to moderate Dementia
MMST:	Mini Mental State Test
OJT:	One-the-Job Training

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PEU:	Primary end-user Person living with Mild-to-Moderate Dementia seeking assistance
SEU:	Secondary end-user Secondary end-users providing assistance to primary end-users (family members, nurses or trusted volunteers)

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2. Trial specifications

As part of the research project Confidence, the end user partners Hilfswerk Salzburg (Hsa) Ana Aslan (AAIF) and terzStiftung (terz) are responsible for the recruitment and supervision of end users in Austria, Romania and Switzerland.

In the following section, the concepts of each country are presented.

2.1 Trial specifications for the Austrian Pilot

Due to social and infrastructural differences in rural and urban areas the consortium decided to conduct the field trials in both rural and urban area. Among other differences in the functionality of family support and community support are expected.

The two field test areas in Salzburg will be (1) City of Salzburg - urban and (2) Pongau – rural. Based on this setting the consortium hopes to gain further insights regarding the different situations.
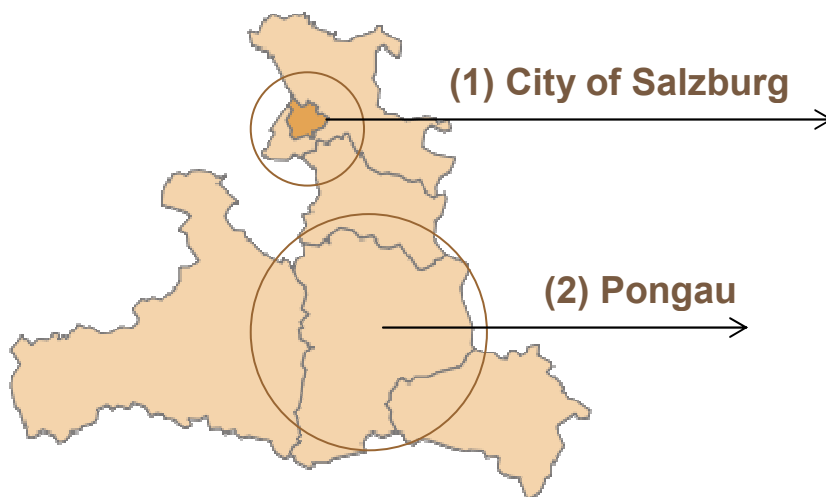
For the test phase 25 people suffering from mild to moderate dementia and their relatives should be recruited in each region. Furthermore, five nurses in each region, who take the role of a Confidence-assistant, are needed. An important part of the Confidence project is the community building process. In addition to the relatives and the professional nurses the community, consisting e.g. of neighbours, the postman or other people from the immediate surrounding of the end-users, is one component of the whole supporting-system.

2.2 Trial specifications for the Romanian Pilot

The trials will be organized and hosted by AAIF's Center of Diagnosis and Treatment of Memory Diseases, from Bucharest. Also, the Center will coordinate the adapted design, test and implementing of the Romanian Confidence Community. The Center owns a substantial cognitive patients database, cared ambulatory and at home, a highly trained carrying staff (geriatrists, neuro-psychiatrists, psychologists, kinesiotherapists, scientific researchers, medical assistants and formal caregivers), a database of informal caregivers and volunteers. AAIF owns and uses a large battery of clinical and psychometric tests licensed in the Romanian language.
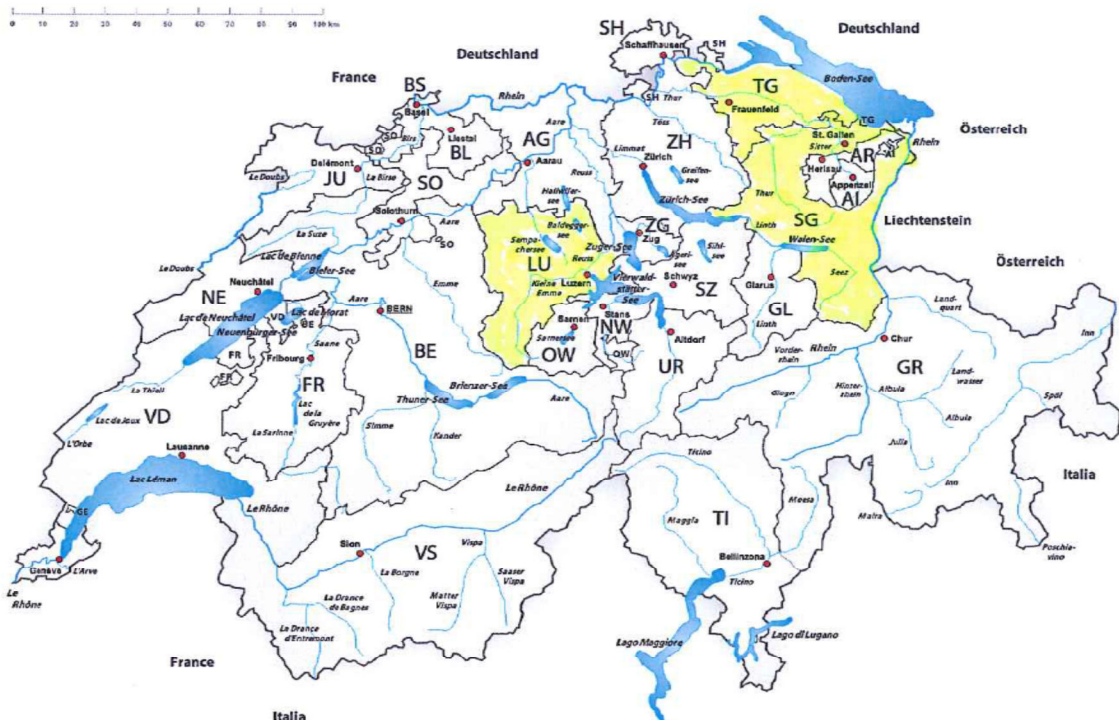
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The ICT endowments other than usual include the recently created BrainAging Platform, that comprises 4 distinct sections: development/ marketing, education, operative and administrative, as well as 9 Samsung Galaxy Note 2 smart phones, one Android 10"tablet and one smart TV set, dedicated to various AAL apps testing.

2.3 Trial specifications for the Swiss Pilot

Due to social and infrastructural differences in the regions of Switzerland, the consortium decided to conduct the field trials in several "Kantonen". This means, that tests will be held as well in the city of Luzern as in smaller communities in the cantons Thurgau and St. Gallen. Among others differences in the functionality of family support and community support are expected depending on the size of the communty.

As in the field trials our device shall be tested by users in a 'real life' setting, the tests will be designed to be as close as possible to actual usage. We will allow our users to operate the device as they would in actual usage, and we will monitor that usage using objective and subjective measures, for instance the opinion and observations of SEU.

We will ask the users by questionnaires about their opinion on the device. Responsible persons from cantonal Alzheimer-organisations in TG and SG (Frau Dr. med. Margrit Padrutt and Frau Susannne Brunschwiler) as well as Heads of Homes for people suffering from dementia (i.e. Maria Koch, Jasmin Höliner in Luzern and Markus Christen in Gossau SG) will help us in this. Usage and non-usage of equipment can also be recorded in our trials, maybe the smartphone

itself can keep automatic records of its usage i.e. in case it has automatic logging facilities. Trials will be conducted until usage settles down into a regular pattern, and our testing persons are confident that they know how to use the device. We don't think that less than some weeks will do for the smartphone. Some flexibility is always needed in planning field trial duration **Fehler! Verweisquelle konnte nicht gefunden werden.**. We don't expect fundamental flaws, because we had the GUI MockUp-tests in advance.

3. Recruitment

According to the decisions adopted by the consortium, the group pf PEU will involve 50 people diagnosed with mild-to-moderate dementia (Mi-MoD), males and females. The following section describes the specific recruitment in each country.

3.1 Recruitment in Austria

In principle, it is necessary to cooperate with different institutions like doctors, memory clinics and/or other institutions in the field of health and care system.

For end-user recruitment three possibilities are conceivable.

(1) Hilfswerk Salzburg can refer on already diagnosed clients.

(2) Hilfswerk Salzburg can do a screening of potential end-users. For the screening the Mini-Mental-Status-Test (MMST) will be used. This assessment has many advantages for the screening process. On the one hand the MMST is easy to use and on the other hand you will get a result within some minutes of questioning. As a result you will get the stage of dementia the person has.

(3) End-user recruitment is also planned in cooperation with the Christian-Doppler-Klinik (CDK) in Salzburg, a memory-clinic. The CDK is in contact with people suffering from dementia. It is planned to integrate people diagnosed by the memory clinic into the Confidence field trials.

3.2 Recruitment in Romania

Actually, AAIF already established the categories of voluntary end-users and the enrollment of the people in each category, as described in the annex. Obviously, the selected people may choose to stop her/his participation as voluntary end-user (which could also be considered at least as an acceptance indicator), but for the smooth progress of the project the contingency plan at AAIF includes the rapid replacement of such a person, taking into account the large patients database owned by this piloting institution.

3.3 Recruitment in Switzerland

Generally it is necessary to get in contact with doctors, hospitals and other relevant institutions in each region to inform about the Confidence project.

Testing persons who suffer from mild to moderate dementia (PEU) we will find by cooperating with the "Roter Faden" in Luzern as well as with Alzheimer Vereinigung Schweiz-sections in TG and SG. Frau Koch, Head of Roter Faden, told us that she is very interested in continuing

cooperation we had with the GUI mockup-tests. The above mentioned Dr. Padrutt and Frau Brunschwiler will help us to find diagnosed clients, whom we can meet in Homes for people suffering from dementia (VitaTertia Gossau, Perlavita Neutal in Berlingen TG).

Contacts to specialists for dementia as well as to Heads of Homes do exist.

4. Community-Building

4.1 Community Building Process in Austria

The community building of professionals, family members and volunteers is one of the main issues in Confidence. The "Confidence community" consists, on the one hand from people from the personal environment (family members, neighbours, etc.), on the other hand of professional caregivers and volunteers (HSa and other relevant institutions). The intent is to share and spread the support for the end-users (people with MiMoD). Furthermore the focus lies on the improvement of exchange of information between professionals, family members and volunteers. Another important aspect is to reduce costs and effort for care. In context of the community building, volunteers are an important part of the Confidence-community. The HSa has a long tradition and extensive experience in working with volunteers. Currently, a total of 240 volunteers are in action for the HSa. Most volunteers work for the service "meals on wheels". For Confidence the high number of volunteers is a great advantage. Especially the volunteers who work for "Meals on Wheels" are interesting for the project.

4.2 Community Building Process in Romania

In accordance with the first, rough exploration of primary, secondary and tertiary users' opinions and specific needs realized during the above Workshops, Confidence Community in Romania was thought as a valuable TIC-based platform able to improve the communication and concert of the activities of the essential actors that cooperate in dementia people care, thus substantially improving this segment of health care in Romania. For this reason, this Confidence Community was thought to remain active in Romania after project ending, an item also related to exploitation matters to be set within the consortium during project progression. The scheme of this Community in Romania was consecutively created, reflecting the opinions, suggestions and vision of the participants.

For the consolidation of this community and of the field trials which will involve it during project progression, AAIF will contribute to the specific informative materials developed by the consortium and their adaptation to the local framework.

A good suggestion would be to elaborate a Newsletter about project progression, periodic workshops with the stakeholders, field trials initiation and organization, and other sensitive information for Community building, consolidation and its involvement in field trials.

If necessary, intermediate workshops with various or all stakeholders will be organized in accordance with the needs of project running.

4.3 Community Building Process in Switzerland

The Confidence Community consists of PEU, people with mild to moderate dementia, SEU,

relatives, friends and neighbours, to whom the PEU do trust, as well as professional carers. In the context of community building, volunteers are an important part of the Confidence-community, as says the proposal-document.

5. Assessment Procedure for End User Recruitment

5.1 Austria

To screen existing clients of the Hilfswerk the assessment (MMST) is implemented in the care report of the mobile case and care management system of the Hilfswerk. So the screening should be one part of the whole care process. If the result shows that the client is suitable for Confidence and willing to participate he or she gets more information about the project through the Confidence-assistant (professional carers). Beyond that an info event is planned, where all user groups have the possibility to get detailed information about Confidence.

First steps into the project have been two workshops in July and November 2012. During this workshops different user groups had the possibility to bring in their perspective concerning the Confidence system. In addition, the workshops were important to inform the people about Confidence and to motivate them for participation.

For the implementation (test phase) it is necessary to make some preparations:

- Selection of "suitable" Hilfswerk employees for Confidence
- Info event and training of the usage of MMST for these employees
- Searching for co-operations with relevant persons and institutions for recruiting additional primary end users
- Implementation of the MMST within the Hilfswerk system
- Selection of lead users for the mock-up testing
- Info event for primary end user and relatives in each region.

In the following time line the next steps till the test phase will start can be seen.

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Topic	Period of time	Info
AGES, Ethikkommission, Datenschutzkommission	April – September 13	Clarification of privacy and security concerns
Info event for employees of the Hilfswerk Salzburg	May / June	
Recruitment	May - December 13	
Recruitment of lead users	May - August	Cooperation with Memory Clinic
Mock up tests with lead users	July	
Info event in the regions for end users and relatives	July	
Community building	September - December	By the employees of the Hilfswerk
System training for the employees of the Hilfswerk	At the beginning of October	
Info event for the community	November and January	System demo and info material on how the use the system
Training of the elderly and relatives by the Hilfswerk	January	Training at home at the beginning of the field trials
Teststart	January	

5.2 Romania

5.2.1 Field trials protocols

These protocols elaborated in the Consortium will be adapted to the local specific framework. For each field trial they will take into account the following:

- The call of end-users / the (possibly required) update of end-users group and their training
- Staff training
- The adaptation of the training and testing protocols adopted by the consortium for the actual field trial (acceptance, services, GUIs, Community functioning etc. to be tested),
- The possibly needed technical acquisition
- The assurance of the ethical and legal provisions related to AAL apps testing with end-users

The draft of the reporting protocol based on the analysis of data collected (including suitable techniques such as, for example, MoSCoW Analysis [1] and Heat Matrix analysis [2]).

Even if adapted to the local particularities, the Romanian concept about Confidence services and Community will take into account the as much as possible homogeneous field trials developed in all national Pilots of the project.

The organization of the field trials will take into account a general protocol, adapted to the specific of a given trial in accordance with project phase (e.g. detection of end-users needs and preferences, acceptance trials, Confidence app prototype evaluation and validation etc.).

The general protocol includes:

- An interactive introductory presentation (max 15 min), that:
  - o will remember to the participants the project aims, objectives, activities and impact,
  - o will describe the actual phase of the project,
  - o will precise the scope and objectives of the actual field trial, and the activities to be accomplished,
  - o will carefully detail the role of the participant end-user and the importance of the opinions and suggestions she/he may provide.

  The issuing discussions will be registered, processed and included in the field trial report to be sent to the consortium.
- *The fulfillment of the actually envisaged activities together with the end-users* (Max. 1 h), in accordance with the recommendations comprised by Annex 3 that we elaborated based on AAIF experience in previous AAL and other projects.
- *The interactive individual application of a Questionnaire-Interview (Max 20 min)*, for a better oriented feedback from the end-user about the app or its components putted under evaluation according to the phase of the project.

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For assuring the homogeneity within the pilots of the field trials preparation, accomplishment, data collection and processing and reporting of results, each field trial will include the previous preparation of several basic documents, elaborated within the consortium and locally adapted:

- App Installation Manual,
- Testing and Data Analysis Manual
- Introductory Presentation template
- Questionnaire-Interview template
- Field Trial Report template

5.3 Switzerland

The aim is to motivate people to take part in the project and help us developing and testing Confidence in several pilots. Therefore such events shall inform the professional care-givers using an emotional short clip and a short presentation on Confidence. The participants may have been pre-informed in advance by sending them the most important facts about the project and the intended tests. It is very important to inform the professional secondary end-users and letting them spread the information internally in their institutions. Newsletters, questionnaires or the first informal user tests including their direct feedback on what to change, may help to periodically tell them about Confidence and make them still feel a part of Confidence.

As already stated the motivational part is very important here. An emotional entry using a clip is very important as well as making them see the direct benefits which matter to them in using the system later but also in being a part of the community already now and directly influence the research project. For this they also have to know clearly what a field test is and how it works, what their role is, what is expected from them exactly and see that they can manage this in terms of time and skills. And they should know about the informed consent, privacy protection and their right to leave the tests without giving a reason at any time.

The event will take place at the end-user organisation site. So the participants already know the location. A member of the dementia community can maybe already be there and promote the system actively (It is for you! It is easy! Don't be afraid!). Some kind of "cliff hanger" or look into the bright future at the end of the presentation should motivate to go on. They should clearly know that their participation is important to us and that they matter. They are part of a community and they contribution may help others suffering from dementia. People will be approached directly and asked if they could imagine being a part of the project and test it. A snack and maybe a goodie or giveaway should be provided and some spare time to discuss, ask back and maybe think about a participation.
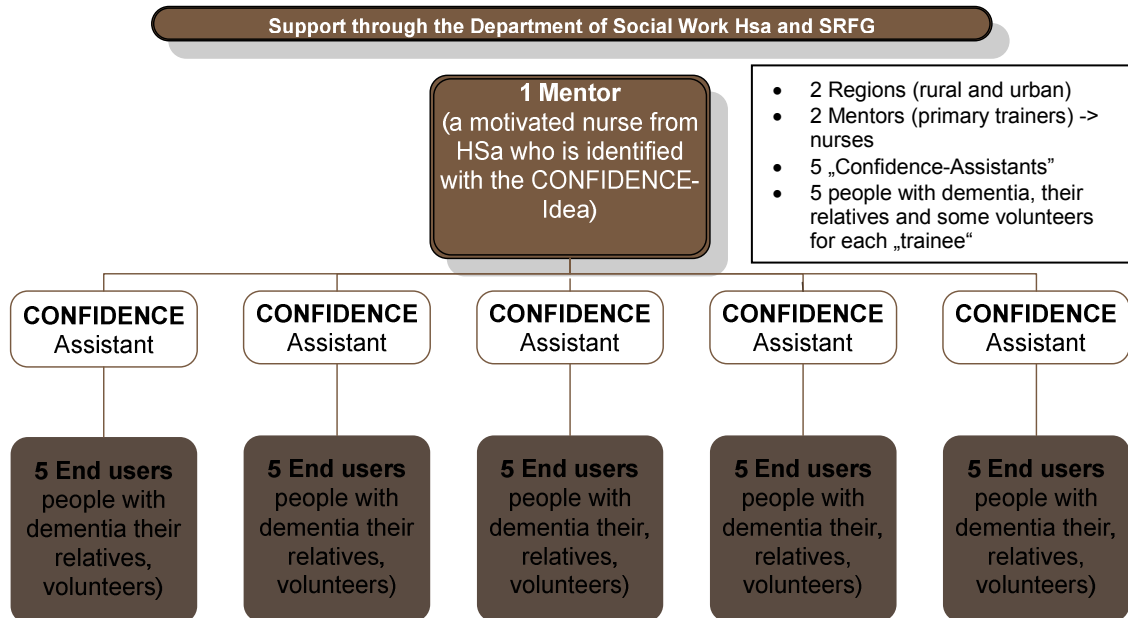
6. Organisation of Training

6.1 Austria

In the following illustration the organization of the training is shown:

Support through the Department of Social Work Hsa and SRFG

1 Mentor
(a motivated nurse from HSa who is identified with the CONFIDENCE-Idea)

- 2 Regions (rural and urban)
- 2 Mentors (primary trainers) -> nurses
- 5 „Confidence-Assistants"
- 5 people with dementia, their relatives and some volunteers for each „trainee"

CONFIDENCE Assistant	**CONFIDENCE** Assistant	**CONFIDENCE** Assistant	**CONFIDENCE** Assistant	**CONFIDENCE** Assistant
5 End users people with dementia their relatives, volunteers)	**5 End users** people with dementia their relatives, volunteers)	**5 End users** people with dementia their, relatives, volunteers)	**5 End users** people with dementia their, relatives, volunteers)	**5 End users** people with dementia their, relatives, volunteers)

In each region there is one mentor. As shown in the graph above, the mentor is together with the department of social work primarily for the monitoring and supervision of Confidence-assistant responsible. The HSa has a Family- and Social centre in every region of the province of Salzburg. In each centre the Department of Social Work is represented through a division manager for social work. This division manager will take over the role of a mentor for "Confidence".

In the **preparation phase** the mentor has to choose suitable Confidence assistants (Employees of the Hilfswerk in the field of home care and support) and build up cooperations with relevant institutions. In collaboration with the department of social work the mentor has to train the Confidence assistants regarding to MMST and the recruitment process. The Confidence assistants are responsible for the recruitment and support of the end user.

For the mock up tests it is needed to recruit lead users. The lead user group should consist out of:

- three people with dementia,
- one Confidence-assistant,
- one volunteer and
- one family member.

After completion of the recruitment the Confidence assistants get a system training. The training is conducted by the mentor in collaboration with the department of social work and SRFG.

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In the **implementation phase** the Confidence-assistant is responsible for the system training (use and configuration of Confidence) of the elderly and its relatives.

In this phase the mentor is the first contact person for the trainees (Confidence assistants) responsible for the coaching and support.

6.2 Romania

The trainings will be organized in the premises of our Memory Clinic, which grace to AAIF's tasks of academic and non-academic education unit benefits from the endowments necessary for training sessions, being thus able to assure a proper seminar room.

There will be three environments depending on the training modules:

- **At home:** At the primary end-users home for the informal user testing sessions, the one-the-job training sessions and the self-study sessions.
- **In a seminar room:** An appropriate workshop-room, preferably at the site of the end-user organisation for all workshops and events except for the Repetition/Collaboration Workshops
- **At a community site:** The Repetition/Collaboration Workshops are thought to be quite informal and can take place anywhere suiting the participants e.g. at home, in a seminar room or even at a table in a restaurant or hotel.

Generally, one of the most sensitive issues in the design, evaluation and validation of AAL apps is related to the challenge represented by human-machine interaction. Much more if the primary end-users are older people marked by special cognitive needs. According to the Deliverable 6.3.1 - Training Concepts for End-Users, the Confidence project is concerned about how to bring the system to the people and suitably train them to use it.

Despite the general perception that older people are more reluctant to devices that use advanced technological solutions, our previous experience document three main facts:

- People with special cognitive needs are in fact more interested in smart apps able to improve their condition than those non-marked by such impairments, but they fear more their capability of learning how to use such apps.
- The most important mean able to counteract this fear is their patient initial training on how to use the device, definitely with a human trainer.
- Once self-confidence acquired (human-machine interaction challenge solved), the higher motivation and interest created raises an additional challenge: the Exit Strategy for these voluntary end-users must be carefully elaborated.

The other two categories of users – secondary and tertiary – also require suitable training materials, techniques and programs.

6.2.1Training specifications at the Romanian Pilot

The Romanian pilot will put into practice the provisions and decisions related to end-users training established by the consortium in the Deliverable 6.3.1.

- *Let it be their project*. The attitude of investigators will encourage this feeling among the primary and secondary end-users, but also among the stakeholders that decided to partnership the Confidence Community creation (See please Annex2). The introductory presentations and the questionnaire-interviews needed by each field trial will also promote the identification of the participants with the project.
- *Key-users training* (identified as the most motivated and committed), will be trained in accordance with the "VIP training programme" elaborated by consortium and locally adapted especially to the specific needs of those people.
- *The end-users will be previously informed and periodically reminded about their role and tasks.* The Newsletter we propose may be very helpful in this respect.
- *Human-machine interaction challenge will be carefully managed*, including among secondary end-users and some of the tertiary ones if needed. Sceptic attitudes will be also identified and properly managed. Raising among them the awareness that the vanguard, remote TIC-based assistance of people in need, is and will progressively become the second, very efficient and costly effective complement of human assistance, may substantially help to overpass sceptic thinking.
- *Training materials* elaborated and agreed by the consortium will be locally adapted to the socio-cultural and professional particularities of the Romanian end-users.
- *Training scenarios* adapted to the local context will be elaborated and debated in training workshops organized between field trials.

6.2.2 Primary end-users (Mi-MoD people) training specifications

The training of these people must consider as principal challenge the counteraction of their skepticism about the capacity to learn something new, mainly due to their fragile memory. However, the Mi-MoD symptomatology is very heterogeneous, so that the trainer must "personalize" the general training "template" in accordance with the cognitive particularities of each user to be trained. The trainer himself must exercise her/his capacity to do this.

For the training of the primary end-users of the Romanian pilot the principles of less is more, keep it simple, use a realistic environment and real-life scenarios, work with the real devices from the beginning on, prevalence of implicit learning and model learning, let them make errors and serial short, simple steps that can be reproduced easily will be all subordinated to the capital principle of adapt the training to end-user basic skills. Training materials will also be adapted to the local context, end-users particularities and translated into the Romanian language.

From previous experience we know that among the primary and secondary end-users there are people which are proactive and adopt a creative involvement. Beside their designation and training as key-users, they need to communicate with the pilot team more frequently, so that such a communication and maybe informal workshops with them are envisaged by our pilot.

The Informal User Testing Sessions, the Introductory Training Workshops, the OJT sessions, the Repetition and Collaboration Workshops and all the other training activities will be organized in accordance with the training plan, methods and will use training materials agreed by all the project pilots.

6.3 Switzerland

On at least three places in the cantons LU, TG and SG small groups of not more than 5 PEU together with friends or relatives they trust in (SEU) plus at least two Confidence-members as well as experts like the above mentioned Heads of Homes or representatives from the Alzheimer-Vereinigung will meet in late autumn. First of all we will show the film that worked very well as first information at the GUI mockup tests. This will be followed by explanations on the Confidence-project by employees of terz and iHL. In the proven way of the pretests the devices will be explained to the PEU and their friends or relatives (SEU). The document "informed consent" will be handed out to be signed up. As soon as the Confidence-members got the impression, that the PEU have understood the usage of the device, they may take these home with them for three months, to deal with them under real-life circumstances.

Table 1: Field Test Session Plan Switzerland

Session	Location	Date (2013)	Primary End-Users	Secondary End-Users	Professional Carers
1	Der rote Faden	January	4	4	2
2	VitaTertia	January	4	4	2
3	Perlavita Neutal	January	4	4	2

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Annex

Recruitment in Romania
Primary end-users

According to the decisions adopted by the consortium, this end-user group will involve 50 non-institutionalized people diagnosed with mild-to-moderate dementia (Mi-MoD), males and females, 25 of them living in Bucharest (urban area) and 25 in the rural area of Cervenia village, situated in the Teleorman county of Romania, 100 km from Bucharest, where AAIF accomplishes methodological guidance tasks for the local units engaged in the care of old people, especially of those with cognitive impairments.

Even if the end-users are previously diagnosed, especially in its late phases of the project each field trial preparation will include a short evaluation of health and especially cognitive status of the primary end-users of the target group, for detecting those that eventually progressed to a more severe phase of the disease. Obviously, these people will be replaced by new Mi-MoD people. The evaluation will use the following tests:

- Mini Mental State Examination (short form)
- Clock Drawing Test
- GDS -- Global Deterioration Scale
- Static and Dynamic Tinetti Gate and Balance Tests
- ADL (Activities of daily living) and IADL (Instrumental activities of daily living) Tests

The criteria established for enrolling the Mi-MoD people as primary voluntary end-users are the following:

Inclusion criteria:

- Cognitive disturbances (MMSE score 19-25, and abnormal values in the other specific tests),
- Preserved ability to accomplish main ADLs and IADLs,
- No significant gait and balance disturbances, evaluated with Tinetti Static and Tinetti Dynamic tests.
- Signed consent for participation and confidentiality agreement

Exclusion criteria:

- Severe, uncompensated co-morbidities: cardio-vascular, metabolic (diabetes, dyslipidemia, D and B12 vitamin deficiency), endocrine (thyroid, adrenal gland), anemia etc.
- Neurologic or psychiatric illnesses,
- Paretic or plegic motor deficit,
- Severe or non-compensated sensorial impairments, either visual or auditory

Type of interaction with advanced technology

All participants are daily users of standard mobile phone (traditional keyboard with numbers and letters), i.e., no smart phone.

Generally, they use it for talking, for receiving and eventually sending messages; several of them use speaker, vibrations, morning alarm, agenda and calendar. No one reported to listening music or use e-mail and Internet functions. Especially in the rural area, the use of PC for e-mail communication, socialization networks or Internet surf is very rare.The exact percent of various types of mobile phone and PC use by each category of primary end-users is under evaluation.

According to the consortium decision specified in the Section 5.2.1 - Primary End-Users of the D6.3.1 Deliverable, among the primary end-users of the Romanian pilot about 6 Key- and 12 advanced users will be identified, half in urban area and half in the rural one.

Secondary end-users

In the Romanian pilot, this category of end-users is represented by the 50 formal (professional) and informal (relatives, friends or volunteers) caregivers trained to support people with Mi-MoD for fully accomplishing their various daily living tasks. Half of them are living in the urban area and the other half in the rural one.

All of them are daily users of traditional mobile phone with keyboard. Generally, they use it for talking, receiving and eventually sending messages; Few of them use speaker, vibrations, morning alarm, agenda and calendar, and occasionally for e-mail functions. As in the primary end-users, especially in the rural area the use of PC for e-mail communication, socialization networks or Internet surf is very rare among secondary end-users.

The exact percent of various types of mobile phone and PC use in these groups of secondary end-users will be established.

The evaluation of caregivers, initial as well as consecutive to each trial during project progression, will be done by means of the Zarit Burden Interview, a test specially designed to reflect the stresses experienced by caregivers of dementia patients. A higher score will indicate a greater caregiver distress.
 [http://www.healthcare.uiowa.edu/igec/tools/caregivers/burdenInterview.pdf].

A secondary end user will be assigned to each primary end-user.

According to the D6.3.1 Deliverable, 10 Key Secondary end-users, 5 in urban area and 5 in the rural one, are envisaged.

For the list of primary and secondary end-users to be enrolled in the Romanian pilot target group see Annex 1.

The motivation of end-users to participate is a capital issue in such a complex project like Confidence. This motivation can be suitably generated by the permanent and proper highlight of the importance and impact of the envisaged services for the condition of life of primary and secondary end-users, for the improvement of the efficiency of tertiary ones by facilitating their communication and concerted actions, and generally, for the improvement of the dementia care sector of the Romanian health system, including in the area of care costs. This highlight will be included in the introductory presentation at the beginning of each field trial session, each

periodic workshop with tertiary end-users, in the proposed Newsletters, as well as in any informative material provided during project's running.

At the Romanian pilot, a series of free of charge consultations will be provided by AAIF to the primary end-users participating in the Confidence project.

As resulted for the first workshop with the end-users, for all the actors envisaged by the Confidence concept the participation to the effort of a multinational, multidisciplinary team of researchers that aims to elaborate a TIC app and to implement it in a community able to improve the assistance of people with dementia represents an important factor for create a strong personal and professional motivation to participate and aim to be involved. In this respect, at the Romanian pilot we envisage, and we are proposing it to the consortium, to produce a diploma to be given to each participant, as a document that rewards her/his interest to participate and the efficient involvement.

Tertiary end-users

The tertiary end-users envisaged by the Romanian pilot are represented by stakeholders able to provide suitable medical and supportive services to people with mild-to-moderate dementia, other than those assured by their caregivers. These tertiary end-users, identified by the Romanian pilot and interested to enter the Romanian Confidence Community, are listed below:

Institution
The Centre for Diagnosis and Treatment of Memory Diseases and Medical Rehabilitation, Bucharest
The Clinic for the Medicine of Longevity, Healthy Aging and Prevention of Brain Aging, Bucharest-Otopeni
The Centre for Elderly Care, Cervenia – Teleorman, Romania
Two cabinets of Family Medicine
Two cabinets of Medical Psychology
The General Direction of Social Assistance of Bucharest Town Hall
The Administration of Hospitals and Medical Services of Bucharest Town Hall
The National Association for Patients Protection
SC EVITA MEDICAL SRL for home care services
GerontoLifeMed Geriatrics and Gerontology Clinic
Naturalia Medical Centre, Bucharest-Voluntari
St. Nectarie Centre of Palliative Care
National Health Insurance House
World Vision - Romania
NGO Trebuie, Bucharest branch

The Romanian Orthodox Church
Romano-Catholic Church - Bucharest
The General Direction of Bucharest Local Policy
Romtelecom SA
Vodafone, Orange, Cosmote Romania
TeamNet International SA

The selection of these stakeholders was done during the Workshop accomplished on 14.09.2012 in Bucharest, Hilton Hotel, Regina Maria Hall that aimed to promote the Confidence project and to consult and capture the participation into it. During the presentation of the project (its aims, scope and impact in the context improving dementia patients care in Romania), the content of the discussions and of a questionnaire applied to the representatives of these institutions (Annex 2), that explored especially the motivation to become member of the Confidence Community – Romania and the specific needs, were collected and analyzed.