

D5.2.2a Dissemination report

Pre-release (M25 -36)



ID and title	D5.2.2a Dissemination report (pre-release)
Description	Additional pre-release of the ironHand Dissemination Report in response to MTR
Work package	WP5 Dissemination & Exploitation
Status	Pre-release
Type	Report
Confidentiality	RESTRICTED
Version	V1.0
Actual date of delivery	27-09-2016
Contractual date of delivery	n/a (additional report based on MTR)
Reviewer	RRD

Project name	ironHand
Project number	AAL-2013-6-134
Project start date	1 May 2014
Project duration	3 years



AMBIENT ASSISTED LIVING
JOINT PROGRAMME

AAL-2013-6-134



Document history

Version	Date	Status	Changes	Author(s)
Vo.1	13-07-2016	start	Initial version	NFE (Liesbeth)
Vo.2	July 2016	In progress	Feedback	RRD (Gerdienke)
Vo.3	July/Aug 2016	In progress	Additions	RRD (Bob)
Vo.4	July/Aug 2016	In progress	Feedback	Hocoma (Lars)
Vo.5	Aug 2016	In progress	Feedback	Eskilstuna (Johnny)
Vo.6	Aug 2016	In progress	Feedback	Terzstiftung (Thomas)
V1.0	Sept 2016	Final Document		NFE (Liesbeth)

Authors & contributors

Partner Acronym	Partner Full Name	Person
NFE	Nationaal Ouderenfonds	Liesbeth Gaasbeek
RRD	Roessingh Research Development	Gerdienke Prange
RRD	Roessingh Research Development	Bob Radder
Hocoma	Hocoma	Lars Luennenburger
ESK	Eskilstuna	Johnny Holmberg
TZS	Terzstiftung	Thomas Meyer

Table of contents

1	Summary	4
2	Preface	5
3	Target groups ironHand.....	6
3.1	Introduction	6
3.2	Primary user groups	6
4	Business Models and stakeholders.....	7
4.1	Business Model 1: Stay at home, nursing home.....	7
4.2	Business Model 2: Self-payer	8
4.3	Business Model 3: Back to work	9
4.4	Business Model 4: Outpatient/Home rehabilitation.....	10
4.5	Business Model 5: Inpatient rehabilitation.....	11
4.6	Secondary Stakeholder groups relevant for all Business Models	11
5	Dissemination channels	12
5.1	Project website	12
5.2	Articles in newspapers and public magazines.....	12
5.3	Articles in specialist magazines	12
5.4	Radio or TV interviews/items	12
5.5	Social media.....	13
5.6	Brochures targeted at various stakeholders	13
5.7	Dissemination of results to scientific communities.....	13
5.8	Presentations for interest groups	13
6	Mapping of dissemination channels and stakeholder groups	14
7	Mapping stakeholders and project partners.....	15
8	Dissemination activities.....	16
8.1	NFE	16
8.2	RRD.....	17
8.3	BIO.....	18
8.4	HOC	19
8.5	ESK	19
8.6	TERZ.....	20
9	Conclusion	21

1 Summary

The ironHand project started in April 2014. Following the initial dissemination plan (D5.2.1), a logo and project identity were developed. A website was set up and presentation tools were developed amongst which a PowerPoint template as well as other project presentation materials and a brochure. In the first two years many dissemination activities were carried out, often very successfully, ranging from presentations at national and international conferences, articles in scientific journals to presentations at interest groups, articles in (online and offline) magazines, press releases, interviews and items on national and regional radio and television shows.

Why this document?

The objective of this current dissemination plan update is to make sure dissemination activities follow the (updated) project's exploitation plan in a logical way and make sense from an exploitation perspective. The first project's dissemination plan was created for the first two years of the project (M1-M24) and focussed mainly on disseminating the results of research and development in the project in general. Current dissemination plan focusses on the last year of the project (M25 onwards) and aims to create dissemination opportunities relevant for the various business models, described in the updated exploitation plan (D5.3.2a).

Recap of the project

The project objective of ironHand is to improve independence and quality of life for elderly who experience difficulties in performing activities of daily living due to loss of strength in the hand. The main aim of the ironHand project is to support reduced hand function through a smart glove during performance of functional tasks. In this way, elderly people are empowered to continue living independently at home while managing their occupation and community activities, while being less dependent on others for support.

The iH system can be configured to deliver the following functionalities:

- Assist
- Assist and recover
- Assist and stay active

To this purpose and depending on costs, two types of gloves are being developed, where one version focusses mostly on use as an **assistive** device at home and the other version integrates sensors and high tech options to offer customized **therapy and training** to the specific (recovery) needs of the patient. The prototypes of the two versions of the system (assistive and therapeutic) are comparable to a certain extent at this point of time in the project. In this dissemination plan activities for both versions will be combined. However, in future, it is likely that the two versions will be further developed with different material and different technological features, differing in price, with different target groups and different distribution and marketing channels.

2 Preface

This document details the dissemination activities which will be performed within the scope of WP5 on dissemination and exploitation in the last year of the project (M25-36). It will be very much in line with the tasks related to exploitation planning, using the dissemination activities as preliminary marketing tools for future exploitation of the results. The focus will be on relevant stakeholder groups following the five business models (described in the prerelease of the exploitation report D5.3.2a), including the identification of the most appropriate communication channels mapped against the project partners. Finally, the planning of all dissemination activities carried out in M25-36 by each partner responsible are listed.

3 Target groups ironHand

3.1 Introduction

D5.2.1 Dissemination Plan described a broad range of dissemination target groups in the project. These groups are all potentially interested in the project from various perspectives like general public, healthy elderly, elderly with hand problems, (informal and formal) caregivers, rehabilitation centers, hospitals, nursing homes, health organizations, elderly organizations, sponsors, potential investors, journalists, researchers and public stakeholders.

The current dissemination plan focuses on activities for M25-36 targeting potential customers and stakeholder groups identified in the business models described in D5.3.2a Exploitation Report.

3.2 Primary user groups

Five Business Models were developed focusing on three potential primary user groups:

- Elderly citizen facing (natural age-related) degeneration of hand strength
- Patients with early, e.g. injury/disease-related, degeneration of hand function
- Patients after injuries that (irreversibly) reduced hand function, e.g. stroke

Based on who pays for assistance, care and/or rehabilitation of these individuals – which differs in different countries and healthcare systems – the following key business models have been identified:

Segment	Business model	Key benefit(s) for payer
Assistive	Stay at home / nursing home	no/less cost for home care or nursing home, less support by staff
Assistive	self-payer	more independence, better training, better medical "fitness"
Assistive	continuing to work / back to work	not on social services / insurance
Therapeutic	out-patient	compliance, intensity, effect
Therapeutic	in-patient	additional therapy modality, higher intensity

In order to prepare the road for the marketing plan for the finished product, this dissemination plan lays out activities for the coming 12 months that connects the project with the after-project marketing of the product.

4 Business Models and stakeholders

As described in section 2.1, five business models have been developed to cover the three groups of primary users, focusing on the assistive and therapeutic function of the system. This chapter shortly describes each business model and its most important stakeholders.

4.1 Business Model 1: Stay at home, nursing home

This Business Model focuses on people who use the iH system at home or in a nursing home. Use of the glove (assistive model) enables them to stay relatively active, performing activities of daily living that they would otherwise not be able to. This makes them less dependent on the help and support of formal and informal carers.

Unique Value proposition

The iH system is multi-purpose, intuitive, wearable and hand-strengthening. Advantage over other solutions: Specific gripping aids only support specific activities and others can only be used with additional assistance. The iH system allows the user to perform a larger range of activities of daily living independently.

Stakeholders

End-user: Elderly with hand function loss because of reduced strength caused by old age or disease (rheumatic arthritis, stroke etc.). Living relatively independently at home or nursing home but experiencing difficulty in performing activities of daily living for which they need help. End-users may lease the iH system or get it reimbursed by a government body responsible for elderly care or insurance.

Informal carers: Partners, children, neighbors who help the person with impaired hand functioning in daily tasks will feel less burden if the person they are supporting is more independent, able to perform many of the tasks by him/herself.

Government bodies: government bodies responsible for elderly care, payment for social care and support. In the Netherlands part of the technical aids are paid for from the WMO (Law for care and support). All municipalities have their own WMO budget. Products and services are offered by care organization (see below). In Sweden, Technical Aids Centers offer most care products (after approval) and this is paid for by the county councils. In Switzerland, the "Invalidenversicherung", an obligatory insurance, is responsible for the (partial) payment of expensive medical devices (i.e. hearing aids). In some cases, accident insurances may be responsible, for example in cases where someone lost power in hand function caused by an accident.

Senior housing (incl. nursing homes): Purchase by these organizations with the purpose of lending out to patients, use within the nursing home. As a result, a possible reduction in support staff hours needed because end-user is more independent with the glove.

Care (and welfare) organizations: Either private care organizations or those paid for by the government organizations. In the Netherlands, a new generation of care organizations has been developing since the law on chronic/long-term diseases was changed in 2015. Some care organizations are paid for by public money, some semi-private and some completely private. In Sweden, the Technical Aids Centers are the primary issuers of technical aids/medical devices. They only accept products that have been approved (by the medical council). In Switzerland, care organizations are organized in relatively small groups. These groups focus on local areas and are relatively small (usually not more than 100 care persons per organization). Care organizations lending out equipment/devices need to be in support of the iH system in order to accept it in their portfolio of products and for their staff to advice patients.

Insurance companies: Eligibility for coverage from health insurance will be of importance for the user/patient. Health insurance that covers a (limited number of hours of) informal care may consider the iH system as a good alternative to the need for informal care.

4.2 Business Model 2: Self-payer

This Business Model focuses on people who purchase the iH system for extra support and training of muscles to prevent reduction in hand strength, not necessarily with a diagnosis or referral by a doctor. Use of the glove enables people to stay active and perform activities of daily living/ continue to work (both paid and volunteer), and at the same time enables them to train their muscles through therapeutic games.

Unique Value proposition

The iH system is multi-purpose, intuitive, wearable and hand-strengthening. Whilst supporting daily activities, the iH system enables people to train their hands through the therapeutic games, it could help prevent increase of hand impairment.

Stakeholders

End-user: This is the final decision-maker and payer, willing and able to pay. Target group is elderly who are relatively healthy but who feel strength in their hands is decreasing, either because of age or disease and who can afford to pay for the device themselves. This sometimes causes difficulties in performing tasks at home. To prevent a situation in which hand function becomes a problem and a person becomes dependent on others for activities of daily living, the iH system can be used. People interested will most likely be relatively tech savvy and innovation minded people.

Informal carers: Partners, children, neighbors who help the person with reducing hand function in daily tasks will feel less burden if the person they are supporting is more independent, able to perform many of the tasks by him/herself.

Retail channels: Interested in selling or potentially leasing the iH system to self-payers. This can be pharmacies and drug stores, but also large department stores or specialist care stores. A high-quality, attractive brand & design (product and packaging) is important.

GP's or therapists: Apart from the need for approval, both general practitioners (GP's) and therapists will need to be convinced of the practicality of the iH system and the value of the option in the daily support of their patients in order to recommend it to their patients. Physical and occupational therapists may have an additional interest in the therapeutic option in which a patient can do more training of his/her muscles between sessions with the help of the iH system.

Care (and welfare) organizations in order to get the (big) care organizations on board it is important to convince them of the efficiency of the iH system. If care organizations recommend the iH offering (potentially in the shape of a 'preferred support device' liaison) potential clients are more likely to purchase or lease the iH system.

4.3 Business Model 3: Back to work

The iH system allows professional and volunteer workers to continue their work even though reducing/reduced hand function causes problems. This may result in a reduction in costs for employers and the society. At the same time this may improve quality of life for these professional and volunteer workers because of continued or increased (financial) independence, a feeling of empowerment and the choice to do the work they want. Users use the system independently as a multi-purpose intuitive, wearable hand-strengthening aid.

Unique Value proposition

It improves the ability of workers to work and earn money, so increasing independence of the impaired worker. This also reduces cost of sick leave and disability pay for employers, society and insurance companies.

Stakeholders

End-user: (Elderly) workers who experience difficulties in performing physical work-related tasks because of reduction in hand functioning (ranging from industrial work environments to office work with handling heavy files etc.). People may choose to purchase or lease the iH system themselves for prevention and/or assistance in their work activities.

Employers: For companies dealing with people with reduced hand functioning (could be basically any company) the iH system is an interesting solution that allows staff to remain professionally active. Acceptance of the iH system and possibly the willingness to pay for (part of) the solution by employers may ultimately lead to reduced costs because of disability or sickness (at work).

Government bodies dealing with work-related disability: If the iH system leads to a reduction in the number of people dropping out of work or leads to more people being able to stay in their job longer, this would ultimately lead to a reduction in disability pay.

Insurance Companies: Offering disability insurance.

Unions: Can recommend the iH system to their members and pledge for reimbursement or coverage of tools like iH system by government bodies and insurance companies.

4.4 Business Model 4: Outpatient/Home rehabilitation

Offering a solution to nursing homes, elderly and outpatient centers where therapy is offered. These institutions deal with patients/clients with reduced mobility. The iH system allows for therapy at home which means less need for logistics from the patient point of view and enables therapists to take on more patients and/or reduce therapist traveling time (and costs) in case of home therapy.

Unique Value Proposition

iH system offers patients the opportunity to train their muscles at their own time and for a duration they desire and without having to travel to a therapist. This saves time and therapy costs, while a larger amount of therapy time is available without being dependent on therapists' availability. The iH system is set up modularly so that training and therapy sessions can be adapted to the patient, at the same time allowing the therapist and patient to keep track of the intensity and frequency in training and use.

Stakeholders

End-user: Elderly/ patients in need of physiotherapy and support in activities of daily living.

Out-patient healthcare organizations that purchase the iH system to include in their offer to patients. This allows them to take on more patients and provide their care more efficiently. These organizations can also recommend the iH system to potential clients (their patients).

Informal carers: Partners, children, neighbors who help the person with impaired hand function in daily tasks will feel less burden if the person they are supporting is more independent, able to perform many of the tasks by him/herself, and able to train muscles by him/herself.

Senior housing, including senior housing communities, elderly homes and nursing homes, that offer therapy and hand training. As part of the training and therapy possibilities they offer to their patients and as support to increase independence for their patients in their living unit. The iH system enables these homes to offer (better/more) therapy to more patients with less staff.

Insurance companies as part of the therapy compensation. iH system gives extra opportunity to train which could mean an increase in chance of improvement in functioning by strengthening the muscles. The iH system may also mean less need for therapy hours directly supervised by a therapist. Besides this, use of the iH system may mean a need for less hours of informal care (which in some cases are also covered by insurance companies).

Government bodies: Government bodies responsible for elderly care, payment for social care and support (as described above).

4.5 Business Model 5: Inpatient rehabilitation

Organizations offering inpatient rehabilitation (for example in nursing and elderly homes) and rehabilitation hospitals can use the iH system in their therapy and offer the system to their patients to use in activities of daily living.

Unique Value Proposition

The iH system offers a modular solution that can be adapted to the needs of a broad range of patients, because it is possible to customize the training content and schedule. The iH system can offer added therapy time without the need for extra therapist supervision and additional costs (i.e., therapy rooms, facilities). The iH system also offers therapists the possibility to track patient's activity and progress through the system.

Stakeholders

End-user: in-patient clients in need of therapy, mostly with neuromuscular control problems

In-patient units – management, those in charge of finances/procurement. Relevant as decision-makers/payers.

In-patient units – occupational and physical therapists, who are working with patients to recommend the iH system to management and patients.

Government bodies: government bodies responsible for elderly care, payment for social care and support (as described above).

4.6 Secondary Stakeholder groups relevant for all Business Models

General Public: Awareness of the project amongst the general public, especially elderly, is important, to inform people about recent developments within this field and potential advantages of the iH concept in general and raise awareness about the issue of (age-related) decline in hand function, its consequences for independent functioning and potential solutions for all stages. An important factor is that this group includes family and friends of end-users, elderly with potential risks of becoming the target group, etc.

Professionals and interest groups: focusing on independent living at home for elderly (health organizations, elderly organizations, etc.).

Researchers: in the field of care and support, independent living at home, active and healthy ageing, quality of life, innovative solutions, etc.

Investors: in (innovative) health and care solutions.

5 Dissemination channels

5.1 Project website

The www.ironhand.eu website was set up at the beginning of the project with the aim to inform the general public and all potential stakeholder groups interested in the project. Therefore, the website focuses on aspects like the set-up and aim of the project, description of the work packages, information about the project partners, updates with news and progress of success, etc.

Adaptation of the website with a more specific focus on the five business models and its target groups is being considered. Potential end-users and the general public will be interested in different things than potential investors and insurance companies considering paying for (part) of iH system. A possible adaptation could be the division of the website in different sections catering for different target groups like general public and end-user, stakeholders interested in the medical background like researchers and insurance companies or government bodies or investors interested in the technological innovation.

5.2 Articles in newspapers and public magazines

Press releases and interviews in local, regional and national newspapers and magazines are a good way to create awareness of the project and inform the general public about developments in research. End-users, informal carers and other stakeholders will be reached by items in on- and offline newspapers and magazines.

5.3 Articles in specialist magazines

Both on- and offline magazines can focus on the advantages and relevant factors per interest group. For example magazines for physical/occupational therapists focusing on the results of the therapeutic tests, magazines for technology with special attention for the sensors or the material used in the glove or the software. Patient magazines will focus on the possible advantages for end-users and the importance of the research done, etc.

5.4 Radio or TV interviews/items

Often following a press release, radio and tv channels are generally interested in doing an interview about the project or making a documentary-like item showing the use of the iH system in practice. This has been done in the first and second year of the project (see list of dissemination activities), and is very important in the last year as well, for example to attract extra attention from insurance companies, government bodies, potential investors, etc.

5.5 Social media

Social media are a great and accessible way to inform the end-user, general public, but also informal carers and specific expert and interest groups. Social media can be used to give information about the project in general, but is especially suitable for updates (small and big) on the progress made and to share user experiences.

5.6 Brochures targeted at various stakeholders

A brochure was developed at the beginning of the project, meant as a general information medium. At the last stage of the project it is good to consider development of different types of brochures for different target groups: A brochure (in the local language) focused on the end-user and environment (informal carers, family/friends) and general public, highlighting the advantages for the users and showcasing experiences of people in their use of the iH system; a brochure focusing on medical and scientific and possibly the technological background of the glove for parties interested like researchers, insurance companies, potential investors, care organizations, etc. A potential addition is a brochure or information pamphlet for investors, describing the market for the product and steps necessary in or after the last stage of the project/product development post-project.

5.7 Dissemination of results to scientific communities

Publishing research papers in international, scientific, peer-reviewed journals (where possible with open access) and presenting the project findings, as poster presentations and/or lectures, at (inter)national scientific conferences and symposia are important to establish credibility for stakeholder groups like insurance companies, in- and outpatient units, government bodies and researchers.

5.8 Presentations for interest groups

Presentations directed towards interest groups, for example rheumatoid arthritis societies, national associations for stroke patients, elderly representative groups, etc., are important to inform potential end-users and informal carers of the possibilities of the iH system. In this stage, after a prototype has been developed, it is important to have as many people introduced to the iH system as possible. Presentations and demonstrations at events targeted at such interest groups are an excellent means to this end.

As part of dissemination and part of research, workshops can also be done with potential users to get as much feedback as possible for the further development of the iH system, its marketing and also to spread the news about the project.

6 Mapping of dissemination channels and stakeholder groups

Various stakeholder groups are relevant for various business models. Below you can see the most common dissemination channels mapped against the various stakeholder groups.

Dissemination Channels	Project Website	Article in newspaper and public magazine	Article in specialist magazines	Broadcasting: Radio/TV –item	Social media	Brochure end-user	Brochure project	Presentations interest groups	Presentations at conferences	Article in scientific journal/research paper	Workshop/ demonstration
Target groups											
End-users	✓	✓		✓	✓	✓		✓			✓
Informal carers	✓	✓		✓	✓	✓		✓			✓
Care organizations	✓		✓		✓		✓				✓
Senior Housing (housing communities, nursing /elderly homes)	✓		✓		✓		✓	✓	✓		✓
Government bodies social care / disability	✓	✓		✓				✓	✓		✓
GP's / therapists	✓		✓		✓		✓	✓	✓	✓	✓
Out-patient care centers (incl rehabilitation Centers)	✓		✓		✓		✓	✓	✓	✓	✓
In-patient care centers (incl hospitals)	✓		✓		✓		✓	✓	✓	✓	✓
Employers	✓	✓	✓	✓	✓		✓	✓			✓
Unions	✓				✓			✓			
Retail channel	✓	✓	✓	✓		✓					✓
Insurance companies	✓		✓		✓		✓		✓	✓	
General Public	✓	✓	✓	✓	✓						
Interest groups	✓		✓		✓			✓	✓		✓
Researchers	✓		✓		✓				✓	✓	✓
Investors	✓						✓				

7 Mapping stakeholders and project partners

In the original dissemination plan D 5.2.1, project partners were mapped against the target groups/potential stakeholder groups they could reach. This is done again, taking into account the five business models and its relevant stakeholder groups. The table below shows the project partners and the relevant target groups they can reach through their network and the environment they operate in ✓.

Project Partners						
Target groups	RRD	Bioservo	Hocoma	NFE	Eskilstuna	terzStiftung
End-users	✓	✓		✓	✓	✓
Informal carers		✓		✓	✓	✓
Care organizations	✓	✓		✓	✓	✓
Senior Housing (housing communities, nursing /elderly homes)	✓	✓		✓	✓	✓
Government bodies social care / disability		✓				
GP's / therapists	✓	✓	✓	✓	✓	✓
Out-patient care centers (incl rehabilitation Centers)	✓	✓	✓		✓	✓
In-patient care centers (incl hospitals)	✓	✓			✓	
Employers		✓			✓	
Unions		✓	✓	✓	✓	
Retail channel		✓				
Insurance companies		✓		✓		
General Public	✓	✓		✓	✓	✓
Interest groups		✓	✓		✓	
Researchers	✓	✓	✓			
Investors		✓				

8 Dissemination activities

Dissemination activities planned for the third year of the project are listed in subsequent sections per project partner.

8.1 NFE

Description	Type	Date	Medium	Reach (expected no.)
Presentation of ironHand project on NFE website	General description of the project – possible links to news items	M24-36	Website: https://www.ouderenfonds.nl/wat-doen/projecten/europese-projecten/	End-users, Informal carers, Nursing homes, General Public
Item in “het Journaal”, (print) newsletter to NFE’s primary target group (elderly)	Interview, User experience, call for participation in research	M24-36	Offline newsletter with items and interviews about NFE’s activities and projects	18.000 elderly who receive this newsletter
Item in the newsletter for NFE private donors	Interview, item about User experience	M24-36	Online and offline newsletter about NFE activities	[pending publication]
Item in the newsletter to business partners	Information about the project and product	M24-36	Online and Offline NFE activities/news items relevant for target group	NFE’s business partners existing of insurance companies, providers of medical devices, home care stores
Demonstrations special interest groups (i.e. Rheumatoid arthritis association)	Presentation of the project and demonstration of the iH system	M24-36	Demonstrations to inform target groups about progress made and to recruit people for tests	Presentations in small groups
Presentations for municipalities	In charge of providing care and promoting	M24-36	Presentations about benefits for	Meetings and presentations with small groups

	well-being of its citizens		the end-users and carers	of people in charge of providing care in their municipality
Press release national and local newspapers	Press release	M24-36	Results therapeutic study and end of project	General public as well as specific stakeholder groups

8.2 RRD

Description	Type	Date	Medium	Reach (expected no.)
Update ironHand website	Online resource	M24-36	Website: www.ironhand.eu	End-users, Researchers, GP's, Therapists, Healthcare organizations, Nursing homes, General Public
Demonstrations to therapists in rehabilitation center	Presentation	M24-36	Rehabilitation center Roessingh	Therapists, healthcare organization
Presentation of project concept and findings to clinical professionals	Presentation	M24-36	Rehabilitation center Roessingh	Therapists, healthcare organization
Press release(s) about project update and findings	Article	M24-36	On-/offline newsletters	End-users, Researchers, GP's, Therapists, Healthcare organizations, Nursing homes, General Public
Contact with Dutch tv broadcasting company	Broadcasting on Tv	M24-36	Broadcasting on TV	End-users, Researchers, GP's, Therapists, Healthcare organizations,

				Nursing homes, General Public
Articles in general public and/or specialist magazines based on project findings	Article	M24-36	General public and/or specialist magazines	End-users, Researchers, GP's, Therapists, Healthcare organizations, Nursing homes, General Public
Presentation of ironHand project on RRD website	Online resource	M24-36	Website http://www.rrd.nl/projects/cluster_rehabilitation_technology/ironhand	Academic, healthcare and business relations, general public.
Three publications of test findings and evaluation outcomes in relevant international scientific journal(s)	Article(s)	M24-M36	International peer reviewed journals	Academic and healthcare professionals (inter)nationally

8.3 BIO

Description	Type	Date	Medium	Reach (expected no.)
eHealth Week	Presentation + panel debate	20160608	eHealth conference	200
Presentation to distributors	Presentation	Multiple	Physical and telco meetings	50
Presentation to cooperation partners	Presentation	Multiple	Physical and telco meetings	30
Press release Boiler plate	Press release	2016		92 million
National exhibitions & conferences	Poster	Multiple	Conferences and exhibitions	100 000
Medica 2016	Poster	2016-11-17 – 19	Conference	10000

8.4 HOC

Description	Type	Date	Medium	Reach (expected no.)
Update on iH progress on company website	Website	M24-36	Website: www.hocoma.com	General public. Inpatient/outpatient clinics. Govt. bodies. Research.
Workshop with key sales partners	Presentation interest groups	M24-36	Interactive workshop with selected participants.	Key sales partners for inpatient and outpatient clinic channels.
Presentation to key customers (inpatient and outpatient clinics)	Presentation interest groups	M24-36	Interactive presentations with selected participants.	Key customers (15 in a first phase)
Presentation to all sales partners	Presentation interest groups	When product is ready.	Hocoma annual sales partner workshop	About 40 global sales partner organizations for inpatient and outpatient clinic channels.
(Usual marketing activities)	Multiple	When product is ready.	Multiple	Global.

8.5 ESK

Description	Type	Date	Medium	Reach (expected no.)
Information video	Information video on the external ironHand website	M26	Internet	500+
Message on Facebook	Social media	M27	Announcement about the project	500+



			in order to recruit new participants for therapeutic study	
Eskilstuna municipality internal home page	internet	M26	Ongoing updates about the project and messages to recruit new participants	5000+
Local newspaper announcement	paper	M26 onwards	Repeated announcements to recruit new participants	
Announcement on external website for patient interest organizations	internet	M29 onwards	Information about the iH project, progress made and ongoing recruitment for new participants	

8.6 TERZ

Description	Type	Date	Medium	Reach (expected no.)
TV news item about iH project	Television item: Link: https://youtu.be/2jt2_77Vv6s	M28	A report on iH system and its potential benefits for end-users as part of the news on regional TV news channel TeleTop.	
Communication to visitors of TerzStiftung	newsletter	M24-36		

9 Conclusion

In this document the dissemination plan was described for the last phase in the project (M25-36). Stakeholders in the five relevant business models were identified and a plan to reach these groups through the consortium's partners and network, and corresponding dissemination channels was made.

Results of the dissemination strategy including a description of the activities done and potential outcomes will be described in D5.2.2b Dissemination Report (M36).