D5.1 – Dissemination and Communication Strategy

January 2017
Updated – March 2018

Call
H2020-SC1-2016-CNECT

Type of action
Coordination and Support Action

Topic
SC1-HCO-12-2016: Digital health literacy

Duration
24 months

Start date
1 November 2016

This project has received funding from the European Union’s Horizon 2020 research and innovation programme under grant agreement No 727474
This project has received funding from the European Union’s Horizon 2020 research and innovation programme under grant agreement No 727474

**Grant Agreement No:** 727474

**Project Acronym:** IC-Health

**Project Title:** Improving digital health literacy in Europe

**Funding scheme:** Horizon 2020: Health, demographic change and well-being

**Start date of the project:** 01/11/2016

**Contractual delivery date:** 31/12/2016

**Actual delivery date:** 31/01/2017

**Contributing WP:** 5

**Type:** Report

**Dissemination level:** Public

**Document description:** The overall dissemination and communication strategy will consider when, where and how the identified target groups will be reached by the dissemination and communication activities. It will guide the roll-out of WP5.

**Editors**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHMA</td>
<td>Michele Calabro’</td>
</tr>
<tr>
<td></td>
<td>Usman Khan</td>
</tr>
<tr>
<td></td>
<td>Maurice Hameleers</td>
</tr>
<tr>
<td></td>
<td>Yowali Kabamba</td>
</tr>
<tr>
<td></td>
<td>Nadia Rubtsova</td>
</tr>
</tbody>
</table>
Contributors

All other partners involved:

Vinita Mohandas Mahtani Chugani (GOBCAN), Jaanika Hirv (TLU), Daniel Guldenring (ULSTER), Gonzalo Meneses (ULPGC), Peter Frank (SCANBALT), Beatrice Avagnina, Michelle Perello (CE), Alessia Montanari (CCM)

List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>COP</td>
<td>Community of Practice</td>
</tr>
<tr>
<td>D</td>
<td>Deliverable</td>
</tr>
<tr>
<td>DHL</td>
<td>Digital Health Literacy</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>MOOC</td>
<td>Massive Open Online Course</td>
</tr>
<tr>
<td>WP</td>
<td>Work Package</td>
</tr>
</tbody>
</table>
Table of Contents

1 Introduction .............................................................................................................. 5
1.1 Readers guide ...................................................................................................... 5
1.2 The IC-Health project ....................................................................................... 5
1.3 Project dissemination ......................................................................................... 7
2 Stakeholder Engagement ....................................................................................... 8
2.1 Identifying ........................................................................................................... 8
2.2 Connecting .......................................................................................................... 13
2.3 Engaging ........................................................................................................... 13
2.4 Enabling ............................................................................................................ 14
3 Dissemination tools and linked deliverables ....................................................... 15
3.1 Project visual identity (D5.3) ........................................................................... 15
3.2 Project Website (D5.3) ..................................................................................... 15
3.3 Promotional video (D5.4) .................................................................................. 16
3.4 EU platform for digital health literacy (D5.5) ................................................... 16
3.5 Newsletter ........................................................................................................... 17
3.6 Additional Dissemination Tools ....................................................................... 17
3.7 Press Releases .................................................................................................... 18
3.8 Articles .............................................................................................................. 18
3.9 Social Media ....................................................................................................... 18
3.10 Partner’s own dissemination tools and networks ........................................... 19
4 Events and Conferences ...................................................................................... 20
4.1 Identification ..................................................................................................... 20
4.2 Methodology ...................................................................................................... 20
4.3 Final Conference ............................................................................................... 21
5 Dissemination of results, open access, and acknowledgement of EU funding .... 22
5.1 Open Access to Scientific Publications ............................................................ 22
5.2 Obligation and right to use the EU emblem ..................................................... 22
5.3 Disclaimer excluding agency responsibility ..................................................... 23
5.4 Privacy ............................................................................................................... 23
6 Expected Results and Monitoring ...................................................................... 24
6.1 Expected Results and Indicators ..................................................................... 24
6.2 Monitoring ......................................................................................................... 24
6.3 Events Attendance Report (D5.6) ................................................................... 26
6.4 Mid-term analysis of dissemination results and figures (M1-12) .................... 26
7 Dissemination Timeline and expected outcomes projection for M13-24 .......... 31
7.1 Expected outcomes projection M13-24 .......................................................... 31
8 ANNEXES ............................................................................................................. 33
Appendix A: GANTT chart Dissemination planning ............................................ 33
Appendix B: Visual Identity .................................................................................... 34
Appendix C: Press Release – Documents Template .............................................. 35
Appendix D: Events Attendance Report ................................................................. 36
Appendix E: Presentations Template (sample slides) ........................................... 37
Appendix F: Dissemination results - social media and website - charts and graphs (M 1 – 12) ...... 38
1 Introduction

1.1 Readers guide

This plan is divided into the following sections:

Introduction – providing a brief description of both the IC-Health project and the objectives of the dissemination plan itself;

Stakeholder analysis – presenting methodology of the stakeholder mapping analysis;

Stakeholder Engagement – explaining the different dissemination approaches and tools that will be adopted;

Events and Conferences – focus on the Consortium’s dissemination efforts to disseminate the project through key events and conferences;

Dissemination of results, open access, and acknowledgement of EU funding – outline of the required procedures based on the Grant Agreement and EU-funded projects regulations

Expected results and monitoring – overview on the expected results and definition of the monitoring procedures.

Dissemination Plan and timeline – illustrating the timeline for the different stages of the dissemination plan.

Next Steps

Annexes

1.2 The IC-Health project

Citizens’ digital health literacy is an essential element for successful eHealth deployment. However, citizens often do not have the necessary skills to find, understand and appraise online health information and apply their knowledge to make health decisions. Digitally health literate citizens are empowered to play a more active role in their health self-management, resulting in improved prevention, adherence to a healthier lifestyle and better health outcomes.

IC-Health supports the improvement of digital health literacy in Europe. In particular, the project aims to design 35 open access online courses (MOOCs) in eight different national languages for different population cohorts including children, adolescents, pregnant and lactating women, elderly and people affected or susceptible to type 1 and type 2 diabetes. The project started in November 2016 and runs for 24 months. The research for IC-Health and the co-creation of MOOCs to enhance digital health literacy (DHL) take place in the sites of the fourteen consortium partners in eight European countries.
The identified population cohorts, along with health professionals, academics and other practitioners, are organised in Communities of Practice (CoPs) and involved directly in the co-creation of the MOOCs content and structure. Once the courses are designed, they will be tested by the members of the CoPs and by other users. MOOCs use and impact will be monitored and assessed in order to ensure their uptake and sustainability beyond the duration of the project.

As concerns the IC-Health abovementioned population cohorts, it is important to highlight that the dissemination strategy and its related tools and activities carefully take into consideration needs and behaviours of those cohorts, also in accordance to the findings emerged from WP1 “Analysis of population cohorts and of current scenario of digital health literacy” tasks and deliverables (e.g. survey, report on profiles, marketing strategy).

The dissemination strategy also takes into consideration the information about digital literacy, health literacy and eHealth inclination identified within the Grant Agreement (see Table 2 below).

<table>
<thead>
<tr>
<th>Target groups</th>
<th>Propension to eHealth</th>
<th>Degree of digital literacy</th>
<th>Degree of health literacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Adolescents</td>
<td>Medium</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Pregnant &amp; lactating women</td>
<td>High</td>
<td>Medium/High</td>
<td>Low</td>
</tr>
<tr>
<td>Elderly</td>
<td>Low/Medium</td>
<td>Low/Medium</td>
<td>Low</td>
</tr>
<tr>
<td>Patients with Diabetes</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>

As outlined in the Grant Agreement, the identified population cohorts cover the following categories:

- **Children and Adolescents**: the project consortium acknowledged that health literacy skills start early in life and are part of the process of caring for and education children, adolescents and young adults.
- **Pregnant and lactating women**: The increase of mothers’ knowledge for better adaptation to the changes or complications associated with pregnancy, but also after birth in both dangerous situations and everyday life are important strategies for improved care conditions and improved health outcomes.
- **Elderly**: Empowering older people’s digital health literacy is, indeed, very important for better health management, safer care and healthy ageing. Digital health literate older people will possibly manage their own health more proficiently, use health services more effectively and make safer health-related decisions.
- **Type 1 and type 2 diabetes people**: People with type 1 and type 2 diabetes represent a transversal group in IC-Health, across all the previous defined cohorts. Inadequate literacy is common among patients with diabetes and may lead to adverse outcomes, thus an increased effectiveness of diabetes self-management education and better adherence to a healthier lifestyle are fundamental for this type of patients.
1.3 Project dissemination

This Dissemination Plan sets out the approach recommended for the consortium at the initial phase of the programme (M2). The Plan sets out a framework within which to raise awareness about the project’s activities with the purpose of engaging citizens, practitioners, policy-makers and other stakeholders in the field of healthcare and wellbeing and to maximise the impact of IC-Health project. The Dissemination Plan is designed to meet the following goals:

- Increase awareness among EU citizens of the opportunities of digital health-related education tool presented as Massive Open Online Courses (MOOCs); with a specific goal to reach citizens with low levels of digital health literacy. The communication activities envisioned within the Dissemination Plan will be implemented taking in full consideration the different population cohorts and the implementation challenges. The Plan is delivered by means of the adoption of a range of tools, developed and tailored to reach each identified audience in an optimal manner;
- Advance the understanding of digital health literacy and the manner in which it can be used to improve health outcomes;
- Contribute to the digitalization of regions and Member states involved in the project as well as the broader European digital agenda.

Effective communication enables the Project to reach as many stakeholders as possible. Communication is also fundamental to keeping partners updated about the project progression and for generally raising awareness about project activities.

One of the main aims of the IC-Health project is building digital health literacy across European health systems. Consequently, the focus of the dissemination programme is to transfer the lessons learned to countries in the larger European area and their regions. At the start of the project, EHMA undertook a stakeholder analysis across European Member States, using the networks within the project to identify individuals, groups and networks that are likely to affect or to be affected by IC-Health. Such an assessment provided a basis to identify stakeholders that might act as ‘multipliers’, taking information regarding the project as well and the MOOCs themselves to wider constituencies. The stakeholder analysis generated data on stakeholders that have been imputed into a Client Relation Management (CRM) database, which forms the core of the project’s dissemination activities. This database is incrementally being updated and adjusted as relevant changes occur to the identified stakeholders, or in circumstances where new stakeholders are identified.
2 Stakeholder Engagement

EHMA has undertaken a comprehensive stakeholder analysis, drawing upon its own Network Database as well as the resources and support of IC-Health project partners. We identified a network of stakeholders that serve as the cornerstone of the dissemination strategy. Developing, maintaining and drawing fullest benefit from such a stakeholder network requires a structured approach. The ‘ICEE’ Stakeholder Engagement Approach is set below in Figure 1.

![Figure 1. ICEE Approach](image)

The Stakeholder Engagement Approach has four stages, which collectively have the aim of being to identify and engage with potential ‘multipliers’ i.e. stakeholders who can directly and indirectly increase levels of engagement and take up with the IC-Health project. The initial design process itself took place during Months 2-4 of the study, with the identification and initial engagement process happening during Months 4-9, with analysis and reporting happening from Months 9-12. The CRM database was then transferred for access and management to WP5.

2.1 Identifying

The first ‘identification’ stage has two distinct parts, made up firstly of developing a typology of stakeholders and secondly of the population of a CRM Database. To help focus the typology development it is first necessary to consider how to categorise different European Member States.

We propose a four-tier classification of EU Member states:

1. EU-level and related European/International Institutions
2. Countries involved in the pilot (Spain, Italy, Belgium, United Kingdom, Netherlands, Sweden, Germany and Denmark). Where deemed as necessary by EHMA and the partners, specific focus will be dedicated to regional and local dimensions (e.g. Baltic Sea Region)
3. Countries with English, French, Italian, Danish, German, Dutch or Spanish as their national languages or one of their national languages
4. Remaining EU Countries

At a European Institutional level and for countries involved in the pilots we proposed developing a full list of stakeholders covering each of the typologies set out below (policy development, research and evaluation, service and development and users and community), with a clear focus on digital literacy and health literacy. Looking at the broader spectrum (Point 3 and 4 of the above-mentioned list) we have been targeting organisations directly involved with digital literacy and health literacy.

**Typology Development**

Taking the Project Proposal as its starting point the Typology process is designed to ensure that the Stakeholder Mapping process is appropriately targeted. The typology was built around a ‘theory of change’ informed by the wider study rationale and which set out the study team’s understanding of which stakeholders need to be engaged with and how to do so as to maximise the potential take up and use of the MOOCs. To attain the best results for the IC-Health project, four complementary functional areas are identified as seen in the figure below.

---

**Figure 2. Core Areas for Dissemination**

- **Policy Development**
  - To change commissioning frameworks, policy goals etc

- **Research & Evaluation**
  - To help inform research programmes

- **Service Development**
  - To support changes to service models and delivery practice

- **Users and Community**
  - To inform and empower service users and the community
Corresponding to these functional core areas are four categories of stakeholders.

![Stakeholder Typology](image)

**Figure 3. Stakeholder Typology**

The primary groups that are engaged with for IC-Health are at the European and national level, however, the mapping fully took into consideration regional and local scale, in particular in connection with the geographical dimension of the Communities of Practice (COPs). The domains that we have been targeting are:

**Policy**
- Governing bodies and institutions with responsibility for health including public health, social care and information and communication technology.
- Governing bodies and institutions with responsibility for education, youth services, health, older people’s services and maternal health.
- Industry associations and companies which may support the strengthening of digital health literacy as a pre-condition of enlarging the market for innovative solutions.

**Public/User**
- Organizations focussed on education, youth services, health, older people’s services and maternal health. The geographical scope of the mapping will be also developed and identified in relation with the CoPs, to include, where appropriate, regional and/or local level.

**Research**
- Universities and research institute with a potential link to Digital Health Literacy or a track record of work on this subject.

**Industry**
- Industry include partners working on eHealth solutions, as Digital Health Literacy is an essential pre-requisite for the adoption of such tools and instrument on a large scale and among the cohorts at the heart of the IC-Health projects.
The mapping based on the above-mentioned categories also needs to be tailored and shaped with specific consideration of the needs and objectives of the different Work Packages and related tasks (e.g. WP4 – T4.2 Strategy for engagement of stakeholders for exploitation purposes).

**Database Population**

It is of crucial importance that the initial stakeholder mapping process is undertaken in a structured and systematic manner. This was achieved by firstly developing the Stakeholder Typology. The Typology was then transferred over onto a CRM database, ready for population.

This database has been populated in three stages as set out below in Figure 4.

![Figure 4. Stakeholder Database Population](image)

Firstly, the EHMA Network Database was searched to provide an initial population. The level of completeness was dependent on subject and geography. EHMA also relied on the Project Partners’ contact networks and expertise to contribute to further populate the Stakeholder Database. The final stage of the Stakeholder Identification Process involved a tailored research exercise where EHMA team members undertook a gap analysis and sought to fill these gaps by ‘snowballing’ i.e. reaching out to existing stakeholders of EHMA and through the project consortium partners to ask them to suggest relevant additional stakeholders. In the last stage, the EHMA team also addressed remaining gaps in the coverage of the stakeholder analysis through a web search.

The first version of the stakeholder database was delivered in Month Nine. However, given the significant lifespan of this project (24 months) and the continually evolving nature of organisational change, the stakeholder analysis is treated as an organic and developing document throughout the course of the project. This means that the document has been incrementally updated and adjusted as and when relevant changes occur to the identified stakeholders, or in circumstances where new stakeholders are identified.
This process ensures that the project and its associated dissemination strategy is always up to date and aligned with new developments in the field. This is particularly relevant in the fields of digital literacy and MOOC’s as they concern potentially rapidly evolving areas of study. Aligning the dissemination strategies with on-going developments in the relevant fields futures proof the project and helps ensure the sustainability of its outcomes.

The database itself had fields that enable precise and targeted involvement of relevant organisations and individuals including:

- Organisation Name
- Organisation Level (international, European, national, regional, local)
- Organisation Form (Policy, Research, Public/User, Provider etc.)
- Organisation Address
- Organisation Website address
- Contact Name
- Contact role by common type (Director, Manager, Officer etc.)
- Contact email
- Contact telephone
- Generic Organisation Email
- Details of Engagement (dates, times, methods, relevant attachments)
- Preferred language of engagement
- Twitter handle of the organisation to be used in the social media campaign
- Additional comments
2.2 Connecting

In this second stage the primary aim was to make stakeholders aware of the IC-Health project, its aims, objectives, methods and timescales. Increased awareness has in some cases supported recruitment of the Communities of Practice in each of the eight pilot countries and it has built awareness of the project, ready for the launch of the MOOCs to be able to maximise their take up and use.

The I-CEE process involves contacting each potential organisation, setting out the terms of reference for IC-Health’s study and the expectations for the organisation in terms of onward dissemination and response requirements. It ensures that the contact for each organisation is the most appropriate for the needs of the study and clarify any other aspects regarding on-going communication.

2.3 Engaging

During the period when the MOOCs are being developed by the 35 Communities of Practice, the stakeholder engagement process has served to inform, enthuse and maintain interest and awareness of how the project is progressing among the wider stakeholder community. We have used a range of tailored tools and techniques, often taking an innovative approach to maintain stakeholder interest and engagement during the developmental stages of the project.

Existing networks and their members were invited to join a community of interest built around the work of the IC-Health project. The support community aims to feed the EU platform for digital health literacy which is hosted at the community platform developed under WP2 (the platform where Communities of Practices have been interacting). The platform is supported by active use of social media (e.g. Facebook, Twitter). The purpose of the support community is to increase visibility of the work of IC-Health; in particular, the development of the knowledge base on digital health literacy and the MOOCs. It is intended that this will also create a wider network of interest to sustain the work of IC-Health after the project end.

Different approaches and tools have been and will be evaluated, implemented and coordinated by EHMA, WP5 leader, based on its experience in communication and stakeholder engagement. To maximise and take into consideration differences and preferences, a mix of project tools (e.g. website, platform, social media), partners’ networks and tools (e.g. partners’ newsletters), direct engagement actions (organisation of meetings with potentially interested associations or individuals, participation in conferences and networking events) has been adopted so far.
Language barriers and translations

Given the diverse stakeholder groups and population cohorts that are targeted throughout the duration of the project, this dissemination plan also takes in primary consideration the possible language barriers and related threats that might arise.

More specifically, while English represents the main language used for communication purposes, a sole-English language gamma of communication activities might lead to an inefficient engagement of specific categories and groups.

To mitigate such risk, EHMA has collaborated with the Consortium partners to identify key tools and dissemination materials that needed to be translated to guarantee high level of engagement. Within the framework of envisioned commitments in terms of workload allocation and staff capacity, EHMA has relied on partners’ efforts to carry the above-mentioned translations where necessary.

The gamma of materials and dissemination activities target of translation efforts entails:

- Project website core information (e.g. description of the project, partners, objectives, key findings and related communication such as press releases);
- Social media activity (see dedicated section below for more details);
- Additional dissemination material such as newsletter items or infographics.

As outlined below, localised communication about IC-Health is also carried out through dissemination activities carried out directly by project partners, such as dedicated items on partners’ own websites or newsletters.

2.4 Enabling

The strategy provides a platform for the dissemination of outputs from the project and the EHMA team, in collaboration with WP5 partners, ensures that this final stage of the dissemination process maximises the potential for the take-up of learning from each of the CoPs.

The dissemination process may be bespeaking for particular stakeholder groups e.g. the dissemination activities and communication means used to engage policy stakeholders may be different to those sent out to user group organisations (e.g. Twitter represents a key social media to target Brussels-based policy-focused organizations and institutional representations).
3 Dissemination tools and linked deliverables

The overall aim of the stakeholder engagement process is to create a level of awareness and a sense of anticipation regarding the release of the MOOCs. This is being built out into a comprehensive dissemination programme targeting the stakeholder categories that have been identified during the initial stakeholder mapping exercise. Dissemination activities relies on a range of tools, medium and actions to engage with stakeholders during the project duration.

These are as follows:
- Project Website – Based on the visual identity of the project it features regular updates on the IC-Health Website;
- Social Media, Twitter, Facebook and LinkedIn posts;
- Project Newsletter
- Promotional video
- Events (organization of IC-health focused events and participation to major conferences)

3.1 Project visual identity (D5.3)

The project visual identity for IC-Health includes the development of a logo, a dedicated graphic for the Project Name, project brochure, roll-up and templates. The design required a form that responded to each of the five core MOOC communities as well as presenting a clear and definable presence at national and European level.

3.2 Project Website (D5.3)

The project website forms an important communication channel for the IC-Health project and will provide information on the MOOCs and how to access them as well as it provides the standard project information covering objectives, funding, partners, work packages, academic publications and results of the project.

The website also provides one of the communication channels used by WP5 for dissemination. EHMA participates in eliciting requirements and testing and provides content for the website. This content is updated with relevant information when available. That way, the website is a central and up-to-date source of information concerning IC-Health news, events and articles. The website is also linked to the community platform developed under WP2 and used for task 5.3.
The project website forms one of the two main communication channels the second being the online CoP platform. The project website is a general reference for internal and external stakeholders, whilst the online community represents the major communication channel for project partners, people involved in the co-creation of the MOOCs and stakeholders that took part to the online community.

### 3.3 Promotional video (D5.4)

A promotional video will be also developed for dissemination purposes. The video will present benefits of digital health literacy, the MOOCs developed and some short testimonials from each target group (children, adolescents, pregnant women, elderly, patients with diabetes). The length of the video will be up to seven minutes. The final structure has been discussed by WP5 partners, project lead and the entire Consortium during the project General Assembly in December 2017.

The IC-Health video, will be composed of three ‘standalone’ shorter videos, focused on three key aspects of the project:

- General information about Digital Health Literacy, IC-Health rationale and project objectives;
- Co-Creation methodology and workshops;
- MOOCs presentation and mini-tutorial.

Besides being published on the project website and disseminated through social media and other digital communication tools (e.g. newsletters), the video will also serve as visual live presentation of the project where possible, integrating standard presentations or posters (e.g. conferences, fairs’ exhibition areas, workshops, etc).

### 3.4 EU platform for digital health literacy (D5.5)

Existing networks and their members have been invited to join a community of interest built around the work of the IC-Health project. The support community has fed the EU platform for digital health literacy which is hosted on a Wordpress-based community platform developed under WP2 (the platform where Communities of Practice have been interacting).

The platform is linked to the project website and supported by active use of social media (e.g. Facebook, Twitter). The purpose of the support community is to increase visibility of the work of IC-Health, in particular the development of the knowledge base on digital health literacy and the MOOCs. It is intended that this will also create a wider network of interest to sustain the work of IC-Health after the project end.
3.5 Newsletter

EHMA oversees the development of a project newsletter for IC-Health. This is produced and disseminated by EHMA but requires input from all project partners to help make it a useful tool in the dissemination arsenal.

The newsletter documents ongoing project progress, developments and key results that will be shared with stakeholders across the seven participatory countries and beyond. Recipients for the newsletter are identified through the Stakeholder Analysis and interested individuals can sign up for the newsletter throughout the life of the project on the project website.

Previous project experience has shown a unified single newsletter documenting the major revelations of a study acts as an excellent supportive communication tool to improve stakeholder understanding of the project and its inner workings while maintaining engagement over the project lifecycle (24 months).

The newsletter is produced on a quarterly basis and start in month 12 of the project. Special edition of the newsletter might be released to raise interest and/or to follow up on key events or deliverables publication.

3.6 Additional Dissemination Tools

To efficiently cover the different levels of dissemination actions and tools envisioned within the Dissemination Plan (e.g. including participation in conferences and workshops), a range of communication materials was developed based on the IC-health visual identity. These materials allow the project partners to disseminate information and findings from the project in the most homogeneous and harmonised way, contributing to the overall creation of a fully recognizable identity for IC-Health.

More specifically, among the key materials that were developed throughout the project we can mention:

- Information brochure/infographics to better disseminate in a printable format (a digital version will also be made available on the project website) core information about the project and its findings and results;
- Templates for PowerPoint presentations – a dedicated template was developed based on the project visual identity to be used by the partners during online (e.g. webinars) and in-person presentations;
- Poster template – the poster template (A0 size) supports partner’s dissemination activities at conferences and fairs and it is adaptable to specific needs and requests.
- Roll-ups – Coordinated production of an IC-health branded roll-up to be displayed at conferences, workshops, fairs. The roll-up features key information about the project and it was developed in close collaboration with the partners.
3.7 Press Releases

Press releases aim to present interesting news about the project, in order to draw the attention of journalists and encourage them to draft articles on the subject. They are often published before or after each big event, achievement, milestone or key deliverable. They have to be presented in a specific format and content (date, attractive headline, clear and strong first paragraph summarising the essential, other paragraphs to develop the issue, contact details for more information, logos, etc.).

Guidelines for press releases and tailored template, based on the IC-Health visual branding were made available for other partners to use if needed when sending their own press release in a link to an event. The language should be adapted to the scale: facts and people, case studies, English for European level, regional or national language for local and regional levels and avoiding jargon. They should be sent to journalists at a national, regional and local scale. They can also be published through free diffusion platforms. Particular attention needs to be dedicated to the timing: press releases should optimally be disseminated either before an IC-Health event in order to announce it and/or just after the event, in order to communicate the outputs and results.

Partners are also encouraged to link their public relations activities to any local/regional news or specific issues related to health and ICT, which might help drawing the attention of the media. These activities can be reaction to news that appear on a certain topic or certain tourism and waste related issues that emerge locally or regionally. The partners have the right to decide when they want to release them. However, the partners are requested to send a copy of the press release to EHMA in order to ensure proper tracking and reporting.

3.8 Articles

During the project lifetime, non-confidential articles about the project might be published in various magazines from different sectors in printed and/or digital versions. The content of the articles depends on the type of the publication, the target and the aim of the article. Partners are invited to use the key messages identified in the Dissemination Plan. After publishing an article (article, blog posts, website article, interviews etc.), partners are asked to save a pdf copy of it, mentioning on it the date, the link (if online) or publication references and also provide EHMA with the description of the audience (its size and type).

3.9 Social Media

IC-Health makes use of popular social media to enhance dissemination activities. The use of various social media platforms assists with stakeholder communication and helps raise awareness of the project activities among interested parties without direct links to the project.
The project uses Twitter and Facebook, and, where applicable, LinkedIn as media outlets for dissemination due to their universality and availability among project members and the public. Note that social media account dedicated to thematic projects such as IC-Health tend not to succeed in acquiring sufficiently large followings over the course of the project (24 months) to make a significant impact. Therefore, the dissemination lead partner EHMA will regularly ask consortium members distribute ready-made social media bulletins to fully utilise the bigger network of all project partners combined. As a result, project information can reach a wider audience.

EHMA manages core social media communications by contacting specific partners directly when a social media update is required but also encourages stakeholders to actively promote the project individually. In support of the partner’s participation in social media dissemination, EHMA created and distributed a ‘social media protocol’ among the partners to be used throughout the project. Consortium partners might also be asked to report on their dissemination activities to further support the project dissemination and to estimate the total audience reached by Consortium’s communication efforts.

3.10 Partner’s own dissemination tools and networks

Besides the IC-Health branded dissemination tools and materials outlined above, the dissemination activities also relies on the partners’ own tools and efforts. This allows to immediately multiply the reach of the project, taking advantage of the already well established networks of the partners and thus also covering languages different from English.

This support actions can include IC-Health focused items and/or dedicated space on partner’s newsletters and websites and tailored social media communication (based on the guidelines provided by the WP leader). Where needed, EHMA might liaise with partners to provide suggestions and coordinate the whole consortium efforts.
4 Events and Conferences

Whilst the Project Proposal makes clear that the majority of engagement take place online, it is recognised that it is important for stakeholders to be provided with options to engage with IC-Health through workshops in other events or conferences. Examples of events where IC-Health is being presented are likely to involve the European Public Health Conference and the annual EHMA conference.

Periodical reports have been and will be produced on the participation in external conferences on behalf of IC-Health as described in deliverable D5.6.

4.1 Identification

Partners might take advantage of technical workshops, seminars and conferences organized in Europe on related topics to promote the project. A draft and tentative list of identified events is included in the Annex III for the year 2017 which are considered to be interesting to participate in. It will be updated throughout the project’s duration.

Each partner is responsible to identify the events (conferences, workshops, seminars, etc.) where stakeholders’ attendance is expected and add it to the Excel file. All events are inserted including the type of the event, date and attendance.

In addition, partners are invited to organise their own events to promote the project, on top of the information and capacity-building seminars. Also, the different events identified can be an opportunity for partners to hold bilateral, face-to-face meetings with potential users and inform them about the project.

4.2 Methodology

Depending on the type of event and the partner’s role, partners can promote the project’s developments and activities by undertaking different types of actions.

The following methodology is suggested in the table below:

<table>
<thead>
<tr>
<th>Event type</th>
<th>Role of partner</th>
<th>Objectives</th>
<th>Tools to be used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference, workshop,</td>
<td>Speaker</td>
<td>Presenting and promoting the project, both in general terms and for</td>
<td>Power point template, roll-up, video</td>
</tr>
<tr>
<td>seminar</td>
<td></td>
<td>specific results or findings; networking activities.</td>
<td></td>
</tr>
<tr>
<td>Conference, workshop,</td>
<td>Participant</td>
<td>Promoting the project, networking activities</td>
<td>Infographics,</td>
</tr>
<tr>
<td>seminar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Webinar</td>
<td>Speaker</td>
<td>Presenting the project. Detailed explanation of project strategies,</td>
<td>Power point template, WebConference system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>results...</td>
<td>support, videos</td>
</tr>
<tr>
<td>Fair</td>
<td>Exhibition area</td>
<td>Presenting the project;</td>
<td>Leaflet and/or</td>
</tr>
<tr>
<td>stand</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Press conference | Organiser | Presenting the project and promoting its media-related dissemination.

networking. | infographics, roll-up, ICT tools, videos

| Leaflet and or infographics, roll-up, website

### 4.3 Final Conference

The final component of the IC-Health Dissemination Plan is the final conference. This conference, organised by work package leader EHMA by month 24, will act as a platform to launch the project results and the developed MOOCs to relevant stakeholders. The conference will be simultaneously webcast and will also include stakeholders and co-designers of the MOOCs. The morning of the conference will focus on the academic learning from the project with the afternoon focusing on the development and creation of the MOOCs.

During the conference the results of the project will be presented and discussed by selected speakers. This event will also be an opportunity to debate strategies to enhance the visibility of project outputs for the potential end users, ensuring the sustainability of the projects’ legacy going forward. The final conference will act as a forum for the exchange of experiences and discussions around digital health literacy among participants.

Attendees to the conferences will be identified through the stakeholder analysis. They are selected by their ability to help disseminate IC-Health’s findings and outputs throughout Europe.

EHMA is responsible for the organisation of this event, which includes:

- Preparation of introductory information on the event;
- Development, update and finalisation of the agenda;
- Promotion of the event (e.g. Coordinated social media dissemination campaign, newsletter, etc.);
- Creation of a list of potential participants;
- Contacting stakeholders and policy-makers involved in the project and beyond;
- Preparation and sending of invitations and follow-up;
- Social media on-site activity (e.g. live tweeting)

Following the final conference, EHMA will produce a short summary documenting the highlights of the conference and the outcomes of the facilitated knowledge exchange among key stakeholders.
5 Dissemination of results, open access, and acknowledgement of EU funding

5.1 Open Access to Scientific Publications

As envisioned within the framework of the Grant Agreement (Article 29) each beneficiary must ensure open access (free of charge online access for any user) to all peer-reviewed scientific publications relating to its results.

In particular, it must:

a. as soon as possible and at the latest on publication, deposit a machine-readable electronic copy of the published version or final peer-reviewed manuscript accepted for publication in a repository for scientific publications. Moreover, the beneficiary must aim to deposit at the same time the research data needed to validate the results presented in the deposited scientific publications.

b. ensure open access to the deposited publication — via the repository — at the latest:
   (i) on publication, if an electronic version is available for free via the publisher, or
   (ii) within six months of publication (twelve months for publications in the social sciences and humanities) in any other case.

c. ensure open access — via the repository — to the bibliographic metadata that identify the deposited publication.

The bibliographic metadata must be in a standard format and must include all of the following:

- the terms “European Union (EU)” and “Horizon 2020”;
- the name of the action, acronym and grant number;
- the publication date, and length of embargo period if applicable, and
- a persistent identifier.

5.2 Obligation and right to use the EU emblem

As per Article 29.4 of the Grant Agreement and unless the European Commission requests or agrees otherwise or unless it is impossible, any dissemination of results (in any form, including electronic) must:

a. display the EU emblem and

b. include the following text:
“This project has received funding from the European Union’s Horizon 2020 research and innovation programme under grant agreement No 727474”.

When displayed together with another logo, the EU emblem must have appropriate prominence. For the purposes of their obligations under this Article, the beneficiaries may use the EU emblem without first obtaining approval from the Commission. This does not however give them the right to exclusive use.

Moreover, they may not appropriate the EU emblem or any similar trademark or logo, either by registration or by any other means.

5.3 Disclaimer excluding agency responsibility

Partners are required to indicate that their activity is financially supported by the EU and they should release the EC from any responsibility of the information they are providing. This is e.g. to be respected in the various dissemination activities undertaken in the course of action. Any dissemination of results must indicate that it reflects only the author’s view and that the EC is not responsible for any use that may be made of the information it contains.

5.4 Privacy

All the contact and personal data collected and used during the IC-Health project is treated with maximal confidentiality to guarantee all efforts within reasonable to protect personal data and fully respect the rights of the data owners, accordingly to the European Data Protection standards. Sensitive data will not be used for reasons external to the IC-Health project and all the stakeholders have the right to request the complete removal of their data from the IC-Health CRM database.
6 Expected Results and Monitoring

6.1 Expected Results and Indicators

Audience: in addition to the audience involved in the initial survey (WP1) 780 people will be directly involved in the process of co-creation of the MOOCs and at least 624 in testing the courses (WP3). The MOOCs will be then made available on the most visited platforms for MOOCs such as Future Learn (20,000 learners per year), EMMA, etc.

Publications and campaigns: EHMA coordinates comprehensive dissemination strategy that features dedicated campaign based on the key deliverables releases, workshops and webinars, updates on the project, MOOCs development, organization and participation in events. Within the framework of the plan, we expect the publication of around 10-15 press releases, participation in around 4-6 key events and workshops, and publication of around 4-6 tailored newsletters. Besides the abovementioned estimated figures, the WP leader needs to guarantee adequate flexibility and constant engagement with the partners to produce additional dissemination outputs as outlined in the previous sections of the dissemination plan.

6.2 Monitoring

The different dissemination activities envisioned within the dissemination plan will be constantly monitored in order to better identify the reached audience and the dissemination tools and platforms uses. This will allow to feed the periodical technical report with valuable information about the stakeholders and general public reached.

At the same time, the internal analysis of the abovementioned figures will allow to constantly tailor the dissemination activities towards dynamic improvement and more focused actions where needed.

The analysis of website-related statistical data will be implemented with Google Analytics, well-established web analytics solution that gives rich insights into one's website traffic and marketing effectiveness. It allows for advanced segmentation, custom reports, advanced analysis tools, analytics intelligence, custom variables, and data exports.

Google Analytics can track visitors from all referrers, including search engines, display advertising, pay-per-click networks, e-mail marketing and digital collateral such as links within PDF documents.

Among others, the service offers the following specific statistical insights:

- Number of visits and number of unique visitors
- Visit duration and last visits
- Authenticated users and last authenticated visits
- Days of week and rush hours (pages, hits, traffic for each hour/day of week)
- Domains/countries of visitors
• Host list, last visits, unresolved IP addresses list, most viewed, entry/exit pages
• Browsers used and robot visits
• Search engines, platforms and platforms used to arrive at site

Statistics will be analysed in order to verify trends and variations and presented in periodic reports. In addition to the website-related analysis, the WP leader will also monitor social media trends and figures using social media integrated analytics tools (e.g. Twitter Analytics), and the overall consortium efforts through tailored Google forms aimed at gathering information on the communication activities of the partners.

Finally, EHMA will ensure proper monitoring of all types of media, as requested by the Horizon 2020 programme for the reporting purposes. An Excel sheet will be shared with all the project partners and people responsible for communication on their behalf within the project. The sheet will be updated accordingly, whenever a new media activity happens and linked with the Google Forms monitoring mentioned above. Reporting is requested on Dissemination and Communication activities linked to the project for each of the listed categories, as well as persons reached, in the context of all dissemination and communication activities, in each of the listed categories, as shown below.

<table>
<thead>
<tr>
<th>Specify the number of Dissemination and Communication Activities linked to the project for each of the following categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization of a conference</td>
</tr>
<tr>
<td>Organization of a workshop</td>
</tr>
<tr>
<td>Press release</td>
</tr>
<tr>
<td>Non-scientific and non-peer-reviewed publication (popularised publication)</td>
</tr>
<tr>
<td>Exhibition</td>
</tr>
<tr>
<td>Flyer</td>
</tr>
<tr>
<td>Training</td>
</tr>
<tr>
<td>Social Media</td>
</tr>
<tr>
<td>Website</td>
</tr>
<tr>
<td>Communication Campaign (radio, tv...)</td>
</tr>
<tr>
<td>Participation to a conference</td>
</tr>
<tr>
<td>Participation to a workshop</td>
</tr>
<tr>
<td>Participation to an Event other than a Conference or a Workshop</td>
</tr>
<tr>
<td>Video/film</td>
</tr>
<tr>
<td>Brokerage event</td>
</tr>
<tr>
<td>Pitch event</td>
</tr>
<tr>
<td>Trade fair</td>
</tr>
<tr>
<td>Participation in activities organized jointly with other H2020 projects</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>
Specify the estimated number of persons reached, in the context of all dissemination and communication activities, in each of the following categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientific Community (Higher Education, Research)</td>
<td></td>
</tr>
<tr>
<td>Industry</td>
<td></td>
</tr>
<tr>
<td>Civil Society</td>
<td></td>
</tr>
<tr>
<td>General Public</td>
<td></td>
</tr>
<tr>
<td>Policy Makers</td>
<td></td>
</tr>
<tr>
<td>Media</td>
<td></td>
</tr>
<tr>
<td>Investors</td>
<td></td>
</tr>
<tr>
<td>Customers</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### 6.3 Events Attendance Report (D5.6)

After attending an event, as outlined in the Deliverable 5.6 – Reports on participation in other events, partners must fill in an attendance report form (see Appendix D) and share it with WP5 Leaders EHMA. The template, easily accessible from the common project cloud, represents a simple and clear way for the partners to share information about their event participation in a harmonised and complete way. The document provides details on the dissemination activities carried out and provides necessary background information on the event attended, including photos and outcomes. This will help EHMA draft an extensive and detailed report on the frequency of attending events, total audience and prevailing type of events including the communication methods used there (e.g. presentation, poster, social media activities). The events report will also be translated in articles for the project communication channels, including website, social media, newsletter.

### 6.4 Mid-term analysis of dissemination results and figures (M1-12)

During the first twelve months of the IC-Health project, the WP5 partners worked on both the set up and launch of the communication and dissemination tools and actions outlined in this strategic document, and the implementation of the different activities linked to them, including social media posting, articles and newsletter drafting, participation in events, networking, individual contacts through emails, info material production, etc. Thanks to the diversity of the instruments adopted, the Consortium had the chance to get in contact with key stakeholders (based on the categories outlined both in this document and in the Stakeholder mapping exercise featured in D5.2), both directly and indirectly (e.g. through social media interactions), raising awareness in preparation of the core phase of the project communication which will be focused on the dissemination of some of the key deliverables produced so far (e.g. WP1 Survey and baseline study analysis), further spreading the EU Platform and calling for more external partners to take part in the online...
discussion, diffusion of the MOOCs both for testing purposes and exploitation objectives (in connection with the work that will take place under WP4).

As outlined in the context of the technical report for M1-12 the communication activities already translated in concrete results during their implementation in the first twelve months of the project. Hereafter we will mention key figures of the communication activities (average cut-off date 31st October 2017, extra figures and charts available in Appendix F).

IC-Health partners had the chance to present the project 14 times, including national and local events and major international conferences, such as the EHMA 2017 Annual Conference, the eHealth Tallinn 2017 and the eHealth Forum in Athens. It is important to mention that the participation at the eHealth Forum in Athens included not only two presentations on the project but also the organisation of a workshop simulation of the IC-Health co-creation methodology. The participation in the eHealth Forum also represents a good example of the successful online presence of IC-Health, considering that the project was invited directly by the event organiser following social media connection. More details about the participation in events and conference are available in the updated version of D5.6.

Social media, as already mentioned above, represents a key aspect of the dissemination activities, with more than 130 Likes on Facebook and LinkedIn, generating a total reach of more than 6.000 views, and 103 followers on Twitter, generating more than fifty-thousand impressions and key interactions with institutional accounts (e.g. European Commission).

Social Media

<table>
<thead>
<tr>
<th>Social Media</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICHealthEU</td>
<td>113 Likes</td>
</tr>
<tr>
<td></td>
<td>6k Reach</td>
</tr>
<tr>
<td>@ICHealthEU</td>
<td>103 Followers,</td>
</tr>
<tr>
<td></td>
<td>50k+ Impressions</td>
</tr>
</tbody>
</table>

IC-Health key social media figures as presented during the Mid-Term review meeting (Oct. 2017)

The social media activities complement the ichealth.eu website as essential part of the online identity of the project, including the publication of ten articles, project leaflet and the first project newsletter. Through Google Analytics analysis, the website attracted more than
1.600 users for around 7.435 page views, mainly from project countries but also including a good percentage from United States and Greece.

As concerns the **IC-Health newsletter**, developed using the free platform Mailchimp and released in October to 96 recipients and featuring key information on the project objectives and methodology, and updates on the co-creation workshop and the IC-Health platform. The newsletter, as single articles/news on the project, have also been shared through the different partners networks (social media, websites, newsletter), multiplying the audience reached by the project. EHMA developed an information gathering document that allowed to collect information on the different partners results in terms of dissemination.
The analysis of the collected data identified a **total estimated audience** reached during the first twelve months of IC-Health of around 50,000 individuals, covering several key stakeholder categories as envisaged in the dissemination plan and stakeholder engagement strategy designed at the beginning of the project.

Clustering the stakeholder groups based on the classification proposed in the Part A (details available below) of the Technical report form, we estimated the following audience breakdown:

![Audience Stakeholder groups estimation based on M1-12 results](image)

The estimation outlined above, based on the feedback provided by the project partners and gathered by WP5 leader through the monitoring tool developed with the support of Google.
Form, is in line with our expectation, based on the composition of the IC-Health Consortium partners network and background and on the nature of the project.

<table>
<thead>
<tr>
<th>Overview – estimation of dissemination and Communication Activities linked to the project (based on Google Form data provided by partners and collected by EHMA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization of a workshop</strong></td>
</tr>
<tr>
<td><strong>Non-scientific and non-peer-reviewed publication (popularised publication)</strong></td>
</tr>
<tr>
<td><strong>Flyer</strong></td>
</tr>
<tr>
<td><strong>Social Media</strong></td>
</tr>
<tr>
<td><strong>Website</strong></td>
</tr>
<tr>
<td><strong>Participation to a conference</strong></td>
</tr>
<tr>
<td><strong>Video/film</strong></td>
</tr>
</tbody>
</table>
7 Dissemination Timeline and expected outcomes projection for M13-24

The WP5 partners should decide upon a dedicated timeline for the Dissemination Plan. A timeline will help to manage the dissemination activities and, in conjunction with the CRM system, enable all dissemination for the project to be logged and reported on. Any successful dissemination activities can be monitored and replicated in the future to ensure the IC-Health findings are disseminated both efficiently and effectively.

A brief overview of the dissemination plan has been provided in Appendix A in the form of a GANTT chart that will be updated on a regular basis in line with both the stakeholder analysis and dissemination.

Key deliverables for WP5 include:

- Dissemination and communication strategy Month 2 +1
  - Updated M12 - M24
- Project visual identity and website Month 2 +2
- EU platform for digital health literacy Month 7
- Stakeholders database Month 9
- Promotional video Month 18
- Final Conference Month 24
- Reports on participation in other events Periodically (M3, M17, M24)

7.1 Expected outcomes projection M13-24

The WP5 partners, taking into consideration the analysis of the current results of the project communication activities and considering previous experiences with other EU funded projects communication, aims at replicating and potentially improving the results obtained during the first year for the second year of dissemination actions.

This includes reaching an audience of around 500 followers on social media (e.g. around 200 -250 Followers on Twitter, 200 Likes on Facebook), 200 Newsletter subscribers, 20,000 page views on the project website for 2500-3000 users.

As mentioned above and taking into consideration the short duration of the project, EHMA will keep stimulating the use of project partners established networks to improve the total figure of around 50,000 individuals as total audience with more frequent and tailored communication campaigns, developed in particular once the project results will be approved and thus publishable.

WPS Partners will adopt the feedback received during the first year of the project with the objective to better tailor the outreach of the different stakeholder categories, covering
This project has received funding from the European Union’s Horizon 2020 research and innovation programme under grant agreement No 727474

different dissemination tools based on the potential preferences of the diverse target groups, such as research networks and conferences participation to reach the academic community, social media for general public and policy makers (e.g. Twitter is particularly useful to reach Brussels-based umbrella organisations and institutions), targeted email outreach to secure the support of national antennas organisation to multiply the outreach of the project (e.g. National pregnancy association to share the PLW focused results of the project) also outside of the project partners and to target civil society.

As concerns the outreach of different stakeholder categories mentioned in this Strategy and in the Stakeholders database and based on the M1-12 results chart available in section 6.4 of this document, WP5 partners do not foreseen decisive changes in the composition of the overall stakeholder pool for IC-Health. However, taking into consideration the focus that the WP4 work will have on exploitation of the project results and the natural complementarity of such work package with WP5, a larger number of policy and decision makers will be reached during the second half of the IC-Health project. With regards to the ‘Media’ stakeholder category, more linkages will be created following the approval of WP1 Deliverables and the online publication of the MOOCs. Initial steps have already been taken, both through initial informal discussions and connection creation by Brussels’ based EHMA in the EU sphere and by some partners at national level. In particular, it is important to mention that IC-Health has been featured in one of the main national newspapers in Italy, in the context of an article centred on Digital Health Literacy on the pages of Il Corriere della Sera in February 2018 (https://ichealth.eu/ic-health-makes-news-italy/).

Partners involved in WP5, coordinated by EHMA, will foster their dissemination actions taking advantage of the already established platforms (both own networks and IC-Health newly created contacts) and the production of new material, including a revised version of the leaflet based on the project findings and MOOCs promotion, infographics outlining the key results of the project and the promotional video (D5.4) which will represent a key to raise awareness about the project objectives and structures, co-creation activities and the MOOCs. Moreover, the Final Conference of the project will be organised with the objective of showcasing the entire project work, and raise further interest in the MOOCs as potential means to increase Digital Health Literacy in Europe.
### Appendix A: GANTT chart Dissemination planning

<table>
<thead>
<tr>
<th>N.</th>
<th>Description</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5.1</td>
<td>Dissemination and communication strategy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>Project visual identity and website</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td>Outreach activities: Social media and other communication tools</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.4</td>
<td>Participation and organization of events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Dissemination and communication strategy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>Stakeholders database</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td>Project visual identity and website</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.4</td>
<td>Promotional video</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5</td>
<td>EU Platform for digital health literacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.6</td>
<td>Reports on participation in other events and Final Conference organization</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B: Visual Identity

Galano Grotesque Bold

ABCDEFghijklmnopqrstuvwxyz

0123456789

BrownStd-Regular

ABCDEFghijklmnopqrstuvwxyz

0123456789

PANTONE 648 C
C: 100 M: 83 Y: 39 K: 30
R: 27 G: 49 B: 85
#1b3155
Contrast: 13

PANTONE 7465 C
C: 67 M: 0 Y: 48 K: 0
R: 63 G: 8 B: 173
31f9ad
Contrast: 2.3

PANTONE 7461 C
C: 92 M: 36 Y: 7 K: 1
R: 0 G: 125 B: 187
#07d6bb
Contrast: 4.5

PANTONE 219 C
C: 4 M: 96 Y: 0 K: 0
R: 225 G: 8 B: 131
#e16883
Contrast: 4.5
Appendix C: Press Release – Documents Template

Press Release/Documents Template

IC-HEALTH PRESS RELEASE
Title of The Press Release
Place, Date

[HEADLINE]

[Intro Paragraph]
The first paragraph must contain all key information, without details, in a short and concise way.

[Body Text]
Please write your press release within this text space (300-400 words).
Get straight to the point – Press releases are sent to people that are busy, so make sure the essence of your release is in the first two paragraphs. Think about the five W’s (who, what, where, when and why?)
Be easily quotable – Make sure you have sentences that will make an impact when used separately and/or include a direct quote.
Appendix D: Events Attendance Report

**Event Attendance Report**

For each event (already attended) please provide the following information and send them to the dissemination group coordinator (EHMA):

<table>
<thead>
<tr>
<th>Name of event, date and location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall aim of the event</td>
</tr>
<tr>
<td>How was IC-Health disseminated at the event?</td>
</tr>
<tr>
<td>- Include picture</td>
</tr>
<tr>
<td>Background information on the organisations attending</td>
</tr>
<tr>
<td>Including:</td>
</tr>
<tr>
<td>- Types of organisations (public authorities, companies, universities...)</td>
</tr>
<tr>
<td>- Total number of participants, including if possible the number of SMEs, companies and organisations as well as public authorities</td>
</tr>
<tr>
<td>- Types of people attending (health professionals, policy makers, managers, industry...)</td>
</tr>
<tr>
<td>Overall outcome of the event for the IC-Health project</td>
</tr>
<tr>
<td>- Was the IC-HEALTH project’s attendance successful and did it drew attention of the participants?</td>
</tr>
<tr>
<td>- Was it worth attending events of this type?</td>
</tr>
<tr>
<td>- What can be done to make the next attendance more meaningful?</td>
</tr>
</tbody>
</table>

*Please send the completed report back to michela.calabro@ehma.org*

*Thank you!*

---

IC-Health | April 2017

Info@ichealth.eu – www.ichealth.eu
Appendix E: Presentations Template (sample slides)

Example Presentation

Testing out the Template

April 2017

Our Objectives

Achieving IT Literacy
Achieving Health Literacy
Appraising Online Health Information
Applying online health information for health management in everyday life

28th February 2018
Appendix F: Dissemination results - social media and website - charts and graphs (M 1 – 12)

Analytics Website (Google Analytics)

Sessions | Users | Page Views |
----------|-------|-----------|
2,622     | 1,628 | 7,435     |

Pages/Session | Avg. Session Duration | Bounce Rate |
2.84        | 00:02:50            | 55.49%      |

% New Sessions | New Visitor | Returning Visitor |
61.94%        | 31.3%        | 68.7%         |

<table>
<thead>
<tr>
<th>Language</th>
<th>Sessions</th>
<th>% Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>en-us</td>
<td>720</td>
<td>27.46%</td>
</tr>
<tr>
<td>es</td>
<td>340</td>
<td>12.97%</td>
</tr>
<tr>
<td>en-gb</td>
<td>336</td>
<td>12.81%</td>
</tr>
<tr>
<td>it</td>
<td>223</td>
<td>8.50%</td>
</tr>
<tr>
<td>it-it</td>
<td>153</td>
<td>5.84%</td>
</tr>
<tr>
<td>es-es</td>
<td>124</td>
<td>4.73%</td>
</tr>
<tr>
<td>c</td>
<td>120</td>
<td>4.58%</td>
</tr>
<tr>
<td>de</td>
<td>120</td>
<td>4.58%</td>
</tr>
<tr>
<td>fr</td>
<td>51</td>
<td>1.95%</td>
</tr>
<tr>
<td>de-de</td>
<td>47</td>
<td>1.79%</td>
</tr>
</tbody>
</table>
This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 727474

<table>
<thead>
<tr>
<th>Country</th>
<th>Sessions</th>
<th>% Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Spain</td>
<td>469</td>
<td>17.89%</td>
</tr>
<tr>
<td>2. Italy</td>
<td>364</td>
<td>13.88%</td>
</tr>
<tr>
<td>3. Belgium</td>
<td>344</td>
<td>13.12%</td>
</tr>
<tr>
<td>4. United States</td>
<td>323</td>
<td>12.32%</td>
</tr>
<tr>
<td>5. United Kingdom</td>
<td>254</td>
<td>9.69%</td>
</tr>
<tr>
<td>6. Germany</td>
<td>176</td>
<td>6.71%</td>
</tr>
<tr>
<td>7. Netherlands</td>
<td>92</td>
<td>3.51%</td>
</tr>
<tr>
<td>8. Sweden</td>
<td>65</td>
<td>2.48%</td>
</tr>
<tr>
<td>9. Greece</td>
<td>53</td>
<td>2.02%</td>
</tr>
<tr>
<td>10. Estonia</td>
<td>40</td>
<td>1.53%</td>
</tr>
</tbody>
</table>

**Analytics IC-Health Twitter**

*Data from Twitter analytics*

- 28.2k impressions (April – June)
- 7.7k impressions (July – September)
- 14.3K impressions September 18 – 31 October

**Main Tweets engagement (Impressions and engagement with Tweet)**

- IC-Health @ICHealthEU - May 11
  - 4,034 impressions
- IC-Health @ICHealthEU - May 12
  - 3,072 impressions
- IC-Health @ICHealthEU - May 12
  - 2,847 impressions
- IC-Health @ICHealthEU - Oct 10
  - 7,584 impressions
This project has received funding from the European Union’s Horizon 2020 research and innovation programme under grant agreement No 727474

IC-Health | D5.1 – Dissemination and Communication Strategy

Clicks - Retweets - Likes
(Apr - Jun 2017)

On average, you earned 0 link clicks per day

Retweets
On average, you earned 0 Retweets per day

Likes
On average, you earned 17 Likes

Clicks - Retweets - Likes
(Jul - Sep 2017)

On average, you earned 1 Retweets per day

Likes
On average, you earned 34 Likes

Clicks - Retweets - Likes
(Sep - Oct 2017)

On average, you earned 0 link clicks per day

Retweets
On average, you earned 0 Retweets per day

Likes
On average, you earned 34 Likes
Analytics IC-Health Facebook

Monthly Sample example (Oct-Nov 2017)

Facebook Posts reach

Post Reach
The number of people your posts were served to.