



D2.1 COMMUNICATION AND DISSEMINATION PLAN AND COMMUNICATION MATERIAL

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Executive summary

This is the Deliverable 2.1 Communication and Dissemination Strategy, developed within Work Package 2. This strategy aims to plan, organise and evaluate key communication and dissemination activities undertaken by the Consortium for the promotion of ADLIFE's results and findings, including the diffusion of innovations generated, to targeted audiences. The current document is a working document and will be updated throughout the project's duration. A final report on the project's dissemination activities will be submitted in Month 54 of the project. Our Communication and dissemination objectives are to:

- Raise awareness of the project objectives, results and scheduled events to build reputation, create engagement/adherence and support/endorsement
- Widely disseminate the project's concepts, findings, and results throughout the project's life, while constantly revising and evaluating effectiveness of selected mediums
- Ensure the long-term impact of the project by establishing appropriate lines of communication in order to maximize influence on policy and decision makers within targeted communities (healthcare, research, academia)
- Promote collaboration with similar EU and national level projects
- Inform patients about the relevance of the project's outcomes
- Promote the findings and the results of the project to the targeted audiences in a regular and consistent manner

In the context of the ADLIFE Project, we will do this through:

Target audiences - the stakeholders in chronic and integrated care including patients & their informal caregivers / patient organisations, health and care professionals, decision makers/funders/regulators/policy representatives, ICT developers of digital tools/ clinical information system developers and academics in the field of chronic care.

Key messages - related to the project's innovative solutions in delivering integrated care, its impact and contributions, as well as its collaborative approach.

Key tools - those mediums & channels, which will be utilised per audience in order to facilitate awareness, understanding and action, from the perspective of the different targeted audiences.

Evaluation and monitoring procedures - which will allow for the entire communication and dissemination plan and respective activities to be monitored and assessed on a regular basis during the project life. Minimum success thresholds will be used for each communication tool.

The overall communication and dissemination strategy has been divided into distinct phases, in accordance with the phases of the project, focusing on:

- 1) **Awareness-raising** - aiming to motivate targeted audiences to become interested in being informed about the progress of the findings and to actively engage in dialogue about the project goals.
- 2) **Communicating** with targeted-audiences on available project results, aiming to promote a deeper understanding as well as to further motivate their involvement.

- 3) **Dissemination** of results that will ensure long-term impact and utilization of the project results.

Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

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1. Introduction

Medical breakthroughs significantly increased life expectancy. According to the World Health Organisation, global average life expectancy increased by 5.5 years between 2000 and 2016, the fastest increase since the 1960s¹. This major success in public health highlights the need for not only guaranteeing extended survival but a good quality of life for older people living with chronic diseases. The EU-funded ADLIFE project will develop an innovative solution that will entail the development of an ADLIFE ICT Toolbox encompassing a personalised care management platform, clinical decision support services and a patient empowerment platform with a 'just-in-time' adaptive inventory engine. The integration of these three supportive care interventions aims to reduce suffering and enhance recovery.

The ADLIFE system will be deployed through large-scale pilots in seven countries and Health Systems, and involve 577 healthcare professionals from 75 hospitals, clinics and primary care services. It will prove that intelligent, collaborative digital solutions can enable care teams, patients and caregivers to improve or better maintain health in patients with advanced chronic disease (over 200,000 in the participating regions). It will test its effectiveness in 882 patients and 1243 caregivers. ADLIFE will demonstrate significant outcomes-based efficiency gains in health and care delivery enhancing seamless care coordination, avoiding gaps and overlaps in care. The ADLIFE ICT Toolbox and the evidence behind this digitally-enabled approach from the 7 reference sites will be strongly disseminated to multiple stakeholders and decision makers in Europe both online and in-person actions.

The present Deliverable 2.1, entitled Communication and Dissemination Strategy, aims to define the strategy to appropriately plan and organise all communication and dissemination activities undertaken by the Consortium for the promotion and diffusion of ADLIFE's results and findings to target audiences (patients & their informal caregivers / patient organisations, health and care professionals, decision makers/funders/regulators/policy representatives, ICT developers of digital tools/developers of clinical information systems and academics in the field of chronic care). We have used the following EU H2020 definitions to inform our communication and dissemination strategy as follows (http://ec.europa.eu/research/participants/portal/desktop/en/support/reference_terms.html):

Communication: *'Strategic and targeted measures for promoting the action itself and its results to a multitude of audiences, including the media and the public' with the aim of promoting your project and its results beyond the projects own community, reach out to society.*

Dissemination: *'The public disclosure of the results by any appropriate means, including by scientific publications in any medium. Transfer of knowledge and results to the ones that can best make use of it' which in turn 'maximizes the impact of research, enabling the value of results to be potentially wider than the 'original focus'. This includes open access to publications and data which are all considered to be an 'essential element of all good research practice' and 'prevents results becoming sticky and effectively' and 'strengthens and promotes the profile of the organisation'.*

The document is structured as follows:

- The methodology section presents the methodology followed for defining the strategy.

¹ . Global health estimates 2016: Life expectancy, 2000–2016. Geneva: World Health Organization; 2018 (https://www.who.int/gho/mortality_burden_disease/life_tables/en, accessed 26 June 2020)

- The strategy is then presented, namely the targeted audiences, key messages, and communication tools (mediums & channels) per audience.
- Evaluation and monitoring procedures.
- A communication road map is then defined according to the current views of the consortium.
- The procedures to evaluate and monitor the communication activities are finally set and the role of partners, defined.

2. Methodology

The Communication and Dissemination Strategy of the ADLIFE project is based on a five-step approach, as outlined in Table 1 below.

Table 1: The ADLIFE communication approach

1	Identification of communication and dissemination objectives
2	Identification of target audiences
3	Determination of key messages
4	Identification of communication and dissemination mediums and channels
5	Monitoring and evaluation

This approach addresses most of the basic elements of communication and dissemination, namely audience, message, communication and dissemination means (material), and channels to be used, as well as a time frame for delivering the messages. The methodology also provides a monitoring and evaluation process, as a means to ensure the efficiency of the communication and dissemination activities and allow the smooth coordination of individual communication actions throughout the project life.

The purpose of the ADLIFE strategy is to develop effective activities ensuring that all communication and dissemination speaks to the core objectives of the agreed strategy and that key messages are consistently delivered. This is achieved by answering some very simple questions, such as "Who are the key audiences? What do these audiences know now? What do we need them to know? What message or messages do they need to receive? What is the most effective mode/media to deliver these messages?" The implementation of this methodology will ensure the project's impact maximization with regard to targeted audiences.

The ADLIFE project will pursue a three-stage approach on communication and dissemination, and awareness raising activities. During the initial phase, the main focus will be on informing target audiences about the project's concepts and main objectives. In essence, the resulting communication and dissemination strategy will aim to help spreading knowledge about the project's aims in order to gain maximum support from stakeholder communities; doing this would motivate multiple individuals and groups to engage. The second phase of the project will build upon the first, evaluating and reviewing initial activities and, thereafter, promoting the project in more tailored ways for each of the key stakeholder groups. The main focus will be to effectively communicate and disseminate to raise further awareness on project related issues, in an engaging way. In the final phase of the project, a major effort will be put in place in order to effectively communicate and disseminate project

results to the targeted audiences in a way of ensuring the long-term impact and the exploitation of the project's final results.

3. Communication and Dissemination Strategy

3.1 Objectives of the ADLIFE strategy

As set out in the project grant agreement, the strategic objectives for all communication and dissemination activities for ADLIFE will include the following activities:

- Establish within targeted audiences that the ADLIFE project is the result of a European collaboration and would not have been otherwise completed.
- Demonstrate how the outcomes of the ADLIFE project are relevant to the everyday lives of a growing cohort of European citizens. Thus, make the outcomes of ADLIFE relatable to the public.
- Demonstrate the benefits for health care (providers/organisations).
- Ensure that the results of the ADLIFE project, influence policy and decision makers across Europe in chronic health care to ensure the long-term impact of the project.
- Demonstrate the unique value proposition of ADLIFE: how it stands out by its integrated clinical, technical, and usability features, made possible thanks to a European collaboration.
- Ensure that all communications produced are engaging and interesting to the targeted audience.

Specifically in relation to the ADLIFE project, communication and dissemination objectives are as follows:

- Raise awareness of the project objectives, results and scheduled events build reputation, create engagement/adherence and support/endorsement.
- Widely disseminate the project's concepts, findings, and results throughout the project's life, while constantly revising and evaluating effectiveness of selected mediums.
- Ensure the long-term impact of the project by establishing appropriate lines of communication in order to maximize influence on policy and decision makers within targeted communities (healthcare, , academia, industrial R&D).
- Promote collaboration with similar EU and national level projects
- Inform patients about the relevance of the project's outcomes.
- Promote the findings and the results of the project to the targeted audiences in a regular and consistent manner.

3.2 Target Audiences

Targeted audiences for the communication activities of the ADLIFE project include stakeholders in chronic and integrated care - patients & their informal caregivers / patient organisations, health and care professionals, decision makers/funders/regulators/policy representatives, ICT developers of digital tools and academics in the field of chronic and integrated care. Personalised strategies and individual communication plans are being devised and will be implemented in order to ensure that they reach out to each targeted audience by taking into consideration their special characteristics, behaviours, needs, and motivations.

The target audiences have been identified and are presented in Table 2. The Consortium has worked with partners and collaborators to develop personas that are representative of each group and these personas have acted as a vehicle for the development of our communication and dissemination strategies including the development of our key messages (see Table 3).

Journalists and media, both mainstream and specialised, whilst not in the direct target groups affected by the project outcomes, will play an important role in the dissemination and communication towards the primary target groups. Hence, they will be included in our approach as intermediaries to appropriately reach out to the main target audiences as defined in this document.

Information for the general public, who are all potential patients/informal caregivers at some point in their life, will be available to them through the array of information channels the project will be deploying.

Table 2: ADLIFE Target Audiences

Target audience (Stakeholder group)	Specific Groups	Objectives
Citizens, patients & their informal caregivers, patient organisations		Raise awareness and understanding of ADLIFE and ultimately engagement/adherence
Health & care professionals	Medical, Allied Health Professionals, Nursing	Raise awareness, engagement, endorsement, ensure long term impact of ADLIFE
Decision makers, funders, policy representatives, Regulators		Raise awareness and support, ensure long term impact of ADLIFE Trigger interest, endorsement and support to promote ADLIFE as an indispensable part of future healthcare development
ICT developers of digital tools/ clinical support system developers/broader industry groups		Raise awareness, exchange information, promote collaboration, ensure long term impact of ADLIFE
Academics in the field of Integrated care		Raise awareness, exchange information, promote collaboration, ensure long term impact of ADLIFE

3.3 Key Messages

To focus and target our communication we have developed the following key messages for each group to ensure consistency in communication and dissemination with our key stakeholders:

Table 3: ADLIFE Key Messages

Stakeholder	Desired outcomes	Key Messages
Citizens, patients & their informal caregivers, patient organisations	Create interest, reassurance and compliance (so that they use the tool when suggested to them) by explaining the functionality and demonstrating the benefits of the service.	<p><u>ADLIFE will be your daily digital assistant</u>: a user-friendly digital tool optimized for CHF/COPD patients like you, and your informal caregivers, that will help you to better follow up on your medical instructions, to communicate more easily with your health team.</p> <p>ADLIFE allows you to have an <u>active role</u> in managing your health and to remain <u>independent</u> for longer.</p> <p><u>For better quality of life</u>: better (coordinated) care, lower health care utilisation and cost, by allowing your HC professionals to streamline your care plans</p>
Decision makers, funders, regulators, policy representatives	Trigger interest, endorsement and support to promote ADLIFE as an indispensable part of future routine healthcare development across Europe	<p>ADLIFE will <u>promote efficiencies in and sustainability of the healthcare systems</u> (avoid unnecessary duplication of tests and examinations; avoid ineffective usage of resources; support early intervention avoiding unnecessary treatments and/or hospital admissions; promote self-care; care delivered in community settings)</p> <p>ADLIFE will <u>provide safe, effective, coordinated, high quality and cost-effective care</u> to people with advanced chronic disease</p> <p>ADLIFE will act as a <u>comprehensive use case</u> that can be used to inform or initiate national policy development</p>
Health & care professionals	<p>Raise awareness, create interest, confidence/reputability and endorsement so that they use the platform and support ADLIFE by promoting it to their patients and networks.</p> <p>Engagement: We want them to provide input during the build-up phase of the project.</p>	<p><u>More coordinated and personalized care</u> planning, clinical decision support and greater communication between health and care professionals, and patients.</p> <p><u>Better health outcomes</u> for your patient, who will be more motivated to play an active part towards achieving health goals</p> <p><u>Sustainability</u> of the health care organizations and systems, evolution towards <u>greater self-care</u> supported by health administrations.</p>

<p>ICT developers of digital tools/clinical decision support system developers</p>	<p>ICT developers become aware, want to use the interfaces, bring new ideas into the project.</p>	<p><u>ADLIFE is innovative.</u> It provides a digital platform on which the different solutions of existing systems are brought together via new interfaces</p> <p><u>ADLIFE offers collaboration</u> between providers through novel IT solutions driven by new incentive frameworks</p> <p>Easy to integrate modular components for enabling integrated care and better chronic disease management</p>
<p>Academics in the field of chronic care</p>	<p>To raise awareness and interest among academics so that they endorse the approach taken by the project and support it by promoting it to their academic networks.</p>	<p>ADLIFE is a system that is adaptable enough to cope with different health services.</p> <p>ADLIFE provides coordinated: care planning, clinical decision support and greater communication between health and care professionals, and patients.</p> <p>ADLIFE is safe and effective. ADLIFE does not have a negative impact on patient safety. ADLIFE will improve outcomes</p> <p>ADLIFE is secure and does not have a negative impact on confidentiality of patient data</p>

All ADLIFE key messages will be further tailored to each target group along the course of the project, according to the communication objectives set for each project phase.

3.4 Communication and Dissemination Channels

A variety of channels will be used in order to effectively reach out to the target audiences and by considering the specific characteristics and needs of each group. The following list is not exhaustive as new needs or opportunities may arise in the course of the project implementation:

1. Printed material (visual identity, logo, poster, leaflet, event material like rolls ups, banners, etc.).
2. High-impact journals.
3. Online material (visual identity, logo, banners videos, etc.).
4. Print & broadcast media (newsletters, press releases, articles, interviews, etc.).
5. Electronic communication channels, encompassing email, internet, and social media platforms.
6. Physical media (meetings, workshops, conferences, exhibitions, etc).

3.5 Communication and Dissemination Tools per Audience Group

The successful communication and dissemination of the ADLIFE project objectives and outcomes is key to the overall success of the project. To this end, it is important not only to identify the targeted audiences and their specific characteristics, but also to select the appropriate tools to effectively provide them with information, tailored to their needs.

Depending on the objectives, communication and dissemination can facilitate awareness, understanding and action. Communication and dissemination for awareness applies mainly to those targeted audiences which do not require detailed knowledge but need to be aware of the project's activities and outcomes in order for the project's identity to be enhanced within the broader patient community. On the other hand, there are targeted audiences that need to acquire a deeper understanding of the project in order to benefit from what the project has to offer. Finally, in the case of targeted audiences in the position to influence policies or decision-making, dissemination will target to their specific actions.

Based on the aforementioned, Table 4 includes the most appropriate tools to be used per target audience:

Table 4: Communication Tools for use with target audiences

Target audience (Stakeholder group)	Tools
Patients & their informal caregivers, patient organisations	Project website, regularly updated with cases, everyday benefits, testimonials, features in lay language, FAQ ... Social media content Project Promotion Video (YouTube, Vimeo) Printed material (visual identity, logo, poster, leaflet, event material, etc), General media (hence need for press releases and contacts with journalists/media, , for articles and , interviews) Reports written in lay language on progress of study
Health & care professionals	Project website Newsletter Social Networks (Twitter, LinkedIn) Project Promotion Video (YouTube, Vimeo) Health, Care and Medical journal publications Conferences Conference booths and special sessions events Project presentations at university courses (e.g. presentation of ADLIFE use case and application in clinical care)
Decision makers, funders, regulators, policy representatives	Project website Newsletter Social Networks (Twitter, LinkedIn) Project Promotion Video (YouTube, Vimeo) Targeted journal publications Conferences, Workshops, Exhibitions Meetings
ICT developers of digital tools	Project website Newsletter Social Networks (Twitter, LinkedIn) Project Promotion Video (YouTube, Vimeo) Informatics and technical journal publications Conferences Conference booths and special sessions events

Academics in the field of chronic care	Project website Newsletter Social Networks (Twitter, LinkedIn) Project Promotion Video (YouTube, Vimeo) Health and care journal publications Conferences Project presentations at university courses
Public	Printed material (visual identity, logo, poster, leaflet, event material, etc.), press releases, articles, interviews Website Social Networks (Twitter, LinkedIn) Project Promotion Video (YouTube, Vimeo) Lay reports

4 Key Communication Tools of ADLIFE

4.1 Project Visual Identity

A consistent and coherent visual identity has been developed for ADLIFE, including a logo (Figure 1), a slide template, and deliverable template. For the most commonly used documents (PowerPoint presentations, Word deliverable reports, agendas and minutes) templates have been designed and are available on the ADLIFE SharePoint. Among other things, a leaflet and a poster will also be developed. The ADLIFE leaflet will present the project, its objectives, the consortium, the key objectives and messages of the project, and its impact on stakeholders.



Figure 1 – The ADLIFE logo

The ADLIFE logo and colour scheme (figure 2), was agreed by all consortium members. There is one version of the logo, with a width to height ratio of 3:1.138 which must be maintained at all times. The corporate typography used for the logo is in capital letters. It is a classic, clear non-serif font. The official typography to be used in all documents by consortium members is Arial, a well-used but easy to read font, widely and freely available (Figure 3).



Figure 2 – Colour Swatches

A B C D E F G H I J K L M N
O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n
o p q r s t u v w x y z

Figure 3 – Arial font for all ADLIFE materials

4.2 ADLIFE Newsletter

A newsletter, summarising the recent findings and developments within the project, will be prepared and submitted every 3 months to various channels and stakeholder groups, starting month 7. This instrument primarily targets the European health research community and others already interested in the topics that ADLIFE addresses. However, specifically during the first phase of the project, it will target a general professional audiences for awareness raising purposes, as well. The Newsletter will be accessible through the website, promoted via social media channels and will also be sent by email to stakeholders. We will use Mailchimp to distribute the newsletter and will include a sign-up facility on the website to allow interested partners to receive the newsletter by email. The recipients' list is currently being completed by all project partners.

4.3 ADLIFE Website

The [project website](#) is one of the most important communication channels of ADLIFE as it will provide continuous updates about the project's progress. All the public deliverables and publications will be uploaded on the website providing the necessary information regarding the project's progress and its results. The consortium will ensure high ranking of the website in web search engines through Search Engine Optimisation (SEO) practices and tools. The site will be maintained and updated regularly, and will be active for at least 1 year after the end of the project. Specific information about the actual structure of the website as well as

related planning of activities is included in previously submitted D2.2 Website Deliverable report.



Figure 4 – Screenshot from the ADLIFE website

4.4 ADLIFE and Social Media

The project will make extensive use of social media sites i.e. LinkedIn, Twitter, and YouTube. For this purpose, we have developed a social media strategy (see Appendix A) which defines how the ADLIFE Consortium will use social media to achieve its communication and dissemination aims. This includes outlining goals and objectives for using social media and to target outcomes to be achieved as a result. This will ensure that we reach as many of our target audiences as possible, have more social media traffic and therefore more engagement. It is important that our social media goals and objectives align to overall project objectives.

Furthermore, it will plan and implement social media campaigns in order to create awareness, engagement with ADLIFE, and to communicate the project's progress and its results.

These ADLIFE dedicated accounts will also interact with relevant partners' accounts and sites. Dedicated ADLIFE LinkedIn and Twitter accounts have already been created to share project news with the respective professional communities and to collect valuable feedback through respective social media campaigns. Twitter will be used to circulate project news and activities.

ADLIFE twitter account https://twitter.com/adlife_project

ADLIFE LinkedIn page <https://www.linkedin.com/in/adlife-project-8929bb1b0>

A YouTube Channel will be available at a later stage and will be used to share project videos and will be promoted via the social media channels, newsletters and project website.

4.5 Press Releases and Media Coverage

At project milestones, press releases will be issued to European and local press (both broad and specialised), as well as to all project and partner networks, platforms, and stakeholders. In support of that, relevant material and common messages will be developed. During the

course of the ADLIFE project, all partners will disseminate non-confidential information of the project in their national language to local/regional newspapers and media.

The project targets at least two press releases, published within the project duration, and close to the beginning and end of the project respectively. The press releases will be uploaded to the main page of the project website and made available to the general public and will also be distributed via various media channels.

At major project milestones, special promotion will take place, short videos will be created to advertise the achievements and the progress of the project.

4.6 Peer-reviewed Publications

Efforts will be directed at publishing peer-reviewed health and technical papers in high impact journals and conference proceedings. The publications will cover the range of disciplines within the work undertaken in the project. Specifically, for journals, the number of articles to be published are anticipated to increase each year of the project runtime. The Consortium have already commenced identifying target journals for ADLIFE dissemination. We will be monitoring our target and other journals for special editions that cover the ADLIFE scope of work. Our list of target journals will be continuously updated during the project. We have also developed an ADLIFE publication review policy (see Appendix C) and convened a publication review committee to:

- Review, comment on and approve or reject proposals for scientific publications according to the communication dissemination goals set within ADLIFE.
- Oversee procedures in relation to publication including writing up, authorship, co-author contribution, adherence to timelines and the actual submission process.
- Oversee procedures in relation to PhD/MSc theses to be generated as part of ADLIFE and in relation to the publication/dissemination of output deriving from analyses conducted as part of PhD/MSc theses.
- Ensure that any disputes are resolved timely and efficiently to promote progression of the intended publications.

We anticipate that the project results will be published, mainly at fee-based open access (OA) scientific journals, following the OA Gold method, due to the high impact associated with certain journals. There are many open access high-impact journals in the disciplines of health and informatics, allowing a variety of publication venues. It is anticipated that our researchers will occasionally also follow the OA Green method in the case of conference and workshop contributions, since the two OA methods are not mutually exclusive. In that case, the published article or the final peer-reviewed manuscript is archived by the researcher in an online scientific repository before, after or alongside its publication. Authors must ensure open access to the publication within a maximum of six months. The Open Access Infrastructure for Research in Europe (<https://www.openaire.eu/>) is currently being explored in order to determine the repository that ADLIFE will use to archive the publications made within the project.

4.7 Dissemination Events

One of the project's major dissemination activities will be the participation in conferences and the organization of a number of dedicated ADLIFE workshops, meetings, and other events with the aim to disseminate the project's progress and its results, as well as to

receive feedback from stakeholders. In addition, ADLIFE partners will present project outputs in international conferences, exhibitions, and workshops. Altogether, the consortium plans to present the project's results at several events, through the organisation of special sessions or workshops. The Consortium has already started to identify relevant future events and this list will be revised and updated during the course of the project. This also includes presentations in technical conferences and exhibitions through the participation of its industrial partners Optimedis, and SRDC. In their dedicated space, the latest project results and newly-developed systems will be presented, expecting to generate interest for the innovative use of technology in ADLIFE, among other complementary industrial vendors, public organisations and academic researchers. SRDC is planning to participate at several exhibitions and events, including EU-ICT related events. Moreover, the ADLIFE project will be presented in workshops and cluster meetings arranged by the EC. We also plan to have at least one project presentation/update session at pilot sites. This will include study start up visits, interim updates and final study updates detailing the findings of the ADLIFE study.

4.8 ADLIFE Final Conference and Forum

ADLIFE envisions the creation of a common ground for communication and dissemination, ideas exchange and collaboration in Europe that will ultimately foster innovation in technologies and processes for improving the treatment of chronic and intergrated care. This also entails providing a pan-European framework that will be interoperable with existing frameworks and systems and will serve as a foundation to build a network of solution providers enriching the initial offering of the ADLIFE project.

In addition to the workshops detailed above, the ADLIFE consortium also plans to hold a final conference. How this final conference will be shaped, will be determined towards the end of year 3. We envisage several scenarios, taking into account we target several key stakeholders including patient organisations, clinicians, business, policy makers etc. One option is to organise the final conference as part of ADLIFE's final face-to-face Consortium meeting, establishing a special programme for external stakeholders. But, as the presence of external target groups is crucial, another option is to organise a satellite track at a major external European conference, or a conference organised by one of the consortium partners, that aims at the same stakeholder groups and/or that tackles related topics, thus benefitting from a joint marketing and organisational effort. We can also explore a more fine-grained targeting approach by joining or associating with more than one conference, each aiming at specific ADLIFE target groups.

We also aim to convene an ADLIFE Forum, where the consortium will establish a network of active stakeholders with whom they will exchange professional expert knowledge on ADLIFE related issues, through requests for input, reviews of deliverables and participation in round-table discussions. To this end, all consortium members will invite a number of experts to participate in the ADLIFE forum. With respect to the protection of confidential project data and outputs, the forum participants will be asked to sign a non-disclosure agreement.

5. Communication Road Map

A key parameter for an effective communication and dissemination strategy is time. More specifically, time, as for project phase, more or less defines the criteria for selecting the appropriate message to be communicated and the type of dissemination material and

channel to be used. The communication and dissemination roadmap presented below, provides an outline of activities per project phase, and the respective tools to be used:

Table 5: Communication Road map

Project phase	Activities/Objectives	Tools	Partner
Initial phase	Focus on raising awareness and informing relevant stakeholders about ADLIFE's aims and objectives; motivating engagement + building reputation.	Brand identity, Newsletter, Blog, Website, Video, Poster/Banner, Social media.	Strathclyde, All partners
Second phase	Communicate available project results and raise awareness on project-related issues + building reputation + endorsement and support.	Articles, press releases, publications, conferences and other events, newsletter, website, social media, meetings with and presentations to various ADLIFE stakeholder groups.	Strathclyde, i-HD, All partners
Third phase	Final phase push to effectively disseminate project results to the target audiences, and to ensure long-term impact of the results.	Articles, press releases, publications, conferences and other events, newsletter, website, social media, meetings, presentations.	Strathclyde, i-HD, All partners

6. Evaluation and monitoring of activities

The communication and dissemination strategy will be assessed on a regular basis during the project. The project partners will agree on minimum success thresholds for each tool to be used (Table 6). Monitoring will be ongoing, and evaluation will take place bi-annually.

Table 6: Evaluation and Monitoring Activities and Indicators

Dissemination Tool	Measures	Estimates of Key Performance Indicators*
Web site	Number of users/visitors (per project year) Average sessions per user/visitor Page views Average session duration Bounce rate % new visitors Numbers of countries website viewed from	300 year one and then doubling year on year 2 per year 2 per session 2 minutes 30% bounce rate 10% new visitors per month 100 countries in total
Leaflet	Number of copies distributes	400
Newsletter	Number of newsletters published (per year)	4
	Number of mailing list contacts	400
Peer-reviewed publications	Number of publications	At least 1 paper per year (submitted)
Articles in specialised/narrow media	Number of articles	At least 1 per year
Presentations in Conferences	Number of conferences attended (workshops, oral presentations, distribution of printed material, placement of poster ...)	At least 2 per year
Press releases	Number of press releases published,	At least 2 during the whole project runtime
Social media	See Social Media Strategy for measures	See Appendix A

*The KPIs will be expanded per category of activities to include specific metrics to measure the effectiveness of the performed activities.

7. Role of partners

With regard to Work Package 2 Dissemination & Communication, there is a WP leader, the University of Strathclyde, responsible for managing and monitoring the whole effort, supported by co-leader, The European Institute for Innovation through Health Data (i~HD),

which includes the following Tasks. A communication and dissemination group has been convened with representation from the ADLIFE lead Consortium and includes at least one representative from all partners. This group will facilitate shared working, ensure that all partners are actively involved in communication and dissemination activities throughout the duration of the project and that the intended communication and dissemination goals are met. We have also convened a Publication Review Board which will be responsible for publishing high quality results, press notes and conference abstracts:

Table 7: Communication & Dissemination Tasks

Work Package/Task	Partner	Role
T2.1 Communication and dissemination plan	Strathclyde	Responsible
T2.2 Project Website and External Communication Tools	Strathclyde	Responsible
T2.3 Disseminate ADLIFE results in the scientific community	Strathclyde	Responsible
	All partners	Contribute
T2.4 Disseminate to the public and other target groups	I-HD	Responsible
	All partners	Contribute
T2.5 Roadmap for improving European and National guidelines and models for integrated care	I-HD	Responsible
	All partners	Contribute
T2.6 Open Access Strategy	I-HD	Responsible
	All partners	Contribute

While the University of Strathclyde lead WP2, all project partners are expected to contribute to the communication and dissemination activities of the project. Table 8 below demonstrates the expected contribution of each partner:

Table 8: Partners involvement in communication & dissemination

Task	USTRATH	KRON	WARWICK	i-HD	AMCA	OUH	FALK	OM	RJH	SRDC	everis
Web-site & social media content	R	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I
Participation on Conferences other events	A/C/I	A/C/I	A/C/I	R	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I
Lectures	R	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I
Publish scientific results	R	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I
Communicate with other relevant projects	A/C/I	A/C/I	A/C/I	R	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I
Press releases media coverage	A/C/I	A/C/I	A/C/I	R	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I
Newsletter	R	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I
Visual identity material	R	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I	A/C/I

(R=Responsible, A= Assists, C= Consulted, I= Informed)

8. Dissemination and Communication Procedures

The ADLIFE communication and dissemination procedures as outlined in this strategy have been created as a framework and a monitoring tool for the performance of related activities of all partners.

A partner's participation in an event or performance of any formal communication and dissemination activity requires prior approval from the ADLIFE Consortium. For this purpose we have convened an ADLIFE dissemination and communication group with representation from the Consortium leader and each partner that meets every 2 months to oversee communication and dissemination activities and ensure that the strategy is progressing as intended. It is to this group that partners should submit, in a timely manner, any requests for dissemination activities for approval, modification, or rejection. In case of the dissemination of already approved material, the partner needs to inform the WP2 dissemination and communication group and include the appropriate acknowledgement to the ADLIFE project in all materials.

Open Access Strategy: The ADLIFE project will fully comply with the open access strategy to scientific publications as stated in Article 29.2 of the H2020 Grant Agreement. The partners are committed to sharing their learning openly, through open access publications, conferences and the web site, so that all can benefit from our learning about how best to provide good quality care and support to people with advanced conditions. The partners are committed to making research data available to external researchers so that other teams, across Europe or globally, can build on our research. In doing this we will ensure the data we make openly available are completely anonymised and have approval to be shared.

The ADLIFE dissemination procedures document is available to all partners on the project SharePoint. The dissemination procedures are also presented in the current document in Appendix 2.

9. Conclusion

A concise strategy has been proposed targeting specific audiences and proposing tools, means and time plan per audience. Some tools have already been developed (e.g social media strategy, newsletter) and communication and dissemination has already started. Importantly our plan includes SMART metrics upon which we can monitor activity and progress and ensure that our intended outcomes are met.

This document is a working document, meaning that the strategy will be evaluated on a yearly basis according to specific success criteria. If needed, the strategy will be adapted, to better suit the project's needs and the latest opportunities offered in the future.

Appendix 1 ADLIFE Social media Strategy

Introduction

A social media presence is necessary during this current phase and for future phases of the project for communicating the goals of the project to as wide an audience as possible. It is important that our social media goals and objectives align to overall project objectives.

SMART objectives

Furthermore, it is important that we have social media goals that are:

- Specific – the more specific the goal, the easier it will be to see what we are trying to achieve.
- Measurable – how we will measure the success of our goals?
- Attainable/Achievable – is the goal realistically attainable?
- Relevant – does the goal support the project objectives?
- Timely – what is the time frame for achieving the goal?

Get to know our audience

A successful social-media strategy is all about targeting the right people with the right messages. We need to think about the information our intended reader could be looking for and aim to give them that information, customising the language and content instead of posting just for the sake of it. This makes it more likely that people will read and share our content, expanding our audience. To make sure we do this, we need to understand our audience. One way to do this is by creating audience personas.

Audience personas

By building a persona we can get to know our different target audiences. What are their concerns/needs/complaints/desires/motivations? Where do they get their information from and who they are influenced by? We can address those people/media as well. From this we can highlight the benefits the project brings to them to make their lives better. Consortium partners, according to their knowledge and experience, were tasked with developing the personas of key stakeholders in the project:

- Patients & their informal caregivers / patient organisations.
- Health and care professionals (organisations).
- Decision makers/funders/regulators/policy representatives.
- ICT developers of digital health tools.
- Academics in the field of chronic care.

Below is a summary of the personas for each of the five target audiences for the project. Each consortium partner was given a template of the information to be gathered for one or two personas that are close to their assignment in ADLIFE, including the type of Persona, that personas concerns, motivations and information sources. All of the responses received were collated and summarised into Table 1. For some personas, it was hard to interview some representatives, given their unavailability due to the COVID-19 pandemic (e.g.

decision makers/ funders/ regulators/ policy representatives). This should be complemented by the end of September.

Prioritised approach

We recommend following a prioritised approach and initially target the professional audiences to raise awareness and gain endorsement, both at a regional, national and European level. In a next step, when the results of the project become more tangible, we will reach out to the non-professional audiences such as relevant patient groups and the general public. The choice of communications supports, channels and messages will vary accordingly.

Patients & their informal caregivers / patient organisations

Patients and their informal caregivers are one of ADLIFE's primary beneficiaries. Their needs are mainly: live at home as long and as independently as possible, stop deterioration of their disease, have access to their health care team when needed, have the possibility to be involved in their treatment, receive clear information.

- Tone of voice: communication needs to be reassuring and motivating, clear, understandable & practical. Use plain language, use blogs, testimonials, explanatory videos, tutorials, print screens.
- Communication channels: Mainly via their influencers and local information circulation systems, secondary also digitally via internet & Facebook in their native language

Hence, for this target group, we will initially focus on their influencers: health care team (clinicians, social workers) (cf next persona) and patient organisations.

As to patient organisations, they can on the one hand have an impact on health policy decision-making and on the other hand translate ADLIFE's benefits to their members, in their respective languages and through their usual communication channels.

A list of patient associations at national and European level is being set up. (cf Sharepoint) Consortium partners can retweet/translate project tweets and tag the patient organisations active in their respective countries.

Whereas a direct communication with patients is not a main target in the first stages of the project, it is imperative in all communications to express the patient's view and benefits. The full persona table (cf appendix below) resulting from the consortium enquiry gives an overview of possible topics (needs, concerns, objections) to be touched upon.

Key messages

- ADLIFE will be your daily digital assistant: a user-friendly digital tool optimized for CHF/COPD patients like you, and your informal caregivers, that will help you to better follow up on your medical instructions, to communicate more easily with your health team.
- ADLIFE allows you to have an active role in managing your health and to remain independent for longer.

- For better quality of life: better (coordinated) care, better quality of life, lower health care utilisation and cost, by allowing your HC professionals to streamline your care plans

Desired outcome with the patient: Create interest, reassurance and compliance (so that they use the tool when suggested to them) by explaining the functionality and demonstrating the benefits of the service.

Health and care professionals (organizations)

Both individuals and organizations. They have mainly the same concerns: Raise efficiency, cost-effectiveness, collaboration, quality/safety/coordination of care, patient involvement, diminish the (financial/organizational) stress. Moreover provider organizations want to be able to make investments, ensure their future and the regional health care supply, guarantee reputation management with patients and as an attractive employer.

- Tone of voice: authoritative and reputable, innovative by the comprehensive, integrated and flexible approach.
- Communication channels: scientific journals, health management sources, conferences, social media, mainly Twitter and LinkedIn.

ADLIFE should create reputability and stand out by:

- Its technically integrated approach (full integration with existing EPD systems).
- Its comprehensiveness: not only care plans + CDSS + PEP but also applicability to a wide range of diseases
- Its flexibility, e.g. to update CDSS but also the possibility to follow own clinical guidelines
- Its solid basis working on existing and proven EU realizations.

Key messages:

- More coordinated and personalized care planning, clinical decision support and greater communication between health and care professionals, and patients.
- Better health outcomes for your patient, who will be more motivated to play an active part towards achieving health goals.
- Sustainability of the health care organizations and systems, evolution towards greater self-care supported by health administrations.
-

Desired outcomes:

Raise awareness, create interest, confidence/reputability and endorsement so that they use the platform and support ADLIFE by promoting it to their patients and networks;
Engagement: We want them to provide input during the build-up phase of the project.

Decision makers/funders/regulators/policy representatives

We have developed a very brief persona and this will be more fully developed over the coming months.

Key messages:

- Efficiencies in and sustainability of the healthcare systems (avoid unnecessary duplication of tests and examinations; avoid ineffective usage of resources; support early intervention avoiding unnecessary treatments and/or hospital admissions; promote self-care; care delivered in community settings)
- Safe, effective, coordinated, high quality and cost-effective care to people with advanced chronic disease.
- Act as a comprehensive use case that can be used to inform or initiate national policy development

Desired outcomes:

Raise awareness and support, ensure long term impact of ADLIFE. Trigger interest, endorsement and support to promote ADLIFE as an indispensable part of future healthcare development.

ICT developers of digital health tools

Both individuals and organizations involved in regional and nationwide IT health solutions. Their concerns relate to sub-optimal IT infrastructure in healthcare settings, the limited lack of connectivity of technology, and how the interfaces between technologies often lead to problems, resulting in inadequate networking and supply. Likewise, the lack of expertise in interoperability with external health IT systems is an issue. Concerns about the lack of expert knowledge in developing clinical decision support services for chronic disease management. In some countries there is a concern about international competitors entering the local market and threatening existing business models

- Tone of voice:
- Communication channels: ICT media channels (technology journals, Twitter, LinkedIn); make connections with health data providers; institutions involved with health administration, and insurance companies who purchase IT services.

ADLIFE should create reputability and stand out by:

- Its technically integrated approach (full integration with existing EPD systems)
- Using international health terminology standards like SNOMED CT or LOINC
- Using API FHIR and HL 7 standards for the exchange of information between different computer-based programs, websites etc.
- Modular Clinical decision support services for chronic disease management
- Interoperability adapters
- Its innovative and collaborative approach
- Developing new business models that will be needed more in the future

Key messages:

- ADLIFE is innovative. It provides a digital platform on which the different solutions of existing systems are brought together via new interfaces
- ADLIFE offers collaboration between providers through novel IT solutions driven by new incentive frameworks
- Easy to integrate modular components for enabling integrated care and better chronic disease management

Desired Outcomes

- ICT developers become aware, want to use the interfaces, bring new ideas into the project.
- To improve health care, ICT developers cooperate instead of competing with one another
- Creating a community of ICT developers for chronic disease management and integrated care

Academics in the field of chronic and integrated care

Individual academics with an interest in chronic health and integrated care. Institutions with reputation in chronic/integrated care. Given how much treatment differs between countries, creating something that fits these different health systems is seen as a concern. Will this be safe and effective and how will this be measured? What is the evidence for this approach?

- Tone of voice: authoritative and reputable
- Communication channels: Scientific journals, conferences. Although not yet mentioned, academics do use social media, mainly Twitter and LinkedIn

ADLIFE should create reputability and stand out by:

- Its flexibility across different health systems, e.g. its ability to update CDSS but also the possibility to follow local clinical guidelines
- Its technically integrated approach (full integration with existing EPD systems)
- Its data security and adherence to international standards

Key messages:

- ADLIFE is a system that is adaptable enough to cope with different health services.
- ADLIFE provides coordinated: care planning, clinical decision support and greater communication between health and care professionals, and patients.
- ADLIFE is safe and effective. ADLIFE does not have a negative impact on patient safety. ADLIFE will improve outcomes
- ADLIFE is secure and does not have a negative impact on confidentiality of patient data
- Desired outcomes:

To raise awareness and interest among academics so that they endorse the approach taken by the project and support it by promoting it to their academic networks.

Table 6 Specific messages for each audience

Audience	Specific messages
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<p>Patients & their informal caregivers / patient organisations</p>	<p><u>Your daily digital assistant</u>: a user-friendly digital tool optimized for CHF/COPD patients like you, and your informal caregivers, that will help you to better follow up on your medical instructions, to communicate more easily with your health team, to have an active role in managing your health and to longer stay independent.</p> <p><u>For better quality of life</u>: better (coordinated) care, lower health care utilisation and cost, by allowing your HC professionals to streamline your care plans</p>
<p>Health and care professionals (organisations)</p>	<p><u>More coordinated and personalized care</u> planning, clinical decision support and greater communication between health and care professionals, and patients.</p> <p><u>Better health outcomes</u> for your patient, who will be more motivated to play an active part towards achieving health goals</p> <p><u>Sustainability of the health care organisations and systems, evolution towards greater self-care supported by health administrations.</u></p>
<p>Decision makers/funders/regulators/policy representatives</p>	<p>ADLIFE will <u>promote efficiencies in and sustainability of the healthcare systems</u> (avoid unnecessary duplication of tests and examinations; avoid ineffective usage of resources; support early intervention avoiding unnecessary treatments and/or hospital admissions; promote self-care; care delivered in community settings)</p> <p>ADLIFE will <u>provide safe, effective, coordinated, high quality and cost-effective care</u> to people with advanced chronic disease</p> <p>ADLIFE will act as a <u>comprehensive use case</u> that can be used to inform or initiate national policy development</p>
<p>ICT developers of digital health tools</p>	<p><u>Innovation</u>: A digital platform on which the different solutions of existing systems are brought together via new interfaces</p> <p><u>Collaboration</u>: between providers through novel IT solutions driven by new incentive frameworks</p>
<p>Academics in the field of chronic care</p>	<p><u>Flexible</u>: A system that is adaptable enough to cope with different health services.</p> <p><u>More coordinated</u>: care planning, clinical decision support and greater communication between health and care professionals, and patients</p>

Building our audience

By building a social media community that shares the same interests and is involved in similar projects is crucial for boosting the visibility of our content and increasing the number of people who read our posts.

In Twitter you can do this by:

- Retweeting
- Replying to others' tweets
- Quote-tweeting information about your project
- Start an online discussion, e.g. by asking questions.

In LinkedIn you can do this by:

- Engaging With Existing Connections through “likes” or comments on their posts
- Responding to comments

Connecting with other Horizon 2020 projects

We will connect and cluster with projects that share similar goals and are aimed at similar audiences. We will do this by:

- Following their accounts, retweeting or replying to their posts or tagging them — thereby attracting each other's followers, enlarging our community of interested individuals and organisations.
- Follow the European Commission social media channels.
- Play an active role in Horizon 2020 communication and dissemination campaigns launched by the European Commission.
- Where consortium institutions, researchers, team members or other relevant organisations already have a strong, well established social media presence, we will encourage all these parties to communicate information about the project, on the basis of the editorial schedule (see below). This will help us reach already existing audiences.

Aligning our communication channels

To improve access to our content, and interconnections based on it — we will link together all social media project accounts and the project website.

To ensure interaction and visibility we need to remember about the use of hashtags and key words when posting relevant messages and other project related content

To improve our search engine ranking, we will create a connection between the social media accounts and the project website, e.g. by posting 'live' tweets and LinkedIn posts on the project website.

All offline information on the project (leaflets, flyers, publications, etc.) to include prominent reference to all the online sources.

Our competitors

Looking at our competitors and their social media presence helps us understand who they are and we can learn from what they are doing – what works and what doesn't. We looked at several of the top ones to find out which social networks they're active on, and to study their content. For example, what if any kind of cultural references do they use? Do they talk about their project primarily, or do they focus on other things? We have looked at similar projects within the same area and using related #hashtags. It will be useful to tag the organizations involved in these projects.

1. Musketeer

Website: <https://musketeer.eu/>

Website has an About section, a list of publications, project objectives, consortium members, a contact form and links to social media accounts

Twitter: H2020_MUSKETEER (Joined Jan 2019 - 85 tweets, 17 Following, 86 Followers)

LinkedIn: <https://www.linkedin.com/groups/8741148/> 73 members

2. Activeage project

Website: <http://activageproject.eu/>

The website has an About project section, a list of publications, project vision, objectives, and structure; description of deployment sites; a blog aimed at patient groups; consortium members; news page; a communication room (with lists of events and conferences, publications, press releases, publically available project documents (extensive), and a gallery of photos; links to social media accounts and other interesting links. Also has a calendar with upcoming events.

YouTube Channel: <https://www.youtube.com/channel/UCsZrIIOA-mjMiXpvh0cEIPA>

68 subscribers, 6822 views for project presentation video, 2-15 views for 10 other videos (as of 20/05/2020)

Twitter: ACTIVAGEproject (Joined Dec 2016, 1307 Tweets, 2,252 Following, 1,850 Followers)

LinkedIn: <https://www.linkedin.com/company/activage-project> 582 followers

3. iCare

Website: <https://ecare-pcp.eu/>

The website has an About project section, (goals and objectives), consortium members, phases of study and where they are now, An Open Market Consultation, News section, some limited resources (press release and corporate identity slide deck), contact details and links to social media

Twitter: eCare PCP (Joined September 2019, 85 tweets, 52 Following, 57 Followers)

LinkedIn: <https://www.linkedin.com/company/ecare-pcp/> (49 followers)

Comms strategy - Dissemination of at least 2 press releases during the project lifetime in English at European level and one per procurer country in the local language.

Project website and social media management. Local events to be organized: At least one event per country where there is an eCARE partner will be organized.

A press release will be circulated locally and nationally.

4. Power2DM – website most content

Website: <http://power2dm.eu/>

The website homepage has a brief project introduction; followed by a section on the project with a page with a longer about section and a video, followed by pages on deliverables, publications and consortium partners; a section aimed at patients; a section aimed at health professionals; a media section (news, social media links, blog)

Facebook: <https://www.facebook.com/Power2DM>

page created 4 April 2017, 2 posts, 23 likes, 27 followers

Twitter: https://twitter.com/Power2_DM

Joined June 2016, 20 tweets, 6 retweets, 42 Following, 51 Followers

Instagram: https://www.instagram.com/power2_dm/

1 post 9 followers 8 following

About section has an animated video introduction to the project (233 views as of 20/05/2020), as well as a text based about section, 3 stakeholder pages dedicated to the 3 main target groups presenting the respective benefits for each stakeholder group ending with a call to action, pages explaining the 3 tools with i.e. print screens and tutorial videos, project related info such as work packages, consortium partners, pilot sites and related projects; How challenges are being tackled with pages on use-case scenarios, multi-morbidity, polypharmacy, patient empowerment, personalised care planning; A publications section (with pages on articles, public project material and public deliverables); News, events and press section; A contact page (online enquiry form) and social media links

Twitter: https://twitter.com/c3_cloud

Joined July 2016, 44 Tweets, 25 retweets, 42 Following, 47 Followers

Youtube: <https://www.youtube.com/channel/UCsS6z-YA4TET5iDZSejUGiQ>

3 Subscribers, 6 videos, 9-230 views (as of 20/05/2020)

Develop our messages

Based on the personas we have created, we will choose two or three messages, then break each one down another level creating a simple messaging hierarchy. We will develop easy-to-understand messages that non-native English speakers will understand. i.e. do not use language that non-native English speakers find difficult.

For all: Find out about the EU H2020 project ADLIFE at <https://adlifeproject.com/>

For health professionals: Find out about the EU H2020 project ADLIFE which is committed to delivering more coordinated and personalized care planning to patients with heart failure and COPD at <https://adlifeproject.com/>

For ICT developers: The EU H2020 project ADLIFE uses an innovative digital platform on which the different solutions of existing systems are brought together via new interfaces to provide coordinated and personalized care planning to patients with heart failure and COPD at <https://adlifeproject.com/>

Choose our channels

Not all social-media platforms are the same. EU-funded projects mostly use Twitter, Facebook, LinkedIn, Google+, Instagram and Pinterest with most preferring Twitter.

Twitter

- What can you post?: Text of up to 280 characters. This excludes media attachments (photos, images, videos, etc.) and quoted tweets (displaying someone else's tweet within your own) but includes links (a URL is always altered to 23 characters).

- How can you use it?: To share short comments, make announcements that can instantaneously reach a large audience or retweet relevant content.

You can also use Twitter groups to cluster a group of projects on a similar topic.

LinkedIn

- What can you post?: Text (no character limit), photos, GIFS, videos, links, etc.
- How can you use it?: A networking site for professionals, it can be used for groups and has established networks on specific topics. Several projects have chosen LinkedIn to create new groups, share content and connect with already established groups.

YouTube and Vimeo

What can you post?: Audio-visual content.

Facebook

- What can you post?: Text (no character limit), photos, GIFS, videos, links, etc.
- How can you use it?: To showcase project and results in an informal, highly accessible way.

Instead of using an individual account, Facebook profile, to share project information, the EU recommends one of these 2 options:

1 Facebook page

The most convenient way to promote your project on Facebook, allowing you to post a variety of content including pictures, videos, event invitations or reports, as well as links to presentations or available multimedia material. Facebook pages have fans who like the page, not friends. A page has also the advantage to allow for several nominated users under different types of profiles (admin, editor, reviewer).

2 Facebook group

Mostly used for exchanges among members (individuals). Unlike Facebook pages, where only the page administrator can post, anybody previously approved can share content with the group.

Creating social media accounts

Using a hashtag makes the keyword or phrase in the post searchable. It is like a label that clusters and links similar content, the same way keywords do when scientific papers are published.

We will use hashtags:

- To increase outreach — enabling us to join bigger, topic-specific conversations.
- To capitalise on existing trends - finding emerging hashtags to boost our research with the right audience
- To consolidate and group content - helping those who took part in an event search for related coverage using the event's hashtag.
- To encourage interaction — bringing new opinions and views into a discussion about a specific topic.

- We will add #H2020 to tweets. Being part of the online conversation about Horizon 2020 will make our tweets searchable.

Handle

Unique user name mainly used to identify a person or a project's account: @ adlife_project

We will use handles

- To send a direct reply to someone, by starting a message with their handle.
- To link to someone else's account (known as a 'mention') by using their handle elsewhere in our posts. This will link our post to the mentioned user's account.
- We will tag @EU_H2020 in our tweets so that relevant posts may be shared on EU social media accounts
- However replace handle wherever possible with hashtag
EU H2020 > @EU_H2020
project ADLIFE > @adlife_project

Build a content plan

The content we share needs to align with overall messaging and be appropriate for the channels we are using.

Summary of content by social network

Below is a summary of the types of content we could post to each social network taking into account the target audience(s)

- **Twitter audience(s):** Decision makers, potentially patient groups, Health, Academic, and ICT professionals. The content could be posts of events that have taken place or any news items relating to the project, or news items relating to the field of chronic care for health professionals and academics, or news items that are relevant to ICT professionals posts linking back to specific pages on the project website as they are developed. (See below for more general advice about style and content)
- **LinkedIn audience(s):** Health, Academic, and ICT professionals. The content topics will more or less be the same as what is published on Twitter. Initially this could be posts linking back to specific pages on the project website as they are developed e.g. project objectives, blog articles. Can also be posts of events that have taken place or any news items relating to the project, or news items relating to the field of chronic care for health professionals and academics, or news items that are relevant to ICT professionals.
- **YouTube audience(s):** Patient groups, health professionals: Content could include video introduction to the project, followed by videos outlining the benefits of project to patient and other stakeholder groups, video tutorials for patients. From the experience of other projects, the most views are for the initial introductory video. Could also create videos outlining benefit of project for health professionals, or have the introductory video address both patients and health professionals.

Style

- Minimise the use of abbreviations, except generally recognised acronyms and accepted hashtags
- Limit the number of technical words that only experts are likely to understand. Instead try to use layman's terms.
- Use visual aids in tweets as much as possible, and tag relevant handles.
- Keep posts short, clear and catchy
- Use software to avoid typos and grammar mistakes.
- Convey emotions with your posts (but don't go overboard, or undermine your content's credibility with excessive hype or clichéd promotional phrasing).
- Publish content in other languages, to reach local communities.

Content

- Before you post, ask yourself if you would be interested in reading this, or clicking the link to know more.
- Vary the content — where possible include picture, video, GIF, infographic, link or poll to enliven the text. The image credit should be put next to the picture.
- Visual content (as above) is very effective as it conveys a lot of information in an appealing, easily digestible way.
- Share information about project results and final products, new papers and scientific publications, events, conferences and training courses, breaking news and hashtags relevant to the project, etc.
- Highlight the project's impacts and its contribution to society.
- Tag appropriate handles, to ensure content reaches the widest audience possible.
- Make sure everything that we post is accurate
- Events - live posts or pictures of events may not necessarily be relevant content for people who did not attend. More interest in the outcomes of such events (minutes, reports, links to presentations and interviews, etc.).

Tone

- Appropriate, inoffensive language will be employed
- Be receptive to readers' arguments if you don't agree, defend your position without being rude.
 - Gain/maintain credibility by sharing worthwhile, relevant content and show respect for other cultures and ideas, online as well as offline.
 - Be aware that libel and defamation laws apply.

How often we will post content

- **Twitter:** Minimum of 2 tweets per week for the duration of the project.
- **LinkedIn:** Minimum of 1 post per fortnight, the same for the duration of the project?
- **YouTube:** Less regularly but at key time points in project i.e. early on for introductory video and just before patient recruitment for tutorials

Social media schedule

Editorial and social media content calendar

One consortium partner will be responsible for overall coordination and management of the social media accounts. Other consortium members will be encouraged to contribute by engaging in content identification, generation and translation into native languages where relevant. However, to ensure that all consortium partners have the opportunity to be fully involved, each partner will have the opportunity to do a “take-over” of the social media accounts for a day or two at an appropriate time when something special happens in their work package: e.g., a big meeting with partners or patients, or when they reach a milestone. Partners are encouraged to post in English and their native language while they have control of the accounts.

We will create a calendar of events setting out a timeline of events to post on Twitter and LinkedIn and who will be in charge of the account (if there is a “take-over”). This will be posted in WP2 SharePoint, and consortium members will be encouraged to add significant events to this timeline that they think should be shared on social media.

Measure and refine

Here is an outline of the metrics that will be used to measure social media success.

Twitter

- Number of Page Followers Year 1
- Number of Page Followers Year 2
- Number of Page Followers Year 3
- Tweet impressions - likes, shares
- How often we will analyse your results
- % increase / decrease in followers' year on year

LinkedIn

- Number of new followers, likes, shares, number of comments

YouTube

- Video views, likes / dislikes, shares, reports, new subscribers

We will monitor the social media accounts and assess their effectiveness every month based on these criteria. The strategy will be updated in response to these results if necessary.

Appendix 2: Dissemination procedures

Description and purpose

The participation of any partner in an event as well as the performance of any dissemination activity related to the ADLIFE project has to be approved beforehand by the ADLIFE Project Coordinator

Basic objective:

- Produce high quality ADLIFE publications and presentations;
- Avoid overlaps and possible disclosure of restricted or confidential information;
- Monitoring and record the dissemination activities of the project effectively.

Step by step procedure:

1. Fill in the spaces of the table below
2. Store your material (abstract, draft paper, poster etc.) in the ADLIFE SharePoint folder
3. Submit your dissemination request allowing for minimum 2 weeks before submission deadline by email to the WP Leader
4. Leader distributes your dissemination request to the WP2 group for approval, modification or rejection;
6. Coordinator decision send to the WP2 Leader within five working days; If no answer is received due to the set deadline it is taken as an approval;
7. Leader informs the involved partner(s) about the decision; In case of:
Approval: given through the WP2 Leader, the partner(s) proceeds with the proposed dissemination activity;
Conflict/ objection**: Any WP2 member can reject the proposed dissemination activity if they have objections, as overlaps or possible disclosure of restricted or confidential information regarding the work performed in the different WPs. In case of conflict the issue will be discussed among the coordinator, the WP2 leader and the involved partners.

**Conflict is created or further material is needed then WP2 Leader informs the Partner and requires modifications or additions. Then the material is proposed again to WP2 Leader and if significant changes that might provoke conflicts among partners' interests must be made, the previous procedure is followed.

If a partner wishes to organise a workshop or special event related to ADLIFE, then the approval of WP2 leader is needed 2 months before the completion of this type of dissemination activity. The lead partner fills in the table below with specific details about the activity and the aforementioned steps are followed.

Dissemination activities report: Within ten working days after the completion of the approved dissemination activity, the partner should provide the WP2 Leader (roma.maguire@strath.ac.uk) with a completed dissemination report and the presented

dissemination material (final paper, presentation, poster etc.). The dissemination report should be added to the [dissemination activities completed file](#)

All material will be archived by Kronikune; it will be also greatly appreciated if the lead partner of every dissemination activity provides the leader with some photos of their participation at the different events. The photos should be placed in the dissemination folder as well:

<https://kronikune.sharepoint.com/sites/ADLIFE/Dissemination/Forms/AllItems.aspx>

NOTE:

If partners wish to present or release material that has already been approved, then no formal approval is required. However please inform WP2 Leader (roma.maguire@strath.ac.uk) when you release material and add it to the “dissemination activities completed” file.

Acknowledgement

The following acknowledgement text should be included in all publications related to the ADLIFE work:

"This work is a part of the ADLIFE project. ADLIFE has received funding from the European Union 's Horizon 2020 research and innovation programme under grant agreement no. 875209 The authors would like to thank all partners within ADLIFE for their cooperation and valuable contribution'.

For any other dissemination activities, use the EC emblem with the phrase:

"This work is a part of the ADLIFE project. This project has received funding from the European Union under the Horizon 2020 programme under grant agreement no. 875209.

For correct use of the EC emblem please use the following links:

European flag: https://europa.eu/european-union/about-eu/symbols/flag_en

For further information please contact the WP2 Leader

Dissemination request form

Date of dissemination request	Main Leader	Type of activity	Title of the event/journal	Date and location	URL/web Site	Title of publication/presentation	Abstract	Authors	Relation to ADLIFE	link to document

Appendix 3 ADLIFE Publication Policy

Purpose

The purpose of this publication policy is to:

- Provide a standardised publication policy for the ADLIFE project to ensure that one of the main dissemination goals of the study is met, mainly through publication in scientific journals.
- Outline rules for publication for the ADLIFE project.
- Be applied to ALL scientific publications and presentations that involve data collected and information generated as part of the ADLIFE project.
- Be applied by All investigators who wish to use and publish data from ADLIFE. All investigators MUST follow the rules outlined in the publication policy document.
- Ensure the ADLIFE programme of work adheres to criteria for authorship promulgated by the International Committee of Medical Journal Editors (ICMJE) (<http://www.icmje.org/>).

Publication Policy Board

The role of the Publication Policy Board (PPB) is to:

- Review, comment on and approve or reject proposals for scientific and other publications (manuscripts, abstracts, press releases, etc.) according to the dissemination goals set within ADLIFE.
- Oversee procedures in relation to publication, including writing-up, authorship, co-author contribution, adherence to timelines, and the actual submission process.
- Oversee procedures in relation to PhD/MSc theses to be generated as part of ADLIFE and in relation to publication/dissemination of output deriving from analyses conducted as part of PhD/MSc theses as outlined in paragraph 2.2.2.
- Ensure that any disputes are resolved timely, effectively and permanently.
- Approve of scientific and other publications prior to final submission and/or re-submission post-revision.

The Publication Policy Board (PPB) will comprise at least one member from each beneficiary in the ADLIFE project and will be as follows:

Name	Beneficiary
Esteban de Manuel Keenoy	KRONKIGUNE
Roma Maguire	USTRATH
Theodoros N. Arvanitis	WARWICK
Marcin Kotwicki	FALK HOSP
Veerle De Wispelaere	i~HD
Irati Erreguerena	KRONIKGUNE
Arkaitz Cámara	EVERIS
Oliver Grone	OPTIMEDIS
Gökçe Banu Laleci Erturkemn	SRDC
Søren Udby	OUH
	RJH
	AMCA

Others may be included later as needed, or invited to contribute to points on an *ad hoc* basis.

Authorship

Authorship is defined according to published ICMJE guidelines (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>), Authorship has to fulfil the following four conditions:

- Substantial contribution to the research project, which may include (a) conception and design of the study and/or (b) acquisition of data and/or (c) analysis and interpretation of data.

AND

- Drafting the manuscript/abstract and/or revising it critically for important intellectual content (NB. correction of grammatical or typing errors is not sufficient).

AND

- Final approval of the manuscript/abstract version to be published.

AND

- Public responsibility for appropriate sections of the content.

The following will not be permitted by ICMJE:

- Gift authorship, i.e. putting down names of people who took little or no part in the research
- Ghost authorship leaving out names of people who did take part.

WP leaders should therefore be ready to provide evidence to support inclusion in authorship of themselves and/or any members of their team if questioned. The list of authors should end with the phrase 'on behalf of the ADLIFE Consortium'

Contributorship

Several scientific Journals ask for explicit information on “authors’ contribution” to a manuscript. The disclosure of each co-author’s individual contribution provides clear information and avoids inconsistent interpretation of authorship and its order. For ADLIFE-related publications (or presentations if requested), this option should be used whenever required.

Contributors who meet fewer than or none of the above criteria for authorship **SHOULD NOT** be listed as authors. Examples of activities that alone (without other contributions) do not qualify a contributor for authorship are:

- General supervision of a research group or general administrative support; and
- Writing assistance, technical editing, language editing, and proofreading.

Those individuals whose contributions do not justify authorship may be acknowledged individually or together as a group under a single heading (e.g. “Clinical Investigators” or “Participating Investigators” or “Collaborators”), and their contributions should be specified (e.g., “served as scientific advisors”, “collected data”, “provided and cared for study patients”, “participated in writing or technical editing of the manuscript”).

General rules for authors

General rules for authors are as follows:

- The first author is the lead author. He/she takes responsibility of the manuscript or abstract.
- The last author will be regarded as a special position. This will be assigned to the senior supervising researcher or the Chief ADLIFE Investigator, Esteban de Manuel Keenoy.
- The “percent-contribution-indicated” approach will be followed to decide on the order co-authors are credited in publications/abstracts. As outlined in paragraph 4.1, there is a trend for many scientific Journals to detail each author's contribution. This should also be used to establish the quantified credit.
- Co-author contribution (and consequently credit) will be based on the following criteria:

- Study Conception and Design.
- Collection and Assembly of Data.
- Data Analysis and Interpretation.
- Manuscript Writing.
- Final Approval of Manuscript.

Duties and responsibilities of lead author

The lead author's duties and responsibilities are as follows:

- The lead author is the leader of the writing group.
- The lead author is responsible for drafting the initial version of a manuscript/abstract.
- The lead author is responsible for proper and clear communication within the writing group. When circulating a manuscript/abstract draft, he/she should explain clearly the conditions of writing the manuscript according to the target journal's / conference's guidelines and instructions for authors, explain the feedback required, and give clear timelines and a submission deadline.
- The lead author is responsible for monitoring progress and ensuring that co-authors actually satisfy the full conditions of authorship at the end of the writing periods.
- The lead author corresponds with the Journal's Editor(s) (unless otherwise negotiated) and coordinates the required work after the review-process.
- The lead author is responsible for informing the PPB and the writing group of the final approval of the submitted publication by the Journal's Editor(s).
- The lead author is responsible for forwarding the published version of the paper to the PPB and the writing group.

Duties and responsibilities of co-authors

- Co-authors are required to deliver their contribution (e.g., comments, sections, data analysis output) to the lead author within the given deadline.
- Co-authors are required to review and approve the final draft of the manuscript prior to submission to the PPB and the target Journal.
- Co-authors are required to take public responsibility for the content of the publication/interpretation of the results.

PPB Review Process

- All ADLIFE investigators are responsible for reviewing and agreeing to the ADLIFE Publication Policy.
- All lead authors are responsible for generating ADLIFE-related publications and presentations in collaboration with assigned ADLIFE co-authors/collaborators in a timely manner and in accordance to PPB review procedures described below.
- All manuscripts/abstracts utilising information deriving from ADLIFE are required to be subjected to PPB review.

- As early as possible in the planning or preparation of a manuscript/abstract, the lead author will be required to:
 - Complete a [dissemination request form](#)), outlining the purpose and rationale of the proposed publication, suitable co-authors, journal selection and rationale for suitability, and relevant submission timelines (see **Appendix A**),
 - Send the completed dissemination request form via e-mail to the WP2 team who will then distribute to other PPB members for review and consideration.
- The PPB will review the proposed publication and inform the lead author of their decision within two (2) weeks after initial submission of the dissemination request form.
- Following approval by the PPB, the lead author will contact WP leaders and lead investigators with regard to the proposed publication and invite them to act as co-authors themselves or name a suitable co-author from within the respective WP.
- Failure by WP Leaders or Lead Investigators to confirm acting as co-authors or name a co-author within two (2) weeks after initial invitation (and following a reminder sent one week later) will result in the WP Leaders or Lead Investigators serving as the co-author by default.
- After all co-authors have been assigned, the PPB will return a signed dissemination request form to the lead investigator.
- Lead authors will be required to keep track of all procedures following PPB approval of their proposed publication. A Manuscript Preparation and Submission Log (MPSL) (see **Appendix B**) will be used for this purpose to promote a systematic approach that will allow the PPB to effectively monitor all related procedures and ensure that timelines and authorship criteria are met.
- Lead authors will be required to send updated MPSLs to the PPB at regular intervals (once monthly).
- If a lead author fails to update the PPB regarding the progress of a given manuscript on three (3) consecutive occasions without justification, the PPB reserves the right to request assignment of a new manuscript/abstract lead author or withdrawal of the manuscript/abstract.

Review of Manuscripts

- Full PPB review is mandatory for all manuscripts, including site-specific manuscripts and manuscripts led by an external investigator.
- Co-authors must participate in the writing and/or review process in a timely manner. If a co-author does not participate, he/she may be removed from the manuscript at the discretion of the PPB.
- The lead investigator/author should circulate a draft copy of the manuscript to all co-authors and incorporate co-author comments. Once the manuscript has been approved by all co-authors, the lead investigator should submit it electronically to the PPB for final approval.
- If a co-author disagrees with the main findings or methods of a manuscript, or finds the data or analysis misleading, he/she must resolve these issues with the co-

authors before the manuscript is re-submitted to the PPB. If a co-author still finds fault with the revision submitted to the PPB, he/she should address these concerns with the lead investigator/author. The co-author may also indicate his or her concerns by copying the PPB on an email communication to the authorship group.

- If one or more of the co-authors still disagree with the lead author regarding analyses in the manuscript, he/she may wish to be removed as a co-author. This should be communicated to the PPB for final approval, but certainly be done before submission of the manuscript for peer-review at the intended target journal.
- At each stage in the manuscript review by ADLIFE co-authors, comments and suggestions should be provided within two (2) weeks of distribution of the manuscript for review and the feedback should include a declarative statement as to the status of the manuscript (e.g., “Approve”, “Approve pending response to comments/suggestions”, “Not approved, revision and resubmission to ADLIFE co-authors required”).
- If the manuscript is “approved”, the ADLIFE investigators, whether co-authors or not, may suggest revisions, but the lead investigator is not required to implement them prior to journal submission.
- If the manuscript is “not approved” (i.e., revision is required), the lead investigator must revise and resubmit the manuscript to ADLIFE so that it can be posted and re-reviewed.
- If the lead investigator does not feel the requirement for revision is warranted, or does not agree with the suggested revisions, the author may appeal to the PPB.
- If a revision to a manuscript is required, the process for re-review will follow the above-stated guidelines.
- With the exception of the unanimous agreement by ADLIFE co-authors, manuscripts will only undergo two (2) review iterations (i.e., initial review and one revision).
- If a co-author does not post a review by the two-week deadline (and following a reminder one week after initial review invitation), their participation as co-authors will be revisited and their names potentially removed.
- Exceptions to this will include cases where a co-author is physically absent (e.g. on annual leave, study leave, sick leave) within the designated time period. In such cases, the co-author will be given the opportunity to review the manuscript and return their comments within one (1) week after the initial 2-week period, or suggest another suitable co-author from within their respective WP.

Review of Abstracts and Presentations

Final abstracts and presentations must adhere to the following guidelines:

- Abstracts must be associated with an approved WP project.
- If applicable, co-authors should be the same as the ones assigned for a manuscript.
- ADLIFE-wide abstracts require co-author participation from each ADLIFE WP. ADLIFE collaborations (multi-cohort projects) require one co-author representative from ADLIFE.

- Abstracts must be provided to co-authors before the abstract is submitted to the PPB for review and approval. Co-authors must be given at least three (3) business days to review and approve the abstract before it is submitted to the PPB for review and approval. The submitting investigator/lead author should indicate upon submission to the PPB that co-authors were provided three (3) business days to review and approve.
- If a co-author does not respond within the designated period of three (3) business days, the submitting investigator/lead author can assume approval and proceed with submission to the PPB for review and approval. If a co-author wishes to be removed from the abstract, the submitting investigator/lead author should indicate this upon submission to the PPB.
- PPB approval is required for abstracts prior to submitting to a scientific meeting/conference. Abstracts must be submitted to the PPB (with co-author approval) at least ten (10) business days prior to the scientific meeting/conference submission deadline.
- Submitting investigators/lead authors must e-mail their proposed abstract to the PPB using the [dissemination request form](#). The following information must be included with the submission: name and dates of the target conference, abstract submission deadline, abstract title, list of co-authors, and a copy of the abstract.

If the aforementioned prerequisites are not met, the following policy will take effect:

- If an abstract is submitted to the PPB without co-author approval, the abstract will be returned to the submitting investigator/lead author for circulation to all co-authors for review and approval. The abstract will not be distributed to PPB members until the above requirement has been met.
- If three (3) business days are not provided to co-authors to review and approve the abstract before the scientific meeting/conference submission deadline, the abstract will not be PPB-approved and cannot be submitted to the scientific meeting/conference.
- If an abstract is submitted to the PPB with co-author approval, but ten (10) business days is not feasible to be provided to the PPB for review and approval, the submitting investigator/lead author will be permitted to submit to the scientific meeting/conference with the permission of his/her site Principal Investigator.
 - If, after the ten (10) business days PPB review period, the PPB does not approve of the abstract, the submitting investigator/lead author will be required to withdraw the abstract.

Special/Urgent requests to the PPB

In cases where urgent decisions from the PPB are imperative in order to avoid losing an opportunity of disseminating or communicating with mass media or social media, submit your dissemination request form by email to the PPB marked **Urgent!** And indicate the deadline for submission in the subject line. The PPB will endeavour to review and respond within the shorter review period if possible. If the request is reviewed but not approved (i.e., revision is required), the submitting investigator/lead author must revise and resubmit the request to the PPB so that it can be re-reviewed. However, if it is not feasible for the PPB to

review and approve in the given time, the submitting investigator/lead author will be required to withdraw the communication.

Manuscript/Abstract Submission

- The lead investigator/author must notify the PPB electronically whenever a manuscript is submitted to a Journal.
- After a manuscript has been peer-reviewed by the Journal's reviewer(s), the lead investigator/author should revise the manuscript and notify the PPB upon re-submission to the Journal.
- If a manuscript is accepted for publication, the lead author is responsible for notifying the PPB and for sending a PDF (Portable Document Format) version of the published article to the PPB as soon as it becomes available.
- A manuscript is considered "accepted for publication" if it has been published online in the Journal's website and/or at the National Library of Medicine's (NLM) PubMed Central (PMC) (<http://www.pubmedcentral.nih.gov>), Engineering Village Database, EMBASE or OVID, and has been assigned a Digital Object Identifier (DOI) number.
- If a manuscript is rejected for publication, the lead author is again responsible for notifying the PPB and for sending a copy of the Journal's reviewers'/editor's justification for rejection.
- The lead investigator/author is responsible for notifying the PPB whenever an abstract is submitted to a conference and if it has been accepted for presentation (including information as to whether oral or poster presentation) or rejected.
- A copy of the PowerPoint or poster presentation of the accepted abstract also must be sent to the PPB for archiving.
- All publications (published articles, abstracts and presentations) shall be in compliance with the rules and procedures of the disclosure set forth in the Privacy Act. Confidential or proprietary information shall not be disclosed without the prior written consent of the individual or institution. Privacy Act compliance and documentation of written disclosure consents are the responsibility of each institution involved in the paper/presentation.

Acknowledgment Considerations

- All ADLIFE manuscripts and presentations **MUST** acknowledge that the data were collected through ADLIFE. They must also credit participating institutions, agencies, and grant numbers.
- The EU emblem and the following acknowledgement text should be included in all publications related to the ADLIFE work:
- "This work is a part of the ADLIFE project. ADLIFE has received funding from the European Union 's Horizon 2020 research and innovation programme under grant agreement no. 875209 The authors would like to thank all partners within ADLIFE for their cooperation and valuable contribution".
- For any other dissemination activities, (such as press releases or presentations) use the EC emblem with the phrase:"This work is a part of the ADLIFE project. This project has received funding from the European Union under the Horizon 2020 programme under grant agreement no. 875209.
- All manuscripts must include the project name in the manuscript and cover letter to the Journal's Editor(s).
- All investigators must acknowledge that ADLIFE data are the property of ADLIFE.

DRAFT

Publication Forum Selection

Priority Journals for publication will be prestigious national and international Journals with a Thomson Reuters Impact Factor (IF) >2.500 (ideally, >5.000) although exceptions to this rule may apply depending on availability of 'high' IF journals within different specialty areas. In these cases, Journal selection will be a combination of IF, journal reputation and target audience.

General factors always to be taken into consideration when selecting a Journal for publication of ADLIFE data include the following:

- Journal reputation in specific specialty area.
- Scientific and/or professional organisation recommendations in specialty area.
- Journal impact and/or ranking factors such as per year citation frequency of an 'average article' in a Journal (Thomson Reuters Impact Factor), number of articles published per year, aggregate impact factor of a subject area; citation influence (SCOPUS Journal Analyzer, or about <https://www.scimagojr.com>), etc.
- Indexing status by citation databases.
- Journal information including circulation count, number of years in publication, frequency of publication, number of articles published per year, availability of electronic or print formats etc.
- Journal acceptance/rejection rates.
- Peer-review status.
- Length of the review process.
- Reputation of the publisher, journal, editor in chief, or editorial board.
- Type of manuscripts accepted for publication.
- Review of publication fees.
- Open access status.
- Funding agency/body/organisation policies.
- Rights for authors.

Examples of Journals to be considered according to specialty area are as follows:

- **Advanced Chronic Care:** International Journal of Clinical Practice; BMC Health Services Research; BMC Medicine
- **Heart Disease:** JAMA Internal medicine
- **COPD:** JAMA Internal medicine; Journal of COPD; International Journal of COPD; European Respiratory Journal

- **Adult Nursing:** Journal of Advanced Nursing; Journal of Clinical Nursing; International Journal of Nursing Studies; Journal of Nursing Scholarship
- **Informatics:** Journal of Biomedical Informatics; International Journal of Medical Informatics; Applied Clinical Informatics; BMC Medical Informatics & Decision Making
- **Economics:** European Journal of Health Economics; Health Economics Review.
- **Integrated care:** International Journal of Integrated Care
- **End of life:**
- **Evaluation:** Journal of Evaluation in clinical practices; Health and Quality of life outcomes

Conference selection criteria

Priority conferences for presenting ADLIFE results will be prestigious national, European and international conferences. As with publications, the focus is on conferences that will enhance ADLIFE's reputation as well as reaching the various target audiences. General factors always to be taken into consideration when selecting a conference to present ADLIFE data include the following:

- Conference reputation in specific specialty area.
- Scientific and/or professional organisation recommendations in specialty area.
- Conference acceptance rates
- Abstract/Paper Publication Policies
- Cost
- Travel

Examples of conferences to be considered according to specialty area are as follows:

- **Advanced Chronic Care:** Medfit AgeingFit, Biofit
- Medica 2020
- Genesis 2020

Publication Strategy

- The outline publication plan will be developed and agreed upon by the ADLIFE PPB by June 2020.
- Publications on the main objectives of the international publications have priority and should follow the completion of each WP.
- Publications of national data analyses will follow publications of the respective international analyses in case they deal with the same or closely connected issue.
- The publication plan includes conference presentations. The project and its findings are presented and discussed at national and international congresses and symposia not only

with research experts, but also with politicians, third-party payers, and caregivers (and their organisations respectively).

- Upcoming meetings of interest (national and international) will be proposed by all members of the PPB during and after the course of the ADLIFE programme of work.
- Prior to submitting abstracts for conferences, symposia and congresses held in their own country or abroad, all partners should submit a dissemination request form to their WP leader and include all “country” co-authors based on the agreed authorship criteria. The WP Leader will send your dissemination request to the PPB for approval, modification or rejection
- An ADLIFE project presentation approved by the PPB should be used by all partners in their own countries for communication with clinicians and other stakeholders.

National publications

- All national co-investigators are responsible for the national level publication of their own data, usually in their own language.
- National co-investigators are responsible for determining the authors, and should include lead Investigators in all their publications.

Funding of the language checking for publications

- If necessary, language checking of the main publications may, in exceptional circumstances, be paid through the project’s budget (as agreed by the Project Technical Board).
- If appropriate and/or necessary, language checking of the national (country-specific) publications will be discussed separately within the Project Technical Board

Publication Ethics – Summary

- The research being reported should have been conducted in an ethical and responsible manner and should comply with all relevant legislation.
- Researchers should present their results clearly, honestly, and without fabrication, falsification or inappropriate data manipulation.
- Researchers should strive to describe their methods clearly and unambiguously so that their findings can be confirmed by others.
- Researchers should adhere to publication requirements that submitted work is original, is not plagiarised (note self-plagiarism), and has not been published elsewhere.
- Authors should take collective responsibility for submitted and published work.
- The authorship of research publications should accurately reflect individuals’ contributions to the work and its reporting.
- Funding sources and relevant conflicts of interest should be disclosed.

Dissemination Request Form

Date of dissemination request	Main Leader	Type of activity	Title of the event/journal	Date and location	Submission deadline	URL/web Site	Title of publication /presentation	Abstract	Authors	Rationale for suitability	link to document

Manuscript Preparation and Submission Log

MANUSCRIPT PREPARATION AND SUBMISSION LOG (MPSL)

To be completed by the Lead Author during the writing up, review and submission process according to guidelines on the ADLIFE Publication Policy.

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- **Writing up of first draft commenced on:** [Click here to enter a date.](#)
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Co-author name (delete rows as appropriate)	Date first draft was sent	Reviewing status	Comments on reviewing status (delete as appropriate)	Feedback on first draft received on (must be <i>within 2 weeks</i> after initial distribution)	Co-author's statement on manuscript status
#1 Click here to enter text.	Click here to enter a date.	Choose an item.	e.g. Confirmation received on Click here to enter a date. e.g. Confirmation pending – Reminder was sent on Click here to enter a date. e.g. Reason for decline: Click here to enter text. e.g. Co-author suggested Click here to enter text. as potential co-author	Click here to enter a date.	Choose an item.
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- **Manuscript status based on collective co-author format after first draft distribution:** Choose an item.
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