



**JADE  
CARE**

Joint action on implementation  
of digitally enabled integrated  
person-centered care

## D2.3 DISSEMINATION AND COMMUNICATION STRATEGY AND PLAN

Semmelweis University (SU-HSMTC)

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<b>Document Author</b>	Márton Kis, Semmelweis University (SU-HSMTC)
<b>Website</b>	www.jadecare.eu

## List of contributors

The list of contributors to this deliverable are presented in the following table:

Contributors	Organization
Dóra Tóth	Semmelweis University (SU-HSMTC)
Melinda Szögi	Semmelweis University (SU-HSMTC)
Anna Feller	Semmelweis University (SU-HSMTC)
Martina Rimmele	Bavarian Health and Food Safety Authority (LGL)
Irati Erreguerena	Kronikgune Institute for Health Services Research
Jon Txarramendieta	Kronikgune Institute for Health Services Research
Ane Fullaondo	Kronikgune Institute for Health Services Research

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## Executive Summary

**The D2.3 dissemination and communication strategy and plan** is providing the initial strategy for internal and external communication and dissemination. This document gives an overview of the aims of the JADECARE dissemination and communication activities as well as setting up guidelines for the principles and process flow of dissemination for internal project partners: when, who, to whom, how and what partners should disseminate, led, coordinated and regulated by WP2. The over-arching ambition of the dissemination strategy is to ensure that, by the end of the 3-year timeline of the project, the relevant European and Member State level stakeholder groups will be aware of the results, they will align with and support the project objectives, and engage in its activities on a sustainable basis.

Thus, the dissemination should be a vivid activity and should support multi-stakeholder dialogue on integrated care in order to put JADECARE in a central position in the domain of integrated care.

The further explained strategy is then transferred to action items (campaigns, events, workshops, webinars, etc. and their timings) in order to achieve the best impact of the project results. The activities defined in this strategy are focused on organizing, implementing and coordinating the communication and dissemination actions addressed to make JADECARE's information available to the target audiences. The ambition is to get informed on a continuous and timely basis with the most relevant information available at different stages of the project lifetime.

The JADECARE Communication Policy set out the main operational bodies of the communication and dissemination processes of the JADECARE project. The Editorial Committee and the Communication Team, led by WP2, will ensure that all important and relevant results and information about the project will reach the available online and social media channels in a timely and orderly manner.

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## Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centered care
EC	European Commission
CHAFEA	Consumers, Health, Agriculture and Food Executive Agency
DG SANTE	Directorate-General for Health and Food Safety
EEA	European Economic Area
GA	Grant Agreement
ICT	Information and Communication Technology
JA	Joint Action
KPI	Key Performance Indicator
NAs	Next Adopters
oGP	Original Good Practice
SC	Steering Committee
URL	Uniform Resource Locator
WP	Work Package

Table 1. - glossary of acronyms, terms and abbreviations

## 1. Introduction

### 1.1. Context

The Joint Action (JA) on Implementation of Digitally Enabled integrated person-centered CARE (JADECARE) is part of a series of initiatives the EU has launched to face the challenges of the transformation of health and care in the EU. JADECARE intends to reinforce the capacity of health authorities to successfully address important aspects of health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care in the EU. For this purpose, 17 EU countries with 46 organisations participate in JADECARE.

The Deliverable 2.3 presents the strategy that appropriately has been planned and organised all communication and dissemination activities undertaken within the JA. The difference between dissemination and communication determines the strategy: communication aims to reach and engage the public and target groups, whereas the main goal of dissemination is to promote and diffuse the results of the project. The figure below describes the distinction between communication and dissemination activities.

COMMUNICATION	DISSEMINATION
Covers the <b>whole project</b> (including results)	Covers project <b>results only</b>
Starts at the <b>outset</b> of the project	Happens only once <b>results are available</b>
<b>Multiple audiences</b> Beyond the project's own community, including the media and general public. Multiplier effect.	<b>Specialist audiences</b> Groups that may use the results in their own work, including peer groups, industry, professional organisations, policymakers
<b>Informing and engaging with society</b> , to show how it can benefit from research	Enabling the <b>take-up and use of results</b>

Figure 1. - Communication vs Dissemination<sup>1</sup>

<sup>1</sup> [https://ec.europa.eu/easme/sites/easme-site/files/h2020\\_energy\\_info\\_days\\_communication\\_dissemination\\_and\\_exploitation\\_presentations\\_all.pdf](https://ec.europa.eu/easme/sites/easme-site/files/h2020_energy_info_days_communication_dissemination_and_exploitation_presentations_all.pdf)  
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## 1.2. Scope of the document

### 1.2.1. Structure of the document

The Present Report Is Organised as Follows:

- Section 1 provides the executive summary of the whole document.
- Section 2 introduces the main vision around JADECARE communication and dissemination strategy and plan.
- Section 3 sets out the purpose of the document in detail.
- Section 4 defines the methodology of JADECARE dissemination, along the following main lines: Who, Why, What, When, Whom and How.
- Section 5 introduces the evaluation and monitoring procedures steps centred on the project Key Performance Indicator (KPIs).
- Finally, Section 6 concludes the document with relevant conclusions.

### 1.2.2. Relation to other work in the project

The dissemination and communication strategy is closely related and connected to all tasks and work packages in JADECARE, all ahead WP1 Coordination and Management as a whole and setting the communication management of the project (see D.1.1 Project Handbook), as well as managing the internal stakeholders' communication, consisting mainly of the consortium members and managing the scientific Publication Policy (internal project document).

A close relation consists also to WP2 and WP4. WP2 Task 2.4 Event Organisation including Stakeholder Forum is supporting the organization of JADECARE events in order to enable and foster knowledge generation and exchange within JADECARE, such as events like study visits and thematic workshops. Moreover, it supports the organization of JADECARE 1st Annual Conferences to inform, connect, interact and communicate with stakeholders within and adjacent to the project (see also chapter events, workshops, stakeholder forums, 8.5.2.7.). In order to prepare relevant and target-oriented stakeholder forum, Task 2.4.Event Organisation including Stakeholder Forum is developing a stakeholder matrix for external stakeholders, including key industries/developers and health systems representatives, researchers, scientists, academia, front-line professional, citizens, general public, journalists, as collaborating stakeholders (see chapter 8.2 target audience/ stakeholder analysis). In addition, task 2.4 Event Organisation including Stakeholder Forum provides the consortium with a regularly updated scientific events calendar (see chapter 8.5.2.7 events, workshops, stakeholder forums)

WP4's task 4.2 Knowledge Exchange and Generation is creating and developing the methodology and the concepts for knowledge generation and exchange amongst JADECARE partners in study visits and thematic workshops. WP4 supports the conductance and outcome reporting of the study visits and workshops, to be held by WP 5-8. This is not only an important information resource for internal communication, but study visit conductance presents a good topic also for external communication the regions of the original Good Practices. Thematic workshops performance presents interesting topics for external communication-PR in the regions of the next adopters, where these thematic workshops will be performed.

Besides providing study visits and thematic workshops methodology and support, task 4.2 of WP4 is supporting and building a toolbox for internal communication with consortium members, in which relevant



methodologies and concepts developed by WP1 and WP3 are gathered and supplied, that address, enable, further and evaluate the implementation process in JADECARE.

An important further communication part for JADECARE is treated by WP4's Task 6 Policy Board, in which communication strategy and contents are developed to fruitfully communicate with regional, national and international policy stakeholders. The format of communication tool is via policy board meetings and policy dialogues that aim to align local good practices to national, regional and/or local policies, strategies, plans and/or programs, as well as to identify and build up potential EU-level added value of JADECARE.

WP3 will measure the degree of usefulness and acceptance of the stakeholder networks in each participating country. The results of the measurement will be analysed and summarized in the D3.2 Interim Evaluation Report and D3.3 Final Evaluation Reports.

Overall, the dissemination and communication strategy is a supporting document for all JADECARE partners to ensure full recognition and uptake of project results during the lifetime of the project and beyond that period too (to be elaborated in D2.4 Final report on Dissemination and D2.5 Layman version of final dissemination report).

To achieve this goal, this deliverable is closely linked and harmonized with other key deliverables from WP2 and with deliverables and documents from WP1:

- WP1: D1.1. Project handbook [M6]
- WP1: Publication policy (scientific publications and events)
- WP2: D2.1 Leaflet [M6]
- WP2: D2.2 Project Website [M6]

On higher scale, the dissemination strategy is dependent on all WPs in disseminating results and outputs to specific stakeholders, thus active input from content related WP partners is envisaged, not only through their results and deliverables, but also by identifying key audience of their results.

## 2. Objectives

This document gives an overview of the aims of JADECARE dissemination activities as well as sets up guidelines for the principles and process flow of dissemination for internal project partners: when, who, to whom, how and what partners should disseminate led, coordinated and regulated by WP2.

### 2.1. Aim of dissemination strategy

The main and general objectives of JADECARE dissemination activities are the following:

- 1) Create an effective communication workflow both for internal and external communication.
- 2) Ensure participation in international and national events, conferences and other meetings which are crucial for the representation of JADECARE results and presentation of deliverables results (in line with the internal and external event calendar, updated on the official JADECARE SharePoint platform by WP2)
- 3) Creating transparency and visibility of the project results.

Thus, the aim of this document is to depict the dissemination strategy of the deliverables and their underlying research results, created through the JADECARE project.

The strategy targets a variety of audiences (relevant scientific community, policy makers, healthcare experts, health professionals and other care providers, municipalities and local health authorities, patients, carers or other social entities working in the field, general population). Channelled messages and contents are and will be continuously customized according to the identified target groups: as the key to our success is raising awareness of those who can benefit from the project outcomes. Additionally, as the project spans various sectors having both technical and commercial dimensions, dissemination should also focus on promoting the results in a professional, informative and customer-centred way at the right time via the appropriate channel. Hence the outcomes and results of JADECARE will be translated into communication materials which will be the support for carrying out communication activities internally as well as externally to raise the awareness of the project among relevant stakeholders.

The over-arching ambition of the communication and dissemination strategy is to ensure that, by the end of the 3-year timeline of the JADECARE project, the relevant European and European member state stakeholder groups are aware of the results achieved, they will align with and support the project objectives, and engage in its activities on a sustainable basis. Thus, dissemination should be an alive activity and should support multi-stakeholder dialogue on good practices in order to put JADECARE in a central position in the domain of digitally enabled integrated person-centred care.

The main objectives of the dissemination plan is, to be pursue throughout the project lifetime, revolve around the following elements:

- Ensuring coordinated communication of the JADECARE initiative, providing adequate visibility to the various stakeholder groups, through optimised usage of all.
- Delivering and maintaining the communication plan, describing all the global marketing activities that are going to be perform practically support stakeholders' engagement, including daily social media presence.
- Organising & rolling out JADECARE events.

- Providing a model for sustainability to ensure that the effort continues beyond project completion.

This plan aims to provide a framework regarding who, why, what, when, whom (“W”s) and how (communication and dissemination plans) to communicate in a unified manner, in order to provide coherent style to assure clear, up to date and valid messages and contents to share with the projects members and the wider audience. The “W”s are essential, however how is key to achieve successful communication.

To achieve its objectives, JADECARE is leading its target audiences through the following sequence of steps, as stated in the GA:

- **Awareness:** audiences need to be aware of current cybersecurity problems and challenges in multiple sectors. By working with umbrella organizations and multipliers, we aim mostly to build on existing awareness levels.
- **Alignment:** audiences need to agree that JADECARE will deliver promising solutions. We aim to amplify this alignment through endorsements by credible institutions and by making it easy for interested parties to access information on the approach and newer developments.
- **Engagement:** audiences need to feel motivated to engage with JADECARE. To that end, JADECARE aims to tap into (rather than replace) existing law enforcement agency (lea) procedures, in order to facilitate their operational capacity on all three phases of criminal activities: prevention, mitigation, and investigation.
- **Action:** audiences need appropriate incentives in order to take action. JADECARE aims to provide such incentives to stakeholders across multiple sectors by directly improving their cybersecurity competences and capabilities.

## 2.2. Aim of the communication plan

The main aim of the communication plan is:

To ensure a coordinated communication of the JADECARE initiative, providing appropriate visibility to all stakeholders and to describe all the global marketing activities that support stakeholder engagement in a practical way, including daily social media presence, event organisation and promotional activities, and the project’s website.

## 2.3. The specific goals of the communication plan

- Ensure coordinated, regular communication of the JADECARE network, providing appropriate visibility to all stakeholders, with the adequate narrative.
- Showcase the benefits of the JADECARE network to the key stakeholders.
- Engage all target audiences and establish close synergies to maximise the visibility of the project outcomes and impact.
- Outputs identification and mapping to stakeholders.
- Ensure regular and continuous social media presence.
- Ensure production of communication collaterals.
- Support organisation and participation to events and conferences.

### 3. Methodology and workflow

#### 3.1. Six “W”s

The dissemination and communication strategy aims to provide a framework regarding who, why, what, when, whom and how (6 “W”s) to disseminate in a unified manner: in order to provide a coherent style to ensure clear, up to date and valid messages and content about the activities carried out, public deliverables and outcomes achieved among the project member and the wider audience. All the “W”-s are essential, however, the key to achieve successful dissemination, as it fills the framework of “W”-s with real content as displayed in the figure below:

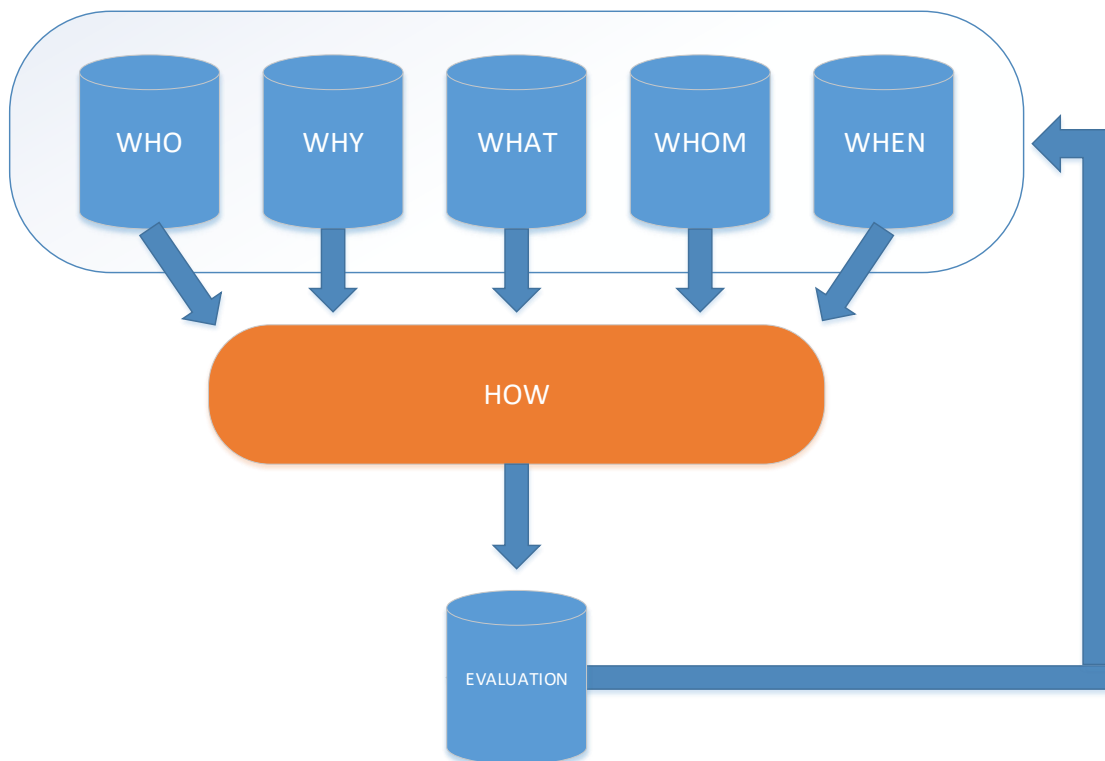


Figure 2. - logical workflow of JADECARE communication

##### 3.1.1. Who

The Dissemination Strategy (this document) and the internal communication and Dissemination Policy (Annex1 of this document), aims to provide a referral system, define responsibilities and the process flows informing partners of how they can disseminate their deliverables, participation at events, news and others. The two documents set out both the strategic and the operational details of the communication and dissemination activities, as well as the actual players and project bodies involved at different stages of the process. For timely and effective dissemination results, it is essential that all partners know and follow the rules and responsibilities set out in the policy.

WP2 will be in charge of this Communication Team to support such internal and public activities (content creation, standard slide deck etc.), while project partners are encouraged to contribute to achieve sustainable results (event and conference participation and presentations, news articles, publications etc.).

The summary of the processes and dependencies is pictured on Figure 3 – content creation flowchart below. It is important to notice, that in addition to the above referred two documents this process chart takes into consideration the dependencies and responsibilities of WP1 and the Publication Committee set out in the Project Handbook and the JADECARE Publication Policy.

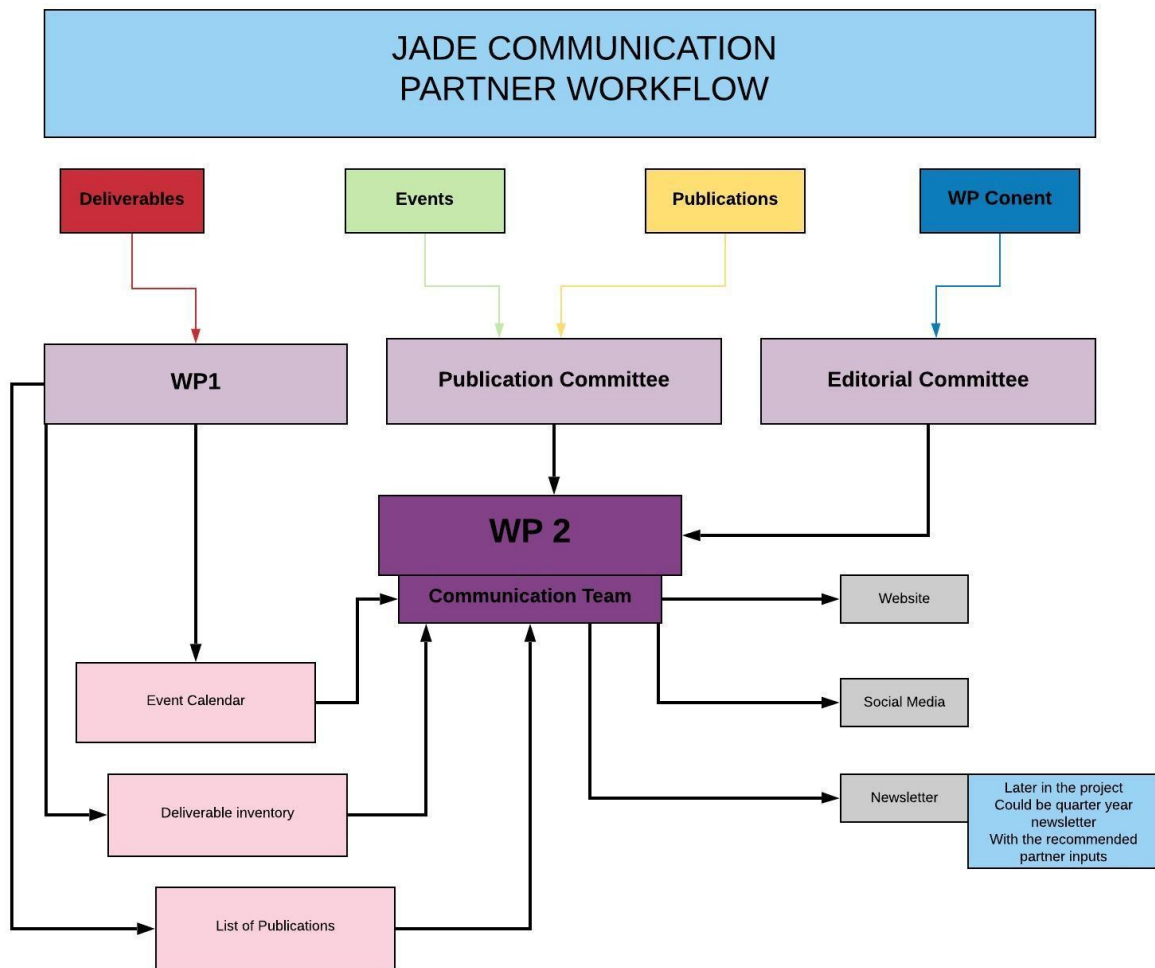


Figure 3.- Content creation flowchart

### 3.1.2. Whom (Target Audience / Stakeholder Analysis)

Effective dissemination can only be realized when the right message at the right time is delivered to the right target audience, therefore knowing whom to target with which message and content is essential. Project stakeholders are people (or groups) who can affect or can be affected by both the activities performed during the life of a project, or/and by the project’s output(s) and outcome(s).

As the JADECARE project covers different areas and sectors adjusting channels according to the stakeholders, the target audience is crucial.

For JADECARE, three categories of stakeholder groups are defined and implemented in a Stakeholder matrix, uploaded to the SharePoint and continuously updated by the partners responsible for managing each type of stakeholder:

- Internal Stakeholders identified by WP1: consisting of the consortium members and Next Adopter Working Group members.
- Policy board Stakeholders, identified by WP4: Ministries of Health, national focal points for Health Program at EC from those Member states from EU and EEA that do not participate in JADECARE, representatives of DG SANTE and CHAFEA, and all other policy-oriented stakeholders that implementers will find at their sustainability-related analyses as important, such as Statutory Health Insurance in Bismarckian health systems, are invited by WP4 to take part in the Policy Board of JADECARE. Policy board members will be informed and called in regarding policy related issues. Communication will be created with them i.e., through policy dialogues.
- External Stakeholders, identification led by WP2: The external stakeholders will be an important part of the external communication strategy. They will be identified by all of the consortium partners from their respective target audience outside the consortium, including EU stakeholders, i.e., Project Officers from CHAFEA. A Stakeholder matrix to do this for external stakeholders is prepared by Task 2.4. (see below Figure 1). Categories of external Stakeholders are identified, as well as their Roles/Actions for JADECARE defined, in order to be able to develop customized communication strategies for each of them, as suggested in the table.

The Stakeholder matrix sets the aspects that should be taken into consideration when analysing external stakeholders and adjusting channels and messages. Thus, in addition to determining the relevant channel for stakeholders, their influence, power and interest should also be considered. Furthermore, the effectiveness of the channels and message types need to be constantly evaluated (please see Evaluation (KPI-s) in chapter 7).

For the most up to date, stakeholder categories will be constantly monitored and updated during the lifetime of JADECARE project to provide the best inventory of target groups for the communication and dissemination activities.

The main external stakeholders of JADECARE for the Policy board Stakeholder group and the external Stakeholder group are the following:

- Regional / Local Health systems
- National Health systems/ Ministries-Healthcare decision makers
- Health Policy makers and experts
- Health professionals and other operators
- Patient organizations
- Social entities working on the field representing the general population
- Industry: Digital health tools/services and platforms developers, ICT health sector.
- Scientific community
- Specialized media

- Universities and training organizations (next generation of healthcare professionals, researchers, engineers, ICT developer)
- Third Party Payers, Official Audit Bodies, Health Technology Assessment Agencies and other public or private regulatory or standards organizations

### 3.1.3. What (Deliverables and other results)

Expected deliverables to be created during the project lifetime are defined in the JADECARE Grant Agreement. While these are the main “products” of the project, and WP2 has to put the biggest focus on publishing them, there are other types of project results too.

In the initial phase of the project the focus will be more on establishing the JADECARE project brand on the EU project scene. Information from the 4 oGPs will be used along with the original aims of the project to articulate the main project directions. Once the work within the project advances, and already some preliminary or interim results are achieved, then the WP2 Communication team will start to focus on those achievements and publish it for the interested stakeholders.

It is important, that the operational WPs realise the importance of providing timely and accurate information about the progress of their work for WP2. To catalyse this process the project decided to setup the Editorial Committee, where all WPs have high level representation, and the scheduled monthly meetings are aiming to generate relevant content for/from each operational WPs (detailed structure of the Editorial Committee is provided in Annex1).

The below template lists the minimum required information partners should provide to WP2 when disseminating project outputs.

- Contact Info:
  - WP or partner ID
  - Contact person
  - Institution
  - Mail
- Type of communication
  - Due date
  - Channel
- Content Elements
  - Keywords
  - Abstract /summary, conclusions, if applicable
  - Specific / finalized content to communicate (e.g., twitter message text, etc.)

Further to providing public deliverables to the relevant audience in line with the grant and consortium agreements, JADECARE dissemination will also take the form of scientific studies and papers, peer reviewed articles, media content (such as blog posts), publications, books, conference proceedings, videos, public discussions, lectures, workshops and presentation. All dissemination will consider the ownership of original outputs, results and open data policies.

### 3.1.4. When (regular communication)

The timely and regular communication is the key to attract and keep our target audience engaged. To be able to keep our online and offline presence predictable the following principles will be followed:

- For regular dissemination content the scheduled meetings of Editorial Committee will be used (as described in Annex1) to capture the content and schedule its dissemination (as described in the Workflow chapter) for the best possible reach of the target audience with considering the characteristics of the available online channels.
- For urgent communication needs, WP2 Communication Team will provide continuous support outside the meetings of the Editorial Committee, to make sure, that the information has time value, it has not expired, still looking to approve and validate the content within the consortium.

## 3.2. Workflow

### 3.2.1. Content Generation Process

WP2 and WP1 partners have realised, that the complexity of the project and the need for coordinated communication and dissemination activities require a regulated process. For this reason, the JADECARE partners have decided to setup an Editorial Committee as well as a Communication Team for the project.

With the separation of the operative and strategic governance functions it is possible to both provide a solid content collection, generation and approval process, while supporting the timely and relevant daily operations.

The detailed regulations and processes of the two internal project committees are attached to this deliverable in Annex 1.



## 4. Project Visual Identity

A visual identity of JADECARE was created at the beginning of the project. The JADECARE logo uses the acronym of the project and heart which is based on care. Green colour and the shape of heart is reflecting the jade stone.



Figure 4.- JADECARE logo

### The JADECARE logo

This visual identity has to be used in all the dissemination outputs, such as the project website, the online social media platform, the project videos and leaflets, etc. A brand book defining the use of the logo has been developed during the first month of the project and made available to all partners for a clear and coherent approach to communication and materials. Partners must use the rules defined in the brand book for any official publication. JADECARE logo and visual identity aims to describe the project's purpose using the keywords: health systems, person-centred care.

The brand book contains:

- Font set (Calibri)
- The project logo in various forms; jpg., png., header.
- Colours of the logo and their variations;
- Typographies (also for deliverables and other texts) based on the same font set;
- The core colour palette;
- Standard texts for JADECARE publications and the use of the European flag.



Figure 5.- JADECARE Brandbook screenshot

## COLOR CODES



**JADE  
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Joint action on implementation  
of digitally enabled integrated  
person-centered care

	R: 223 B: 239 G: 238	#DFEFEE		R: 101 B: 165 G: 162	#65A5A2
	R: 197 B: 224 G: 223	#C5E0DF		R: 87 B: 147 G: 145	#579391
	R: 163 B: 209 G: 208	#A3D1D0		R: 91 B: 90 G: 80	#5B5A50
	R: 143 B: 189 G: 187	#8FBDBB		R: 0 B: 0 G: 0	#000000

## FONTS

### Adam Bold

abcdefghijklmnopqrsxyz1234567890  
ABCDEFGHIJKLMNOPQRSTUVWXYXZ1234567890

abcdefghijklmnopqrsxyz1234567890  
ABCDEFGHIJKLMNOPQRSTUVWXYXZ1234567890

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ABCDEFGHIJKLMNOPQRSTUVWXYXZ1234567890

### Calibri

abcdefghijklmnopqrsxyz1234567890  
ABCDEFGHIJKLMNOPQRSTUVWXYXZ1234567890

abcdefghijklmnopqrsxyz1234567890  
ABCDEFGHIJKLMNOPQRSTUVWXYXZ1234567890

**abcdefghijklmnopqrsxyz1234567890**  
**ABCDEFGHIJKLMNOPQRSTUVWXYXZ1234567890**

Figure 6:Font and colour codes for JADECARE

## 5. Dissemination and Communication Tools and Channels

“Communication channels” are the means for transporting specific messages to the targeted audiences (the various stakeholder groups specified before) with the aim of reaching the objectives of the JADECARE initiative. To maximise impact of the communication activities, different target groups should be reached via the most appropriate channels and performing the most effective communication activity(ies).

The channels that are going to be used by the JADECARE team throughout project duration vary depending on expectations of the audience, as well as on complexity, importance and content of the message to be communicated, and they include:

- Website
- Social media
- Newsletters
- Collaterals such as brochures, leaflet, posters, and flyers
- Other communication materials such as presentations, press releases and information packages
- Webinars and events

The general approach that will be adopted for the communication activities on each communication channel is described in the following table:

COMMUNICATION CHANNEL	USAGE / PURPOSE	MAPPED STAKEHOLDERS	PRINCIPLES OF COMMUNICATION	AVAILABILITY (MONTH)
WEBSITE	THE WEBSITE WILL BE INFORMATIVE, CONTENT-RICH AND OFFERING AN EASY ACCESS POINT FOR DIFFERENT STAKEHOLDER GROUPS.	REGIONAL / LOCAL HEALTH SYSTEMS NATIONAL HEALTH SYSTEMS/ MINISTRIES-HEALTHCARE DECISION MAKERS HEALTH POLICY MAKERS AND EXPERTS HEALTH PROFESSIONALS AND OTHER OPERATORS PATIENT ORGANIZATIONS SOCIAL ENTITIES WORKING ON THE FIELD REPRESENTING THE GENERAL POPULATION INDUSTRY: DIGITAL HEALTH TOOLS/SERVICES AND PLATFORMS DEVELOPERS, ICT HEALTH SECTOR. SCIENTIFIC COMMUNITY SPECIALIZED MEDIA UNIVERSITIES AND TRAINING ORGANIZATIONS (NEXT GENERATION OF HEALTHCARE PROFESSIONALS, RESEARCHERS, ENGINEERS, ICT DEVELOPER) THIRD PARTY PAYERS, OFFICIAL AUDIT BODIES, HEALTH TECHNOLOGY ASSESSMENT AGENCIES AND OTHER PUBLIC OR PRIVATE REGULATORY OR STANDARDS ORGANIZATIONS	THE PUBLIC WEBSITE INTENDS TO PROVIDE AN OVERVIEW OF THE JADECARE PROJECT AVAILABLE TO THE WIDE AUDIENCE, PROMOTING JADECARE INFORMATION WITH CLEAR AND SIMPLE MESSAGING THAT LEAVES NO ROOM FOR AMBIGUITY. IT ACTS AS THE REFERENCE PLATFORM FOR ANY COMMUNICATION AND REQUEST FOR INFORMATION COMING FROM STAKEHOLDERS.	<b>M6</b>
SOCIAL MEDIA	AS DEFINED IN DOA JADECARE WILL USE TWITTER AND LINKEDIN, COMPLEMENTED BY A YOUTUBE CHANNEL IN ORDER TO EFFECTIVELY COMMUNICATE WITH STAKEHOLDERS AND THE GENERAL PUBLIC.	RESEARCH SCIENTIFIC COMMUNITY END-USERS CIVIL ACTIVISTS PATIENTS	ASIDE FROM THE GENERAL PROMOTION OF JADECARE, TWITTER WILL BE MAINLY USED TO PROVIDE BRIEF REAL TIME UPDATES AND NEWS AND TO PROMOTE EVENT ACTIVITIES; LINKEDIN WILL BE MAINLY USED TO ENGAGE AND BRING ON BOARD NEW RELEVANT STAKEHOLDERS, SEND TARGET MESSAGES AND TO CREATE AND FOLLOW DISCUSSION GROUPS.	<b>M3</b>
NEWSLETTERS	INFORMATIVE NEWSLETTERS WILL BE SENT TO INFORM STAKEHOLDERS ON PROJECT'S PROGRESS WHILE TAILORED NEWSLETTERS WILL BE PRODUCED TO HIGHLIGHT EACH MAJOR JADECARE OUTPUTS.	RESEARCH POLICY MAKERS INDIVIDUAL SUBSCRIBERS	PERIODICAL NEWSLETTERS WILL SUMMARIZE IN AN EASY TO DIGEST LANGUAGE BOTH TECHNICAL AND GENERAL PROGRESS OF THE PROJECT, ALSO LISTING KEY NEXT ACTIVITIES (EVENTS FOR EXAMPLE) ENSURING THAT ALL PARTNERS & STAKEHOLDERS ARE TIMELY INFORMED.	<b>EVERY 3M</b>
BROCHURES	ENSURING ADEQUATE REPRESENTATION OF THE JADECARE BRANDING TO GAIN VISIBILITY ACROSS EUROPE.	RESEARCH END-USERS POLICY MAKERS	GRAPHIC MATERIALS SUCH AS FLYER AND LEAFLET WILL HELP TO QUICKLY COMMUNICATE JADECARE IN A VISUALLY COMPELLING MANNER.	<b>M12</b>

COMMUNICATION CHANNEL	USAGE / PURPOSE	MAPPED STAKEHOLDERS	PRINCIPLES OF COMMUNICATION	AVAILABILITY (MONTH)
PRESENTATIONS	ATTRACTIVE VISUAL PRESENTATIONS TARGETING SPECIFIC STAKEHOLDER GROUPS WILL BE USED TO INCREASE <b>JADECARE</b> 'S VISIBILITY ESPECIALLY AT THIRD-PARTY EVENTS.	RESEARCH SCIENTIFIC COMMUNITY END-USERS CIVIL ACTIVISTS POLICY MAKERS	STRAIGHT TO THE POINT, INFORMATIVE AND VISUALLY APPEALING PRESENTATIONS ARE KEY ELEMENTS FOR COMMUNICATING <b>JADECARE</b> AND CAN HELP BUILDING TRUST AND CREDIBILITY ACROSS EVENTS AND WORKSHOPS.	AS NECESSARY
PRESS RELEASES	PRESS RELEASES WILL BE DELIVERED IN CONJUNCTION WITH THE MAIN PROJECT ACHIEVEMENTS TO ENSURE TIMELY COMMUNICATION OF THE PROGRESS OF THE PROJECT. IN SUPPORT OF <b>JADECARE</b> 'S VISIBILITY, A SELECTION OF PRESS AND MEDIA CHANNELS WILL BE TARGETED.	RESEARCH SCIENTIFIC COMMUNITY END-USERS CIVIL ACTIVISTS POLICY MAKERS	ALL PRESS RELEASES PRODUCED WILL BE CLEAR AND STRAIGHT TO THE POINT, AVOIDING AS MUCH AS POSSIBLE SCIENTIFIC JARGON WHILE GIVING INTERESTING INSIGHTS AND USING CATCHY TITLE AND LANGUAGE TO GRAB THE READER'S ATTENTION.	M1-M24 AS NECESSARY
EVENTS	EVENTS (ONLINE AND OFFLINE) ARE ORGANIZED FOR THEIR TIMELINESS WITH <b>JADECARE</b> 'S OUTPUTS, TOPIC AND AUDIENCE RELEVANCE. FOR FOCUSED AND EFFECTIVE COMMUNICATION, SPECIFIC DISSEMINATION AND ENGAGEMENT ACTIVITIES WILL BE PUT IN PLACE, WITH LIVE REPORTING VIA TWITTER, UPDATES AND BLOGS ON LINKEDIN.	RESEARCH SCIENTIFIC COMMUNITY END-USERS CIVIL ACTIVISTS POLICY MAKERS	FROM A COMMUNICATION POINT OF VIEW, <b>JADECARE</b> WILL ENSURE THAT ON EACH EVENT A SERIES OF PRE-EVENT AND POST -EVENT ACTIVITIES WILL BE CARRIED OUT. SOME EXAMPLES INCLUDE: CREATION AND PROMOTION OF THE EVENT WEBPAGE SOCIAL MEDIA COVERAGE POST EVENT REPORT	M1-M24
THIRD-PARTY EVENTS	EVENTS WILL BE USED TO DISPLAY TARGETED PRESENTATIONS AND PROMOTIONAL MATERIAL WILL BE GENERATED FOR FOCUSED AND EFFECTIVE COMMUNICATION, DISSEMINATION AND ENGAGEMENT OUTCOMES	RESEARCH SCIENTIFIC COMMUNITY END-USERS CIVIL ACTIVISTS POLICY MAKERS	FROM A COMMUNICATION POINT OF VIEW, <b>JADECARE</b> WILL ENSURE THAT ON EACH EVENT A SERIES OF PRE-EVENT AND POST -EVENT ACTIVITIES WILL BE CARRIED OUT. SOME EXAMPLES INCLUDE: CREATION AND PROMOTION OF THE EVENT WEBPAGE SOCIAL MEDIA COVERAGE POST EVENT REPORT	M1-M24

Table 2.- Methodology of the communication channels

## 5.1. Promotional materials

### Leaflet:

General information on the JADECARE project will be provided by the project leaflet and a standard presentation. The project leaflet presents the JADECARE project in general: short description of the JA, Aims&goals, expected outcomes, partners' logos, and a short description of the oGPs. It will be the main dissemination material to stakeholders or at project's events. The leaflet will be available in the 16 official languages of the JADECARE countries.



Figure 7.- Inner page of the leaflet

### Presentation:

In order to provide a homogeneous image of the project to the external actors, especially towards the research community and academic networks, a standard presentation of the project will be prepared to be used by partners in internal meetings and external events.

The presentation will introduce the JADECARE objectives, consortium, main activities and main expected/realised results. It will also provide all the information to access the project's website, interactive platform and to contact the project's representatives. The presentation will be updated regularly in order to reflect the activities performed and the achieved results.



Figure 8.- JADECARE Presentation Template

#### **Rollup- For In Person Conferences:**

Printed iteration of the project flyer. It will include the main JADECARE design elements, and a short, easy remember summary of the project goals, the main milestones and the logos of the partners involved in the project.

#### **Flyer:**

A two pages project description in the form of a flyer will be designed for the JADECARE project, including the context and concept of the project, a short description of the oGPs and the website link.

## 5.2. Website

The project website, available in the URL: <https://www.jadecare.eu/>, is the main communication and dissemination tool. It has the capability to address a wide range of stakeholders who can easily access the information, they are interested in. It contains most of the important information about the project and will be frequently updated. It will be an interactive tool, dynamic and attractive. Targeted to the different stakeholders identified, it will be responsive, so as adaptable and easily navigable from any device. Effort will be done on web accessibility, applying technology, standards and a design suitable for all.

The overall objective of the JADECARE website is to disseminate high-quality information on the development of the Joint Action (JA), in order to contribute to the implementation of integrated care services in Europe. It will be the main digital information point, acting as a constantly changing open space to:

- 1) Engage with a range of key stakeholders with interests in the JADECARE project.
- 2) Communicate project objectives, progress and achievements.
- 3) Provide a centralized resource of quality and regularly updated news content, relevant events, public documents on issues relevant to the JADECARE project general objectives.





The screenshot shows the JADECARE website with a teal header and footer. The main content area is white with teal accents. The top navigation bar includes links for Home, About, News, Events, JA Structure, and Resources. The main heading reads 'JADECARE' with a logo. Below this, a paragraph explains the Joint Action (JA) on implementation of digitally enabled integrated person-centered care (JADECARE) as part of a series of initiatives the EU has launched to face the challenges of the transformation of health and care in the EU. It states that JADECARE intends to reinforce the capacity of health authorities to successfully address important aspects of health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care in the EU. For this purpose, 17 EU countries participate in JADECARE. In order to achieve these goals four original "Good Practices" support participating regions of member states to transfer the successful practices and generated knowledge into the healthcare systems of the participating partners. A link is provided to read more: Background & Ambition.

A section titled 'JADECARE involves 48 organisations from 17 countries all around Europe.' is followed by a section 'Implementing four proven Good Practices of digitally enabled integrated care by 17 next adopters'. This section features a central graphic with four colored boxes representing different Good Practices: Basque Health Strategy on ageing and chronicity (Integrated care), Catalan open innovation hub on ICT supported integrated care services for chronic patients, The Cobblecix Model - Population-based integrated care, and MSD Digital Roadmap towards an integrated health care sector. To the right, text states that these four original Good Practices stand for a bundle of proven practices and methods ready for being transferred to the next adopter health care organisations. A list of these practices includes: Basque health strategy on ageing and chronicity: Integrated care (Basque Country, Spain), Catalan Center for Open Innovation on ICT supported integrated care services for chronic patients (Catalonia, Spain), The OptiMedis model – integrated population-based care (Germany), and Digital roadmap to an integrated health care sector (Southern Denmark Region). Below this, it says that by transferring these four practices, JADECARE proposes to strengthen the capacity of health authorities to successfully address all important aspects of the transformation of the health system towards digitally enabled, integrated and person-centred care.

The next section is 'What's new in digitally enabled integrated person-centred care', featuring a news item titled 'JADECARE launches second release of project website'. The text describes the overall goal of creating a JADECARE project web presence to disseminate high quality information about the aims, scope, results and progress of the project, and to contribute to the development of a new generation of research high quality...

The 'Upcoming Events' section lists two events: the 16th Edition of International Conference on Health & Primary Care (Theme: Transforming Healthcare in Every Direction during COVID-19) from 25 March 2021 to 27 March 2021 at Barcelona, Spain, and ICIC21 'Realising the true value of Integrated Care' on 11 May 2021 (9:00-17:00) as a virtual conference.

The footer contains links for Impact, Data Privacy, Get in touch, Twitter, LinkedIn, and Sharepoint Login. It also features the European Union flag and a note that JADECARE is co-funded by the third health programme of the European Union under Grant Agreement No. 101012344. The copyright notice at the bottom reads: Website Copyright 2021 by Joint Action on implementation of digitally enabled integrated person-centred care (JADECARE). Website email contact: info@jadecare.eu

Figure 9.- JADECARE full website as of 31 March 2021

To comply with JADECARE Dissemination and Communication plan, the website will display the following Content Map (Navigation) menu:

Top Navigation	Dropdown/Subentry	Section & subsection (planned) content
<b>Homepage</b>	About News Events JA-Structure Resources Search (Social Media)	<p><b>Top-Navigation (Logo and listed subentries)</b></p> <p>Search button plus extensible search box:</p> <p>Short description of project, distilled as from all main sections, i.e. (“mini-About”).</p> <p>Guide to descriptive sections, i.e., background, mission, objectives, work plan, oGPs/NAs and expected outcomes, all supported by direct links to content sections.</p> <p>Centrally positioned paragraph to be updated for “hot news” (events, achievements, press)</p> <p>Footer: Imprint, Privacy statement, funding, contact information and link to contact form, social media buttons</p>
<b>About</b>	Project Factsheet Consortium Background and Ambition	<p>“Factsheet”: Start Date, end date, duration, co-funding</p> <p>Consortium: List of partners with URLs to partner homepages</p> <p>Background and Ambition: EU health policy context as context of project mission, ambition and aims of digitally enabled integrated care</p>
<b>News</b>	2nd level = Overview	<p>Current/previous, sorted by publication date</p> <p>2nd level overview: images, teasers, search</p>
<b>Events</b>	2nd level = List of upcoming events	<p>Internal and External Events (of relevance); Structured event Announcements (title, lead image, data, venue, host, agenda, registration supported by maps, URLs and contact data.</p>
<b>JA-Structure</b>	Work Packages Transfer WPs / OGP Next Adopters	<p>Joint Action overall description (government mandate, oGPs, NAs etc.)</p> <ul style="list-style-type: none"> <li>• Generic Work packages WP1, WP2, WP3, WP4</li> <li>• Transfer Work Packages - oGPs WP5 - WP8</li> <li>• Next Adopters and S-M-A-R-T Implementation</li> </ul>
<b>Resources*</b>	Press releases Publications Presentations Video Reports Public Deliverables	<p>Central reference point for</p> <ul style="list-style-type: none"> <li>• Press activity and releases</li> <li>• Promotional materials (leaflets, roll up, folders, Posters, presentations</li> <li>• Project publications of any type (public deliverables, presentations, scientific publications, video reports and interviews etc.)</li> </ul> <p>(*project internal resources in SharePoint)</p>

Table 3.- Content map (navigation) JADECARE.eu

The JADECARE website aims to be entry point for the public interested in integrated care, transfer of Good Practices and healthcare transformation. To fulfil this task smoothly, features and requirements will be implemented for accommodating the publishing and communication needs of JADECARE. The following characteristics has been considered for developing the website:

- Balanced, invitational homepage, attracting visitors' interest for concepts and deliverables.
- User-friendly design and interaction guidelines will be applied to facilitate the user navigation through the website.
- Careful branding and visualizations to demonstrate the added value of the project.
- Repository for resources and deliverables; preparation for fast accessibility.
- Standard provision of elementary website objects (pages, resources (PDF), news, events, links etc.).
- Social media buttons and an option to display of recent project related tweets.
- Structured and simple navigation. The website is "responsive" (suitable for mobile as well as desktop devices).

Overall, the website will support:

1. Engaging with a range of key stakeholders with interests in JADECARE to increase prominence of the JA.
2. Communicating project objectives, milestones and achievements.
3. Providing a centralised resource of quality and regularly updated news content, public documents on issues relevant to the JADECARE project general objectives.

Aligned to this, the project website will act as an open space in constant change to keep all target groups informed about the project progress and provides the guideline of content development over time.

Moreover, to establish the web presence of the Joint Action early in the JA lifespan, a preliminary landing page has been published in the first week of February 2021 (see figure 1) as a precursor of the fully functional website. The main objective of launching JADECARE landing page was to start promoting the JA on internet browsers, create a main digital point of information for the project partners, and start getting audience interesting in the topics related to integrated care, scaling up, health systems transformation and others.

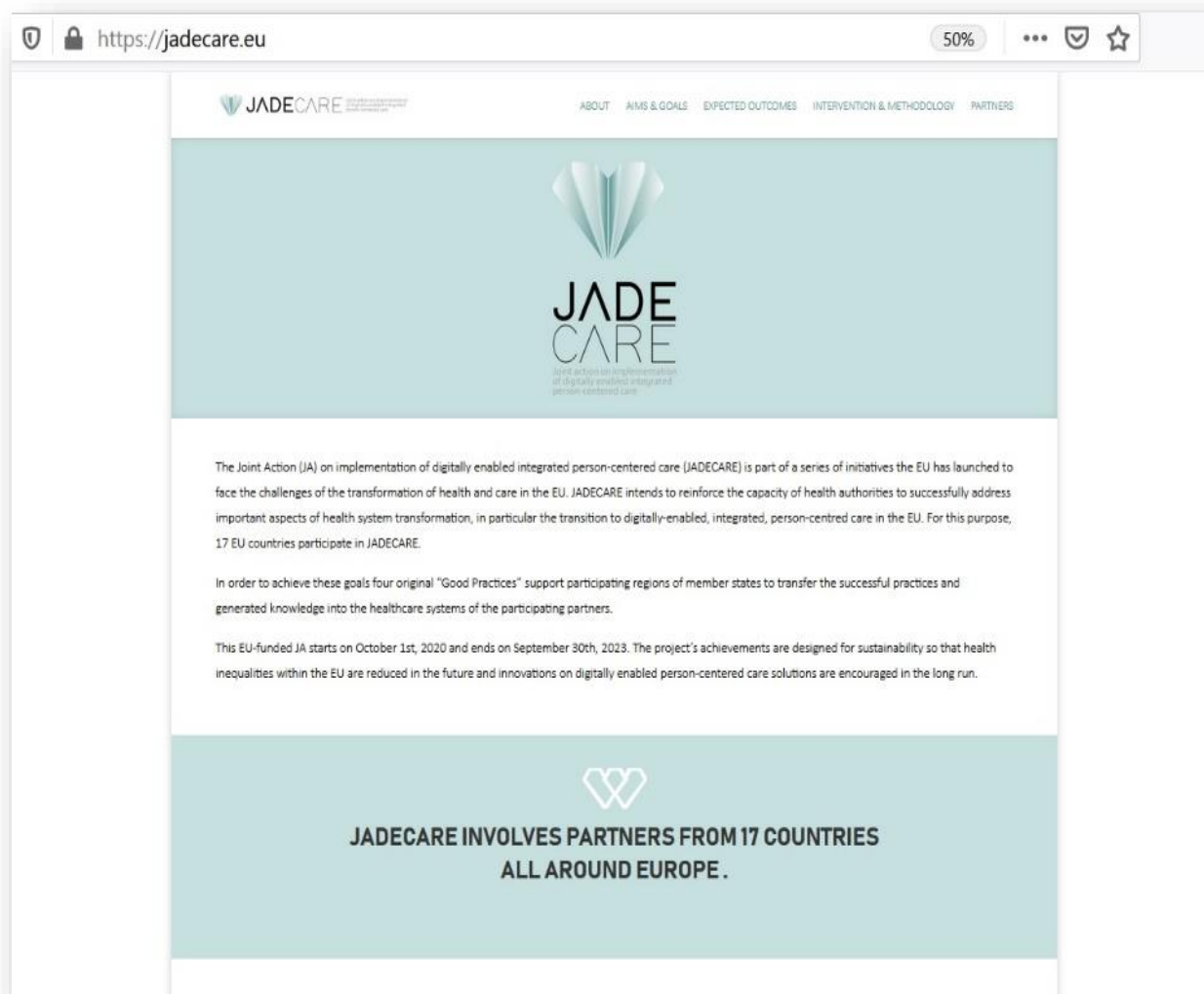


Figure 10.- JADECARE Landing Page as published 9 February 2021

### 5.3. Social Media

In order to raise a public awareness about the JADECARE project, social network profiles were created – Twitter and LinkedIn accounts, –and their links added to the JADECARE website. WP2, as the administrator of the profiles, will manage the updates and posts. These social media platforms were created to spread JADECARE’s visibility and expand the platforms where the project’s results easily can be disseminated daily. Social media platforms will be aligned with the website.

#### 5.3.1. LinkedIn JADECARE account

URL: <https://www.linkedin.com/company/jadecare-eu>

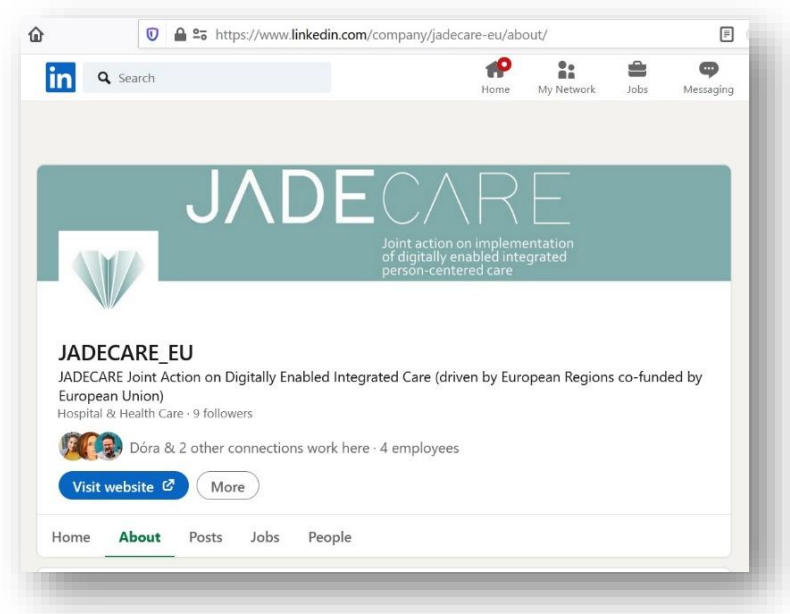


Figure 11.- JADECARE LinkedIn page

### 5.3.2. Twitter JADECARE account:

URL: <https://twitter.com/EuJadecare?s=20>



Figure 12. - JADECARE Twitter page

## 5.4. Publications

Scientific publications are an important element of the dissemination strategy of the JADECARE project. A part of our stakeholders - the scientific and academic community – is using peer reviewed articles and conference poster presentations to gather the latest developments of the digital integrated health sector.

As the publications contain the important fresh results of the project, prepared as a cooperation of the consortium partners, it is important to regulate the process and protect both the project and the consortium partners interest at the same time. For this purpose, a Publication Policy document has been developed by WP1 and approved by the consortium for JADECARE. This document is available in the JADECARE SharePoint.

Further details of the event participation is elaborated in chapter 6.6 of this document

## 5.5. Newsletter

The newsletter is a collection of fresh news and highlighted articles related to the work and activities carried out during the project life. The objective is to highlight and arise the interested of the stakeholders and audience to read and inform more in depth about JADECARE. The online newsletter will be generated every three months. In order to maximize the impact among stakeholders, JADECARE database will be built gathering all contacts from the consortium network taking advantage of the variety of their connections. The content proposal for each newsletter will be regulated in the JADECARE Editorial Committee. (Annex1 of this document).

The frequency of the newsletter will depend on the available information and project results, and will be distributed by the WP2 Editorial Team using the stakeholder address list of the project. A newsletter subscription will be included in the website through a banner. By entering the email address, users will be added to the JADECARE database to receive regular communications

## 5.6. Events and workshops

One important pillar for the dissemination and communication strategy of JADECARE are events, workshops and Stakeholder forums.

- **Events (Scientific)**

Scientific events, in addition and separate from the JADECARE-dedicated Workshops and Stakeholder Forums, will be addressed and attended where appropriate by JADECARE partners. A regular calendar with the most relevant (scientific) events in the integrated health care context has been developed by WP2 Task 2.4 and is shared with the consortium partners in advance via the SharePoint. With the launch of the website, new events, where JADECARE will take part, will be published in addition via the website, and also it will be included in the newsletter. Table 4. gives an example of potential scientific events, JADECARE of interest in 2021.

Date	Event
May 21, whole month	<b>ICIC21</b> 21st International Conference on Integrated Care -Virtual Conference
10.-11.05.21	<b>AAL</b> (Ambient Assisted Living) <b>Forum</b>
28.-29.05.21	<b>V National Conference on Medicine and New Technologies of Semergen</b>
07.-10.07.21	<b>26th WONCA</b> (World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians) <b>European Conference</b>
08.-11.07.21	<b>ISQUA</b> (Intl Society for Quality in Health Care) <b>2021</b> : 'Emotion, Inspiration and Creativity: Pathways to Global Health Quality'.
15.-17.09.21	<b>EHMA</b> (European Health Management Association) <b>Annual Conference 2021</b>
04.-06.10.21	<b>NACIC</b> (North American Conference on Integrated Care) <b>2021</b>
11.-13.10.21	<b>16th European Geriatric Medicine Society,</b>
18. 19.10.21	18th Annual Congress on Wellness & Healthcare Informatics ( <b>Euro Health 2021</b> ), "Exploring new challenges for Better Healthcare"
11.- 12.11.21	<b>15. International Conference on Integrated Care and Management, ICICM 2021</b>
10.-12.11.21	<b>14th European Public Health Conference (EPH) Conference</b> "Public health futures in a changing world."

Table 4.- Potential scientific events JADECARE considers attending in 2021

The processes of registering the intention to attend a scientific conference, of attending scientific conferences and of disseminating JADECARE results on scientific conferences are regulated in the Publication policy of WP1, together with the processes of disseminating results in scientific publications.

- **Workshops (JADECARE events)**

The aim of the workshops is mostly to enhance internal communication on knowledge generation and exchange and to support implementation success

- **Study Visits:** Study Visits will be organized by WP 5-8 leaders, before local Good Practices and Action Plans are prepared. The aim of the Study visits is to share in detail and from the experience of the involved experts the original Good Practices (oGP)-specific core features, core context characteristics and core characteristics of the implementation and sustainability process with the NAs, that are interested in implementing some of the oGPs features and characteristics. The aim is a fruitful exchange of practical information on how the discussed core feature(s) were (successfully) implemented in the oGP site from the beginning and how they can realistically be implemented in different Next Adopters contexts.
- **Thematic workshops:** During the first months of the implementation period of JADECARE, a maximum of three thematic workshops will be organized at three next adopter sites per WP5-8. Each workshop will have a focus on a limited number of specific core features of the

respective oGP, with the aim to bring visibility to next adopters at local/regional/national level & to boost communication with stakeholders, that are important for sustainability. Another aim of the thematic workshops is to foster (self-) evaluation of the progress of the implementation with a potential to start next Plan-Do-Study-Act cycle, as well as to give structured feed back to the JA leadership regarding the success of the implementation.

- **Stakeholder Forums of JADECARE**

The Stakeholder Forums are intended to facilitate the exchange of experience between the organizations participating in the Joint Action and relevant stakeholders and to discuss the current status of the local implementation of best practices, emerging problems, but also further ideas and solutions. Knowledge transfer, exchange and networking activities will be conducted during the forums in different formats (i.e., lectures with invited speakers, workshops, surveys, poster sessions). JADECARE will invite external stakeholders, as identified in chapter 4.1.2 of this document, including key industries/developers, to consider how to enhance the competitiveness of EU industry to create economic growth opportunities. Also, health system representatives and researchers interested in collaborating with the JA will be invited to the Stakeholder Forums.

Stakeholder Forum participants will have access to JADECARE deliverables. The Stakeholder Forums will support the production of a roadmap of JADECARE for changes needed to introduce integrated care.

Three Stakeholder Forums are planned in JADECARE, coinciding with the Consortium meetings of the Joint Action.

The following table gives an overview of the Consortium meetings, Workshops and Stakeholder Forums scheduled in of JADECARE (see also D1.1. Project Handbook for reference):

Meeting	Chair	Frequency
Kick-off Meeting	JADECARE Coordinator	Once, month 1
Consortium meeting	Project coordinator, Task 2.4 (Event organization) leader	Annually (3 times during the project)
Study Visits	original Good Practice Leaders (methodology provided by Task 4.2 leader)	At least one Study visit per original Good Practice in preparation of implementation period
Thematic workshop	WP 5-8 leads and Next adopters (methodology provided by Task 4.2 leader)	3 thematic workshops per WP5-8, during first months of implementation period
Stakeholder forum	Task 2.4 (Event organization) leader	Annually (3 times during the project), adjacent to Consortium meetings
Final Conference	JADECARE Coordinator, supported by Task 2.4 (Event organization) leader	Once, month 36

Table 5.- List of proposed events

For an overall description of the consortium events, see also the D1.1. Project Handbook.



## 6. Evaluation (KPIs)

The results of the dissemination strategy will be constantly monitored in order to assess their effectiveness and progress and identify and formulate change requirements where necessary. The following Key Performance Indicator (KPIs) and the relative objectives have been identified:

Dissemination tool	KPI	Measure
Website	Number of visitors (per project year)	500
	Pages visited	1000
	Average time spent on the website (min)	2
Leaflet	Number of copies distributed	500
Newsletter	Number of newsletters published (per project year)	2
	Number of recipients	300
	Number of newsletter openings (% per issue)	10%
Peer reviewed publications	Number of publications (per project year)	5
Articles in specialised media	Number of articles (per project year)	3
Presentations in Conferences	Number of international conferences, workshops attended (per project year)	5
	Number of national conferences, workshops attended (per project year)	5
Press releases	Number of issues (per project year)	1
Social Media	Number of followers on Twitter (by M36)	500
	Number of followers on LinkedIn (by M36)	500
	Number of Social media posts (per project year)	100

Figure 13.- JADECARE Dissemination and Communication KPIs

## 7. Conclusions

A detailed description of the Dissemination and Communication strategy and plan, methodology and main actions to be developed during the life of the project are described in this document. Nevertheless, this plan is a live document and will be adapted considering the needs of the project in each phase.

As a consequence, the JADECARE dissemination strategy is quite ambitious in its goals:

- enable the identification of the target audiences,
- define of the framework for stakeholder relation,
- determine the most beneficial dissemination venues and tools per target group,
- continuous evaluation of the anticipated impact,

In order to achieve these goals JADECARE will need to build the capability of correcting, enhancing, and revising the dissemination strategy, to deal efficiently with issues regarding the realization of the expected impact. The contribution of all partners will be important and crucial as well as the WP2 team follow-up for developing materials and contents to be published.

It is also obvious that JADECARE is not the only participant of the European integrated care efforts, thus continuous monitoring of our peers is essential.

## 8. Next Steps

Based on this strategic document all daily routines and procedures will be installed:

- Content management committee and setting its regular meeting times
- Crisis management processes for urgent communication needs
- Online platform maintenance and continuous development (mainly for the website)
- Website content editorial team (news, events, deliverables, publications etc)
- Social media editorial team
- Newsletter editorial and publication team
- Event organisation and support team
- Stakeholder management team
- Once these functional, operative teams (groups of project partners) are established the daily work routine can be provided, and it will always be able to fulfil its main objective, the continuous and timely dissemination of JADECARE results.

## 9. Annex1 – Communication Policy

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### **JADECARE COMMUNICATION EDITORIAL COMMITTEE**

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The setting-up of an Editorial Committee as the main governance body, and the Communication Team as the execution body, will be instrumental as a platform for jointly collecting and developing high quality and at the same time agreed content for the JADECARE communication platforms (website, social media, newsletters, etc.).

**This document summarises the**

- **formation process of the Editorial Committee**
- **operation and responsibilities of the Editorial Committee**
- **standard procedures and templates for content generation and how its processed by the Communication Team**

#### **1, Formation of the Editorial Committee**

Short action plan of the operative steps to set up the committee:

- e-mail to be sent with a detailed description and the concept note of the Editorial Committee (this document) to all the WP Lead teams and Partners
- WP leaders have to appoint one member to the committee – name, WP, organization, e-mail address
- Mailing list with the appointed people to be setup
- The meeting schedule for 6 months in advance->invitation to be sent out by WP2 management
- The standard template for the dissemination content to be sent out to all committee members

#### **2, Operation and responsibilities of the Editorial Committee**

- Primary members of the **Editorial Committee** are the **Work Package Leaders**. WPs / WP Leaders may delegate another person for representing the Work Package in Editorial Committee Meetings. The **Communication Team** contains members of WP2 partners who are responsible for carrying out daily communication and dissemination activities, as well as posting the content approved by the Editorial Committee on the relevant online and social media channels. WP1 representatives will also be part of the Communication Team.
- The Editorial Committee / Communication Team will be convened by the WP2 leader supported by the WP2 partners. The meeting schedule will foresee meetings approximately once per month. The schedule shall be flexible according to the online communication platform needs for contents and according to the website progress. The dates of the monthly meetings should be preset for at least 6 months to allow timely planning of the other WPs.
- The Editorial Committee also serves as a Think Tank of the JADECARE project. regular meetings will be used to foster information flow between professional WPs and the Communication team, so that all WPs have balanced representation, and all project results (interim and final) are disseminated towards the relevant stakeholders on a timely manner.

- During the first year of the project, while less results are available, the communication channels shall be used to establish the JADECARE brand, and attract stakeholder attention, thus the Editorial Committee is aiming to foster the generation of content to support these activities (project goals, mission, OGP's etc.)
- WP2 team is responsible for setting the agenda of each meeting, sending the links of proposed content templates to Communication Committee members 1 day before the scheduled meeting as well as for the writing of the meeting minutes.
- The chairing of the committee will be mainly the responsibility of WP2 lead (SU), but there will be a pre-set substituting partner in case SU members are not available (emergency, planned vacation etc)

### **3, Standard procedures and templates for content generation**

#### **Draft for collection/submission process:**

- In order to get timely and professional content from each WP and partner to secure good level dissemination of the project results all WPs and project partners should appoint one "Dissemination Lead" as a contact within their respective organisation.
- For sharing content WP2 team provides standard template on Sharepoint (folder/subfolder will be prepared and should be monthly updated by WP and partner contacts latest 2 days before the scheduled Editorial Committee meeting). Similarly, WP2 will prepare a series of general interest contents to be disseminated at each meeting.
- Communication is supported by a dedicated email distribution list (both for Communication Committee and content contact points, two separate email lists)
- WP2 team will send out monthly reminders to these specific WP/partner contacts for content provision.

#### **Online dissemination process:**

- WP2 Communication team receives approved content from Editorial Committee
- WP2 Communication team determinates online platforms based on the content providers markings in the smart templates
- WP2 Communication team creates the monthly content planner/schedule (standard monthly template) WP2 Communication team executes online posting on all platforms according to preset monthly planner

#### **Compulsory content elements:**

For content to be published on the JADECARE online communication platforms (website, social media, newsletter etc.), these content elements are required (proposal) :

- Contact Info:
  - WP or partner id
  - Contact person
  - Institution
  - Mail
- Type of communication
  - Due date
  - Channel
- Content Elements
  - Keywords
  - Abstract /summary

This list will be finalised by WP2 from the information provided by each WP for the online template during the preparation process.