

YOUNG50

YOUNG50 #Stay Healthy – Cardiovascular Risk Prevention

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Communication guidelines on promotion of the project’s IT tool and software

Beneficiaries

Country	Name	Acronym
Italy	Azienda ULSS 6 Euganea	ULSS6 Euganea
Italy	Azienda ULSS 4 Veneto Orientale	ULSS4 V. Orient - ProMIS
Luxembourg	Ministère de la Santé	MOHLUX
Lithuania	Viesoji Istaiga Centro Poliklinika	Centro Poliklin
Romania	Asociata Aer Pur Romania	AER PUR ROMANIA
Spain	Asociacion Instituto de investigación en Servicios de Salud	KRONIKGUNE

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Summary

Cardiovascular diseases (CVDs) are a leading cause of mortality in the European Union causing over 1.8 million deaths per year¹, as well as many years of potential life lost.

The YOUNG50 project aims to transfer the CARDIO50 screening programme, which represents an Italian best practice, to other European countries, namely Lithuania, Romania, and Luxembourg. The objectives of CARDIO50 are to estimate cardiovascular risk among the 50-year-old population, identify persons with unhealthy lifestyles, new cases of hypertension, hyperglycaemia and hypercholesterolemia, activate an integrated model of assistance to help modify or reduce risk factors among healthy subjects, promote interventions to change unhealthy lifestyles, and increase knowledge and perceptions of CVD risks among the general population.

Implementation of YOUNG50 is divided into 3 phases. In Phase 1 the feasibility of implementation and the needs of each participating Member State have been assessed through situation analysis and adaptation of the existing materials and IT tools to the local setting, with support from the Spanish partner, Kronikgune. In Phase 2 (originally planned to start in early May 2020, but now postponed to a later date to be decided, due to the COVID-19 pandemic), the YOUNG50 programme will be piloted in selected regions or cities, with the involvement of health professionals and prevention programmes. Phase 3 will evaluate the impact of the action and explore its institutionalisation.

Through early detection, treatment of risk factors, and follow up it is envisaged to have results available on participants who receive motivational counselling and improve their lifestyles and/or medical status. Participating countries will benefit from the dissemination of the programme since the needs assessment in these countries has indicated the need for such a programme.

Participating countries will take advantage of the transfer and scaling-up of innovative prevention models, including the use of information and communication technology.

Expected outcomes include synergy among prevention programmes, the inclusion of CVD prevention in Regional or National Health Plans, and the development of recommendations and policy guidelines.

¹. Source: European Heart Network Cardiovascular Diseases Statistics, 2017

1.1 Introduction

The Communication Guidelines on the promotion of the project's IT tool and software are dedicated to supplementing the work of the second - Implementation - phase and are designed specifically for the people in charge of implementing the YOUNG50 project. This Deliverable provides distinctive advice to help "ambassadors" of the YOUNG50 project play an important role in promoting YOUNG50 both to the local implementing teams and among policymakers and other stakeholders.

1.2 Intended recipients of the guidelines

These guidelines contain the description of the basic principles, methods and tools of communication. They provide a coherent framework for project ambassadors. People who are directly involved in project implementation are considered project ambassadors. Ambassadors are key figures in the project as a whole as they are the channel through which the necessary people are informed clearly and understandably. It is considered their duty to demonstrate the benefits of the IT tool and the CVD screening and prevention programme overall.

1.3 Objective of Communication Guidelines for the IT tool

The document is intended to maintain the integrity of the information to underline the main benefits of the project and the IT tool. Providing a basic key message about the project to everyone simply and understandably. It will also be useful for general communications to all project teams and individuals.

Communication

2.1 Target audience

The key stakeholders are considered a primary target group for IT tool communication guidelines. In most cases, these are the healthcare professionals using the IT tool and policymakers.

It is very important to involve the stakeholders in the project and to be sure of their constant support. By identifying stakeholder groups, it is easier to choose timely and optimal communication approaches with different stakeholders.

From the beginning, Young50 identified three main target groups:

1. "Agents of change," in charge of implementing interventions of health promotion and prevention at different levels of the systems, including those involved in the provision of healthcare and support (such as GPs etc.), in the exchange of knowledge, and in education, counselling, and care of different modifiable biological and behavioural risk factors;
2. Policy and decision makers and stakeholders, from both the public and private sectors, involved in planning and developing healthcare and digital policies and strategies;
3. The population in general, participants in the programme (specifically 50-year-olds). These are the ultimate beneficiaries of the actions and results of the YOUNG50 project

In particular, each of the local site teams identified specific target groups, based on their experience in carrying out similar initiatives locally. These are briefly outlined below.

The Lithuanian team identified 6 stakeholders as potentially having an important role in the project:

At the national/regional level:

- EU Member States policymakers and healthcare professionals.
- National/regional partners stakeholders and related healthcare institutions.
- Healthcare educators and practitioners
- Physical activity suppliers
- Policy- and decision-makers from authorities at the national, regional and local level
- Participants and the general public
- National/regional partners and stakeholders (e.g., sports associations, clubs, municipalities, professional orders/associations, etc.)
- Scientific community

In **Lithuania**, these were represented by the following:

At the national level:

- Ministry of Health of The Republic of Lithuania. Main impact/role in the project: Strategy of presenting YOUNG50 processes and results directly to policymakers. Inclusion of YOUNG50 objectives in their yearly plans and yearly reports.
- Lithuanian Society of Cardiology. Included in disseminating project ideas among cardiology professionals, gathering their thoughts and remarks.
- Lithuanian Heart Association. Included in disseminating project ideas among cardiology professionals, gathering their thoughts and remarks.
- Vilnius University. Follow up of the project, scientific analysis of the results.

At the regional level:

- Vilnius Public Health Bureau. Included in promotion of the YOUNG50 project, participant follow up and participant counselling on healthy lifestyles.
- Vilnius city municipality. Moderating the discussion between regional stakeholders, included in dissemination of the project mission.

In **Romania**:

At the national level:

- Romanian Association of Cardiology
- Romanian Association of Pneumology

The participation of Romania in the project will facilitate the implementation of a comprehensive programme for health promotion and cardiovascular disease prevention. No



national programme is currently available in Romania, hence YOUNG50 will represent an example and starting point for future activities in this field in Romania.

At the regional level:

- Iuliu Hatieganu University of Medicine and Pharmacy, Cluj-Napoca. To facilitate the voluntary involvement of medical students, PhD students and medical doctors;
- Public Health Directorate of Cluj-Napoca, to foster the implementation of the communication plan in order to invite the target group to participate in the project;
- Association of General Practitioners of Cluj-Napoca), to involve these professionals in the process to facilitate referrals to the YOUNG50 screening and prevention programme and give visibility to the project.

These regional stakeholders will facilitate the implementation of a comprehensive programme for health promotion and cardiovascular disease prevention in a region which is very much needed.

In Luxembourg:

At the national level:

- Society of General Practitioners, Luxembourg Association of Heart Sports Groups, Luxembourg Society of Cardiology and Diabetology and National Association of Nurses of Luxembourg to improve coordination between primary healthcare practitioners, medical specialists and professionals of prevention.
- Public Health Fund, Luxembourg Institute of Health, Directorate of Health, Association of Doctors and Dentists: to support the national dynamic for tackling cardiovascular diseases and risk factors and to foster inclusion of the YOUNG50 project in the National Plan for Cardiovascular Diseases.
since the plan will be implemented nationally.

Each of the stakeholders has its own contact person, who can be reached through the email addresses and phone numbers provided. Establishing partnerships and communication via face-to-face events, online meetings and constant sharing of information amongst key stakeholders is key to increasing visibility of the project, to building awareness about cardiovascular disease prevention in general, and to fostering engagement.

The main objective of the project cannot be achieved without stakeholder support, feedback, engagement, and willingness to implement change. Identifying and involving key stakeholders and institutions at an early stage is of the utmost importance to the success of the project. The project seeks the involvement of key stakeholders, with a special focus on healthcare providers and high-level political decision-makers (e.g.: policymakers, decision-makers, scientific bodies, citizens' organizations, EU Parliament, MS Parliaments, EU-funded networks on related topics). Therefore, to avoid stakeholders losing interest in the project, or having a negative attitude towards it, the project structure places great emphasis on fostering active participation from stakeholders. Various EU networks, platforms and social media will be strategic contact tools aimed at both policymakers, professionals and end-users. There they can find hypertexts and information, as well as the project outputs such as the website, reports and any published article or communication material.



2.2 Communication methods

In normal circumstances, face to face meetings would be considered the primary communication method. However, during the COVID-19 pandemic, these have been replaced by videoconferences. Meetings can be supported by the following communication tools:

- The website. The YOUNG50 project website is www.young50.eu. The main objective of this tool is to share information, give visibility to project actions and the results achieved. It enhances interaction and dissemination, being available anytime and anywhere, and a source of knowledge capital constantly in progress. The website is ideal to disseminate to stakeholders.
- Leaflets. Available in all the pilot site languages, these should be presented during videoconferences and disseminated across the beneficiary's national and local/regional partners (e.g., national and regional authorities, social stakeholders, professional associations, and main civil society associations).



- Publication of promotional material (posters, press releases, interviews, newsletters). For all written, online or printed material the implementing sites must always ensure they use the YOUNG50 logo to highlight project initiatives
- Meetings with stakeholders and policymakers

2.3 Structure

Face-to-face meetings are constructed around delivering the main message of the project and presenting the benefits of the IT tool. Presentation of the IT tool is considered the key point of the meetings and is conducted according to the Training Manual (Deliverable 5.1). The presentation should take a maximum of 20 minutes to maintain focus and attention. After that, 10 minutes are dedicated to QA sessions. Face-to-face meetings can be followed by calls, webinars, e-mail communications, according to needs.

2.4 The main message

Feedback

Gathering feedback from stakeholders is essential to monitor their response over time. The questionnaire templates will be drafted and circulated among partner countries for feedback.

Partners will approach their own national, regional and local stakeholders themselves. This will guarantee a higher response rate since partners have a privileged contact with their local stakeholders and will have more power in contacting their organizations. This methodology allows for efficient comparative analysis.

