

# COGNIVITRA

## D4.1 - DISSEMINATION STRATEGY AND PLAN

DOCUMENT ID - TYPE:	D4.1 (REPORT)	PROJECT TITLE:	COGNitive Vitality TRaining at home
DELIVERABLE LEADER:	NEUROINOVA	GRANT AGREEMENT N°:	AAL-2018-5-115-CP
DUE DATE:	V1.0 - 30/04/2019 V2.0 - 30/07/2020	CONTRACT START DATE:	1 February 2019
DELIVERY DATE:	V1.0 - 31/05/2019 V2.0 - 07/08/2020	CONTRACT DURATION:	36 Months
DISSEMINATION LEVEL:	Public (PU)	PROJECT COORDINATOR:	IPN
STATUS - VERSION:	Final – v2.0	LAST UPDATE:	07/08/2020

*(Page intentionally blanked)*

## AUTHORS - CONTRIBUTORS

Name	Organization
Joana Pais	NIV
Alireza Emami	IPN
Diana Guardado	IPN

## PEER REVIEWERS

Name	Organization
João Quintas	IPN
Judit Lopez	PSSJD

## REVISION HISTORY

Version	Date	Author/Organisation	Modifications
0.1	06.03.2019	Joana Pais / NIV	Initial version
0.2	20.03.2019	Joana Pais / NIV	Update document structure and content
0.3	03.04.2019	Joana Pais / NIV	Update content
1.0	31.05.2019	João Quintas / IPN	Revision, formatting and release
1.1	29.01.2020	Alireza Emami / IPN	Overall structure update
1.2	30.03.2020	Diana Guardado / IPN	Content update
1.3	17.04.2020	Diana Guardado / IPN	Content update

2.0	07.08.2020	João Quintas / IPN	Revision, formatting and release
-----	------------	--------------------	----------------------------------

## GLOSSARY

ABBREVIATION	DESCRIPTION
AAL	Active Assisted Living
CTE	Cognitive Training Exercise
IANI	Interface and Advanced Natural Interaction
EIP	European Innovation Partnerships
AHA	Active and Healthy Ageing
MAF	Monitoring and Assessment Framework
HRQoL	Health Related Quality Of Life
CA	Consortium Agreement
WHOQOL	World Health Organization Quality of Life
CO	Coordinator; except when referring to a deliverable, in which case it refers to "Confidential", i.e. only for members of the consortium (including EC Services)
CR	Change Request
D	Demonstrator
DL	Deliverable Leader
DMS	Document Management System
DoA	Description of Action

Dx	Deliverable (where x defines the deliverable identification number e.g. D1.1.1)
EC	European Commission
ECAS	European Commission Authentication Service
EU	European Union
ExM	Exploitation Manager
InM	Innovation Manager
GA	General Assembly
GRA	Grant Agreement
KPI	Key Performance Indicator
MC	Management Committee
MSx	project Milestone (where x defines a project milestone, e.g. MS3)
Mx	Month (where x defines a project month, e.g. M10)
IPN	Instituto pedro Nunes (Project Coordinator partner)
PP	Restricted to other programme participants (including the Commission Services)
RE	Restricted to a group specified by the consortium (including Commission Services)
TL	Task Leader

## **Executive Summary**

This document refers to the work carried out in “Task 4.1 – Dissemination strategy”. As described in the DoW, this task will run throughout the entire project duration and will have the main objective of developing and monitoring the execution of a dissemination strategy,

The work is expected to be coordinated with the development of the exploitation and business strategy and the Intellectual Property Rights protection activities.

Overall, we will assume as the most important aspect will be to maximize public awareness of COGNIVITRA’s results.

Note that, as this is a document that will result from an iterative process, it must be assumed that its content refers to a given period in time and describe the knowledge up to that moment. This mean, that it will be updated accordingly as new knowledge or initial assumption change (e.g. as a result of new information from AAL2Business activities, events, publication opportunities, etc.).

## Table of Contents

<b>Executive Summary</b> .....	<b>7</b>
<b>1. Introduction</b> .....	<b>11</b>
1.1. Project Overview .....	11
1.2. Dissemination & Exploitation (WP4) .....	12
1.3. Dissemination & Exploitation Strategy .....	12
1.4. Purpose of this document .....	14
1.5. Structure of this document .....	15
<b>2. Stakeholder Engagement Strategy</b> .....	<b>16</b>
2.1. Stakeholder engagement.....	16
<b>3. Communication &amp; Dissemination Strategy</b> .....	<b>18</b>
3.1. Communication versus dissemination.....	18
3.2. Communication & Dissemination Objectives .....	18
3.3. Information to be communicated and disseminated.....	19
3.4. Specific Communication & dissemination objectives .....	19
3.5. COGNIVITRA narrative & key messages .....	21
3.5.1. COGNIVITRA Slogan .....	21
3.5.2. Key messages .....	21
3.6. Partners' individual communication and dissemination plans .....	22
<b>4. Communication &amp; Dissemination Tools &amp; Channels</b> .....	<b>23</b>
4.1. Project identity .....	23
4.2. Internal communications .....	23
4.2.1. Communication materials and templates .....	23
4.3. Communication & Dissemination Tools .....	25
4.3.1. COGNIVITRA Community Manager .....	25
4.3.2. Dissemination Guidelines .....	26
4.3.3. Internal Communication Tools Guidelines.....	28
4.3.4. Website .....	29
4.3.5. Social media.....	30
4.3.6. General media .....	34
4.3.7. Printed material (Flyer and Poster).....	34

4.3.8.	Project video .....	35
4.4.	Scientific and conference publications .....	35
4.5.	Events .....	36
4.5.1.	Training Seminars & Webinars .....	36
4.5.2.	COGNIVITRA End User workshops.....	36
4.5.3.	Events, Conferences, Exhibition opportunities.....	36
4.6.	Synergies with other AAL projects and initiatives.....	38
<b>5.</b>	<b>Timetable for delivery of Communication &amp; Dissemination activities .....</b>	<b>41</b>
<b>6.</b>	<b>Conclusion .....</b>	<b>42</b>

## Index of Figure

Figure 1	Cognivitra lifecycle .....	11
Figure 2:	Stakeholder Mapping by their main functionalities.....	17
Figure 3:	Cognivitra project logo .....	23
Figure 4:	cognivitra website .....	29
Figure 5:	COGNIVITRA project on Partner websites.....	33
Figure 6:	cognivitra Flyer.....	35

## Index of Table

Table 1:	Error! Bookmark not defined.Error! Bookmark not defined.Error! Bookmark not defined.
Table 2:	Communication and Dissemination Objectives18
Table 3:	Communication objectives, tasks & outcomes – Year 120
Table 4:	323232
Table 5:	Other relevant hashtags for tweets related to 3232
Table 6:	Audience reach of 343434
Table 7:	Target Open Access journals36



Table 8: 2019 Events attended/ to be attended by project partners37

Table 9: Other EC Projects approved in the same H2020 Call as 4040

Table 10: EC projects, networks and linked communities with synergies to **Error! Bookmark not defined.****Error! Bookmark not defined.**

## 1. Introduction

### 1.1. Project Overview

COGNIVITRA, 'COGNITIVE Vitality TRaining at home', is a European project addressing a key challenge facing health care systems owing to increasing the number of elderly people and consequently higher rate of neurological disorders. Indeed, this growth threatens the sustainability of healthcare centres as major responsible sectors in giving cognitive care services to the patients who are at the risk of cognitive impairment.

COGNIVITRA is helping elder people with some cognitive problem to do their preventive measures i.e. cognitive exercises least costly, more conveniently and with more frequency, thanks to the innovative ICT-based COGNIVITRA solution. In addition, by using COGNIVITRA, healthcare centres will be able to maintain their service quality (at reasonable and standard level) or (in good and reasonable conditions), though the number of patients are growing.

The COGNIVITRA project will run for three years from February 2019, and is divided into four phases and a set of horizontal activities as follows:

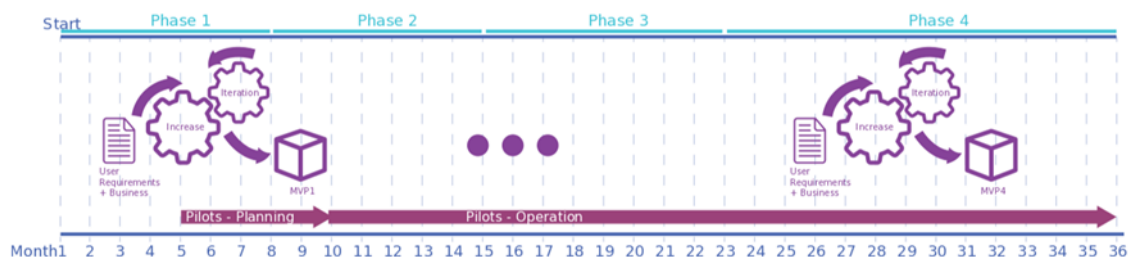


FIGURE 1 COGNIVITRA LIFECYCLE

Each phase will consist in gathering or updating needs analysis and requirement specification through the co-creation and co-design methodologies (WP1), which will focus in involving the end-users in system design, followed by a development period (WP2) and finishing with deployment in the pilot trials (WP3). The data management and IPR management, the exploitation, dissemination and communication related activities (WP4), and the management of the project (WP5) will span through the whole duration of the project and will be activated, as opportunities will be identified. The project development will be split into four cycles, three iterations with average duration of 7,66 months for each phase and fourth long-term phase with duration of 13 months. At the end of each phase the project will delivery/update a version of a Minimum Value Prototype (MVP) consisting of the corresponding group of deliverables.

The work per phase will be organized as follows:

**Phase I (M0-M8):** Co-creation and Co-design work; Setup Communication mechanisms (website, facebook, twitter, linkedin group, etc); Initial technology development and integration resulting in the delivery of initial functionalities and pilot design. The main objective will be delivering MVP1 with basic features in terms of cognitive training based on Cogweb content (TRL5) and basic interaction features based on CaMeLi technology (TRL4).

**Phase II (M8-M15):** Initial pilot deployment, development of additional functionalities; Preparing data management and IPR; Dissemination of conceptual and technical aspects of the project. The main objective will be updating MVP1 to MVP2 improving features related to interaction, using simple movements to interact with digital content (TRL4-5).

**Phase III (M15-M23):** Co-creation and co-design work; Adjusting development for final functionalities, assessment of pilot status; Dissemination of technical aspects and initial finding of pilot assessment. The main objective will be updating MVP2 to MVP3 with incremental improvements on the previous features (TRL5-6).

**Phase IV (M23-M36):** Deployment of final functionalities; Final assessment of pilot results. Dissemination of key findings of the project. Closing the project. The main objective will be delivering MVP4 with the finalized solution in TRL6 and prepared to be exploited in the market within 2 years after project.

## 1.2. Dissemination & Exploitation (WP4)

Dissemination and Exploitation (WP4) runs horizontally across the project lifetime, and focuses on the dissemination and exploitation of COGNIVITRA services and results during that time, as well as after the end of the project.

This is crucial for the impact of the whole project, and the COGNIVITRA Consortium is committed to implementing a comprehensive Dissemination and Exploitation Strategy ensuring the sustainability of the services and outputs developed by the project, both during and beyond the end of the funding period.

## 1.3. Dissemination & Exploitation Strategy

The overall Dissemination & Exploitation Strategy for COGNIVITRA will adopt an iterative approach based on 4 tasks:

- 1. Dissemination strategy:** The task will develop and monitor the execution of a dissemination strategy, including identification of relevant and efficient mechanisms of dissemination. The strategy will be used to develop, monitor and update a dissemination plan. Dissemination activities will be undertaken by all partners and are described in detail in Section 5. Dissemination of project results where the major tasks and outcomes are identified. In this task is also contemplated the website creation and the first version of flyers;
- 2. Exploitation plan and Business strategy:** The objective of this task is to attract both commercial and industrial interest in the project's technology at a European and an international level through an exportation plan. A business strategy will define in detail the products to be exploited, and use this as input to develop a market analysis. The market analysis will incorporate all relevant market key figures and put together variables to obtain a clear picture of how commercialization should be achieved. A deployment cost study will then be developed to make it possible to make an exact estimation of costs and resources needed to implement different results from the project in respective markets. The project will further develop shared strategies and individual business plans for the most promising products; Covered in more detail in D4.2.
- 3. Intellectual property rights protection:** The main objective of this task is to memorize and protect intellectual property rights from COGNIVITRA project results. The work will be coordinated with development of business plan to ensure that such activities can proceed without hindrances regarding disputes about Intellectual Property Rights; Covered in more detail in D4.3.
- 4. Data Management:** In this task we will undertake the work of managing all results of the project. In particular, after a certain result is achieved and analysed according the guidelines proposed in the "Exploitation strategy", the archiving and maintenance of the corresponding asset will be done in the task (e.g. upload papers to Open Access platforms, curate Datasets, maintain open-source code repositories); Covered in more detail in D4.4.

Consortium partners have thus far contributed to this process by sharing their planned and actual activities in a project reporting tool available on Redmine and devising their own Communication and Dissemination Plans. They will continuously report on their activities in this way.

This document, D4.1 Dissemination Strategy and Plan, focuses on the first task. The task will develop and monitor the execution of a dissemination strategy, including identification of relevant and efficient mechanisms of dissemination. The strategy will be used to develop, monitor and update a dissemination plan. Dissemination activities will be undertaken by all partners and are described in

detail in this deliverable. Dissemination of project results where the major tasks and outcomes are identified.

D4.1 will be complemented by the development of a project website and flyers. These materials will contribute to the COGNIVITRA Exploitation and Business strategy development, by providing information to the public and to attract both commercial and industrial interest in the project's technology and results. The geographical coverage of the project is expected to cover at least European level. A business strategy will define in detail the products to be exploited, and use this as input to develop a market analysis (D4.2), an IPR Protection Plan (D4.3) and a Data Management Plan (D4.4).

Together these deliverables will ensure the implementation of the Dissemination and Exploitation Strategy.

## **1.4. Purpose of this document**

This document, D4.1 Dissemination strategy and plan, provides a framework for dissemination activities in COGNIVITRA project. It identifies the target audiences, and the rationale for engagement with each group. It details a clear communication strategy along with the key messages for communication. Moreover, the Plan identifies the range of communication tools and channels most appropriate to promote COGNIVITRA at international, national, regional and local levels.

This deliverable is part of Work Package 4, led by the Portuguese SME NeuroInova (NIV).

## 1.5. Structure of this document

D4.1 Dissemination and Exploitation strategy consists of six sections as follows:

**Section 1** is an introduction to the deliverable D4.1, providing an overview of the COGNIVITRA project and the position of WP4 Dissemination and Exploitation within it.

**Section 2** details the Stakeholder Analysis & Engagement Strategy, and presents stakeholder mapping by level of interest and influence, as well as the rationale for and level of engagement with each stakeholder group and the key channels to be used.

**Section 3** presents the Communication and Dissemination Strategy, including the objectives and key messages to be communicated.

**Section 4** introduces the Communication & Dissemination Tools & Channels, including the project logo, website and social media, scientific and conference publications, as well as links to other EC projects and initiatives.

**Section 5** illustrates in a tabular format the timetable for delivery of communication & dissemination activities.

**Section 6** concludes the deliverable D4.1.

## 2. Stakeholder Engagement Strategy

The COGNIVITRA Consortium has built upon an initial stakeholder scoping exercise undertaken for the proposal, to develop a more definitive analysis of the project's key stakeholders who could have an interest in the activities and results of the COGNIVITRA project, and design a focused engagement strategy for them.

Identifying and defining this target audience, as well as a tailored engagement strategy, will help to ensure the effectiveness of dissemination activities and the full exploitation of results.

### 2.1. Stakeholder engagement

COGNIVITRA requires a combination of skills and expertise ranging from end-user's engagement, scientific, technological expertise, business modelling, and planning. Four partners leaders in their fields of expertise, compose the consortium. Together, they bring the necessary background knowledge, experience, and infrastructure that maximize the chances of to assure a quality and efficient project execution as well as the setup of the necessary components for the successful market launch of a profitable and scalable product. Moreover, in terms of scientific and technological expertise, the project relies on tested and users validated components that are leading a worldwide change in terms of cognitive evaluation tools, physical stimulation approaches and socially inclusive applications.

Partners from Portugal, Spain and Luxembourg compose the consortium. It has a balance of: SME's with a role of Business focused on developing and exploiting an economically viable products for the care sector that develops specific road-to-market focus on finance and reimbursement regulation at national level (commercialization target countries) (NIV); two end-user organizations with different roles, RHZ focused on care service design and measurement of social care outcomes and PSSJD with the Business role working on the market validation of the solution (e.g. validating price elasticity and model, target groups, channels); and research institutions with significant track record in the development of AAL products and technology (IPN) that is also the project coordinator. It is worth mentioning that the main stakeholders in the COGNIVITRA value-chain are end-users (people with cognitive impairments with at least one risk factor (dementia and/or cardiovascular disease)), public/private organizations of care, producers, integrators, service providers and delivery partners. Figure 2 illustrates the four mentioned partners and their principal roles in the COGNIVITRA project.

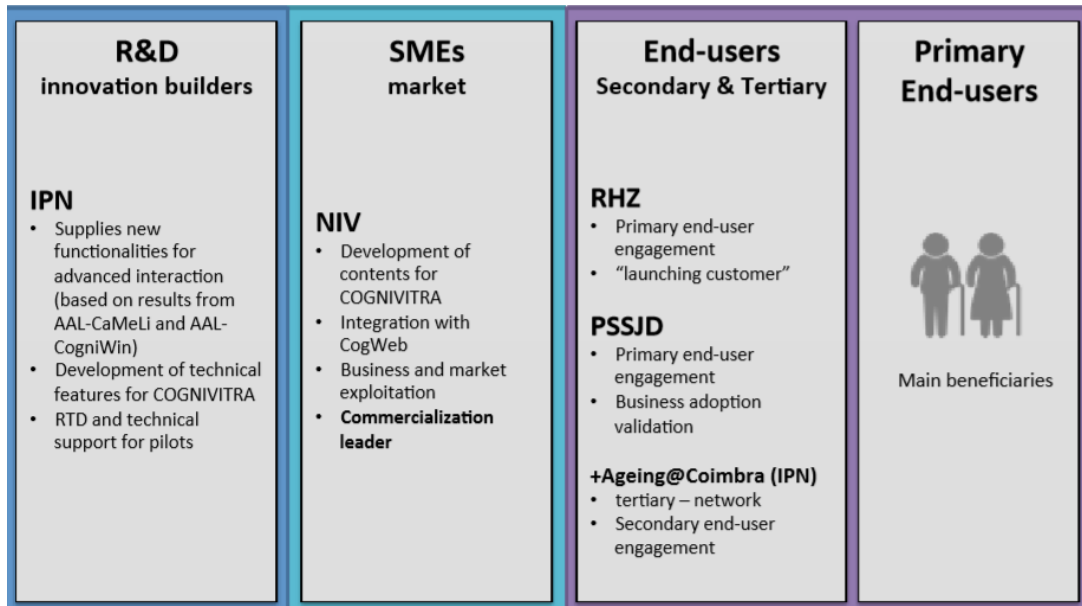


FIGURE 2: STAKEHOLDER MAPPING BY THEIR MAIN FUNCTIONALITIES



# 3. Communication & Dissemination Strategy

The Communication and Dissemination Strategy for COGNIVITRA is well-defined and based on specific objectives designed to maximize the impact of the project both during, and beyond the end of the funding period. It will ensure publicity and wide exposure for project activities and results to targeted stakeholders and the media, and facilitate the use of these results beyond the project's lifetime.

The COGNIVITRA Consortium is committed to implementing this comprehensive Strategy to maximize the project outcomes and benefits, to reach the widest possible audience and to ensure the sustainability of the services and outputs developed by the project.

## 3.1. Communication versus dissemination

While communication and dissemination activities are often referred to collectively, it is important to distinguish between them and highlight the specific role that each play in the COGNIVITRA project:

**Communication** relates to both the project and its results. It has multiple audiences beyond the project's own community, and its aim is to inform and reach out to society and show the benefits of the research and its results/ success.

**Dissemination** relates to results only. Its audience is specifically those that may use the results in their own work e.g. scientific community, industry and commercial actors, policy makers. Its aim is to transfer knowledge and results to enable use and uptake, thereby maximising the impact of EU funded projects.

## 3.2. Communication & Dissemination Objectives

The overall objectives for COGNIVITRA communication and dissemination activities are as follows:

Communication objectives	Dissemination objectives
<p>To set up the necessary <b>internal tools</b> to ensure the effective communication and knowledge exchange between the Consortium's partners;</p> <p>To <b>raise awareness</b> about the benefits of simultaneous cognitive and physical training, supported by pervasive and unobtrusive ICT tools for more friendly and comfortable treatment of people with cognitive impairments;</p> <p>To <b>facilitate collaboration</b> with related European initiatives and projects;</p>	<p>Monitor the project awareness level and assure the preparation of dissemination materials;</p> <p>Development of an exploitation plan preparing the ground for a successful commercialization of the project results;</p>
<p>To <b>promote the results, best practices, methodologies and lessons learnt</b> across Europe and beyond, through a multi-channel communication strategy reaching a large multi-stakeholder audience.</p>	

TABLE 1: COMMUNICATION AND DISSEMINATION OBJECTIVES



### 3.3. Information to be communicated and disseminated

Over the lifetime of the COGNIVITRA project, the Consortium will communicate and/or disseminate the following information to the relevant audiences:

- COGNIVITRA **vision** (objectives, strategic relevance) and key facts;
- COGNIVITRA **achievements and results**: partners will for example communicate how COGNIVITRA services and tools facilitate interaction between the caregivers and their patients;
- COGNIVITRA **success stories and lessons learned**, considering personalized experiences which will illustrate the impact of the project and will give a human dimension that can catalyse end-user's acceptance;
- COGNIVITRA **methodology** i.e. Co-creation and Co-design approaches;
- COGNIVITRA **scientific accomplishments**, focusing on the research outputs relating to Cognitive training methods; Artificial Intelligence (data mining and deep learning methods) driven decision support on the multiple dimensions of active and healthy ageing to enable Health systems' sustainability; co-design of highly adaptable, accessible-born, intuitive and innovative human-machine interfaces, co-design of an innovative unobtrusive and pervasive treatment of people with cognitive impairments; and
- **Best practices and guidelines.**

### 3.4. Specific Communication & dissemination objectives

The specific objectives of COGNIVITRA communication and dissemination activities will change as appropriate to the stage of the project.

In the first year, the key focus will be on creating awareness of the COGNIVITRA project through the project's website and some dissemination events (e.g. AAL Forum). This will refocus in Year 2 to target more scientific dissemination, reinforcing awareness among patients and carers, and reaching out to private health centers, based on the maturity of the architecture and the technological framework. **UPDATE COVID19**: Some of the planned dissemination events in 2020 were post-poned to 2021 or suffered major adjustments that forced the dissemination plan for Year 2 to adjust according. Therefore, most of the dissemination activities will occur during the last quarter of Y2 (in Q1 of 2021).

In Year 3, we plan to intensify awareness about the project and publish some relevant results in scientific publications, and promoting exploitation of COGNIVITRA, following the development of the project's services and the provision of a coherent technical solution.

Table 3 details the specific communication and dissemination objectives, along with the main tasks and activities and expected outcomes.

There is clear overlap in many of the communication and dissemination activities as they serve to achieve both communication and dissemination objectives.

Objectives	Main Tasks & activities	Expected Outcomes
<p><b>Communication:</b></p> <ul style="list-style-type: none"> <li>To create awareness about the project</li> </ul> <p><b>Dissemination:</b></p> <ul style="list-style-type: none"> <li>Dissemination in scientific networks of the participants</li> <li>Ensure extensive and active dissemination of the project</li> </ul>	<p><b>Communication &amp; dissemination:</b></p> <ul style="list-style-type: none"> <li>Identify stakeholders</li> <li>Develop and maintain website and establish social media networks</li> <li>Identify most appropriate communication and dissemination tools and channels</li> <li>Organise and plan communication and dissemination activities</li> <li>Publication and promotion through social media channels</li> <li>Review and evaluate Communication &amp; Dissemination Plan</li> </ul> <p><b>Communication:</b></p> <ul style="list-style-type: none"> <li>Identify key messages for Year 1</li> <li>Develop and update project printed materials</li> <li>Identify possible multipliers e.g. other projects, initiatives, partner communication networks</li> <li>Identify similar projects and align with their events</li> </ul> <p><b>Dissemination:</b></p> <ul style="list-style-type: none"> <li>Identify relevant Open Access Scientific Journals</li> <li>Submit articles for publication to scientific journals</li> <li>Submit scientific papers to workshops and conferences</li> <li>Identify appropriate scientific networks for dissemination</li> </ul>	<ul style="list-style-type: none"> <li>a) Communication &amp; Dissemination Plan</li> <li>b) Website</li> <li>c) The first version of flyers</li> <li>d) Templates for written communications</li> <li>e) E-Newsletters</li> <li>f) Blog posts on Partners websites</li> <li>g) Press releases</li> <li>h) Scientific publications in Open Access journals</li> </ul>

TABLE 2: COMMUNICATION OBJECTIVES, TASKS & OUTCOMES

## 3.5. COGNIVITRA narrative & key messages

### 3.5.1. COGNIVITRA Slogan

The Consortium has formulated the following COGNIVITRA project slogan:

**“COGNIVITRA:  
Homely health center (ICT-based) at the elderly’s home.”  
Bring cognitive caring services to the elderly’s house.**

This slogan encapsulates the key features of the COGNIVITRA system as follows:

- The focus i.e. elder people at the centre of the design process;
- The technology i.e. the system will use artificial intelligence (AI) to develop the modelling, decision support and risk assessment tools that will feature in the system; and
- The overall aim i.e. supporting ageing people with cognitive caring services at their home.

### 3.5.2. Key messages

In Year 1, the key focus of communication activities will be on creating awareness of the COGNIVITRA project among the main user groups (patients and carers) and some dissemination in scientific networks.

Therefore, the key message for communications in the first year will adopt simple non-technical language, so that stakeholders in any target group will be able to grasp the overall aim of the COGNIVITRA project:

**“COGNIVITRA will develop an ICT-based solution to support cognitive vitality training at home.”**

This key message is complemented by a number of additional supporting messages as follows:

1. COGNIVITRA will contribute to integrating actions of formal and informal carers using a common ICT-based solution by extending cognitive and physical stimulation programs performed in the hospital or clinical environments to the community setting (e.g. home care center, patient home).
2. COGNIVITRA product will integrate components for supporting cognitive and physical exercises – dual-task training - (web-based tools and movement sensors), a centralized platform that will facilitate the interface and communication between patients and care providers.
3. COGNIVITRA will develop a product that will provide solutions for cognitive training and extend it with physical stimulation for people at risk of developing cognitive impairment.

4. COGNIVITRA will engage end-users in co-creation and co-design of the COGNIVITRA product.

These additional supporting messages provide a mix of simpler and more technical explanations of the COGNIVITRA project, the technology to be used, how it will support the elderly people at risk of cognitive impairment, the benefits for all users and wider society and the engagement of users in designing the system.

This means that communication can be tailored depending on the audience.

### **3.6. Partners' individual communication and dissemination plans**

Partners will report on their communication and dissemination activities on a continuous basis, through a project reporting tool available on Redmine:

[https://cognivitra.las.ipn.pt/redmine/projects/project\\_aal\\_cognivitra/wiki/Wiki](https://cognivitra.las.ipn.pt/redmine/projects/project_aal_cognivitra/wiki/Wiki)

This tool is currently a web site with space for Partners to update on their target stakeholders, events attended, papers presented at conferences, articles published in formal journals and on their website and overall social media activities. This tool is user-friendly and allows for continuous reporting and an overall view of partner activities.

The data recorded in this website will feed into reporting on communication and dissemination activities across the Consortium, and help to demonstrate the reach of the project through the individual partner networks and links.

## 4. Communication & Dissemination Tools & Channels

The Consortium will make use of a number of channels and activities to communicate and/or disseminate COGNIVITRA at international, national, regional and local levels. Some of the channels have already been developed and their use has become consolidated practice for the partners; others are in development and an update on those will be included once they are accomplished.

### 4.1. Project identity

The COGNIVITRA Consortium has developed a logo centred on treatment of people with cognitive impairments to suggest that the outcomes of COGNIVITRA will be the result of a considered and well-thought-out collaborative process. The logo can be used as a 'COGNIVITRA quality hallmark' applicable to all COGNIVITRA products, and is embedded in a circle as a reference to artificial intelligence (AI).

The project identity consists of a logo, supported by a palette of colours and fonts:



FIGURE 3: COGNIVITRA PROJECT LOGO

### 4.2. Internal communications

COGNIVITRA partners will use a mixture of emails, Slack, Redmine and zoom.us to manage internal communication and information exchanges within the Consortium as follows:

- Sharing documents, design and development activities - Redmine and emails.  
One mailing list have been created to reflect the overall work pillars as follows:
  - Aal-2018-cognivitra@ipn.pt: a general mailing list for all people involved in the project.
- Online meetings – zoom.us.

Additional details are described in deliverable D5.2.

#### 4.2.1. Communication materials and templates

COGNIVITRA has created standard templates for use by the Consortium partners to promote consistency and coherence in branding and communications. These include:

- Word template – for project deliverables
- PowerPoint standard COGNIVITRA project presentation – content can be updated as the project progresses

- Project flyer.

The following software formats and version of production tools shall be used in the project:

Data Type	File Format	Production Tool	Version
Word processing	.docx	Microsoft Word	"Word 2016", Google Docs
Tabular spread sheet information and graphs	.xlsx	Microsoft Excel	"Excel 2016", Google Docs
Presentations	.pptx	Microsoft PowerPoint	"Powerpoint 2016", Google Docs
Project Planning	.xlsx	Microsoft Project or Microsoft Excel	"Excel 2016", Google Docs
Images	.jpeg	Any software tools that can produce .jpeg files	
Portable Document Format	.pdf	Any software that can produce .pdf files	
Compressed files	.7z	Any software that can produce .7z (7-Zip) files	

TABLE 3: ELECTRONIC FILE FORMATS

Documents for electronic distribution must be storable/retrievable in a Microsoft Windows 8 or higher environment supporting long names.

If the partner responsible for the delivery of any document using one of these formats is using a higher version than the one mentioned, then the original version should also be included (preferably through a .zip format).

It is recommended that changes to draft Word documents are made with track changes on, unless the document author requests otherwise.

The partner shall ensure that the images are suitable for printing and, especially for those images to be used for dissemination purposes, that they can be embedded in larger printing.

The use of the PDF format is limited to its capability of obtaining files that are printable with the same layout regardless of the printer. This explicitly excludes the use of any modification capability that can be offered by a PDF capable tool.

## 4.3. Communication & Dissemination Tools

### 4.3.1. COGNIVITRA Community Manager

As WP4 lead, NIV will act as the COGNIVITRA Community Manager, helping to build, grow and manage COGNIVITRA's online presence. This role will focus on the following key areas:

- **Action plan for communication:** The Communication & Dissemination Plan (D4.1) is the action plan for communication which will be continuously reviewed and updated to ensure the project's communication activities are effective and reaching the target audience.
- **Creation and management of content:** To create content, IPN will contact the partners by email on a monthly basis to collect information that they wish to communicate on relevant COGNIVITRA activities and events, any results for dissemination and the latest news in the cognitive field in treatment of people with cognitive impairments. This material will be used to feed partners's social networks and update the project website. The following activities may be considered for the topic for dissemination:
  - Launch of the User Needs survey;
  - Publicising the training courses and Webinars;
  - Dissemination of survey results;
  - Thematic workshops;
  - Events and Conferences;
  - Meetings of working groups;
  - Showcasing the project video; and
  - Final conference.
- **Monitoring and analytics to measure online activity:** all partners will monitor COGNIVITRA online activity and analyse the metrics produced by each partner Google Analytics (website), Facebook Insight, Twitter Analytics and LinkedIn Analytics. This analysis will provide intelligence on e.g. what visitors are most interested in, where COGNIVITRA content should be placed to get most views, where (which platform) users are most engaged, how effective the social networks are at driving visitors to the website, the demographics of the audience. These insights will help to continuously refine the Communication Plan so that it meets the objectives of the COGNIVITRA project and reaches the target audience.
- **Connecting with target audience:** will be used the COGNIVITRA website and partners social media channels to connect with the target audience. The website is the main communication channel for showcasing the project to the general public. Cognivitra posts on each partner LinkedIn will be the key platform for engaging with patients, caregivers, professionals, the scientific community and other EU projects and initiatives, Cognivitra posts on each partner



Facebook will be used to connect with carers and Cognivitra posts on each partner Twitter as a channel to connect to all those with an interest in active healthy ageing. IPN will use the analytics behind these online tools to continuously update the Communications Plan.

### **4.3.2. Dissemination Guidelines**

The external communication of the project related essential dissemination and communication tasks is handled through WP4 led by the partner NIV along with the participation and cooperation of the rest of the consortium partners, and with major contribution from partner IPN, leader of T4.4, i.e. the Data Management and management of all results of COGNIVITRA Project.

As such, the dissemination leader is responsible for the dissemination of the project results focusing on 3 major communication tiers:

- Tier 1: Mission, Actions and Results Awareness Campaigns
- Tier 2: High Level Dissemination of COGNIVITRA
- Tier 3: Affiliation and Synergies

Partners have been allocated effort, travel and meeting budgets to carry out activities in relation to these tiers. Even though, they have been assigned these funds under their own budget they should undertake activities only after consulting the Dissemination and Communication Plan for each year of the project (DoA, D4.1, D4.2, D4.3 and D4.4), their respective TL and WP4 Leader. The WP4 team will log planned activities in the project calendar. Partners will have access to an event calendar database (tracker) on Redmine where they will add details on relevant events/meetings/conferences that they plan to attend. IPN will then review this and publish the COGNIVITRA team attendances on the website.

After executing dissemination activities, partners are responsible for providing relevant information (i.e. type of event, when and where it was held, target audience and number of attendants, number of dissemination material handed, contacts made, photographs from the event, contact lists etc.), as directed by the above plan. Besides maintaining a log of event-related dissemination activities (called 'Events' Tracker') the WP4 team will also track publications (called 'Publications Tracker') with minimum information.

The dissemination activities log (including Events' and Publications Trackers) are foreseen to be available online and also maintained within the Redmine. Partners will have access to the Events' and Publications Trackers on Redmine where they will add details and IPN will then review this and publish on the website accordingly. Administrative access to the website will be limited and restricted in order to minimize risk.

In the event where there is scheduling conflict or disagreement on the appropriateness of a dissemination activity, the issue will be discussed first at the WP4 level. If the issue still cannot be resolved it will be brought to the attention of the CO.

Finally, partners are to present a uniform look for the project and hence reinforce the branding of the project using the templates produced.

Regarding participating to events outside the Europe Union for conferences or other dissemination events, partners must receive approval by the Project Officer (via sending a request to the CO) in order to be able to claim the expenses from their budget. To obtain the approval they must follow the following procedure as indicated in the table below.

#	Steps per period	Who	To Whom	When	Instrument
1	Send a request in the form of an e-mail explaining the reason for attending the meeting and why is it important.	PARTNER	PC, WP4 Leader	>2 months prior to the activity	e-mail
2	Examine the request against the dissemination strategy and approve or reject it.	PARTNER	PARTNER, WP4 Leader	>2 months prior to the activity	e-mail
3	PC forwards the respective request to the Project Officer (if required).	PC	Project Officer	>1 month prior to the activity	e-mail
4	The Project Officer will respond with his/her decision. The Project Officer's decision is final.	Project Officer	PC	No way to gauge the time	e-mail
5	The PC will forward the Project Officer's decision to the PARTNER.	PC	PARTNER, WP4 Leader	1 month prior to the activity	e-mail

TABLE 4: PROCEDURE FOR CONDUCTING DISSEMINATION ACTIVITIES OUTSIDE EUROPEAN UNION BOARDS

The following rules apply for eligibility of all travel costs:

The costs have to be reasonable, justified and comply with the principles of sound financial management, in particular regarding economy and efficiency (i.e. be in line with good housekeeping practice when spending public money and not be excessive).

'Economy' means minimizing the costs of resources used for an activity (input), while maximizing quality; 'efficiency' is the relationship between outputs and the resources used to produce them. In practice, this means that only travel costs of persons actively presenting the project in the event are eligible.

The travel for which costs are claimed must be necessary for the action (e.g. to present a paper explaining the results at a conference). Travel costs related to an event at which the beneficiary carried out work that was not specifically related to the action are NOT eligible.

The costs must be in line with the partner's usual practices on travel. E.g. if a partner's usual practice is to only pay for economy class tickets for staff in a staff category, then the cost of a business class ticket for such staff is not eligible.

All travel costs must be limited to the needs of the action; costs related to extensions (for other professional or private reasons) are NOT eligible.

The costs of a combined travel can be charged to the action — but ONLY up to the cost that would have been incurred if the travel would have been made exclusively for the action AND if: (a) it is the usual practice of the beneficiary to pay for such travels (e.g. travels combining professional and personal reasons), (b) it has been an actual cost for the beneficiary.

### 4.3.3. Internal Communication Tools Guidelines

To support the project management of the project and facilitate the collaboration of the partners a number of tools have been provided. This section provides guidelines for the use of these tools:

- **Virtual or Face-to-face meeting:** Guidelines for meetings can be found on section 5, and a list of the main consortium contacts may be found at Redmine.
- **E-mail:** To facilitate e-mail mass communication for the project has been created the mailing list [aal-2018-cognivitra@ipn.pt](mailto:aal-2018-cognivitra@ipn.pt) for all consortium members included into the project.

---

Every email relevant to COGNIVITRA, either sent to a COGNIVITRA mailing list or to a number of members, should have a subject starting with "[COGNIVITRA]", to easily distinguish COGNIVITRA emails from others.

- **Document Management System (DMS):** Due to the need for frequent exchange of documents which often exceed the file size limit of e-mail systems and the structuring of project information, a secure document management system to store and facilitate the exchange of documents is available at Redmine. The DM access is restricted only to consortium members to avoid broadcasting of the project data and results.
- Once a user logs into the **Redmine** s/he has access to the main folder that contains subfolders for a General View, Activities, Plan, Tasks, Gantt, Agile, Calendar of activities, Wiki, Repository, Easy Gantt, Easy WBS and EVM. Inside of each sub-folders s/he can access to all information related to the project COGNIVITRA.
- The **redmine** is backed-up on a **regularly** and consortium members are encouraged to use it for project related exchange. In particular, members are encouraged to use links to Redmine documents instead of attaching them to the email exchanges.
- **Online collaboration tools:** Partners are encouraged to utilize online collaboration tools (such as zoom.us, Slack, Google Docs, Google Drive etc.) to facilitate their day to day work. COGNIVITRA project management places no restriction on the use of tools, however, strongly advises the partners to examine the terms and conditions of these tools in relation to licenses, copyright restrictions and confidentiality as inadvertently may be disseminating confidential information to the public.

### 4.3.4. Website

The COGNIVITRA website, [www.cognivitra.las.ipn.pt](http://www.cognivitra.las.ipn.pt) is the main communication channel for showcasing the project to stakeholders and the wider public. For a project that combines different academic and technical areas, the COGNIVITRA portal could easily become cluttered and confusing. To prevent this happening, the website has been designed around the needs of the general visitor as the intended target audience. The website architecture is as follows:

- Home
- Description of Cognivitra
  - Background
  - Objectives
  - Benefits
- Events
- Our Partners
- Contact

From the 'Project' tab, website visitors can navigate through general information on the project, its background, vision, target groups, services and the pilot tests.

The 'Contact' allows website visitors to register their interest in receiving COGNIVITRA project updates and newsletters, whilst the 'Partner' page contains contact details for all Consortium partners. This will facilitate the requesting of information and enable knowledge transfer beyond the Consortium.



#### DESCRIPTION OF COGNIVITRA

##### OBJECTIVES OF THE PROJECT

COGNIVITRA will develop a product that will provide solutions for cognitive training and extend it with physical stimulation for people at risk of developing cognitive impairment. COGNIVITRA smart solution for ageing well will contribute to integrate actions of formal and informal carers using a common ICT-based solution by extending cognitive and physical stimulation programs performed in hospital or clinical environments to the community setting (e.g. home care centre, patient home). COGNIVITRA will impact healthcare by providing a new service model that can reduce the costs associated with health care for people at risk of cognitive impairment but maintaining the performance of caregivers.

[Read more](#)

FIGURE 4: COGNIVITRA WEBSITE

The website will collect analytics on visits and overall website activity using Google Analytics. This means that we will be able to analyse website activity and use the data to continuously refine the Communication Plan to ensure the effectiveness of communication activities. For example:

- Top active pages and session duration – what are visitors most interested in? Are visitors accessing information on latest project updates, or project informations? Where should COGNIVITRA content be placed to get the most views?
- New vs returning visitors – are we retaining the interest of visitors? Are we successful at reaching out to a new audience or is it repeat visitors?
- Visitor demographics – where are visitors located? Country/ city/ language.
- User acquisition – through which channels are we acquiring users? Direct website access or via social media? Is social media effective in directing the audience to the website?

**The key performance indicators (KPI) for the website relate to:**

Website visits – a baseline of 3000 visits during the project lifetime.

#### **4.3.5. Social media**

Social networks will play an important role in getting the public interested in the COGNIVITRA project, so that public participation will be maximized as much as possible.

**We will not create Facebook, Twitter and LinkedIn accounts for the COGNIVITRA project.** COGNIVITRA strategy, in this regard, will be to take advantage of each partner social networks, thus promoting not only the project itself and AAL, but also the partner's branding.

Additionally, we have a strong motivation to proceed as such, given the exploitation strategy for COGNIVITRA's results will be its incorporation into the product portfolio of NeuroInova (e.g. attempt future product name will be Cogweb Move). Hence, to avoid creating confusion in future branding aspects, as a consortium we decided to disseminate through our already created social networks channels. These networks will communicate project announcements and developments in short bite-sized messages suitable for this type of media, and different social networks will be used to address different target audiences.

They will also help to share posts and articles written from team members, as they will give the audience a taster of the article and then directly link them to the website.

Moreover, as well as 'pushing' information out, the social media channels will provide different fora for stakeholders to engage with the project, and will encourage open dialogue on COGNIVITRA e.g. they can serve as platforms to share feedback and gather input from potential users of the COGNIVITRA system.

#### 4.3.5.1. LinkedIn page

The LinkedIn partners page will collect analytics on visits and help to evaluate the overall effectiveness of COGNIVITRA updates on LinkedIn. Metrics on the number of total likes, impressions, comments, and shares as well as social engagement percentage will be available on the last 30 days, and also indicate the percent of change from the previous 30 days. This will help to track the effectiveness of communications activities over the course of the project and highlight where changes in approach in the Communications Plan may be required. Analysis of metrics for custom time-periods will also help to evaluate the effectiveness of specific campaigns or announcements.

Analysis of the metrics on the demographics of LinkedIn followers and visitors will also help to evaluate how effective COGNIVITRA Twitter communications are at reaching the target audience.

**The indicative KPI is a total of 30 LinkedIn posts per project lifetime (aiming for 50).**

#### 4.3.5.2. Facebook page

Facebook tends to be a more informal communication channel, and for that reason will be an effective channel through which to engage with carers as the intended target audience. COGNIVITRA team will not create a Facebook page for COGNIVITRA project and will take advantage of each partner Facebook "like" page.

Metrics on Facebook' partners activity will be available from Facebook Insights and will help to evaluate the effectiveness of Facebook communications in engaging with the target audience. Metrics will be available on likes, shares and comments as well as new page likes which will help to gauge page growth. 'Visits' will highlight which page people visit most, and Insights also show the top sites that refer traffic to the Facebook page. This data will help determine where to focus communication efforts e.g. where to place the most important content.

Demographic data on Facebook visitors will help determine if COGNIVITRA is engaging with the target audience.

**The indicative KPI is a total of 1000 likes on COGNIVITRA posts at partners Facebooks during project lifetime.**

#### 4.3.5.3. Twitter account

COGNIVITRA team will not create a twitter account for COGNIVITRA project and will take advantage of each partner twitter account.

The official COGNIVITRA hashtag is **#cognivitraAAL** and will be combined with the most popular hashtags related to this topic (Tables 6 - 7). This will help give more visibility to the project and, consequently, increase the likelihood of reaching stakeholders and gaining insights from them.

<b>COGNIVITRA project hashtags</b>	<b>Use</b>
<b>#cognivitraAAL</b>	Official

#Ai4COGNIVITRA	ad hoc
#homelyhealthcenter	ad hoc

TABLE 5: COGNIVITRA PROJECT HASHTAGS

	Popularity*
#ActiveAging	28,8%
#AgeWell	30,6%

\*Popularity as listed in Hashtagify.me

TABLE 6: OTHER RELEVANT HASHTAGS FOR TWEETS RELATED TO COGNIVITRA

The hashtag #cognivitraAAL will help to direct project website and announcements to the target groups and handles relevant to the cognivitra project and related areas. The intended target audience is therefore anyone with an interest in active and healthy ageing.

Twitter activity will be analysed using Twitter Analytics, meaning that the number of tweets, retweets, profile visits and mentions can all be tracked and measured. This will help to identify what the audience is most interested in and what most engages them, and this intelligence will help in refining the COGNIVITRA Communications Plan so that it is continually tailored to the needs of the project and its target audience.

Followers and the top follower will also be identified meaning that it is clear to see who is most interested in the project, check if the target audience is being reached and also inform the Communications plan in terms of where/ how to target future communication activities. **The indicative KPI is a total of 30 tweets for project lifecycle (aiming for 50).**

#### 4.3.5.4. Partners websites and social media

Partners' social networks will play an important role in sharing COGNIVITRA activities. They will individually post information about COGNIVITRA in such a way as to drive traffic towards the website and gather interest in the various online communities.

The Consortium partners will promote the COGNIVITRA project to their own audience and networks, by presenting it on their organisation's website, as shown for example on the IPN website below.

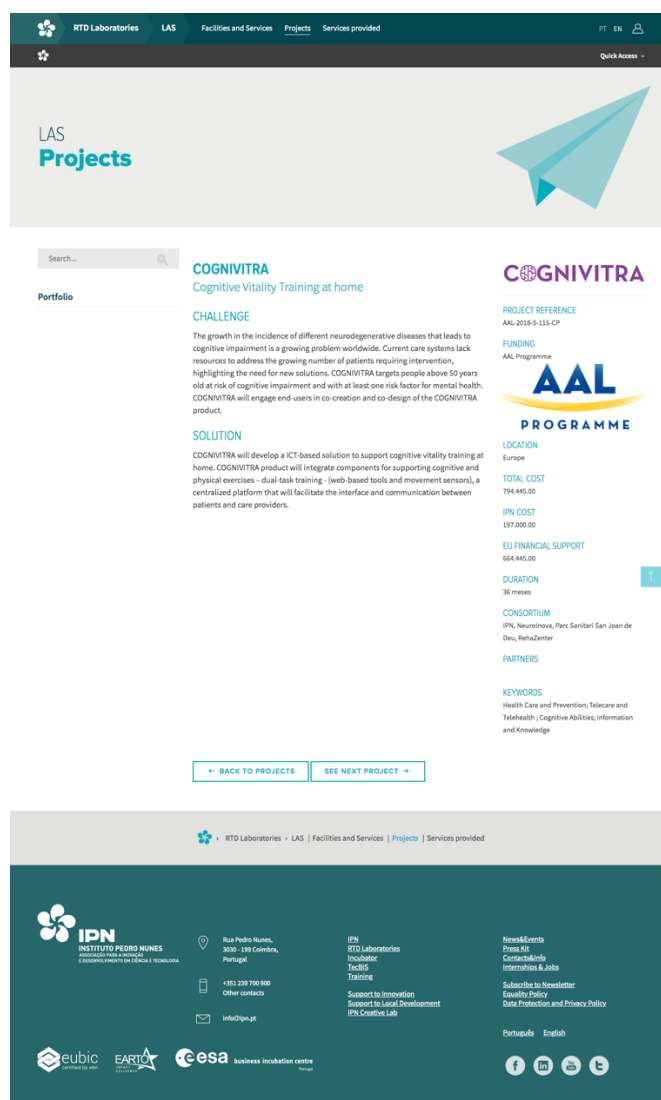


FIGURE 5: COGNIVITRA PROJECT ON PARTNER WEBSITES

All partners will actively participate in sharing COGNIVITRA news on Twitter through their accounts. When managing their organisation’s Twitter accounts, partners will:

- Retweet all the tweets produced by @CognivitraEU;
- Use the hashtag #cognivitraAAL every time they tweet in English or their own language, or retweet cognivitra news;
- Optionally, use the hashtags suggested on Tables 6-7, always combined with the hashtag #cognivitraAAL; and
- If possible, tag all the partners (see Table 8), or at least the ones that are directly related to the content of the tweet.

This approach will be replicated across Facebook and LinkedIn, where partners will ‘like’ and ‘share’ the COGNIVITRA project posts in order to maximise their visibility to a wide audience.



Optimising the partners' social networks in this way will have a multiplier effect in reaching an increased audience.

Partner	Twitter account	Mailing list size	Twitter followers	LinkedIn followers	Facebook followers
IPN	@IPNunes	200	2,570	10,475	18,902
NIV	NA	NA	NA	NA	7,451*
PSSJD	NA	NA	NA	9,573	NA
RHZ	NA	NA	NA	NA	1,020
<b>TOTAL</b>		<b>200</b>	<b>2,570</b>	<b>20,048</b>	<b>27,373</b>

TABLE 7: AUDIENCE REACH OF COGNIVITRA PARTNERS – APRIL 2020 (\*NUMBERS FOR COGWEB SOCIAL NETWORKS - MAIN CHANNELS FOR NEUROINNOVA DISSEMINATION AND COMMUNICATION ACTIVITIES)

#### 4.3.6. General media

The Consortium will engage with the general media through the circulation of press releases aimed at the general public. These will be issued when the project has an important announcement to make, for example, to announce the project launch (Press Release dated May 2019, about Kick of Meeting), to announce pilot test locations and to showcase project results. As well as the key announcement, the press releases will also raise general awareness of the project and aim to shape positive public opinion about the COGNIVITRA system and its benefits for all user groups, as well as the wider impact on the health and social care system.

Media outlets in the digital health field will be the main target. This list will continue to evolve as the project progresses.

#### 4.3.7. Printed material (Flyer and Poster)

The Consortium has developed a COGNIVITRA flyer to present an overview of the project for a general audience, its objectives, expected impacts and the Consortium partners in a visually appealing way. They will be distributed by partners attending events, and the materials signpost the audience to the project website and social media channels, where they can obtain more detailed project information and/or engage in COGNIVITRA online fora.

The printed material will be reviewed as the project progresses, and more information can be added on results and outcomes if appropriate.



FIGURE 6: COGNIVITRA FIRST FLYER (MORE WILL BE PREPARED ACCORDING TO EVENTS)

### 4.3.8. Project video

In Year 3, the Consortium will create a short project video (3-5 minutes) in order to make the project understandable for the general public. The YouTube channels of the consortium partners will be used to share the video.

## 4.4. Scientific and conference publications

A key channel for dissemination of COGNIVITRA results will be the publication of papers in recognized scientific journals following an open access policy. At least 3 scientific publications in relevant journals are targeted.

Moreover, the following open access journals have been identified by the Consortium as potential targets for disseminating COGNIVITRA publications. In addition to these, some partners will use the

ResearchGate professional network as a means to further disseminate their papers to the science and research community.

Journal Name	Website
Journal of Medical Internet Research	<a href="http://www.jmir.org/">http://www.jmir.org/</a>
Medical Engineering & Physics	<a href="https://www.journals.elsevier.com/medical-engineering-and-physics">https://www.journals.elsevier.com/medical-engineering-and-physics</a>
The JAMA Network – JAMA Neurology Journal	<a href="http://jamanetwork.com/journals/jamaneurology">http://jamanetwork.com/journals/jamaneurology</a>
International Journal of Gerontology	<a href="https://www.journals.elsevier.com/international-journal-of-gerontology">https://www.journals.elsevier.com/international-journal-of-gerontology</a>
Age and Ageing	<a href="https://academic.oup.com/ageing">https://academic.oup.com/ageing</a>
Aging, Neuropsychology, and Cognition	<a href="https://www.tandfonline.com/toc/nanc20/current">https://www.tandfonline.com/toc/nanc20/current</a>

TABLE 8: TARGET OPEN ACCESS JOURNALS

## 4.5. Events

### 4.5.1. Training Seminars & Webinars

COGNIVITRA will aim to organize a number of webinars for patients and health care centers. These will seek to engage end-users in the project, and inform them of the potential benefits of the COGNIVITRA system for them, by improving the efficiency and productivity of cognitive training through a novel approach by training at home.

The Communication and Dissemination Plan will be updated with details of these Webinars as they are confirmed.

### 4.5.2. COGNIVITRA End User workshops

Business and end-user stakeholder events will be attended and held in partner countries. The results from these events will feed back into the final version of the prototype and at the same time serve to drive further interest of important individuals within each target group.

As the project is at an early stage, the end user workshops are expected to be held later in the project lifetime, and the Communication and Dissemination Strategy will be updated when the timetable is finalized.

### 4.5.3. Events, Conferences, Exhibition opportunities

Project partners will actively participate in relevant regional, national and international conferences and events, where they will communicate the activities and disseminate the results of the project through presentations, speaking and exhibition opportunities.

At the time of submitting this deliverable, Consortium partners have attended/ are planning to attend the following events during the project duration:

Event, location	Date, location	Role of COGNIVITRA at event:
Jornadas "As Vertigens do Risco e os Labirintos da Vontade - Olhares sobre os Comportamentos Aditivos", organized by Associação Portuguesa de Adictologia, Auditório da Faculdade de Ciências e Tecnologia da Universidade de Coimbra, Portugal	07/06/2019, Coimbra, Portugal	Overall presentation of the COGNIVITRA concept to an audience of 200+ care professionals and carers
AAL Forum 2019, Denmark	22~24/09/2019, Aarhus, Denmark	Participation in the event with a booth, presenting the overall concept and the first version of the functional prototype (MVP1), engaging stakeholder in value proposition validation, collecting 55 opinions that steered the design of the project. Potential audience of 700+ participants.
Techdays 2019, Portugal	11/10/2019, Aveiro, Portugal	Participation in the event with a booth (similar to AAL Forum participation). Audience of the event 200+ ICT related professionals and general public.
"CRISH-Cocriar Soluções Inovadoras para a Saúde", organizado pela Faculdade de Medicina da Universidade de Coimbra (CogniViTra was used as example of co-creation and co-design methods), Portugal	28/10/2019, Coimbra, Portugal	COGNIVITRA was presented as good practice example in the co-creation course, provided to learners in the scope of an EIT-Health Campus project. IPN participated in both roles, as speaker and learner. Audience around 20 participants.
"VII Congresso em Envelhecimento Ativo e Saudável", organizado pelo Ageing@Coimbra, Convento de São Francisco em Coimbra	06/11/2019, Coimbra, Portugal	Participation in the event with a booth (similar to AAL Forum participation). Audience of the event 500+ health and care professionals, ICT professionals and general public.
ADAPTIVE BEHAVIORAL MODELS OF ROBOTIC SYSTEMS BASED ON BRAIN-INSPIRED AI COGNITIVE ARCHITECTURES (APHRODITE) Workshop in Ro-Man 2020, Italy (on-line event)	31/08/2020, Naples, Italy (on-line event due to COVID19)	Paper presentation on a short survey of Social Agents Architectures that refer also to the technological domain of COGNIVITRA.
AAL Forum 2020 (planned)	Post-poned to May 2021 due to COVID19	Participation with a booth similar to AAL Forum 2019, presenting the updated results and extending engagement to interested stakeholders.
<i>Other events will be identified as the current COVID19 situation allows</i>		

TABLE 9: LIST OF POTENTIAL EVENTS ATTENDED/ TO BE ATTENDED BY PROJECT PARTNERS

Other events relevant to COGNIVITRA have been identified by the partners as being of potential interest to attend. The Partner reporting tool will be updated with more details on these, who attended and the specific COGNIVITRA communication and/or dissemination activities at the event, when plans are finalized.

**COGNIVITRA Final Workshop**

The project will organize a COGNIVITRA Final Workshop towards the end of the project to showcase the project’s results and impact of the project. This will be organized at one of the main conferences in the COGNIVITRA field, in order to more easily reach and engage relevant stakeholders, and promote the uptake of the COGNIVITRA system outside the Consortium and beyond the lifetime of the project.

The Communication and Dissemination Plan will be updated with details of this Final Workshop as they are confirmed.

**4.6. Synergies with other AAL projects and initiatives**

As part of the stakeholder analysis, the Consortium identified other specific European projects, initiatives and networks that have particular synergies with COGNIVITRA, and are therefore important to engage with early in the project.

In particular, six other projects were approved by the AAL PROGRAMME in the same call as COGNIVITRA. These are detailed in Table 9 and all focus on creating synergies with the COGNIVITRA project.

As first steps, we will:

- Follow and engage with their social media networks by sharing their posts and retweeting, as well as keep up to date on their activities, to identify opportunities for cooperation and collaboration. We will also engage with them to ensure that they share COGNIVITRA posts and tweets, so that we reach their audience and stakeholder network;
- Reach out to their Communication and Dissemination Coordinators to develop strong working relationships by sharing experiences, discussing areas for cooperation, collaboration and knowledge transfer e.g. sharing learning from the methodology and processes related to the user survey and pilot sites, as well as the results;
- Proactively identify and propose a list of opportunities for potential collaboration and knowledge transfer at e.g. events, thematic workshops, conference publications, training courses and co-learning opportunities.

Project	Description
---------	-------------

<b>CoachMyLife</b>	CoachMyLife targets mainly older people to help them to perform activities of the daily living but also to reduce/stabilise memory impairment.
<b>Turntable</b>	TURNTABLE is a white label, extendable ICT platform addressed to 65+ years old users, supporting healthy and active ageing. The idea merges two ways of how to approach active aging: a bottom up approach from concrete, existing building blocks (a gardening and a nutrition application) that can be integrated in a single digital solution; and a top down long-term vision of a platform covering up to 60% of the elderly's daily needs (which will also provide additional services and products).
<b>VirtuAAL</b>	The goal of this project is to develop immersive serious games to increase motivation in elderly patients in nursing homes or daily centers and, above all, test the using of these technologies (more mature and affordable nowadays) in combating cognitive impairment.
<b>SALSA</b>	An essential part of the SALSA solution are social network functionalities to bring people of local communities together for joint activities by using the built-in calendar to share progress and compare achievements.
<b>HISTORY</b>	The HiStory project uses the concept of storytelling as a means to foster the social inclusion, cognitive activity, well-being of older people. The project aims at creating a solution that lets people tell, share and consume stories and connect them through a shared experience.
<b>SAVE</b>	"SAVE" is dedicated to the elderly persons, suffering (or at risk of) age-related chronic illnesses and/or mild cognitive issues/disabilities. For these, and a range of "not-so-fit" persons, "SAVE" aims to avoid psychosocial exclusion by "restoring the referential".
<b>CARU CARES</b>	CARU is a device that facilitates communication between elderly people, relatives and caregivers. It also provides relevant information about behaviour changes or similar to caregivers. Interaction with the device is carried out by voice commands, which is the most natural way of interaction for us humans.
<b>AGEWELL</b>	AgeWell will provide an avatar and a robot based personalized assistant for supporting an active, healthy and meaningful life of older adults. For doing so, speech recognition technologies, machine learning as well as scientifically proven methods and models from psychology will be used to tackle personal needs and preferences.
<b>RESILIEN-T</b>	Resilient ICT solution represent an effective tool to support self-monitoring and self-management that could complement traditional clinical approaches by coaching persons with MCI on how to live the best possible quality of life.
<b>IANVS</b>	The project develops and tests a 3D location sensor infrastructure to be deployed in serviced elderly homes. For the end-user, the proposed monitoring system alerts not only incidents like fall detection, but also provides insight in the end-user's condition.
<b>frAAgiLe</b>	frAAgiLe will provide a new, disruptive approach for combating mental and physical frailty by using video training, serious games, body recognition and tracking by a tablet and a smartwatch.
<b>TACTILE</b>	The focus of TACTILE is to develop a mixed reality (MR) software for elderly people for playing board games and doing physical training exercises on MR glasses. The MR environment will support the high usability of the overall system by combining a common board game setup (including real game pieces) with virtual game pieces.

POSITIVE	POSITIVE aims to solve loneliness of the seniors caused not by social isolation resulting from immobility – but by a lack of a meaningful purpose in life or disconnection and boredom even when active around people. The once most popular reason for living – family – is now harder to depend on.
GIFT TO GIFT	Gift-to-Gift (GtG) will leverage the emerging ‘two-generation retirement generation’ with a collaborate economy approach to engage elderly in continued civic participation and help solve future welfare systems challenges.
TOILET4ME	Toilet4me addresses ageing people and persons of all ages with impairments/disabilities and their needs when using a toilet outside home in public or semi-public environments (e.g. in community centres, shopping malls, theatres, hotels etc.).
ACTIVITAE	ActiVITAE aims to help people ageing well by alleviating geriatric chronic pain using a completely novel and patented, evidence-based ICT-based pain management system. The evidence-based solution, Vibration Induced Treatment by Abdominal Excitation (VITAE), is disruptive and provides a pleasant, non-invasive Vagal Nerve Stimulation (VNS), utilising abdominal vibro-tactile stimulation of the Pacinian corpuscles.
MAGICTABLE	In MagicTABLE we want to increase the ‘happy moments’ during the day of people with dementia. We will involve people with dementia and their carers in interviews and co-design phases for the home-based serious gaming MagicTABLE platform.
HEALP ME BRUSH	HELP ME BRUSH PROJECT we provide a group of nursing home residents with electrical toothbrushes which are modified to allow for data collection to a server. From here, we provide statistics and calm reminders to the caregiving staff, in order to remind them that a resident has not yet received the necessary brushing.
U-TOPIA	The project has been designed to develop, through co-creation and explorative market analysis, sustainable concept(s) for supportive technology that matches the needs of older persons living with HIV in order to manage and improve their quality of life.
CARA	The CuARdian Angel project focuses on the use of advanced vehicle technology to help ageing drivers remain safely and independently mobile. The core technology around which CARA is built, measures and monitors the driving style. In this way older drivers can be provided with concrete advice on their driving style and improve this when necessary.

TABLE 10: OTHER EC PROJECTS APPROVED IN THE SAME AAL PROGRAMME CALL AS COGNIVITRA

Source: <http://www.aal-europe.eu/projects/>

## 5. Timetable for delivery of Communication & Dissemination activities

	2019				2020				2021			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>WP4 DELIVERABLES</b>	D4.1 Dissemination strategy and plan (M3)	D4.3 Intellectual property rights protection (M6)	D4.2 Exploitation Plan and Business Strategy (M9)			D4.1 Dissemination strategy and plan (M18)					D4.3 Intellectual property rights protection (M33)	D4.2 Exploitation Plan and Business Strategy (M36)
<b>Comms activities</b>	Project Flyer and Poster  Project PPT presentation template	Participation in Jornadas Associação Portuguesa de Adictologia	Attendance to AAL Forum 2019	7º Congresso em Envelhecimento Ativo e Saudável  Techdays 2019  CHRIS course			Worshop APHRODITE (RoMan2020 – on-line)			Attendance to AAL Forum 2020 (moved to Q2 2021 due to COVID19)		
									Year 3 - Project Video			
<b>Ongoing Comms activities</b>	<b>Website - ongoing communication &amp; dissemination</b> Feed the website with news and important information											
	<b>Social Media - ongoing communication &amp; dissemination</b> Posts on social Media partners channel											

TABLE 11. TIMETABLE FOR DELIVERY OF COMMUNICATION & DISSEMINATION ACTIVITIES



## 6. Conclusion

The COGNIVITRA Consortium is committed to implementing this comprehensive Communication & Dissemination Plan. It is a key component in the overall COGNIVITRA strategy to ensure the sustainability of the services and outputs developed by the project, both during and beyond the end of the funding period.

This plan will be monitored regularly to ensure that it continues to meet the evolving needs of the project, as it moves from awareness-raising to targeting scientific dissemination and reaching out to industry.