



# SHARE

## PLAN FOR USING & DISSEMINATING KNOWLEDGE

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**Abstract:** One of the key areas of the Supporting and structuring HealthGrid Activities & Research in Europe (SHARE) is Dissemination. In order for the project to succeed, it is vital to reach the wider RTD and stakeholder communities across all participating countries, Europe in general, and also on a global scale. e-Health RTD is more and more becoming a globally competitive market, and Europe has to be present there. This Dissemination plan builds on the Annexe 1 [R1] will focus on making results and insights of this project available to this wider RTD and stakeholder communities. An other aim will be to provide a clear communication strategy for all those partners working within the project: this document will be a tool to assist all project participants and participating experts in dissemination activities, and on stimulating the actors involved in this support process to exploit the results achieved at the national and global level. Because of the nature of the project, it is vital that all those involved have a clear understanding of what the aims of WP2 are and what is realistically achievable. This plan will be revised and updated at Month 12 and at Month 24 of the project.



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## 1. INTRODUCTION

### - PURPOSE

The purpose of this Plan is to provide a formal planning document, as of month 7 of the project, for using and disseminating knowledge throughout the project (including target audiences and measures for success).

One of the key areas of the Supporting and structuring HealthGrid Activities & Research in Europe (SHARE) is Dissemination. In order for the project to succeed, it is vital to reach the wider RTD and stakeholder communities across all participating countries, Europe in general, and also on a global scale. e-Health RTD is more and more becoming a globally competitive market, and Europe has to be present there. This Dissemination plan builds on the Annexe 1 [R1] will focus on making results and insights of this project available to this wider RTD and stakeholder communities. Another aim will be to provide a clear communication strategy for all those partners working within the project: this document will be a tool to assist all project participants and participating experts in dissemination activities, and on stimulating the actors involved in this support process to exploit the results achieved at the national and global level. For a project concerning this kind of subject, it is vital that all those involved have a clear understanding of what the aims of WP2 are and what is realistically achievable. This plan will be revised and updated at Month 12 and at Month 24 of the project.

### - APPLICATION AREA

The document is intended for internal and external use. It will be used as a dissemination tool for the Share project. The target audience for this document is the partners responsible for WP2 Dissemination, but it can also be utilised by other work packages as it gives a clear indication of what must be achieved and the methods proposed to achieve them.

### - REFERENCES

R1	SHARE Annexe 1 of the contract
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### - DOCUMENT EVOLUTION PROCEDURE

This document will be updated incrementally via WP2 Activity as new information becomes available. Comments should be sent to the authors.

### - TERMINOLOGY

#### Glossary

WP2	Work Package about Liaison & Dissemination
PO	Project Office
PD	Project Director
MB	Management Board
PEC	Project Executive Committee



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EU	European Union
ICT	Information and Communication Technologies
RTD	Research and Technological Development
EAC	External Advisory Committee
PR	Periodic Reports
CA	Consortium Agreement
QMR	Quarterly Management Report
HCA	Health Care Authorities



## 2. EXECUTIVE SUMMARY

Using and Disseminating of the knowledge is the responsibilities of the workpackage 2 (WP2). This document aims to go a step further than the Annex 1 [R1] and identify in real terms what precisely needs to be done by WP2, when they need to do it, why they need to do it, how it can be achieved as well as providing some measures for success for WP2. For a project approaching this type of topic it is vital that all those involved have a clear understanding of what the aims of WP2 are and what is realistically achievable. This plan will be revised and updated at M12 and M24 of the project.

Taken from the Annex 1 [R1], the main objectives of WP2 can be broken down as the follows:

### - DISSEMINATION AND LIAISON

A key aspect of dissemination is the establishment of a *web presence*. Besides general information on this SSA, its activities and results, building a *knowledge base* on HealthGrid technologies and applications will be a core element. Documents and other information will be assembled on national, trans-European and global HealthGrid RTD issues, needs and priorities. Access and presentation structures will allow for retrieval from national, RTD-domain and structural perspectives. Links with related other FP6, national and global activities and projects will be included. Support will also be provided to assist all project participants and participating experts in dissemination activities, and on stimulating the actors involved in this support process to exploit the results achieved at the national and global level.

Dissemination to the wider RTD and stakeholder communities will focus on making results and insights of this project available to the wider RTD and stakeholder communities across all participating countries, Europe in general, and also on a global scale. e-Health RTD is more and more becoming a globally competitive market, and Europe has to be present there. The web presence will represent a corner stone in this respect. However, this task will go beyond dissemination of information/results via the WWW, and involve also publications in journals, newsletters of participating partners, etc. Also, a project brochure will be prepared, and project logo developed. Furthermore, opportunities to present project activities and outcomes to a professional, scientific or policy audience around the world will be taken up.

Based on the wide experience of the core group from other projects, all of these dissemination tools and activities will be more than adequate to ensure optimal use of project results, outcomes and experience, both by those who participate in the activities of the SSA and beyond the immediate participants.

In the IST 2005-06 Work Programme, p. 9, it is stated that

*a key component of this integrated approach is the need to bring together different types of communities from the IST user and supply industries, from academic research laboratories and from large and small companies. IST in FP6 will therefore help establish solid frameworks for collaboration both within and across industrial and technology sectors.*

And on p. 11:

*International co-operation represents an important dimension of FP6. Collaboration with non-EU research teams is essential to enable European researchers to access knowledge, skills, technology and facilities available*



*outside the EU, to strengthen Europe's participation in international R&D activities and accompanying measures, and to exploit R&D and policy complementarities so as to explore the mutual benefits of the cooperation and to increase access to market opportunities.*

This SSA strongly responds to these objectives by integrating and liaising with a wide variety of stakeholders and actors for which the topic of GRID computing in general and of HealthGrid technologies in particular, is of key importance.

## **- PLAN FOR USING AND DISSEMINATING KNOWLEDGE**

### **1. Education**

The project consortium involves universities, international organisations and research institutes which have close contacts and interrelationships with universities and other teaching institutions. In addition, most of the international experts to become involved have also teaching obligations. This assures synergies with the educational system and transfer of generic project methodologies and results not only into the wider European and global research community, but also directly to teaching activities.

Furthermore, several project staff members are directly involved in lecturing activities on Grid and e-health issues at teaching, educational or training institutions, at national and international scientific and educational conferences and workshops. Thus the experience and outcomes of this SSA will - to the extent that this can meaningfully be accomplished - become integrated into lectures and presentations and will thereby become diffused to the wider scientific community, students and researchers beyond the dissemination, outreach and liaison activities of this project.

### **2. Exploring the wider societal implications**

As detailed in the section on dissemination, this action has as a key objective to spread information on e-health-related RTD, roadmapping and global activities in the domain of its topic. As a consequence, data and information will become available and will be actively promoted for dissemination beyond the FP6 arena. Also, RTD and application issues beyond a closely defined research and policy arena will be visited, and various stakeholder groups involved, e.g. through workshops both in Europe and elsewhere. This will not only help to spread awareness and knowledge, but also to stimulate and support all concerned to better respond to e-health systems (RTD) needs.

## **- RAISING PUBLIC PARTICIPATION AND AWARENESS**

While much of the activity of SHARE is addressed to professionals, it is also recognized that there is a need to inform and consult the public in general and patients in particular about the possibilities, promises and prospects of 'HealthGrid'. Indeed, in respect of ethical, legal and social issues, the need for the public and patients to be informed and to contribute to policy decisions is imperative.

Beyond this, it is desirable that the public at large be aware of the possible benefits of new technologies, such as grids, in health care. One of the promises of HealthGrid is the integration of knowledge from different levels of existence, from the molecular through to the social, together with knowledge about the patient which also cuts across these levels. Apart from known objections to sharing of certain kinds, especially genetic data, the very ownership of the patient's electronic health record is made problematic.



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In pursuit of the goal of public awareness, it will be necessary to give an account in lay terms of the varied applications of HealthGrid both to public health and to individual healthcare. This must encompass prognosis, diagnosis and treatment for the individual and prospects for improved public health for the community as a whole.

Experience with current HealthGrid projects suggests certain routes through visual news media and 'infotainment' as a means to provide the broadest basic level of public awareness. Further, it is proposed to include a public element at certain professional HealthGrid events, ideally animated by a known personality from the medical world, to help promote ideas and to elicit participation in the debate.

In order for the Dissemination strategy to achieve those aims some tasks need to be done:

- to define roles and responsibilities
- to identify audiences
- to identify key messages (current and future)
- highlight the methods of communication that should be used
- give details of how the success of WP2 will be measured and evaluated.



### 3. RELATIONSHIPS AND RESPONSIBILITIES

Roles and Responsibilities have been defined in the Annex [1]. The WP2 could be defined as below with HealthGrid association (partner 2) as lead partner:

#### Workpackage description

<b>Workpackage number</b>	2	<b>Start date or starting event:</b>							0
<b>Activity Type</b>	Other Specific Activities for the Support Action								
<b>Workpackage Title</b>	<b>Liaison &amp; Dissemination</b>								
<b>Participant id</b>	2	1	3	4	5	6	7	8	
<b>Person-months per participant:</b>	11	2	3	3	1	3	6	7	

Each partner (partner 1: CNRS, partner 3: UPV, partner 4: UWE, Bristol, partner 5: FUNDP, partner 6: EHMA) reports directly to HealthGrid and is responsible to ensure their own language website where applicable, translation of new releases and publicity materials distributed to them by HealthGrid, media relations, event management, to identify target audiences within their country and provide HealthGrid with statistics of activity.

If ANL (7) and ASGC (8) join the project, they will be strongly involved for dissemination in their respective region notably by identifying relevant conferences and/or workshop to contribute to or to organise.

There are formal EU deliverables for WP2. These deliverables will be coordinated by HealthGrid but will require input from all WP2 partners.

#### Objectives

The objectives of this Work Package are to

- Initiate, augment and contribute to coordination and cooperation amongst the RTD community and stakeholders in this field, and to thereby contribute to the creation of a European e-Health Research and Innovation Area,
- Disseminate results to and liaise with all e-Health ERA NET participating Member State Health Care Authorities.
- Organise/participate "concertation" events with other relevant EU funded projects
- Build and provide for the research community and other stakeholders a comprehensive, integrated knowledge resource on HealthGrid component and application issues,
- Feed results of the project into national, European and international policy processes and to relevant actors,
- Make results and insights of this project available to the wider public.



## 4. AUDIENCES

It is very important to establish the key target audiences as early in the project as possible and two important questions to ask regularly are:

- Who are we talking to?
- Who should we be talking to?

Some potential audiences that can form a starting block for WP2 partners have been identified as follows:

Here is a list of the research communities and groups to become involved:

### **RTD communities:**

- the *general e-health RTD community* (including liaison with (prospective) projects like e-Health ERA, I2-Health, Symbiotics, INFOBIOMED, SemanticHEALTH and others)
- the specific *HealthGrid RTD communities* (including projects like MammoGrid, Gemss, HealinG, MyGrid, BIRN, STEP and others)
- related RTD fields which also cope with Grid technology issues
- global experts, many of which have already agreed to participate in the planned activities of this SSA

### **Health policy and stakeholder communities:**

- Member State, ACC and EEA country health ministries/health care authorities (HCA) through close liaison with the e-Health ERA project and its Steering Committee of representatives from more than 25 countries
- various stakeholder groups, particularly also industry and standards development organisations

Liaison is a key concern of all activities of this SSA. All contractors and all WPs will perform and contribute to this activity. This concerns the EC/FP6 execution and FP7 strategies, Member State Health Care Authorities/Ministries of Health as well as the research community at large, stakeholders.

The list is by no means exhaustive and it is anticipated that the target audiences for EGEE will constantly evolve as the project progresses. As resources are not infinite, it is preferable to concentrate NA2 efforts on targeting fewer key audiences well, rather than trying to reach too many audiences which could result in poor communication. This is not an issue at this stage, as there are limited audiences to target, but could become an issue as the project progresses.

### **- IDENTIFYING AUDIENCES**

For the SHARE project, identifying target audience is one of the main goals. It is difficult to know all stakeholders, communities or HCA that could potentially be interested in SHARE. The audience chosen will very much depend on the success of the first 12 months within each country of partners. The partners will be asked to report which audience they have targeted, how they have done so and their level of success in the next Dissemination Report revision (due at month 12 of the project).



## - POTENTIAL AUDIENCES

During the SHARE progress meeting hold at Valencià, in Spain the last 6<sup>th</sup> of June, some key target audiences for the project were defined:

- doctors,
- scientists,
- patient,
- policy makers,
- industry,
- pharmaceutical company,
- hospitals
- ...

The sub-list is by no means exhaustive, but the key target audiences are likely to remain the same for the remainder of the project. By the end of first year of the project, each WP2 partner should have targeted all the target audiences listed in some form or other.

## - AUDIENCES EXPLAINED

The description of the work to be done in the follow list could explain the the key audiences.

**Task 2.3: Liaison with policy actors:** Specific attention will be paid to liaison with HCAs. In the context of the e-Health ERA project, led by subcontractor Empirica, a Steering Committee of representatives of national health ministries/authorities from the Member States, the accession and the EEA countries has been established. Key deliverables from the SHARE HealthGrid roadmap will be fed into this committee, and its recommendations and policy priorities will be considered and taken into account to the extent meaningfully possible. This task will also implement appropriate channels of communication to other key policy actors including the European Parliament, and to special actor groupings such as the eInfrastructure Reflection Group. Furthermore, liaison and involvement of the wider e-health community and stakeholders group, and of FP6 and other research projects will be a key concern of this task. Involvement, exchange and feedback will be realised via the methods outlined above and notably by organising joint workshops.

**Task 2.4: The HealthGrid Conference and other key events:** In this task, contributions will be made to relevant conferences. A major focus will be the annual HealthGrid Conference. Project members will take part in preparation activity for the HealthGrid conference in each year of the project, ensure appropriate target groups are informed and attend, set up and structure workshops on SHARE themes, and write and present appropriate contributions to the relevant thematic sessions. This work-task furthermore encompasses preparation of contributions and presentation at other relevant conferences, meetings and workshops, like IST and EHMA conferences. If ANL and ASGC (also through its third party APAMI) either join the consortium or collaborate with the project, they will be strongly involved for dissemination in their respective region notably by identifying relevant conferences and/or workshop to contribute to or to organise.

**Task 2.5: General dissemination and liaison activities:** This task will complement the previous tasks to ensure results and insights of this project are made available to the whole RTD and stakeholder communities across all Member States and globally. This task will therefore involve complementary publications in journals, newsletters of participating partners, etc. Also, appropriate information materials such as project brochures and flyers will be produced and distributed. All partners will be actively involved and will be provided with material to be used for their communications and media channels.



## **5. MESSAGES**

For a project of this nature it is important that the key messages of the dissemination campaign remain consistent. It is envisaged that the key messages will predominantly come from the PEC, as they have an overview of what each work package is doing and any developments within the project. These in turn will be passed on to HealthGrid, who will pass them on to the WP2 partners and advise of the best methods of communication to use these messages. Some key messages may be generated at local levels. WP2 partners are asked to inform HealthGrid if they happens, to ensure that the message are consistent with the key messages.

Thus far, the key messages of the campaign have been:

- The project vision,
- The project aims,
- The project's potential to revolutionise the way biomedical communities work,
- Who is involved in the project
- Project launch
- Major releases
- Key milestones in the project

The key messages that will be particularly relevant for the coming months include:

- Key milestones in the Project
- What the project is now achieving (rather than its aims)
- Plans for the second year of the project

It is also important to note that not all the key messages will be relevant to all identified audiences. Therefore is the responsibilities of the WP2 partners (with assistance from Work Package Leaders and HealthGrid) to ensure the right messages are tailored to the right audiences. For the next months, the key messages for the audience already aware of SHARE will essentially be any developments in the project (websites, knowledge base, roadmap availability...). For the new audiences, the messages will essentially remain the same – what SHARE is all about, how they will benefit from it and so on.



## 6. STATUS OF THE DISSEMINATION

The question is where we are now. The project is now in month 9 and certain target audiences have definitely been reached due to the Annual HealthGrid Conference and to some specific events where WP2 partner have participated to promote the project and/or presented.

The methods of communication that have been used to date include:

- Conferences: the Annual HealthGrid conference has taken place. The planning for the next one is already underway.
- Publication: “HealthGrid Opportunities and Challenges”(proceedings of the HealthGrid 2006 Conference) IOS Press, Studies in Health Technologies and Informatics, Vol 120, ISBN I-58603-617-3 ISSN 0926-9630
- Websites: the HealthGrid ( <http://www.healthgrid.org/> ) website and the SHARE website ( <http://www.eu-share.org/> ) are up and running allowing readers and partners to be informed about the project and /or about technical information
- Portal : <http://www.healthgrid.org>
- Wiki: this tool is available at <http://wiki.healthgrid.org> and was created in order to share knowledge and allow dynamic discussions/collaborative work on common topics.
- Publicity material: The logo of the project is available on the SHARE website. The short version of the framework document produced during the month 4 of the project is a disseminating document before becoming a part of the roadmap.
- Style and Design: The SHARE style and design has been finalised in the deliverable D1.1 Management plan where the template to be used for presentations and documents are defined.
- Meetings: WP2 partners held face-to-face meetings at the conference at Valencià.
- Events: Several Share partners attended to some key events (listed in the Annexe 1[1] p.34). An exhaustive list of events where SHARE has been promoted and/or promoted, or where contacts have been done is indicated with the name of the participants in each QMR.
- Mailing lists: a humanly moderated mailing list was created to list all the contacts done through HealthGrid activities: [contact-all@healthgrid.org](mailto:contact-all@healthgrid.org)



## **7. PLANS FOR THE NEXT REPORTING PERIOD**

It is important to raise awareness about the SHARE project and attract new audiences to the point where they begin to take part and keep first reached communities informed.

- Extension of SHARE to new countries:
  1. South of America: A lot of contacts have already been done in this world region, especially thanks to the involvement of UPVLC which is very active and the leader of the EELA Biomedical Group.
  2. Russia: UWE is often in contact with Russia and they are working actively to promote the project aims and results
  3. Australia: CNRS & HealthGrid have submitted workshop and booth proposal to the next MedInfo 2007 which will be held in Brisbane. We expect such event will help us to penetrate the Australian Scientific Community, where we already have some contacts.
- More publicities material is being produced and should be shared with as wide an audience as possible (HealthGrid should encourage all the work packages to use the material). The material includes publications in journals, newsletters of participating partners, bookmarks, etc. Also, appropriate information materials such as project brochures and flyers will be produced and distributed. All partners will be actively involved and will be provided with material to be used for their communications and media channels.
- The framework document to be printed for dissemination
- WP2 partners should continue to devote time to ensuring SHARE publicity material is available at events and that SHARE is presented at key events. (Events should be more clearly targeted that are attended by potential interested communities, industry and stakeholders.
- HealthGrid has set-up a database of events to ensure all relevant events are covered by partners. WP2 partners are asked to inform HealthGrid of events they are targeting or think WP2 should target
- The knowledge base will be made accessible in a dedicated area of the HealthGrid portal. Links with related other IST activities and global sources will be included



## **8. MEASUREMENTS AND EVALUATION**

Communication is not an exact science and it is very difficult to measure success as it is intangible in many ways. However, it is important to set some measures for success in order to know if WP2 is achieving its aims. The metrics defined below will also be required for the remaining two Dissemination Reports due in month 12 and month 24.

- Number Count of Publicity Material : a simple “number-count” exercise in relation to number of publication, project brochures, flyers produced and disseminated
- Events: events where SHARE is promoted (where SHARE publicity documents are handed out) and/or presented (someone gives a formal presentation about SHARE) will be recorded. At a minimum, these records will provide an idea of the potential audiences reached.
- Record of Contacts: keeping a central record of contacts made at events, meetings and presentations and adding them to the SHARE mailing list to receive new releases/newsletters
- Feedback: the most reliable source of measurement is feedback. HealthGrid make available a wiki tool in order to share knowledge and could develop an online questionnaire. During the last HealthGrid conference a questionnaire paper was distributed to the attendees.
- Website Hits: the number of website hits and the number of unique visitors will indicate how many people are visiting the HealthGrid and SHARE websites.



## **9. CRITICAL SUCCESS FACTORS**

In order for the Dissemination Strategy to achieve its aim and contribute to the success of the SHARE project a number of factors need to be addressed:

- **FOCUS:** Everyone involved with dissemination should concentrate their efforts on what and who really matters. Bigger is not necessarily better!
- **COMMUNICATION WITHIN WP2:** For a project of this nature it is vital that WP2 partners keep talking to each other. Meetings will be held via phone to help close the communication gap, in addition to any necessary telephone and email contact.
- **COMMUNICATION WITH OTHER ACTIVITIES:** It is imperative that other activities keep WP2 informed of progress in the project.
- **GUIDANCE, SUPPORT AND ASSISTANCE:** WP2 is a team and as such, we are there to support, guide and assist each other when required. In other words, if you need help, don't be afraid to ask!
- **RESOURCES:** The task is huge, the resources are not. This means that it is not always feasible to do everything we would like to do (or indeed are asked to do by those involved in other activities). We should, however, ensure that what we do, we do well!
- **SUCCESS OF OTHER PARTS OF THE PROJECT:** Of course, WP2 can only disseminate information that is relevant, timely and progressive so are at the mercy of other activities to make progress in their own areas.



## **10. CONCLUSION**

Dissemination work has taken advantage of existing tools which are already actively used by the HealthGrid initiative and research community and extend their scope. These tools are the HealthGrid web site (<http://www.healthgrid.org>) and the yearly HealthGrid conferences.

A major development has been building with the set up of the SHARE website and the HealthGrid portal.

Some first publicity materials were produced and should be increased in the next following months.

The main dissemination activities undertaken to date include the organisation of the HealthGrid annual conference and promoting SHARE at events.

The style guide was performed because of the availability templates, website design and logo of the project which give a clear understanding about the look and feel of SHARE as a brand.

There is progress to be made with Dissemination but it has definitely got off a good start.