



CONNECARE

WP8 – Dissemination, Communication & Exploitation

D8.2 – V2 Dissemination and Communication Plan draft

H2020-EU.3.1: Personalised Connected Care for Complex Chronic Patients

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RE	Restricted to a group specified by the consortium (including the Commission Services)
✓CO	Confidential, only for members of the consortium (including the Commission Services)

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Abstract	This document together with the Stakeholder Analysis (D8.1) describes the initial plan for disseminating information about the CONNECARE project. This is a vitally important aspect of the project to ensure successful take-up, and ultimately successful commercialisation.
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Executive Summary

This document together with the Stakeholder Analysis (D8.1) describes the initial plan for disseminating information about the CONNECARE project.

This is a vitally important aspect of the project for many reasons:

- Initially to generate awareness of CONNECARE, particularly among those who will be expected to play an active role either as end users (patients, carers) or as professional users (doctors, therapists, social workers);
- To drive behaviour change among professional users to adopt the CONNECARE way of integrating services with colleagues in other specialties, abandoning 'silo' mentality and adopting paper-free behaviour;
- To encourage continued use of CONNECARE during the trial period, minimising dropouts;
- Via the academic community to develop credibility for CONNECARE especially among those who will subsequently be asked to commission, to procure or to fund the expansion of CONNECARE;
- To promote the inevitable success of CONNECARE to ensure widespread adoption and good competition among potential financial organisations to fund that widespread adoption;
- To generate a favourable image of CONNECARE with the European Commission.

This document, as with D8.1, will be a living document, adding additional activities/stakeholder detail as the project develops.



1. Introduction

1.1 Overview

The purpose of this document is to provide an initial plan for disseminating the results of CONNECARE. This plan is important because it will guide the way that the outside world sees CONNECARE's achievements which in turn will drive the willingness of patients to participate, the willingness of clinicians and other professionals to participate, the keenness of administrators to commission the service, the willingness of organisations to purchase and the enthusiasm of investors to finance subsequent rollout.

The Plan is laid out with this section describing the media covered by the plan, followed by individual sections describing the proposed usage of each of those media, including, where clear, responsibilities for content generation and for content publication.

The final section describes the current understanding of dissemination-related commitments, describing who will do what, by when – partners are requested to advise ADI of future plans, as soon as made.

This document should be read alongside D8.1 which describes key stakeholders and the important messages to deliver to them.

1.2 Coordination

In order to achieve maximum effectiveness, good coordination of dissemination is important – this is particularly important both to avoid conflicting messages, and for media such as conferences to ensure that CONNECARE's limited budget is spent most wisely on disseminating the right messages to key stakeholders.

1.3 The media

1.3.1 Website

This heading relates to CONNECARE's own website. Given the use of Redmine for internal project management, the sole purpose of the CONNECARE website is as an external-facing view of the project. By introducing password access, it would be possible to segment the website, e.g. for clinicians or EC expert reviewers, otherwise it should be accessible to anyone with an interest in CONNECARE.

1.3.2 Social media

This heading relates to the use of microblogging (Twitter), LinkedIn, Facebook and other such media to promote CONNECARE and to drive traffic to the project's website.

1.3.3 Conferences, exhibitions & workshops

These offer an opportunity, especially to influence academics and administrators of the benefits of CONNECARE. Uniquely, these offer an opportunity to engage in face: face dialogue with complete



strangers so are a powerful way both of initiating new partnerships and of judging the reaction of potential commissioners/customers to CONNECARE's unique offering.

Included in this category is the topic of CONNECARE-organised events, as well as ensuring that all partners have access to appropriate material to promote CONNECARE should they attend a relevant conference.

1.3.4 External media

1.3.4.1 Print

Clearly encouraging third parties to print encouraging material on CONNECARE provides substantial endorsement for the benefits of the product.

1.3.4.2 Online

Likewise, third party online media saying nice things about CONNECARE would be good support for the project. It is likely to work best alongside the print category, above, print possibly being preferred by most end-users and online by most professional users.

1.3.5 Broadcast media

One aim of the plan must be to secure widespread broadcasting of the CONNECARE offering. Initially a video introduction to CONNECARE is planned with at least one more likely towards the end.

2. Overall dissemination messages

Deliverable 8.1 gave significant detail of the individual messages appropriate to each stakeholder grouping so this will not be repeated here.

However, it is important to recognise that very different stakeholder groupings may be exposed to the same media message, particularly on broadcast media and the website.

2.1 Overall priorities

To quote from the original CONNECARE submission: “Experience has been that of all the stakeholders in a project of this type, it is the **professionals** who need to change the way they work, adopting new care pathways and using new technology, which are most prone to delaying project implementation. Therefore these will be the groups that CONNECARE focuses on most, endeavouring to create an unbeatable set of incentives to encourage rapid adoption by them.”

Another key organisation identified was EIP AHA: “It is undoubtedly one of the most important associations in Europe on Active and Healthy Ageing, with a specific working group on Integrated Care, representing the most relevant actors in the innovation triangle (research, education, industry). IDIBAPS is already part of the B3 Action on Integrated Care and will therefore be the main entry point.”

2.2 Geographic priorities

As there is a plan to roll out trials in Catalonia, Groningen and Israel, these three areas should be the initial focus of both patient & carer, and professional stakeholder engagement. To the extent it is permissible by the academic trial methodology employed, this needs to include specific focus on reducing trialist dropouts, including from any control group.

2.3 Application to each stakeholder group

It is of course possible that any stakeholder will access any of the media referred to in the previous section. However, some generalisations are hopefully possible – the matrix on the next page offers some suggestions of the possible viewing pattern of different stakeholders.

It will be updated as we get a clearer idea of usage.



	Website	Social media	Confs & Exhibs	Print media	Online media	Broad-cast
Patients & carers	✓	✓		✓	✓	✓
Doctors/other clinicians	✓	✓	✓	✓	✓	
Social care workers	✓	✓	✓	✓	✓	
Other therapists	✓	✓	✓	✓	✓	
Other local services providers	✓	✓		✓	✓	
Health & social care administrators	✓		✓	✓	✓	
Politicians	✓	✓		✓		✓
General public (esp older/frail & relatives)	✓			✓		✓
Academics	✓	✓	✓			
Regulatory bodies - medical			✓	✓		
Regulatory bodies - ethical				✓		
Regulatory bodies - privacy				✓	✓	
Other integrated care organisations	✓		✓	✓	✓	
Purchasers & investors	✓	✓	✓	✓	✓	
The team (incl EC reviewers)	✓	✓	✓		✓	



3. Website

3.1 Usage

This document covers only the usage of the website for dissemination purposes. Separate to the website, Redmine will be used for intra-consortium communication and project management¹. It remains possible that professionals and perhaps patients and their carers will also use a portal accessed via the website for managing the CONNECARE service – this aspect of website usage will be recorded in a later version of this document if it takes place, though the detail will reside elsewhere in CONNECARE documentation.

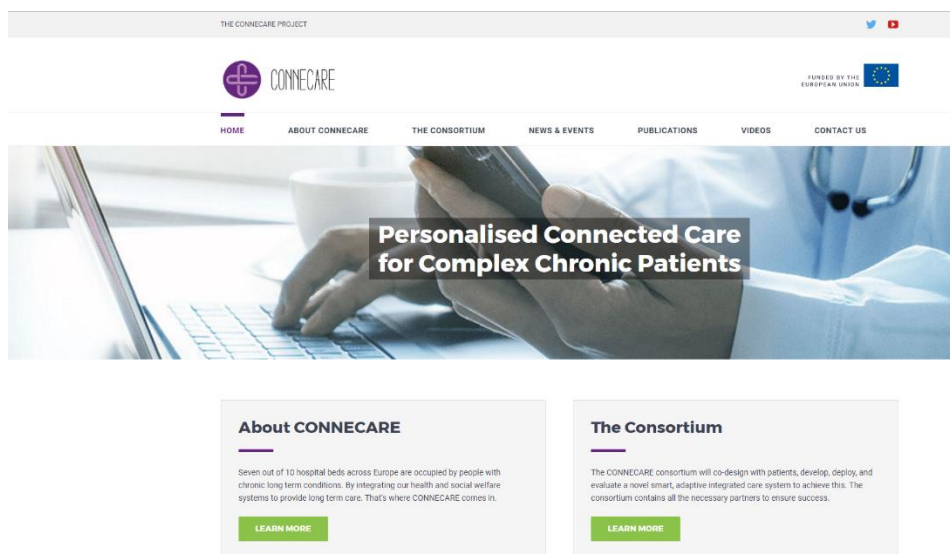


Figure 1 - Screenshot of the first page of the website.

3.2 Updating policy

The website will be updated every time a new event occurs, a result is achieved, or there is other news worth publishing. Newsworthiness will be established at consortium level. The upload policy for public contractual deliverables will be as follows:

- 1) As soon as the document has been accepted by the Consortium after the internal peer-reviews, an executive summary will be made available.
- 2) Once the deliverable is also approved by the EC, it will be then made formally public in PDF format provided it is at public dissemination level (PU)

¹ Redmine's role in the project and available functionalities has been described in the Deliverable D1.2 "Shared Workspace"



3.3 Content segregation & provision

A casual glance at the spreadsheet in the previous section reveals that the website will be expected to cater for many different types of enquirer. An initial breakdown would suggest that different content is required at least for:

- Enquiries from the general public
- Patients & carers
- Professional users
- Academics
- Team/EC expert reviewers

It is therefore suggested that the website is established in such a way as to permit a degree of personalization to enable different content to be shown to these different groups. As mentioned previously, it may also be necessary to create a password-protected area, for access e.g. by EC expert reviewers or clinicians using the CONNECARE platform.

CONNECARE website design and development will require initial content provision by all the partners in the consortium, the creation of additional content related to the project, and regular content update, based on the communication, interaction and feedback provided by the other partners. The project website will be an important support for making available the results.

3.4 Management

The content of the website will be managed by ADI with the inputs received from all partners in the consortium.



4. Social media

4.1 Twitter

CONNECARE has a Twitter account @ConnecareH2020 which is already active.



4.1.1 Management & content

Tweeting is currently shared between ADI & Eurecat. All partners are welcome to propose appropriate tweet content to ADI or Eurecat. Any other partner particularly keen to participate in tweeting is most welcome to do so as long as activities can be well coordinated.

4.1.2 Focus

Although the matrix in Section 2 suggests a wide range of possible Twitter followers, the reality is likely to be that the only regular followers (of which there are currently 41) will be those close to the project, as patients/carers, professionals, academics or team, plus a few journalists in search of newsworthy content. It is suggested therefore that content applicable to all these user groups is communicated at first, with regular reviews of followers and resultant tweaking of content focus.

4.1.3 Promotion

In order to prepare for the day when CONNECARE has important results to disseminate, all partners are encouraged both to follow @ConnecareH2020 and to encourage as many people as possible to do so as well.

All external media releases – conference attendances, published papers, articles, videos, etc. – will be tweeted by ADI as long as partners inform ADI.



4.2 LinkedIn

A CONNECARE LinkedIn Group has recently been formed. Access is [here](#)². This forum will enable members to have interactive online discussions and will be a platform to share project news.

4.3 Facebook

As yet no convincing case has been made for a CONNECARE Facebook page. This decision will remain under review.

² <https://www.linkedin.com/groups/13530459>



5. Conferences, exhibitions & workshops

5.1 Existing plans

Where partners are already planning to attend conferences, exhibitions or workshops, it is recommended that every opportunity be taken also to raise awareness of CONNECARE’s principal objectives.

5.2 CONNECARE funded attendances

This category of dissemination is potentially by far the costliest in terms both of financial and of human resources as attendance in terms of both travel and entry is expensive and, until there are results to report, serves primarily to alert others to a project’s existence which can often be achievable cheaper by other means. Accordingly, it is recommended that all CONNECARE-funded conference & exhibition attendances be cleared by the CONNECARE project manager and ADI prior to attendance.

A list of CONNECARE-funded attendances will be maintained on Redmine and on the CONNECARE website.

5.3 Specific conferences

Attendance at, and delivery of a paper to, the following conferences was suggested in the CONNECARE project submission:

Target	Relevant European and International Conferences
Technophilic health & care professionals	EC eHealth Week Kings Fund Digital Health & Care Congress International Conference on Integrated Care EHTEL Symposium
Pervasive & ubiquitous computing	Ubicomp (International Conference on Ubiquitous Computing), Percom (International Conference on Pervasive Computing and Communication),
Data Mining and Process Analysis	KDD (Knowledge Discovery and Data Mining), Software and Systems Modelling, Workshop on Information Systems for Situation Awareness and Situation Management

This list will need regular review during the project lifetime.

5.4 Specific frameworks to be communicated

The CONNECARE project proposal also identified two particular specific frameworks as being especially important to disseminate:

Five-dimension scoring strategy (OUT7): This methodology for providing and assessing integrated care to CCPs, created by IRBLL and IDIBAPS in WP2, will be disseminated as best practices and guidelines by all clinical partners (IRBLL, IDIBAPS, ASSUTA, UMCG) to their corresponding regional and national health care providers and to relevant hospitals in their area, as well as to the IEP AHA.



Digital Health Framework (OUT8): an Interoperability model for integrated care, jointly created by eWAVE, IPHEALTH, ADI and Eurecat in WP5, will be disseminated as best practices and guidelines by these partners to their corresponding regional and national health care providers, to relevant hospitals in their area and to standardisation bodies, as well as to the IEP AHA.

For both, the main dissemination channels were seen as direct dialogue with institutions and selected standardisation bodies at presentation events and workshops.

5.5 Supporting material

In addition to the video and the factsheet mentioned above, a brochure and poster/pullup design will also be produced (ADI). These will be passed to appropriate partners for translation so that CONNECARE has materials on hand for those attending events that cover at least the main languages in the sites (Catalan/Spanish, Dutch and Hebrew) and English.

The brochure, to be produced in May 2017, will be an expanded version of the factsheet, incorporating images of some of the main screens from the project.

5.6 CONNECARE workshop

Included in CONNECARE's budget is the holding of at least one conference/workshop to promote the CONNECARE solution. The purpose of this event, to be run by ADI, will be to encourage third parties to take an interest in, and ideally purchase, the CONNECARE solution.

6. External media

6.1 Print

The popular press, especially as accessed by patients and carers, is predominantly print-based although the shift to online will be noticeable during the project lifetime, so a watching brief will be maintained. Initial plans are to produce, primarily for online publication:

- Press releases in English for transmission to appropriate English-speaking press contacts – the first of these in due imminently now the project has been established. (ADI). These will be conveyed to other affiliates for them to translate and transmit to local press contacts as appropriate;
- Articles in “house” journals of organisations focusing on specific long-term conditions, and older people aimed at carers with the message “your loved one will be better looked after”, and in the same journals, aimed at patients/service users with the message “CONNECARE looks after you better” (ADI);
- Specially written newsheets and scripts for those engaged in face: face discussions with triallists with the message “The value you are giving to the world by continuing the trial” to avoid dropouts (ADI).

6.2 Online

It is expected that most professional & academic stakeholders will access online communications. Initial plans are to produce, primarily for online publication:

- Articles with an academic pitch aimed at professionals with specific messages such as “your patients/service users will be better cared for so you will have to do less work to look after them;
- Articles with a health economic/administrative focus aimed specifically at hospital administrators with specific messages such as “CONNECARE helps ‘bed blockers’ to go home” (ADI);
- Articles with a health economic/administrative focus, persuasion by social care professionals aimed at care providers with specific messages such as “CONNECARE will give you more business by bringing patients home earlier & keeping them out of hospital” (ADI);
- Articles aimed at social care providers with the messages such as “CONNECARE helps your service users live better lives and saves your department Money by reducing demand for social care services”. (ADI);
- Newsletters at least annually, describing progress, achievements & benefits.

6.3 Academic journals

CONNECARE’s project submission identified the following professional journals as particularly worthy targets for paper submission once results have been obtained:

- EIP AHA events document
- European journal for Person-centred Care
- European Journal of Healthcare
- European journal for Person-centred Care
- Journal Pervasive Mobile Computing
- Journal of Ambient Intelligence and Humanised Computing

Volunteers to produce appropriate papers please initially advise Charles Lowe at ADI.

6.4 Project fact sheet D8.6

The project prepared, according to the EC rules, a fact sheet to be used by the EC for advertisements about the project in its publications and reports. The fact sheet (see Figure 2) is available on the [CONNECARE website](http://www.connecare.eu)³.



Personalised Connected Care for Complex Chronic Patients

Connecare at a glance
SMART ADAPTIVE CASE MANAGEMENT

Summary

Some 70% of hospital beds in Europe are occupied by people with chronic long-term conditions. Such people currently consume a similar amount of Europe's health resources, primarily because care is not joined up.

Clearly there is a potential opportunity here, spotted by the partners in CONNecare, to reduce costs and improve patient outcomes by improving the integration of long term care for those chronically sick with more than one long term condition. The CONNecare consortium will co-design with patients, develop, implement, and evaluate a novel smart-adaptive integrated care system to achieve this. The consortium contains all the necessary partners to ensure success.

Based on the concept of 4P medicine (Predictive, Personalized, Preventive and Participatory), CONNecare will provide decision support for the adaptive management of personalised clinical pathways and will deliver tools to monitor patients' activities and status, thus empowering them and providing them with recommendations to self-manage their condition, resulting in substantial improvements in their quality of life.

The three dimensions underpinning the required proposed paradigm shift are:

1. Organisational: making health and social care systems interoperable, promoting collaboration, becoming proactive;

Objectives

1. To implement and evaluate a new organisational model for Integrated Care;
2. To co-design, develop and field test ICT tools for the adaptive case management of personalised clinical pathways;
3. To implement a proactive and preventive care approach;
4. To co-design, develop and field test an integrated solution to connect patients, carers and care professionals;
5. To empower patients to take care of themselves, through a self-management approach;
6. To co-design & develop an automatic alerting system based on the remote monitoring of patients;
7. To distil and disseminate evidence, guidelines and best practices from clinical trials.

Case Study: Carlos

Carlos is 76. He lives in a village 50 kilometres from his nearest hospital. Carlos has a range of long term conditions including COPD, congestive heart failure, early stage dementia, partial hearing loss, and arthritis.

As a result, he used to spend many hours travelling to and from the hospital by public transport. Because there was no way of coordinating his appointments, he had to travel for each individual appointment. Further, as none of the clinicians in the hospital knew what treatments others had prescribed, he often had problems with conflicting medications that required yet further trips to the hospital.

An additional problem was that his local doctor knew nothing, so when emergencies arose, apart from administering simple remedies, his doctor was unable to treat him so always had to send Carlos, by ambulance, to the hospital.

Co-ordination with local social services was absent too. As a result, the way Carlos was treated had a substantial adverse impact on his physical health and state of mind.

Now, following the introduction of Connecare into his locality, Carlos is a changed person! When he does go to the hospital, his consultants coordinate their appointments so he only has to go occasionally, and when he does, each of them knows what treatments the others have prescribed, so there are no conflicts. He also gets advice on how to look after himself from the Connecare app on his smartphone, so he is able to take some of the responsibility for his own health.

Equally importantly, his local doctor knows what treatments Carlos is receiving so, when problems arise, his local doctor is able to respond effectively, and if he needs to consult with experts, he knows who to contact in the hospital for help.

Communications with social services and with his carers are far better too so that, for example, when he returns from a hospital stay, his home is ready for him, and there is always a network of people looking after his health & wellbeing.

The result is that Carlos's health is much better looked after. As important though is that all the clinicians looking after Carlos are also able to work more effectively & efficiently.

Participants

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Institut de Recerca Biomèdica de Lleida, Fundació privada Dr. Pifarré Lleida (Spain)
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IP Health Solutions BV (Netherlands)
University of Modena and Reggio Emilia (Italy)
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Connecare Key facts

Project length: 42 months
Budget: €4,964,189.25
Call-PPC-2015-single-stage
Type of Action: RIA
Acronym: CONNecare
Number: 689802
Test deployments in Catalonia, Groningen & Israel

Footnote: ³ http://www.connecare.eu/wp-content/uploads/2017/04/Project_Factsheet.pdf

Figure 2 - The CONNecare fact sheet.

³ http://www.connecare.eu/wp-content/uploads/2017/04/Project_Factsheet.pdf



6.5 Newsletter No 1

The project's first newsletter entitled "2020 Vision" is available on the website [here](#)⁴. It describes the project, the highlights of dissemination work since the project started, and the consortium members.

⁴ http://www.connecare.eu/wp-content/uploads/2017/05/2020_Vision_Issue1.pdf



7. Broadcast media

Increasingly the younger generations, in particular, consume online content in broadcast form, notably as videos. Accordingly, CONNECARE in its original project submission, committed to produce a video for the project at the outset. ADI will then work with partners to get this available on YouTube, and local broadcast stations.

Depending on results, at least one further video, to promote the CONNECARE technology is likely to be appropriate.



8. Other H2020 projects

CONNECARE will also link up with other projects working in similar areas to identify common themes to promote jointly, thereby increasing significantly our impact.

The first such project is ICT4Life (www.ict4life.eu), with which work has already begun. This is a three-year project financed under Horizon 2020, that like CONNECARE started in 2016 with the ambition of providing new services for integrated care employing user-friendly ICT tools, with the aim of improving the quality of life of patients with Parkinson's, Alzheimer's and other dementias and their caregivers.

The second such project is Polycare (www.polycare-project.com) which aims to develop and test an integrated care model, patient-centred, supported by the use of advanced ICT systems and services that allows the monitoring and care of older chronic patients in acute phases at home.

CONNECARE is on the lookout for more such projects.



9. Detailed dissemination plan

Date	Event/activity	Responsible partner(s)
30/04/16	Project factsheet – D8.6	ADI
30/06/16	Initial CONNECARE stakeholder analysis – D8.1	ADI
30/06/16	Initial CONNECARE dissemination plan – D8.2	ADI + ALL
31/07/16	Produce initial CONNECARE press release	ADI
30/8/16	2nd Workshop on Artificial Intelligence and Internet of Things (AI-IoT)	EURECAT
29-30/9/16	Jornades R+D+I TIC Salut i Social 2016, Vic (Spain)	EURECAT
30/09/16	Open CONNECARE website – D8.5	ADI + ALL for content
30/09/16	Produce Initial video – D8.7	ADI
11-12/10/16	eHealth Research 2016, Paris (France)	EURECAT
2016 on	Write articles as per 6.2 above	ADI
15-16/3/17	Driving Integrated Care with Data from Health and Social Care, EHTEL Symposium, Brussels	Assuta
8/5/17	X Workshop on Agents Applied in Health Care, Sao Paulo (Brazil)	UNIMORE
8-10/5/17	17th International Conference on Integrated Care, Dublin (Ireland)	Assuta, & EURECAT presenting a CONNECARE poster
16-19/5/17	14th IEEE International Conference on Networking, Sensing and Control, Lamezia Terme (Italy)	EURECAT & UNIMORE
30/05/17	CONNECARE Newsletter number 1 – D8.9 (submitted on time)	ADI
2-3/02/18	Global Conference on Integrated Care (GCIC) 2018 (Singapore)	Assuta
2018	CONNECARE Workshop	ADI
30/06/18	CONNECARE Newsletter number 2 – D8.10	ADI
30/09/19	CONNECARE Newsletter number 3 – D8.11	ADI