



Science Communication and Dissemination Plan of the COST Action CA 21122

PROGRAMMING

PRoMoting GeRIatric Medicine in countries where it is still eMergING

Version: 1.0

Date: 07/04/2023 Deadline 02 may

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To be approved by the Management Committee

Areas of Expertise Relevant for the Action

- Clinical medicine: Geriatrics and gerontology
- Educational sciences: Education: training, pedagogy, didactics

Keywords

- Geriatric Medicine
- Professional Education
- Older people
- Health care

EXECUTIVE SUMMARY

The present Communication and Dissemination Plan (CDP) introduces the PROGRAMMING Cost Action Communication and Dissemination strategy and its implementation plan to be used by the consortium to ensure the high visibility, accessibility and promotion of the project and its results during the grant period and beyond.

Based on the objectives, the defined Communication and Dissemination activities according to the Annotated Rules for COST Actions (COST 094-21) are aimed to ensure the involvement of the members of the action, to promote the strategic network expansion during the action, to reach targeted stakeholders and to enhance public awareness, in order to raise awareness on the objectives, activities and outcomes of the project.

The PROGRAMMING Cost Action established a specific Working Group to address Communication and Dissemination (WG5 - Dissemination and Impact Maximization) and smooth interaction between the other working groups. This working group will work closely with the Scientific Communication Coordinator, having a common plan of action.

A variety of tools and channels will be used to reach all audiences. These include the action website, social media tools, open access scientific publications, leaflets, brochures, flyers, infographics, Action posters, roll-ups.

Networking meetings will take place both to accomplish the action tasks and to disseminate its results. Face-to-face meetings, hybrid meetings and online meetings will take place.

PROGRAMMING CDP will be a reference framework for evaluating the impact of communication and dissemination activities and will be monitored and valorized, updated and adjusted as the action progresses. PROGRAMMING CDP is seen as a *work in progress*, requiring the engagement of several action members and specific action members have been engaged to work on topics that are structural for the CDP itself. Although the CDP is progressively developing, a formal yearly review and update of this document will be held as an opportunity to improve the strategy and the outputs.

Table of Contents

1. Introduction

1.1. Project overview

1.2. Project description and General Aim

1.2.1. Working Groups for the PROGRAMMING Action

1.2.2. WG5 - Dissemination and impact maximisation - an outline of activity

1.2.3. PROGRAMMING Working Groups 1-4 (WG1-WG4) - an overview with the message to be disseminated and communicated

1.2.4. The Members' Roles & Positioning in the CA

2. Target groups

3. Communication and Dissemination Strategy

3.1. Objectives of the strategy

3.2. Communication and Dissemination Management Structure

3.3. Communication and Dissemination Management Communication

3.4. CD implementation methodology

3.5. Communication and Dissemination deliverables

4. Communication Tools and Channels

4.1. Action Website

4.2. Social Media

4.3. E-Newsletter

4.4. Videos, animations and multimedia presentations

4.5. Press releases

4.6. Informative and promotional publications

4.7. Internal communication solutions

4.8. Other websites

5. Dissemination Tools and Channels

5.1. Open Science

5.2. Scientific Articles and Other Scientific Productions

5.3. Conferences and Workshops

5.3.1. Stakeholder meetings and associated educational events

5.3.2. Kick-off meeting, periodic meetings of WG's participants, final event

5.3.3. Participation in other scientific and public events

5.3.4. The approach to policy makers

5.4. Scientific Social Media

6. Project Visual Identity

6.1. PROGRAMMING Visual Identity

6.2. COST Visual Identity

7. Valorization of PROGRAMMING results

8. Monitoring and Evaluation

9. Versions and History of changes

1. INTRODUCTION

1.1. Project Overview

Project Title: PROMoting GeRIatric Medicine in countries where it is still eMergING

Acronym: PROGRAMMING

COST Action number: CA21122

Duration: 02/11/2022-01/11/2026

PROGRAMMING LEADERS (*for the *Working Group Leaders* see 1.2.1):

Action Chair: Dr Marina Kotsani

Internist-Geriatrician; Nursing home coordinator physician (France); responsible of Scientific groups of the Hellenic Society for the Study and Research of Aging (Greece)

Action Vice-Chair: Prof. Mirko Petrovic

Academic Director of the European Geriatric Medicine Society; Chairman Dept. Internal Medicine and Paediatrics; Professor of Geriatrics and Clinical Pharmacology, Faculty of Medicine and Health Sciences, Ghent University (Belgium)

Grant Holder Scientific Representative: Prof. Athanase Benetos

EuGMS Immediate Past President; Professor of Geriatric Medicine, Université de Lorraine (France)

Grant Award Coordinator: Dr Meltem Koca

Member of the Early Career Geriatricians Initiative group of the EuGMS; Internal medicine specialist and Geriatrician, Turkish Republic Ministry of Health Dışkapı Research and Education Hospital, Ankara (Turkey)

Science Communication Coordinator: Dr Karolina Piotrowicz

Adjunct Professor, Department of Internal Medicine and Gerontology, Jagiellonian University CM Specialist in internal medicine and Geriatrics, Department of Internal Medicine and Geriatrics, University Hospital in Kraków (Poland).

PROGRAMMING PARTICIPANTS:

Number of participants (*): 239

Number of countries represented (*): 39

Number of COST member countries represented (*): 33

Number of ITC countries represented (*): 19

(* last updated on April, 29th 2023 - the number of participants is constantly growing)

1.2. Project Description and General Aim

Geriatric Medicine (GM), which is the field of medicine that is concerned with the health and well-being of older adults, can play a crucial role in the alignment of health systems to the needs of the constantly growing older populations. However, countries have varying GM development backgrounds. A basic principle of Geriatric Medicine is the engagement of a multidisciplinary care team that works as a network in an interdisciplinary fashion. All team members, although from different professional backgrounds, must share the same objectives and contribute to an integrated and continuous plan of care. To achieve this standard of care, all healthcare professionals must have education on Geriatric Medicine.

This **Action's aim** is the definition of the content of targeted education and training activities in GM for health care professionals across various clinical settings, destined mainly for countries where GM is still emerging and adapted to the local context, the needs and assets of stakeholders and the pragmatic possibilities of involved settings.

This will be accomplished by the description of the state-of-the-art of GM education in involved countries, the identification of the global and more specific local needs regarding the development of GM-related clinical skills and competencies of medical doctors and allied healthcare professionals involved in the care of older people across all the spectrum of health care services, the definition of the content of training courses in GM destined for non-geriatricians, by adjusting international standards to local needs and pragmatic possibilities, and the dissemination of results on identified needs and proposed solutions to stakeholders, policy makers and the public. Countries with

well-established GM systems will contribute with their experience and know-how in clinical and academic GM.

Pragmatic solutions that aim to address the specialised health care needs of older people, such as tailored education and training of existing workforce, are feasible, affordable and exponentially efficient, and, thus, highly relevant.

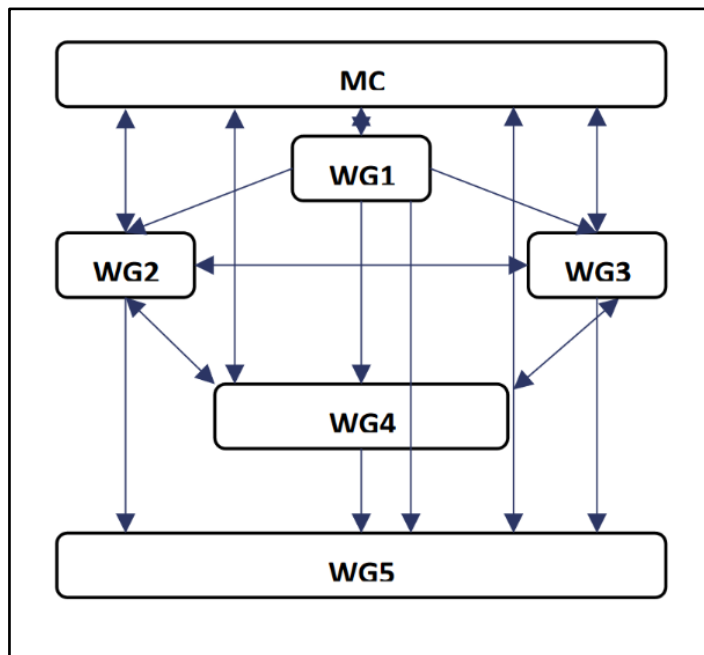
1.2.1 Working Groups for the PROGRAMMING Action

PROGRAMMING COST action will be implemented through the activities performed by 5 Working Groups (WG). WG's and their leaders are summarised in the table below:

Working Group (WG)	Title	Leader	Co-leader
WG 1	State-of-the-art mapping and needs' assessment	Prof Tahir Masud	Prof Anna Marie Herghelegiu Prof Tajana Pavić
WG 2	Definition of the content of the training courses in GM destined for professionals working in ambulatory settings and home care networks	Dr Evrydiki Kravvariti	Prof Nenad Bogdanovic
WG 3	Definition of the content of the training courses in GM destined for professionals working in acute/subacute and long-term care settings	Prof Sylvie Bonin-Guillaume	Prof Nicolás Martínez Velilla
WG 4	Framework for training methods	Prof Regina Roller-Wirnsberger	Prof. Michael Vassallo
WG 5	Dissemination and impact maximization	Dr Sofia Duque	Dr Karolina Piotrowicz

WG's will mutually interact and collaborate whenever there is overlap between the areas of intervention and specific skills are required. Specific knowledge and data obtained by a WG may be crucial for the activities of other WG's, thus multidirectional

communication must be promoted. The graphical representation of the project workflow and WG interconnections and interactions can be schematized as below:



The WG5, devoted to the Dissemination and Impact Maximization, is the WG more closely related to Science Communication. Together with the Management Committee, WG5 will play a major role in the promotion of opportunities of collaboration between the WG's, smoothing communication between WG's and disseminating its results amongst all the action participants and external stakeholders. For this reason, WG5 scope is better described in a separate section below.

1.2.2. Dissemination and Impact Maximization - an outline of activity of the WG5

The global aims of the WG5, as in PROGRAMMING MoU, are:

- 1) To raise awareness and promote the added value of the specialised approach of GM in the health and wellbeing of older people among health care professionals, policy makers, older people and the general public, as well as to build GM-related health literacy among health care professionals.

2) To influence policy makers of the local and the international scene in favour of the necessity of developing specialised geriatric care for older people.

3) To investigate financing possibilities and trace interested parties for future opportunities (beyond the PROGRAMMING Action) of further development of the training course as a final product, ready and available for use.

Some of the planned tasks of WG5 are the following ones:

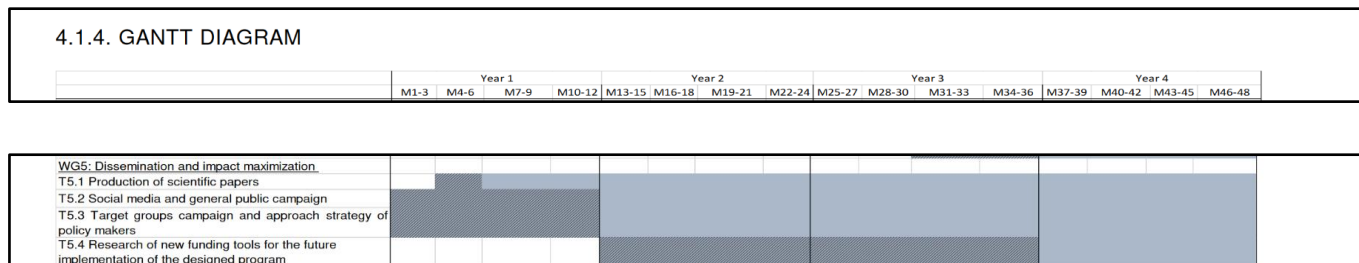
T5.1 Production of scientific papers, in cooperation with all WG (M4-6: preparatory period and M7-48: main period).

T5.2 Social media and general public campaign. Activities and tools to accomplish the task: creation of the Action’s internet site, online and social media dissemination campaign, flyers, posters, events (M1-12: preparatory period and M13-48: main period).

T5.3 Target groups campaign and approach strategy of policy makers and care providers. Activities and tools to accomplish the task: online dissemination campaign, social media, flyers, posters, participation in scientific conferences, meetings with stakeholders and policy makers. In cooperation with WG1 (M1-12: preparatory period and M13-48: main period).

T5.4 Research of new funding tools for the future implementation of the designed program (M13-36:preparatory period and M37-48: main period).

The planned timeline for the WG5 tasks is schematized below:



1.2.3. PROGRAMMING Working Groups 1-4 (WG1-WG4) - an overview with the message to be disseminated and communicated

On the whole, the CDP is operationalized by the WG5. Although WG5 will be active introducing the PROGRAMMING COST action itself (aims, structure, leaders and members of PROGRAMMING), a large amount of content to be disseminated will be related to the other WG's, specifically its activities, opportunities of collaboration, related online or on-site meetings, outputs and deliverables.

Therefore, the other 4 WG's are briefly described below, regarding their expected Outputs and Main Messages to communicate and disseminate through the WG5 activities.

▪ WG1: State-of-the-art mapping and needs' assessment

Aim: To highlight the current situation regarding GM in COST Member countries with a focus on GM education and training and map educational and training programs at an undergraduate, postgraduate, continuous medical education and professional training level. Additionally, conduction of a co-creation process by qualitative research methods in order to identify, describe and categorize unmet needs regarding GM education, GM-related health literacy, GM-related public awareness and appropriate implementation of training activities for health care professionals across the spectrum of health care settings in participant countries where GM is still emerging. The MC will take care so as most (if not all) of the countries in question and the ITC will be represented and actively participate in WG1.

WG 1: Output and message to be disseminated and communicated:

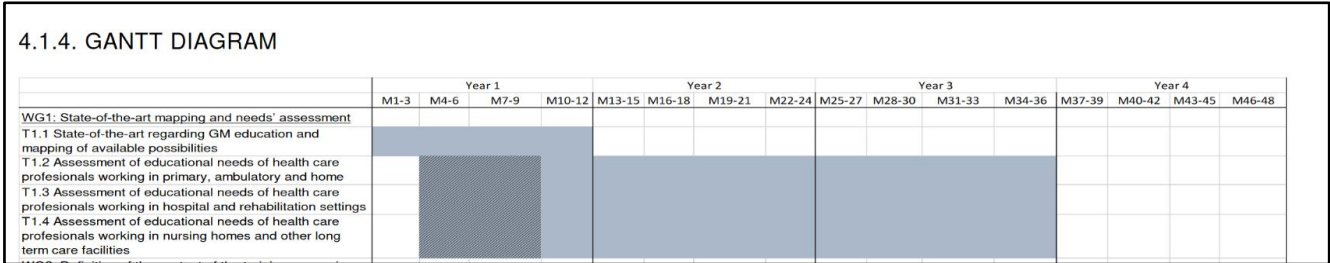
T1.1 Description of the current situation regarding GM education and training and mapping of relevant academic structures and educational possibilities. Activities and tools to accomplish the task: surveys, contacts of key persons and institutions, meetings, literature review including grey literature, Short Term Scientific Missions (STSM) (M1-12).

T1.2 Qualitative research for assessing **GM-related educational and training needs of health care professionals working in primary health care, ambulatory care and at-home care networks** in countries where GM is still emerging. Activities and tools to accomplish the task: surveys, interviews with stakeholders, meetings’ minutes, focus groups, STSM (M4-9: preparatory period and M10-36: main period).

T1.3 Qualitative research for assessing **GM-related educational and training needs of health care professionals working in hospital and rehabilitation settings** in countries where GM is still emerging. Activities and tools to accomplish the task: surveys, interviews with stakeholders, meetings’ minutes, focus groups, STSM (M4-9: preparatory period and M10-36: main period).

T1.4 Qualitative research for assessing **GM-related educational and training needs of health care professionals working in nursing homes and other long-term care facilities** in countries where GM is still emerging. Activities and tools to accomplish the task: surveys, interviews with stakeholders, meetings’ minutes, focus groups, STSM (M4-9: preparatory period and M10-36: main period).

WG 1 timeline:



▪ **WG2: Definition of the content of the training courses in GM destined for professionals working in ambulatory settings and home care networks**

Aim: Define the content of the training courses in GM destined for professionals working in ambulatory settings and home care networks, taking into account the results of T1.2, 1.3 and 1.4, already available curricula, literature review, including grey literature, knowledge obtained during STSM, stakeholders’ meetings, MC meetings and internal Delphi procedure. Provide variations according to settings where trainees work.

WG 2: Output and message to be disseminated and communicated:

T2.1 Definition of the **content of training courses in GM destined for professionals working in ambulatory settings and home care networks** (M25-30: preparatory period and M31-48: main period).

T2.2 Definition of the possible modes of implementation of a training course in GM destined for professionals working in ambulatory settings and home care networks (M25-30: preparatory period and M31-48: main period).

WG 2 timeline:

4.1.4. GANTT DIAGRAM																
	Year 1				Year 2				Year 3				Year 4			
	M1-3	M4-6	M7-9	M10-12	M13-15	M16-18	M19-21	M22-24	M25-27	M28-30	M31-33	M34-36	M37-39	M40-42	M43-45	M46-48

WG2: Definition of the content of the training course in GM destined for professionals working in ambulatory settings and home care networks																
T2.1 Content of the program destined for professionals working in ambulatory settings and home care networks																
T2.2 Possible modes of implementation of the program described in T2.1																

▪ **WG3: Definition of the content of the training courses in GM destined for professionals working in acute/subacute and long-term care settings**

Aim: Define the content of the training courses destined for professionals working in acute/subacute and long-term care settings, taking into account the results of T1.2, 1.3 and 1.4, already available curricula, literature review, including grey literature, knowledge obtained during STSM, stakeholders’ meetings, MC meetings and internal Delphi procedure. Provide variations according to settings where trainees work.

WG 3: Output and message to be disseminated and communicated:

T3.1 Definition of the **content of training courses in GM destined for professionals working in acute/subacute (T3.1a) and long-term care settings (T3.1b)** (M25-30: preparatory period and M31-48: main period).

T3.2 Definition of the possible modes of implementation of training courses in GM destined for professionals working in acute/subacute and long-term care settings (M25-30: preparatory period and M31-48: main period).

WG 3 timeline:

4.1.4. GANTT DIAGRAM

	Year 1				Year 2				Year 3				Year 4			
	M1-3	M4-6	M7-9	M10-12	M13-15	M16-18	M19-21	M22-24	M25-27	M28-30	M31-33	M34-36	M37-39	M40-42	M43-45	M46-48

WG3: Definition of the content of the training course in GM destined for professionals working in acute/subacute and long term care settings T3.1 Content of the program destined for professionals working in acute/subacute (T3.1a) and long term care settings (T3.1b) T3.2 Possible modes of implementation of the program described in T3.1																

▪ WG4: Framework for training methods

Aim: To propose a variation of the implementation of the educational course, described by WG2 and WG3, with the aid of ICT for remote application of the training so as to maximize impact and face education and training challenges in case in-person training is not possible and to incorporate various novel didactic methods. Activities and tools to accomplish the task: meetings and interviews with experts, focus groups, knowledge obtained during STSM.

WG 4: Output and message to be disseminated and communicated:

T4.1 Description of the modalities of the online version of the educational program and taxonomy of training methods (M31-36: preparatory period and M37-48: main period).

WG 4 timeline:

4.1.4. GANTT DIAGRAM

	Year 1				Year 2				Year 3				Year 4			
	M1-3	M4-6	M7-9	M10-12	M13-15	M16-18	M19-21	M22-24	M25-27	M28-30	M31-33	M34-36	M37-39	M40-42	M43-45	M46-48

WG4: ICT alternatives and other novelties of didactic methods the educational program and taxonomy of training methods																

1.2.4. The Members’ Roles & Positioning in the CA

The COST Action’s aspiration is to promote the building of interdisciplinary research networks that brings researchers and innovators together to investigate a specific topic for 4 years. COST Actions are typically made up of researchers from academia, SMEs, public institutions and other relevant organisations or interested parties.

PROGRAMMING aims are aligned with this inclusive and broad approach of COST actions. First, Geriatric Medicine is a broad medical field that compasses academia, hospital and ambulatory clinical settings. Secondly, Geriatric Medicine best practice

requires the engagement of an interdisciplinary team. Thirdly, considering that targeted countries are those in which Geriatric Medicine is still emerging, education in GM may be low, requiring pre-assessment of GM educational backgrounds and identification of educational needs. Academia, scientific societies and organisations, and members from countries in which GM is more developed can give important input in this task, as well as advocating for basic principles of GM and Gerontology, still mostly unknown in countries in which GM is still emerging.

The collaboration and networking between PROGRAMMING members must happen in an open-minded atmosphere, joining together participants with different levels of GM education and with different professional backgrounds. To homogenise the practice of GM across Europe, a pan-European network must be built in the scope of PROGRAMMING, including participants willing to participate in the change of paradigms. A strong interaction between the action participants will be crucial to foster GM in the countries where it is still emerging.

For this reason, PROGRAMMING members will be invited to play an active role in the project, specifically in communication and dissemination activities, according to their additional skills other than those specifically related to their healthcare-related professional background. Promoting networking opportunities and informal forums for discussion of specific topics will be set as a priority, so that **internal communication** between the CA members must be streamlined.

Each WG has a team of CA members directly engaged in the tasks of the group. Communication between group members is promoted through a quick communication system (see below), working both as an archive per working group but also as a quick chat platform.

Members of each WG include diverse countries and professional backgrounds. Mixing of CA members from different countries and with different backgrounds is promoted. Inclusiveness of members with different professional backgrounds will enable PROGRAMMING to reach a broader spectrum of stakeholders, in a complementary way, strengthen efforts to influence national and international policy makers.

Members from GM developed countries should drive and motivate members from ITC countries and in which GM is not developed. There is a relevant overlap between

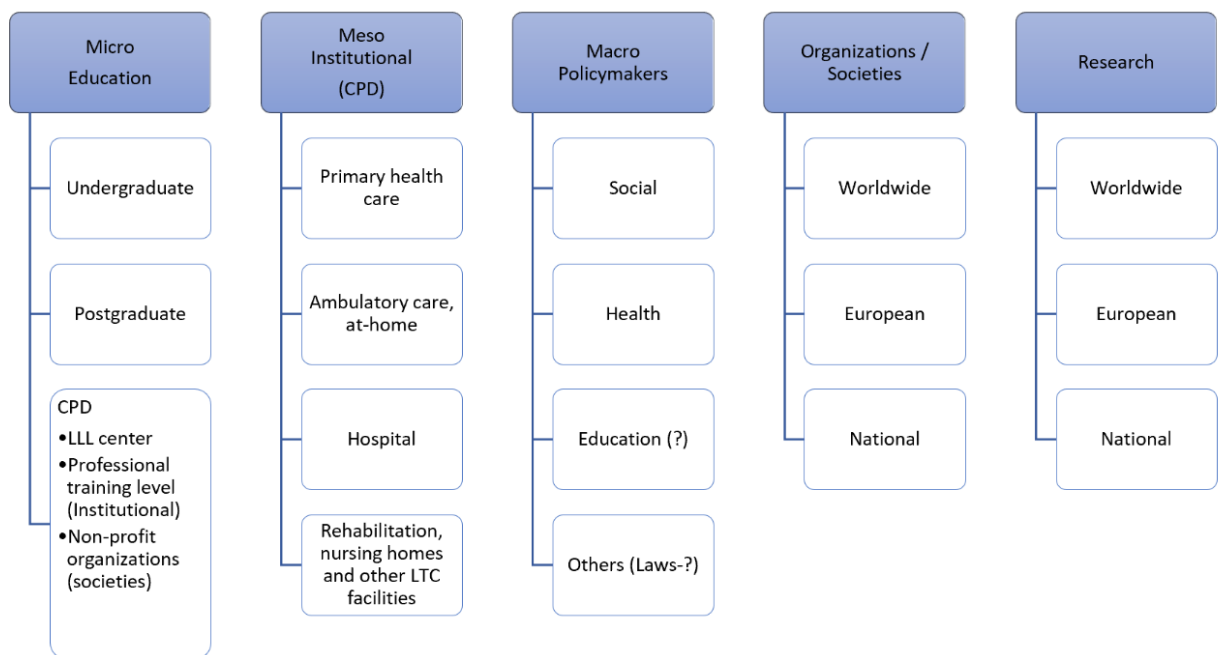
countries in which GM is still emerging and ITC countries. Collaboration between twinning countries will be promoted.

Another key factor to the effective and fruitful team building is the characterization of members of PROGRAMMING, concerning country affiliation, professional background and interest, skills, national and international positioning in scientific and professional networks, willingness to participate in specific tasks, some related to communication and dissemination. For this reason, a **kick-off survey for profiling of members** has been held, including relevant information for the appropriate distribution of tasks and allocation in working groups.

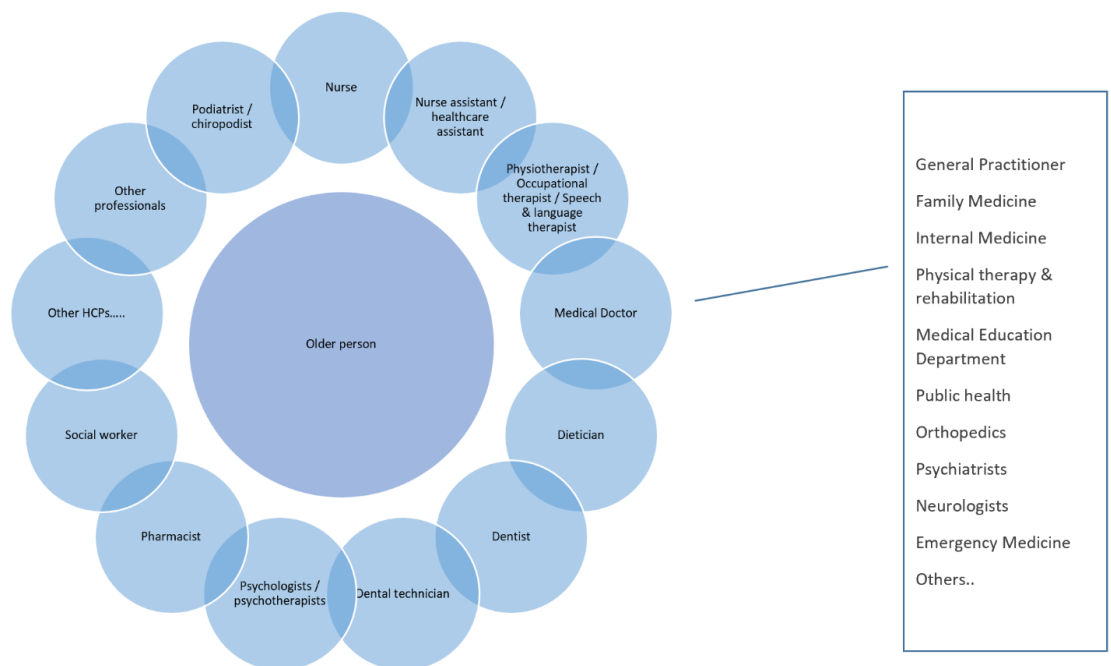
2. TARGET GROUPS

Target groups can be considered in different perspectives, depending if they are expected to contribute to the collection of data, as for WG 1, or if they will be targeted to receive and to apply PROGRAMMING outputs and conclusions, expecting the improvement of GM education and clinical practice, specially in countries where GM is still emerging. Some overlap may exist between contributors and audience and the success of the action will rely on the effective and strategic identification of stakeholders / key persons to be approached. Specialists in Geriatric Medicine and other allied health professionals with experience in GM will play a crucial role in the establishment of educational curricula and as trainers in eventual training schools / courses. Also, their experience on the role and advantages of GM in healthcare systems may be relevant to argue in favour of developing GM in countries in which it is still emerging.

A thoughtful exercise must be done to identify the PROGRAMMING stakeholders, at international and country-level, as the success of the action may rely on the ability to engage them, benefit from their expertise and/or convince them. Different categories of stakeholders related to healthcare must be considered, such as schematized below:



Overall we expect to engage specialists in GM, medical doctors other than geriatricians, allied healthcare professionals, gerontologists and sociologists, epidemiologists, representatives / managers of healthcare services. A preliminary framework of healthcare professionals to address is depicted below:



Other Stakeholders might be addressed such as older persons and patients representatives, companies, ageing research institutes, institutions (NGO's and GO's), citizens in general. Also, the research teams of other COST actions and EU funded projects on topics about ageing, as well as key reference persons / key opinion leaders.

Considering the high number of countries involved in this action and country specificities in regard to policies, administrative and healthcare organisation, **focus groups** with action members will be promoted to identify a framework to be applied in different countries and effectively identify the potential stakeholders. Members from different countries will be invited to participate. Lists of stakeholders and respective contacts will be prepared, and made available to other WG when needed. The input of all the action members will be required, specially from national MC members.

In any approach to stakeholders, effective attempts will be made to officially incorporate them in the action, inviting them to apply for the action, and to contribute to the dissemination of PROGRAMMING message.

In regard to Communication and/or Dissemination, the interaction with these stakeholders will depend on the task they are being engaged in, so that their participation is effective and/or our goals are met. Stakeholders can be addressed digitally or promoting their presence in on-site meetings.

Certainly, the Communication and Dissemination activities will be adapted and tailored in an appropriate way to each target group and the scope of the task they are participating in and the goals we intend to reach.

3. Communication and Dissemination Strategy

3.1. Objectives of the strategy

We launched our Action as a broad, interdisciplinary, wide-spread joint effort that will encompass different professional groups that are involved in delivering care for older people. Complementary, our Action team consists also of educators and trainers in geriatric care, policy makers and older persons representatives.

Communication and Dissemination activities will support all PROGRAMMING Working Groups (WGs) ensuring maximum visibility, equal accessibility and impact of the

project activities. All activities will be designed to make the project outcomes visible and accessible to the different target stakeholders, whether they are contributors and/or audience.

Communication and Dissemination activities are designed to:

- Ensure good **internal communication** amongst action members, engaging them in the action tasks and providing them regular updates on progress and achievements;
- Increase PROGRAMMING **visibility** and its **network expansion**, creating the networking ground and a robust scientific international cooperation to allow twinning actions, enhance the potential for further research collaborations and actively involve Young Researchers and Innovators and Inclusiveness Target Countries in the Action's activities for better identification and tackling of educational needs and promotion of research opportunities.
- Promote the Action and **disseminate its related results, achievements and knowledge** generated by PROGRAMMING, such as: Results on identified needs and proposed solutions, including adjusted GM curricula for the continuous professional education of non-GM-specialists and ways to implement them, to stakeholders and policy makers;
- Guarantee **engagement of stakeholders**, building an international multidisciplinary stakeholders' network involved in older people's the care, aiming to promote specialised care and prevention strategies for older people, mainly in countries where GM is emerging (but also beyond), by producing professional education recommendations that adjust international strategies to pragmatic local needs and possibilities;
- Set a solid ground for **promoting GM education** of the existing healthcare workforce as a strategic, pragmatic, cost effective and innovative solution regarding public health challenges due to present and forthcoming demographic changes, especially to trigger change in countries with poor GM background and limited resources;
- Create a robust scientific international cooperation that could gain **endorsement** of international societies and organisms related to older people's health and welfare and influence policymakers to implement actions promoting specialised well-targeted care

to seniors and reinforce the integrated model of care across the spectrum of national healthcare systems;

- Raise **awareness on the importance of Geriatric Medicine** and Geriatric literacy in ageing societies, both in healthcare professionals and in general public;
- Inspire the **next generation** of healthcare providers and policy makers for the need of GM;
- Promote clinical effectiveness, sustainability and cost-saving of GM;
- Undertake actions to promote organisation of **GM training courses** at local level, according to the local needs and pragmatic possibilities, and hence paving the way to the development of GM as an independent medical specialty.

In view of the above, the following terms should be clarified :

- **Dissemination of PROGRAMMING results:** Sharing the action results within the scientific community, specially the relevant stakeholders able to promote education in GM, to apply it in clinical practice and to structurally implement it in national healthcare systems.

- **Communication of PROGRAMMING rational and results:**
 - **Internal Communication:** refers to the communication between the members of the action, with the aim of reinforcing the bonds of the network and the active participation of every member; considering that many members come from countries in which GM is still emerging, internal communication is not only important to develop tasks of PROGRAMMING, but also strategical in raising awareness on the importance of Geriatric Medicine amongst the action members.
 - **External communication:** refers to the sharing of the **action rational** and **results** to stakeholders mentioned before. Sharing the action rational is an opportunity to raise awareness on the importance of

Geriatric Medicine. This will be the main focus while results of WG are still not available.

- **Valorisation of PROGRAMMING results:** refers to sharing the action results with strategic stakeholders that may play an active role in introducing GM in the standards of care of a specific country. It may include healthcare managers, policy makers and citizens. Information about the advantages of GM, data about the needs of training in GM at local level and pragmatic GM curricula to be implemented locally are some of the deliverables used.

	Dissemination	Communication
Objectives	Disclosure of results to strategic stakeholders, enabling the take-up and use of those	Introduction of the project, its team and aspirations (1st stage). Informing the stakeholders about the action and engaging them, expanding the network
Timing	When WG's results and deliverables are available	Starts at the kick off of the action
Audience	Targeted audiences: Scientific communities, Policymakers	Multiple audiences: healthcare professionals, scientific communities, citizens, civil society, mass media
Language	Scientific language	Scientific language or Non-specialized language, according the targeted audience
Channels	Peer-review journals, scientific conferences, webinars, online repository of results, etc	Action website and EuGMS website, collaborative working platform, social media channels, newsletters, etc

3.2. Communication and Dissemination Management Structure

WG5 (Dissemination and Impact Maximization) of the PROGRAMMING is responsible for dissemination and communication of the Action's rationale, outcomes and results, with the aim to maximise the knowledge transfer between the action members and stakeholders.

The WG5 is composed of 2 leaders and a group of action members that are willing to participate in communication and dissemination activities. The WG5 and the Science Communication Coordinator (SCC) will work together on building, updating and supervising the tasks of the WG5 to ensure the **implementation of the CDP**.

It is **WG5 leaders and SCC's** role to advise and monitor the relevance and adequacy of content and messages communicated. This joint leadership integrates and works closely with the Action Core Group. It is vital for the operationalization of PROGRAMMING to establish **internal communication workflows** to ensure articulation between tasks, optimise opportunities of collaboration, dissemination and enhancing PROGRAMMING visibility, and to secure long-term sustainability of PROGRAMMING during the official term of the action and also beyond. (see section 4.7) It also supports the communication, dissemination and valorisation of PROGRAMMING by providing services (advice, instructions, help when necessary, template preparation, etc.) for the consortium members warranting high-quality and coherent information delivery, such as in the delivered materials and the action presentations at various scientific events.

WG's leaders are asked each 2 months to deliver a short report about the activities held and relevant information about the WG they lead.

All Action members should contribute to the development of contents to be used for communication purposes (both specialist and general contents) during the project's duration. Given the specificities of countries regarding GM development and the intended country- targeted communication for specific contents and messages, articulation with **MC members** will be promoted to identify the best action members to participate in specific tasks. MC members are asked to have a global overview of their country members, to engage them in the action in a strategic way, aligned with the action goals and country-specific goals. During the action, as communication and dissemination activities are intensified, ideally a representative of each country must be named.

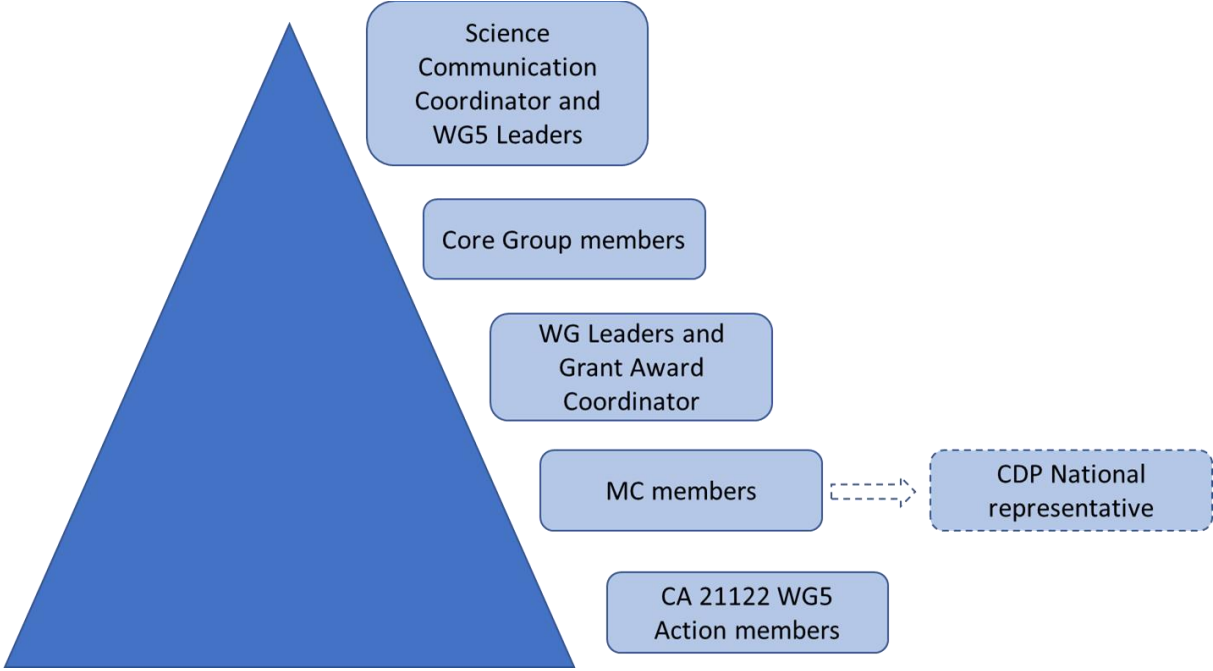
Any communication and dissemination content produced must be validated by the WG5 and SCC leadership and, in some cases, by the Action Chair, to ensure the coherence of the message and visual identity.

The **CDP** described in this document is a *work in progress*, being continuously open to adjustments according to the needs identified by the WG5 members and also the other WG's needs.

Given the interdisciplinary nature and country diversity of PROGRAMMING, the CDP was planned to be built with the input of WG5 members, representing different countries and professional backgrounds. A **Kick off meeting of WG5** was held in December 2022 to identify a set of tasks to be developed on the scope of the CDP. The interconnections with the other WG's were taken into account.

As many communication and dissemination activities intend to address national stakeholders, who may not be familiar with the English language, the organisation of an **Official Translation team** has been promoted, to ensure smooth and similar procedures in the translation procedure, not distorting the PROGRAMMING message that is vehiculated.

The management structure of the Communication and Dissemination strategy implementation is presented below:



3.3. Communication and Dissemination Management Communication

Communication for the execution of CDP will be through the following channels, respecting individual preferences:

- . by e-mail;
- . via Trello dashboards, an electronic collaborative working platform specifically tailored for PROGRAMMING and WG5;
- . via Whats app quick message system;
- . online meetings (using different platforms like Clickmeeting, Zoom, Google Meet, Teams, Go-to-meeting);
- . If necessary, in emergencies, by phone.

It will be a priority to reduce the number of emails sent, aggregating communication in Trello by topic and addressing specific members. This will be a challenging paradigm shift, that may save time and improve the effectiveness of communication.

3.4. CDP implementation methodology

The CDP implementation methodology will be performed using the following steps:

1. Dissemination & Communication Planning

. As stated before, it is a continuous process, being the present document a live one. A brainstorming kick off meeting identified a group of Communication and Dissemination tasks to be held, described below in step 3.

2. Project communication identity

. To enhance the visibility of the action, its message and visual identity and coherence is crucial. To ensure this content used in communication and dissemination activities must be validated by the SCC and WG5 leaders, and in some cases by the Chair action.

. Regarding visual identity, the logo and the graphics of support materials developed is critical. See Section 6 of this document.

. In order to increase visibility and acknowledge COST as the funding source of PROGRAMMING, the COST Co-branding rules will be strictly followed, according to the type of communication material.

. Concepts about ageing still bear a negative view and lead to discriminating attitudes. PROGRAMMING intends to harmonise and consolidate a positive view on ageing. The language and words that are used sometimes carry with them an ageist meaning and stigmatisation of older persons. The language used in PROGRAMMING must unequivocally refer to ageing in a positive way. For this purpose, a **Guidance document on Geriatrics-related terminology** in English will be prepared by the WG5 members. The terminology set in this document must be adopted all throughout the Action's activities and material. The guide will refer to the English language but an effort should be made to be respected as much as possible in translated versions of material and oral presentations.

. In PROGRAMMING, the visibility of the team is crucial to reach stakeholders, as many action members play the role of key opinion leaders. Their image and opinion may be displayed in communication materials, such as in the action website and social media. The WG5 developed a procedure to obtain their informed consent to use their image and opinion in the scope of PROGRAMMING communication and dissemination materials.

3. Implementation of Communication and Dissemination activities

At this stage of PROGRAMMING (6M) many communication activities were planned. Dissemination activities are still limited as results of PROGRAMMING WG's are still not available. Nevertheless, some activities to plan dissemination have already started.

The execution of each task is in charge of small working groups, composed by WG5 members, according to their skills and willingness to contribute to specific tasks. Generally, 2 coordinators for each task were named, according to their preferences, and they will manage the activities to achieve a specific output. For this distribution, a Google form survey was delivered by e-mail. After identifying the coordinators of each task, a short online meeting was held between them and the SCC and WG5 leaders

to arrange the plan to hold the task. These short meetings were useful to strengthen the bonds of the network and motivate PROGRAMMING participants. In few cases, the plan was established by e-mail.

The tasks and expected deliverables that were planned are summarised in the table below:

Task	Type of Task (C or D)	Deliverable	Expected Due Date
Set of short videos introducing PROGRAMMING - interviews to the action Chair	C	Videos	M6
Set of short videos introducing WG leaders - short interviews	C	Videos	M9
Gallery of PROGRAMMING participants - photos, name and affiliation / position	C	List of contacts & Image	M9
Set of digital cards introducing action members according their country affiliation (<i>National teams introducing cards</i>)	C	Editable images	M6
Set of short videos introducing MC members, the situation of GM at country level and the national expectations for PROGRAMMING	C / D	Videos	M9
Set of MC members quotations regarding national expectations for PROGRAMMING	C / D	Editable images and text	M9
Set of digital cards introducing GM for raising awareness of general public	C	Editable text and images	M10
Digital Newsletter	C	Editable text	M6, M11
Conference Kit	C / D	Digital templates	M3
Press Kit	C	Digital templates	M3
Mapping of Social Media audience	C	List of SM accounts	M4

Mapping of Scientific Conferences in which to present PROGRAMMING or organise dissemination activities	C / D	List of conferences	M6, M12
Action Website	C	Website	M3
Focus group about the communication materials that must be produced	C	Report	M6
Focus group about how to measure the impact of dissemination	D	Report	M10
Focus group about who are the stakeholders to reach	C / D	Report, Scientific paper	M4
Focus group about the gender balance in older persons care and the role of men as carers of older persons	C / D	Report, Scientific paper	M12

C- Communication task, D- Dissemination (related-) task

The option to promote **online focus groups** has the technical goal of finding a solution to guide further steps of the action, but is also a method to strengthen the collaborative network and find synergies between members from different countries.

4. Monitoring of activities and coordination of Action members by SCC in cooperation with WG5

Coordinators of the tasks mentioned before have autonomy to organise the working groups and the tasks as they plan. They must engage as many members as possible. The activities will be monitored by the SCC and the WG5 leaders; they will support them providing technical help or scientific advice if needed and will promote the liaison with the other WG's, MC members, Core Group committee or any other action member. Action members should report anytime when they represent PROGRAMMING in an event of interest for the project, with precisions of the type of action led (i.e., public speaking; flyers distribution; displaying of roll-up) and the type of stakeholders met. Any promotional and informative material produced on the scope of PROGRAMMING should be collected in the collaborative working platform tailored for

PROGRAMMING (Trello dashboard). If applicable, photos showing communication and dissemination activities should be attached to the informative material.

5. Documentation and reporting

Regularly the Tasks coordinators should report the WG5 leaders and SCC their progress. In the end of the task, the deliverable must be made available through the repository in Trello. Task coordinators must save a copy of deliverables and used data in their personal archives.

3.5. Communication and Dissemination deliverables

The list of deliverables must be updated 2 times per year (0, 6, 12, 18, 24, 36, 48M), according to the development of WG's activities. The last update intends to ensure the continuity of the action, beyond the official duration.

Besides the deliverables mentioned in the previous section, other must be considered such as:

- . PROGRAMMING Logo - see section 6.
- . Communication and Dissemination Plan - M6
- . Annual review of CDP - M12, M24, M36, M48
- . Annual report on Communication and Dissemination activities - M12, M24, M36, M48
- . Final report on Communication and Dissemination activities - M48

Other deliverables must be considered by the WG5 and SCC and included in the CDP, namely deliverables of WG 1 - 4, as their content, results and outputs must be communicated and disseminated. Those deliverables are summarised in the following table:

WG	Deliverable description	Related Tasks/Leaders	Timeframe
1	D1.1 Report on the state-of-the-art of GM education and training in countries where GM is still emerging	WG1 & WG5 Leaders/SCC	M15
1	D1.2 Report on the assessment of the needs in education and training in GM of health professionals working in ambulatory settings and home care networks, acute/sub-acute and long-term care settings	WG1 & WG5 Leaders/SCC	M42
2	D2.1 Report on the content and the possible modes of implementation and evaluation of a training course in GM destined for professionals working in ambulatory settings and home care network	WG2 & WG5 Leaders/SCC	M47
3	D3.1 Report on the content and the modes of implementation of a training course in GM destined for professionals working in acute/subacute and long-term care settings	WG3 & WG5 Leaders/SCC	M47
4	D4.1 Report on the modalities of the online version of the program and taxonomy of training methods	WG2, WG3, WG4 & WG5 Leaders/SCC	M47

4. Communication Tools and Channels

PROGRAMMING targeted audience includes several stakeholders, as described in section 2. Stakeholders are not only our key audience, but in some cases they will be asked to be contributors in PROGRAMMING activities (for example, WG 1 is developing a survey in which stakeholders advice was asked to get an improved version of the survey). Communication with key stakeholders will mainly happen in intermediate stages of the action, when having outputs and deliverables prepared by WG 1 - 4.

Nevertheless, the initial stage of our action is an excellent opportunity to accomplish our mission of raising scientific and public awareness about geriatric medicine. In this regard, we plan to **communicate** with the healthcare providers, scientific community, general public and civil society.

To target different audiences, transferred information must be structured in a tailored way, following the stakeholder-centred 5 W approach, whenever possible:

- 1) What is the actual news?
- 2) When and where will be communicated
- 3) Who is involved?
- 4) Why this is news?
- 5) Where the news will be communicated?

Also, we will exploit different channels and formats to transfer information in the more appropriate way to each profile of stakeholder. We started our communication effort immediately when PROGRAMMING started, based on the EuGMS resources (information published on the EuGMS website, EuGMS ECGI blog and shared social media).

For a coherent communication, we worked on an attractive and informative **visual identity** that benefited from the input of MC member. For more details see section 6. The visual identity must be respected in the Action website, social media and every output related to the action.

In order to successfully transfer information to the respective target audiences and reach the highest possible impact, different types of tools and channels will be used for External communication, namely:

- 1) online and interactive tools and channels
- 2) non-electronic tools and channels
- 3) physical interactive tools and channels
- 4) combination of physical and online interactive tools and channels, i.e. hybrid events

To contribute to ecological sustainability, paper-free material will be preferred, except when delivery of physical copies is more effective (for example, during conferences in which PROGRAMMING is represented). The preference for paper-free formats is also driven by economic sustainability, directing funding to activities that most promote networking.

In the following sections, the key channels and tools for communication will be addressed, on the scope of PROGRAMMING.

4.1. Action Website

The PROGRAMMING website will be the PROGRAMMING showcase for a broad audience to introduce the COST action itself, attract new members and partnerships, and to convey information and updates regarding the COST action. The website will be launched in a first basic version, that can be assessed now: <https://cost-programming.eu/>

Its structure is being established by the Chair of the action, the Scientific Communication Coordinator and the WG5 leaders. The website will be built and improved during the first year of the action, supported by a professional website developer, selected according to its past experience with other COST actions and cost estimate.

The maintenance and update of the website content is done by Grant Holder Managers.

4.2. Social Media

PROGRAMMING social media outputs will be done strictly respecting the PROGRAMMING visual identity. However, considering that social media audiences take time to build, PROGRAMMING COST action members have decided to take benefit from the EuGMS social media audience built over the last 5 years. Therefore, PROGRAMMING outputs will be published in the EuGMS social media accounts (Twitter, Facebook, LinkedIn, Instagram and YouTube), unequivocally tagged with the PROGRAMMING hashtag. COST action will be tagged in those outputs both to identify COST funding and to cross-promote the PROGRAMMING and COST actions overall.

Some of the topics that will be addressed in social media posts are:

- 1) Rational of PROGRAMMING
- 2) PROGRAMMING leaders and other members and their perspectives about PROGRAMMING and GM
- 3) Activities and Outputs of WG
- 4) PROGRAMMING related events
- 5) Participation of PROGRAMMING in scientific conferences
- 6) Grants opportunities
- 7) News from COST action administration
- 8) Opportunities of collaborations in the scope of PROGRAMMING

Social media posts will use catchy messages and attractive images, as always as possible.

There will be an effort to interact in social media with stakeholders that are represented in the digital world, to enhance cross-promotion and the institutional virtual dialogue. Overall, the goal will be to drive traffic towards the PROGRAMMING website, to promote the action activities and to expand the PROGRAMMING network.

4.3. E-Newsletter

Two issues per year will be published, including relevant information about PROGRAMMING such as:

- 1) Rational of PROGRAMMING
- 2) PROGRAMMING leaders and other members and their perspectives about PROGRAMMING and GM
- 3) Activities and Outputs of WG
- 4) PROGRAMMING related events
- 5) Participation of PROGRAMMING in scientific conferences
- 6) Grants opportunities
- 7) News from COST action administration
- 8) Opportunities of collaborations in the scope of PROGRAMMING

In the PROGRAMMING website there will be a form to subscribe to the E-newsletter. Respecting GDPR policy, this will allow us to expand our audience.

4.4. Videos, animations and multimedia presentations

Informative videos about the action, its aims and members team will be produced to support the action, expand the network, promote GM, disseminate outputs of WG and promote events related to the action. Some videos can be produced as a content to be presented in face-to-face, virtual and hybrid meetings or activities, or as a recording of these meetings.

During the first year, an animation based video will be produced with professional input to introduce the PROGRAMMING and its ambition.

A final video will be made at the end of the project to communicate main project achievements. Videos from notably events, demos and keynote speakers will be also created along the project period

4.5. Press Releases

All project milestones and major achievements must be reported as a **PROGRAMMING official statement**, that must be spread in digital channels such as COST website, PROGRAMMING website, EuGMS website, and other partners and relevant stakeholders websites, as well as local healthcare related press (including digital and printed bodies). Press releases can also be published on social media platforms.

In general, Press releases must be sent by e-mail to regional, national, European and other international media. When applicable, Press releases can be published in the national press interested in the topic of health care dedicated both for healthcare professionals and for older adults. In these cases, translation to native languages may be considered.

4.6. Informative and promotional publications

Leaflets, brochures, flyers, infographics, posters and roll-ups will be designed to introduce PROGRAMMING, including overall information as a brief description of the action, its objectives and partners.

Ideally these materials must be digital and available to be downloaded from the website. However, some printed hard copies must be obtained, for example to deliver in on-site events to increase PROGRAMMING visibility and expand the network of contacts. These documents will be updated when needed for specific events and/or for different target groups.

Materials can also be used to promote Geriatric Medicine to the general public.

National versions can be considered to be produced in native languages and in printed format, for example to deliver to the general public and/or to deliver and exhibit in local conferences. National funding must be sought for this purpose.

When applicable, informative and promotional publications can be published in the national press interested in the topic of health care dedicated both for healthcare professionals and for older adults. In these cases, translation to native languages may be considered.

4.7. Internal communication solutions

The implementation of the PROGRAMMING activities depends to a large extent on **communication between the members of the action. Internal communication** between the action members, will be ensured by:

1) e-mail;

2) via Trello dashboard, specifically customised for PROGRAMMING communication. This electronic collaborative working platform will include general boards and WG's and countries specific sections. Electronics boards will work as documents archive, advertisement platform for updated information and tasks planning tools. Trello works as an internal quick and direct communication system between the action members on a specific topic.

3) online meetings (using different platforms like Clickmeeting, Zoom, Google Meet, Teams, Go-to-meeting);

4) On-site, face-to-face working meetings;

Sensitive data collection and recording of videos will only be done after informed consent of every individual action member is obtained.

4.8. Other websites

PROGRAMMING information will also be published in the EuGMS and COST websites.

4.9. Other Promotional Materials

Promotional material such as PROGRAMMING pens, bags, post-its, notebooks, etc. will be distributed in the frame of an external event that is open to a high number of external stakeholders.

5. Dissemination Tools and Channels

As stated before, PROGRAMMING dissemination activities will be focused in sharing WG's results within the scientific community, specially the relevant stakeholders able to promote education in GM, to apply it in clinical practice and to structurally implement it in national healthcare systems.

At the first stage of PROGRAMMING, still without available outputs produced by WG's some preparatory actions for effective dissemination are being held, as mentioned before in section 3.4. Secondly, in order to **disseminate** the project among healthcare professionals, and inform all end-users potentially interested in growing their professional GM skills and competencies, we are currently notifying medical and non-medical societies that are spinning around care of older adults, about our Action. For this aim, we are presenting our Action aims and assumptions during scientific and non-scientific meetings, and working on the first scientific paper to be published in an open access manner.

In the following sections, the key channels and tools for dissemination will be addressed, on the scope of PROGRAMMING.

5.1. Open Science

Open science is a crucial scientific approach to spread knowledge quickly and without barriers, as soon as it is available using digital and collaborative technology. It is the ambition of PROGRAMMING to reach as many as possible stakeholders. For this reason, an attempt will be made for PROGRAMMING outputs being available for free, uploaded in the PROGRAMMING website or as open access scientific articles, in GM reference publications.

5.2. Scientific Articles and Other Scientific Productions

Scientific articles on topics related to geriatrics and gerontology but also to education in the field of medicine of old age and public health will be published. We are planning to publish at least 2 Open Access scientific papers per year that will summarise the main findings and implementation recommendations of the PROGRAMMING Action. In order to further disseminate the Actions results and recommendation in all involved countries, the national MC members will be actively approached to adapt the message to the specific country background, and produce their national reports. All Action members are also invited to submit brief reports based on area of their involvement in the project (e.g. description and results of the focus groups conducted within the Action).

We are planning to publish our results most of all in the European Geriatric Medicine (EGM) journal that is the official journal of the European Geriatric Medicine Society (EuGMS). Additionally, we plan to report our outcomes in a wide range of scientific journals listed and indexed in SCOPUS and Web of Science databases, and on top of that on the Open Research Europe (ORE) platform. Open Science and ORE platform publication is part of our policy of supporting ITC countries and ensuring equal access for all countries and all members to the PROGRAMMING main results.

The main topics that are planned to be widely reported in English, and whenever possible in national languages, are:

- Description of the state-of-the-art of GM in involved countries, with focus on the specialisation of GM and the opportunities of training in GM of health care professionals,
- Identification of the global and more specific local (educational and organisational) needs regarding the development of GM-related clinical skills and competences of medical doctors and allied healthcare professionals involved in older people's care, across all the spectrum of health care services in countries where GM is still emerging,
- Definition of the content of a training program in GM destined to the non-specialist (i.e. non geriatrician) healthcare professionals, adjusting international standards to local needs and pragmatic possibilities, for:
 - professionals working in ambulatory settings and home care networks,
 - professionals working in acute/subacute and long-term care settings,
- Framework for the proposed training methods.

Additionally, as mentioned in the previous section, arm in arm with national societies participating in the Action, we are planning to launch a series of scientific, highly-informative brochures, leaflets and posters representing a condensed version of PROGRAMMING findings. We are planning to translate that materials into national languages and present them during national congresses with stakeholders interested in geriatric care.

5.3. Conferences and Workshops

5.3.1. Stakeholder meetings and associated educational events

There will be **stakeholders meetings** that will be hosted either in ITC or in countries where GM is still emerging, possibly at about 6 months-time distance from the main annual meetings of the MC and the WGs.

These meetings will have a **communication and dissemination purpose**, but also organisational and, perhaps most importantly, academic objectives, as educational events will accompany them. They will also function as an opportunity to raise awareness of main geriatric topics especially for local health professionals in countries where GM is still emerging and possibly the general public as well. An ultimate goal would be the expansion of the educational part of these activities beyond the end of the duration of the COST Action and their harmonisation with the educational needs of countries with GM under development.

Target group: Health care professionals, older people's representatives, health structures' directors, policy makers, sociologists, epidemiologists, economists etc. will be invited by the hosting Member, upon approval of the management committee (MC) of the proposed synthesis of the panel. Involvement of the conventional press will be attempted.

A significant involvement of YRIs will be aimed. Stakeholders meetings can be face-to-face (preferentially), hybrid or virtual.

Examples:

- 1) The first educational event with the accompanying stakeholders meeting already happened in Athens (Greece) on 6-7th April 2023. The leading topic of the action was: "*Geriatric Assessment in the management of complex older patients: The added value in ambulatory and hospital settings.*" In order to connect the local geriatric bodies and increase our Project visibility in the greece society, the local organisers, namely the Hellenic Society for the Study and Research of Aging (HeSSRA) in co-organization with the Postgraduate Medical Studies Program "Physiology of Aging and Geriatric Syndromes" School of Medicine, National and Kapodistrian University of Athens were invited and strongly involved.

In the course of the meeting, focus groups on the assessment of educational needs on basic principles of Geriatric Medicine with the interdisciplinary participation of non-geriatrician health professionals were conducted.

The open event-Greek session with simultaneous translation in English, on the topic of “*Piloting Geriatric services in Greece: what would we ask for first?*” was guided as a part of the Greek stakeholders meeting.

- 2) The second stakeholders/policy makers’ open event planning together with WG/MC2 meeting is set on 6th to 8th June 2023 in Bucharest (Romania). The main topic of the meeting will be: “*Multidimensional strategies for the preservation optimal functional capacity for a better ageing*”.

- 3) The first on-line Stakeholders Group Meeting took place on 22nd February 2023. It was led by the WG1 leaders and Dr Giulia Ogliari, with the aim of presenting the questionnaire designed to assess needs regarding the development of GM-related clinical skills and competences for non-geriatricians across the spectrum of health care services. Key stakeholders were invited to contribute with their perspectives to improve the questionnaire. This questionnaire has undergone numerous revisions and adjustments from the experts in the field, from the Core Group and was present to obtain the feedback from the stakeholders group before finalising it. Additionally, during the meeting a short presentation of our communication and dissemination strategy with a discussion on the topic was conducted.

5.3.2. Kick-off meeting, periodic meetings of WG’s participants, final event

The PROGRAMMING Action kick-off meeting took place on 2nd November 2022. In brief, the composition of the WGs, their more specific objectives, an action plan to achieve them and its schedule were discussed. The MC and WG members had a chance to get to know each other better and a wide range of possibilities of an

expansion of the network of investigators were discussed. General communication and dissemination aims, challenges, resources and the next step to follow were discussed by the WG 5 leaders during the plenary on-line meeting and the break-out discussions in small groups.

According to our WG5 members,

- the roles of the WG5 in term of communication and dissemination responsibility is to serve as the VOICE of the Project, and:

-to be a facilitator between different WGs & countries (*“to spread the content”, “to help in networking”*),

-to increase a global awareness about the need of specific education in geriatrics, and geriatric medicine (*“to spread awareness”, “to be visible”*),

-to educate (*“to spread the knowledge, “to be easily accessible”*),

-to attract stakeholders (to convince them with reliable data and good examples), but also future health care workers (students!) (*“to make a difference”, “to shape the future”*).

- the challenges are:

-to build an umbrella for different needs, backgrounds, formal education levels, expectations, cultural differences (*“to be universal and inclusive, but also feasible”, “be pragmatic”*),

-to work as a team (*“we need teamwork”, “our diversity is our strength”*).

- our communication and dissemination materials should be:

-*“not too simple, but simple enough”*

-*„inspirational”*

-*“not too commercial!”*

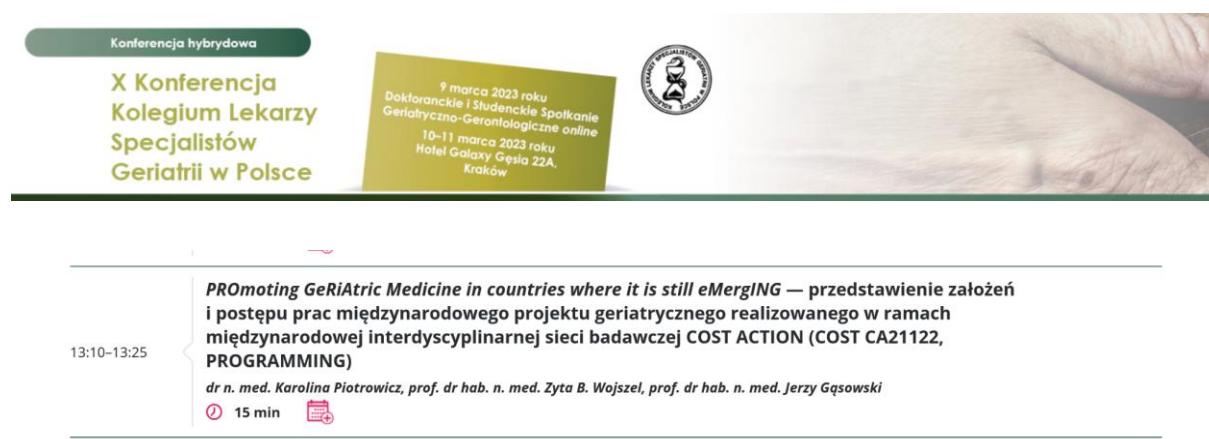
The final event of the PROGRAMMING Action to be held at M48 will be the occasion to communicate the project results in their integrity. This event will be open upon

invitation and open access, to all:
 -stakeholders,
 -policy makers,
 -the press, and many others.
 Participation online will also become possible for stakeholders from Action Members other than the hosting country.

5.3.3. Participation in other scientific and public events

-Local Action's participants will be able to organise parallel activities aiming at the general public, during other scientific and social events, and also independently, and to participate in national scientific congresses with abstracts' and symposia submission, introducing PROGRAMMING and its outputs. MC members and all Action participants are actively encouraged to present the project aims and initial results during national and international meetings.

E.g.: Presenting PROGRAMMING projects aims and assumptions during the annual congress of the Polish College of Geriatricians:



-Participation in congresses of scientific societies directly related or not to GM, will be attempted also at an international level. The content of all presentations where the Action is involved will be subject to approval by the management committee (MC) and the WG leaders.

List of leading organisations and their conferences/working meetings taking into consideration for our results future communication and dissemination:

- Centre of Excellence in Safety of Older People (CESOP); CESOP International Conference
- European Association for Palliative Care (EAPC); World Congress of the EAPC
- European Academy for Medicine of Ageing (EAMA)
- European Academy of Neurology (EAN); Congress of the European Academy of Neurology
- European Society of Physical and Rehabilitation Medicine (ESPRM); Mediterranean Congress of Physical and Rehabilitation Medicine
- European Society of Cardiology; ESC Congress
- European College of Gerodontologists (ECG); ECG Annual Conference
- Fragility Fracture Network (FFN); FFN Congress
- European Delirium Association (EDA); EDA Annual Meeting
- International Society of Geriatric Oncology; SIOG Annual Conference

5.3.4. The approach to policy makers

This approach is a major endeavour of the PROGRAMMING Action with the potential to create a significant scientific and societal impact.

The envisaged strategy is to communicate preliminary and final results of the Action to policy makers, along with a plan of proposed solutions, by -official letters, -position statements, -white papers etc.

Personal contact will also be attempted, as well as invitation of policy makers to the Action's stakeholder meetings and to the final event. In order to be more efficient and apply a higher level of pressure, the endorsement of prestigious international organisms and societies will be stated in advance (e.g. WHO, FFN).

5.4. Scientific Social Media

All scientific papers and materials produced for the project will be announced and present briefly within our social media. To increase its visibility, apart from a short information, we will publish a link to upload the whole manuscript or a leaflet/brochure/poster produced for the project. All scientific content translated into national languages will be posted on the PROGRAMMING website (achievable as *Useful documents* and by reaching the *Participants->National members* column). All Action members are regularly encouraged to share PROGRAMMING content with their coworkers and teammates.

6. Project Visual Identity

6.1. PROGRAMMING Visual Identity

The visual identity of a scientific project is essential to promote its visibility. For this reason, one of the first activities of WG5 was to establish PROGRAMMING visual identity. Visual identity concerns the layout and graphics of templates for communication and the logo. By looking at the logo and graphics, PROGRAMMING must be immediately identified when visiting the website or visualising related contents in social media networks and other websites.


We produced so far an informative, self explanatory logo of the Action (please read below) and standard templates to be used by PROGRAMMING members when

producing content. **PROGRAMMING Logo** is the result of the intersection of a **flourishing tree** (the symbol of Geriatrics) with the **network** that represents the collaboration, connections and exchange between the various disciplines and the countries in order to foster Geriatric Medicine across the borders.




In order to create a logo that will be both **self-explanatory and informative** about the aims of the Action, three options were prepared and discussed within the MC committee. The option 2 was selected by voting (50%).


Option 1A




Option 1B



Option 2

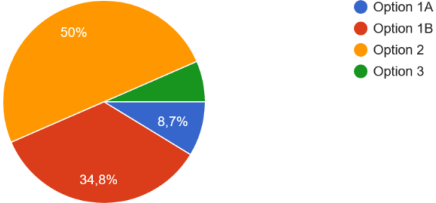


Option 3



Please select the option you prefer

46 odpowiedzi



Option	Percentage
Option 1A	8.7%
Option 1B	34.8%
Option 2	50%
Option 3	6.5%

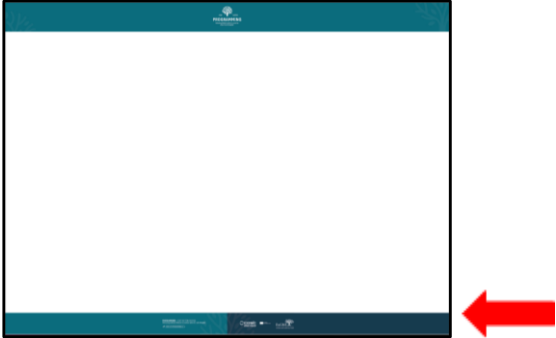
6.2. COST action visual identity

In order to fulfil the formal requirement of promotion of the COST organisation whenever presenting the PROGRAMMING action, we prepared high-quality templates of different formats, to be uploaded and used by all Action members.

As a big effort will be made to promote PROGRAMMING and the funding COST action as widely as possible, all PROGRAMMING members were instructed to use: 1). an acronym of the project, 2). the whole name of the project, 3). COST Action number assigned to the project, 4). project webpage address, 5). COST organisation logo, 6). information that the project is funded by the European Union, 7). EuGMS logo (a grantholder) when communicating and disseminating the Action results.



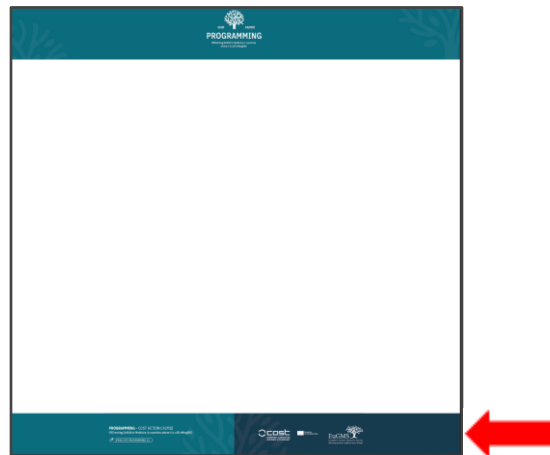
- For Twitter communication



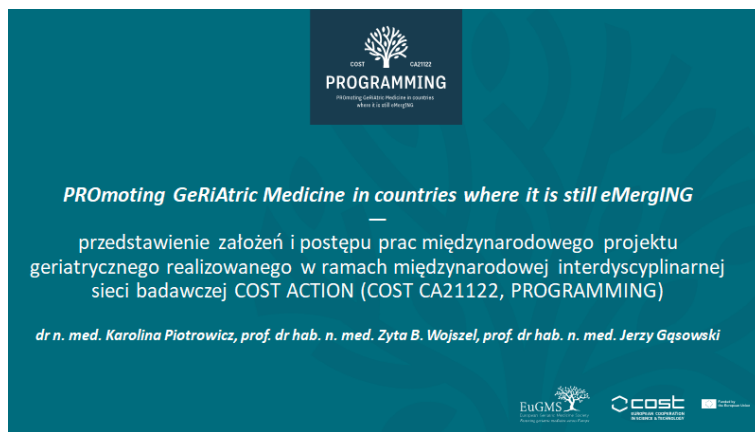
- For LinkedIn communication



- For Facebook communication



Specific example of Action and COST organisation promotion:



7. Valorization of PROGRAMMING results

With the aim of future **valorisation** of our Action results, from the very beginning we are inviting the representatives of policy-makers to common discussions about the Action, for example inviting them to face-to-face meetings.

The valorization strategy is still being planned, through the organisation of focus groups on identification of relevant international and national stakeholders, how to measure the impact of PROGRAMMING and development of communication and dissemination materials.

The valorization strategy must address different cultural and healthcare contexts, country specific needs, administrative environment and economical situation.

Endorsement procedure is seen as a key factor to increase the impact of PROGRAMMING, and an endorsing strategy by relevant and reliable scientific societies and institutions will be planned. Focus groups will be organised for this purpose.

The ambition of organising **Training schools**, face-to-face, online or hybrid format, applying the GM curricula developed and adapted for different countries and clinical settings, according to their mapped needs, will be an outstanding achievement of PROGRAMMING.

8. MONITORING AND EVALUATION

To ensure the quality and high degree of effectiveness of the dissemination activities, a regular monitoring of the progress is needed to evaluate what has been accomplished and what is still to be done. SCC and WG5 leaders will play a major role in monitoring the implementation of the CDP. The CDP plan may be re-oriented depending on the actions that have been undertaken and what is still missing. We recognize that sufficient flexibility is indeed required to allow activities to adapt to project developments, according to the engagement of action members working on a volunteer basis.

The continuous monitoring of activities will enable us to detect potential problems or difficulties as early as possible to create effective adaptation measures. Monitoring of activities will be done by the collaborative working platform, regular e-mailing and online meetings.

Evaluation of the impact of the CDP and PROGRAMMING itself is complex as our ultimate goal is to promote the development of GM skills and its adoption as a standard of care in countries where it is still emerging. The exact indicators to assess will therefore be identified through a focus group on how to evaluate the impact of dissemination activities of PROGRAMMING. Also, more basic indicators can be identified based on the access to communication and dissemination outputs produced and the attendance to meetings, as summarised in the table below:

CD Tool/ CD Channel	Indicator of effectiveness
<p>Action related websites: *PROGRAMMING website</p> <p>*EuGMS website tab dedicated to the PROGRAMMING Action</p> <p>*COST website tab dedicated to the PROGRAMMING Action</p>	<p>Number of entries</p>
<p>Social Media (always with PROGRAMMING and COST tagging)</p>	<p>Number of views, likes, shares, tweets and re-tweets, and comments</p>
<p>PROGRAMMING Videos & Animations</p>	<p>Number of conference when presenting;</p> <p>If shared in Social Media- views, likes, shares, tweets and re-tweets, and comments;</p> <p>Number of audience reached (together- during conferences and via social media)</p>
<p>PROGRAMMING multimedia presentations</p>	<p>Number of conference when presenting;</p> <p>If shared in Social Media- views, likes, shares, tweets and re-tweets, and comments;</p> <p>Number of audience reached (together- during conferences and via social media)</p>

<p>Printed media (leaflet, brochures, flyers, infographics, Action poster and roll-ups, etc.)</p>	<p>Number of conference when delivering;</p> <p>Number of pieces printed;</p> <p>Number of stakeholders to which material was distributed (approx.)</p>
<p>Other promotional materials (pens, notebooks, bags, etc.)</p>	<p>Number of conference when delivering;</p> <p>Number of pieces produced;</p> <p>Number of stakeholders to which material was distributed (approx.)</p>
<p>Press Releases (always with PROGRAMMING and COST tagging)</p>	<p>Number of pieces released;</p> <p>Number of audience reached (approx.)</p>
<p>Scientific articles</p>	<p>Number of pieces released;</p> <p>Number of audience reached/uploads (approx.);</p> <p>Number of citations and mentioning</p>

Conferences and Workshops	Number of events; Number of Action Member participated; Number of prepared abstracts, Number of presented posters and oral presentations; Number of submitted symposia and lectures;
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a). MONITORING

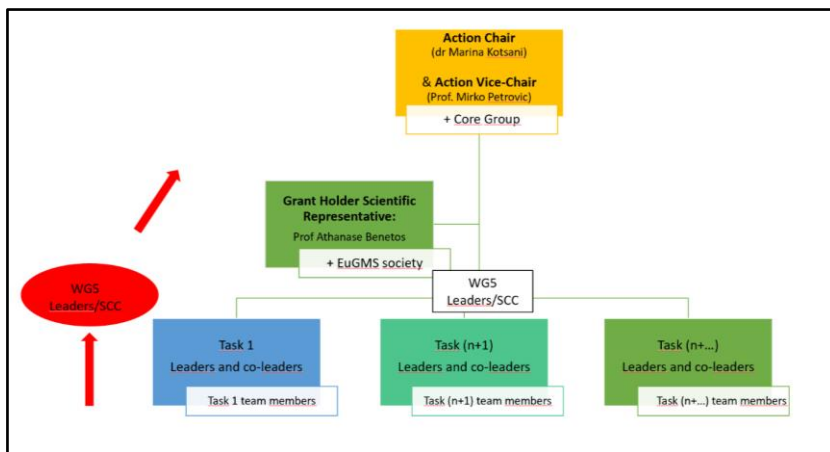
From the very beginning of the PROGRAMMING mission, all anticipated communication and dissemination activities were divided into pre-structured Tasks allocated to WG5.

In order to ensure effective and the most efficient flow of information, we decided to implement a hierarchical model of monitoring of work progress, in the figure below. In brief, all participants who expressed their willingness to participate in a given Task (willingness reported via survey) were allocated to the Task-oriented team registered at the Trello board; at least two leaders (a leader and a supporting co-leader from different countries) were selected to set the subtasks and the milestones to reach and to control workflow. To closely monitor the planning process related to each of the Taks, 1 or 2 Zoom sessions with WG5 leaders and specific Task leaders were conducted. The leaders were informed about aims, challenges, expectations and deadlines related to the specific Task.

We propose a following way monitoring of work progress:

1. To monitor and coordinate the workflow in a specific Task (Task Leaders)

2. To observe a specific Task work progress via Trello board (Task Leaders, WG5 Leaders/SCC)
3. To report the work progress (task Leaders to WG5 Leaders/SCC) in a pre-specified time slots
4. To communicate and disseminate the results of a specific Task (to approve- WG5 Leaders/SCC, to C&D- all Action members) - a VISIBLE effect of a specific Task
5. To report the work progress (WG5 Leaders/SCC to the Action Chairs/Vice-Chair and the Core Group) in a pre-specified time slots



b. EVALUATION

In order to decide on the best way of Action results evaluation, we set a specific Task consisting of organising and conducting sessions of a focus group (brainstorming) on the topic of how to measure the impact of dissemination of the results of our Action. The task is to be finished in 6 months.

9. Versions and history of changes

Version	Date of adoption by MC	Notes (e.g. changes from previous versions)	Lead author(s)*