

## ALCOVE DISSEMINATION



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*Method, tools and analysis are developed in the WP2 Report: ALCOVE Dissemination - [www.alcove-project.eu](http://www.alcove-project.eu)*

## BACKGROUND & OBJECTIVES

ALCOVE's dissemination objectives aim to answer the following questions:

- How to generate an effective flow of information and publicity about the objectives and results of the Joint Action?
- How to ensure the most appropriate and effective methods of dissemination and communication to target each stakeholder group?
- How to facilitate internal communication among the participants in the ALCOVE work packages?

## METHOD

The method for disseminating the ALCOVE Joint Action is based on:

- The collaborative work of the ALCOVE Executive Board
- The use of targeted dissemination tools: During the project, the following dissemination tools were created and used: ALCOVE's logo, website, project flyer, poster, newsletter, and towards the end of the project, the ALCOVE Synthesis Report and the ALCOVE TOOLBOX. The website consists of an external site and Intranet. Both are updated regularly with pertinent information and the Intranet has been used to share working documents and reports among the Partners of the ALCOVE Joint Action.
- Three main levels of dissemination have been identified (Table 1): (1) Awareness and identification of the project's main messages; (2) Gathering further information to Understand what steps needs to be taken; (3) Action/ Participation then takes place whereby the dissemination strategies are implemented with concrete actions.

Table 1. Target groups and corresponding dissemination levels

	AWARENESS	UNDERSTANDING	ACTION
Policy Makers			
Health Research Organisations			
Care Givers and General Public			
Project partners main stakeholders			
International and National NGOs			
EU legislative and research bodies			
Relevant related Projects			
Public Media			

## RESULTS

### THE DISSEMINATION TOOLS

Prior to beginning dissemination, the ALCOVE partners worked together to establish an extensive mailing list of relevant target groups in Europe: 588 policy makers, 2,084 health researchers, 383 carers, 566 others; for a total of 3,621 targeted individuals.

- **The ALCOVE Website (Figure1):** An interactive and accessible project website has been developed and was made available at the beginning of the project. The website includes both a public and a private restricted area along with links to the Associated Partners' Institutional websites and to international networks dedicated to dementia, such as Alzheimer Europe.

Figure 1. The ALCOVE Web site: [www.alcove-project.eu](http://www.alcove-project.eu)



Figure 2. The ALCOVE flyer: [www.alcove-project.eu](http://www.alcove-project.eu)

- **The ALCOVE Flyer (Figure 2) and the ALCOVE Poster:** Used as communication tools to support presentations made by all the project partners in those events where the project could be communicated. 100 posters were printed and sent out to the project's Partners.

*Poster title:* Sharing knowledge to advance healthcare policies in Europe for People Living with Dementia and their Carers.

The poster focuses on four topics: ALCOVE's objectives and background information about the project, the ALCOVE Method and Timeline, ALCOVE's future steps, and presenting the members of the ALCOVE group;

The ALCOVE poster and flyer were valuable instruments which allowed ALCOVE Partners to communicate a clear and unified vision the project at different events.



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- **ALCOVE Newsletter:** Two electronic newsletters were published during the life of the project. They were distributed via e-mail to those on the ALCOVE mailing list as well as to additional selected stakeholders. The newsletters were also made available on the ALCOVE website. Each Newsletter included the following: An editorial written by the coordinator or a work package leader; Main milestones achieved at each stage of the project; Main outcomes from project meetings and workshops; Announcements of future events organised by ALCOVE and also of external events relevant to the scope of the project. More than 3,600 policy makers, health professionals and carers received them.

A third and final newsletter is planned for dissemination around the time for the ALCOVE Final Event.

- **The online ALCOVE Toolbox for Antipsychotics limitation in dementia:** Lastly, ALCOVE has designed a Toolbox which is an information-exchange platform which includes tools and feedback to facilitate benchmarking and the implementation of public health actions including antipsychotic risk reduction.

The Toolbox is structured in such a way that allows web-visitors to click through the box and access the different dimensions of this safety issue: risk measurement, risk reduction, timely diagnosis, ethic, support systems (see Chapter ALCOVE Toolbox p. 84).

## ALCOVE SCIENTIFIC PRESENTATIONS & PUBLICATIONS

- **ALCOVE scientific presentations:** Face to face communication activities were regarded as a dissemination priority. After mapping congresses and events dedicated to dementia during the period covered by the ALCOVE JA, the ALCOVE Executive Board proposed to present ALCOVE at several international conferences. ALCOVE was presented at 26 international conferences including those organised by: the World Health Organisation, Alzheimer Europe, Alzheimer Disease International, International Forum and International Society for Quality and Safety in Health Care, International, Psychogeriatric Association, Interdem, European Alzheimers Disease Consortium, EU Joint Programming on Neurodegenerative Diseases, etc. ALCOVE was also presented at several national conferences by the Main Partner HAS and by the work package leaders WP 4,5,6 & 7.
- **A specific leaflet regarding the possible ALCOVE contributions to EIP-AHA** (the European Innovation Partnership on Active and Healthy Ageing) was elaborated by the Main Partner HAS and then edited and disseminated (Table 1).

Table 1. ALCOVE's possible future implementations in the European Innovative Partnership on Active and Healthy ageing framework

Pillar EIP AHA	Priority Action Area EIP AHA	Specific Action EIP AHA	ALCOVE's contribution Examples of actions
Prevention screening and early diagnosis	Health literacy, patient empowerment, ethics and adherence programmes, using innovative tools and services	Prescription and adherence action at regional level	<b>Carers:</b> information about Alzheimer's disease and disruptive behavioural disorders, educational programmes for the limitation of antipsychotics Use of the Internet, simulation programmes
	Personalised health management	Personalised health management, starting with a Falls Prevention Initiative	<b>People living with Alzheimer's disease:</b> advanced declaration of will, competences assessment and rehabilitation programmes
	Prevention and early diagnosis of functional decline, both physical and cognitive, in older people	Action for prevention of functional decline and frailty	<b>People living with Alzheimer's disease:</b> timely diagnosis memory centers, tediagnosis <b>Carers :</b> support system to prevent depression, burnout and breakdown
Care and Cure	Protocols, education and training programmes for health workforce and carers (e.g.comprehensive case management, multimorbidity, polypharmacy, frailty and remote monitoring	Expected to be defined further	<b>Health professionals:</b> educational programmes (including quality criteria) for Alzheimer's disease diagnosis and care and particularly about disruptive behavioural disorders and limitation of antipsychotics overuse and iatrogenicity <b>People living with Alzheimer's disease:</b> telehealth with multidisciplinary medical and social consultation
	Multimorbidity and R&D	Expected to be defined further	<b>Evaluation of fragile patients'pathways:</b> quality indicators for innovative dedicated structures or supports such as mobile units
	Capacity building and replicability of successful integrated care systems based on innovative tools and services	Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level	<b>People living with Alzheimer's disease:</b> implementation of integrated care for people living with Alzheimer's disease with limitation of avoidable hospitalisation and improvement of quality of life (assessed performant models which could be transferred to other settings, capacity building)
Active Ageing and Independent Living	Assisted daily living for older people with cognitive impairment	Expected to be defined further	<b>People living with Alzheimer's disease:</b> robots, rehabilitation, alarms etc. <b>Carers:</b> blog, social innovation Café alzheimer, social network Respite home for individuals and their family carers Peer carers : experienced and experts carers for younger future carers (university of carers)
	Extending active and independent living through Open and Personalised solutions	Development of interoperable independent living solutions including guidelines for business models	<b>People living with Alzheimer's disease:</b> programmes to maintain skills, competences , physical activities with movies, videogames and other mediaprogrammes on the Internet or on TV
	Innovation improving Social Inclusion of older people	Expected to be defined further	

- **ALCOVE publications:** Although ALCOVE publications are expected after the completion of the project's work, 2 scientific articles about ALCOVE were already published in 2012 [2] [3].

Additionally, the ALCOVE Executive Board decided to publish this ALCOVE Scientific Synthesis Report for the Final Symposium.

## THE ALCOVE FINAL SYMPOSIUM

After two years of collaborative work, ALCOVE is planning to share its conclusions during its Final Symposium which has been organised at the Palais d'Iéna in Paris on the 28<sup>th</sup> of March 2013. Each partner contributed to targeting European stakeholders involved in the development of quality in dementia care and these persons were sent invitations. This event will provide them the opportunity to learn about the evidence from the in-depth reviews and surveys that ALCOVE has carried out across Europe. The resulting recommendations for policymakers and lead clinicians will be disseminated at this event, including the distribution of this ALCOVE Synthesis Report.

At the time that this Synthesis Report was being finalised, one month prior to the Symposium, 230 participants from 23 countries had confirmed their participation, including : 15 countries with representatives from their Ministries of Health, European and national health, social, patient and family associations, scientific, innovative and research projects and initiatives, health and social professionals, experts, and researchers. The ALCOVE Final Symposium will be opened by the French Ministry of the Elderly and Autonomy and will include the active participation of a discussion panel comprised of representatives from the Organisation for Economic Cooperation and Development, the World Health Organisation, Alzheimer Europe, the European Working Group of People living with Dementia, the French Alzheimer Foundation and the US Mayo Clinic. The panel will question ALCOVE's work and give their perspectives.

Organised by the French National Authority for Health in close cooperation with the Instituto de Salud Carlos III and the entire ALCOVE Executive Board, the ALCOVE Final Symposium promises to be a great opportunity to share knowledge and solutions between European Member States and well as with participating representatives from Japan, Chili and the USA, as a first step for further appropriation and implementation.

## CONCLUSIONS

The dissemination activities carried out during the project period were key to the project's success. Many communication and dissemination activities have been carried out by all ALCOVE partners. To know ALCOVE's full impact in terms of awareness level achieved will require additional time following the culmination of the project with the ALCOVE Final Symposium

## REFERENCES

- [1] The ALCOVE Website <http://www.alcove-project.eu>
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- [3] "Advance directives as an instrument for an ageing europe", in the European Journal of Health Law European Journal of Health Law, Volume 19, Number 2, 2012 , pp. 121-140(20)