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\*Dissemination Level:  
 PU=Public  
 PP=Restricted to other program participants (including Commission Services)  
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 R=Report  
 P=Prototype  
 D=Demonstrator  
 O=Other

**Abstract**

The deliverable D7.8 “DOREMI Portal” aims at defining the engagement strategy of relevant typologies of stakeholders potentially interested to the project’s activities.

The report is organized in two parts. The first one starts with the definition of the stakeholders’ engagement rules for establishing and maintain the stakeholders’ community of the project. In Then it identifies which are the relevant typologies of stakeholders that would be potentially interested to DOREMI solution and it provides a list of them derived from an analysis of the European Innovation Partnership for Active Healthy Ageing (EIP AHA) reference sites.

The second part operationalizes the engagement rules in the project context and describes the tasks that the project Team has to address in the engagement of the stakeholders’ community. Then it discusses the implications of the project engagement strategy on both the overall dissemination and the exploitation plans.

**Keywords**

Stakeholders’ engagement strategy; stakeholders’ list; stakeholders’ community; stakeholders’ engagement process; on-line stakeholders’ engagement actions.

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## **1. ABBREVIATIONS**

**EIP AHA:** European Innovation Partnership for Active Healthy Ageing

**KIC:** Knowledge Innovation Community

**GP:** General Practitioner

**EU28:** European Unions of 28 Member States

**COPD:** Chronic Obstructive Pulmonary Disease

**CHF:** Chronic Heart Failure

**EHR:** Electronic Health Record

**R&D&i:** Research, Development and Innovation

**AAL:** Ambient Assisted Living

**JP:** Joint Programme

**ICT:** Information and Communication Technologies



## **2. EXECUTIVE SUMMARY**

Stakeholders' community establishment and engagement is an important cornerstone in the whole communication strategy of the project's results.

The deliverable aims at describing the principles governing this strategy and how they will be implemented in the overall dissemination and exploitation plans.

Another important element of this deliverable is the definition of the relevant typologies of stakeholders that could be interested in the participation to the project stakeholders' community.

Engagement rules and their implication for the dissemination and exploitation plans are also discussed together with the definition of an initial list of organizations that belong to the European Innovation Partnerships for Active Healthy Ageing and that we consider an important baseline from which to start establishing the project Stakeholders' community.

### 3. INTRODUCTION

This report is aimed at defining the bases for the establishment and engagement of the stakeholders' community of the project.

Scope of the community is to support the both dissemination and exploitation actions of DOREMI project. It is logically connected with the two other key deliverables of the project communication strategy: the Deliverable 7.1 ("the dissemination strategy and plan") and the Deliverable 7.2 ("the exploitation strategy and plan").

In particular Chapter 4 discusses about the scope of the project portal in the engagement of the stakeholders and the needs of having a portfolio of engagement options that goes beyond the portal and that also consider the existing web media tool and social web communities to enforce the stakeholders' engagement strategy of the project (paragraph 4.1). The same chapter discusses the role of the project stakeholders' community and the relevant typologies of stakeholders that we should consider for the dissemination and exploitation activities (paragraph 4.2). Finally paragraph 4.2 provides an initial list of the organizations that are currently working in active healthy ageing initiatives and that could be potentially interested in becoming members of the stakeholders' community of the project. An additional list of them is also provided in the annexes of this deliverable.

Chapter 5 describes the main engagement activities of the project. In particular: paragraph 5.1 presents the engagement process that the project Team will follow to implement the engagement strategy; paragraph 5.2 discusses the implication of the engagement strategy in the overall dissemination plan of the project; paragraph 5.3 outlines the contribution of the engagement strategy to the project exploitation.

### 4. DOREMI PORTAL AND STAKEHOLDER COMMUNITY

#### *4.1 Scope of the portal*

Community building and stakeholders' engagement typically consist of identifying, maintaining contact and fostering exchanges with and between relevant stakeholders. In this section, we present the methodologies usually applied for engaging relevant stakeholders in on-line dissemination activities.

Online engagement is a challenging task, as it has to be meaningful enough to stimulate participation on issue, which often do not spontaneously generated discussion. The specificity of the research project and the limited resources that we can allocate to this activity suggest us to previously select specific on-line engagement strategies that are based on the following principles:

- **use ready made tools as much as possible.** Existing on-line media channels and social media network should be used as a primary source of the engagement. However, a DOREMI portal where the project stakeholders' community can justify its existence and where the contribution of each community's participant is clearly highlighted has to be organized. To this end is suggested a federated approach through own platform plus proactive outreach: use existing forums, link across discussion, federate across platforms, report in project website. The usage of widget with Twitter hashtag is a good example of federated discussion.
- **Promote the Integration between the different stages of engagement.** Engagement needs to move from one-off to continuous, and clear links should be built between the different phases of engagement.
- **Support a gradual engagement of the stakeholders' community** based on clear engagement issues related to projects' achievements.

- **Use a blueprint, scalable approach.** Engagement related to each event should as much as possible be designed as a self-contained process that can be easily adopted and replicated.
- **Use a human centred approach.** Social media require high degree of human effort and can't be automated. Therefore a dedicated project Team sets up around UOC and AGE expertise has to be organized.
- **Use many to many engagement actions as much as possible.** This is arguably the most important point. The main change is in going from channels to platforms, opening up the discussion to unpredictable new contributions, adopting open discussions by defaults. Simply moving most of the engagement from an e-mail based approach towards a web-based approach will not only simplify management, but directly contribute to the engagement of new stakeholders.
- **Give visibility to stakeholders' community-generated content.** Stakeholders are willing to invest time in good quality output, if they can obtain visibility at EU level and at the national and international events organized by the project.

Particular emphasis should be given to **reaching out through social media**, outside the typical discussion forums, in order to reach new stakeholders rather than “the usual suspects”.

As will be discussed here and in the following chapter, our engagement strategy will not focus only on dedicated web platform to centralize all the information, but it will provide a set of well coordinated web 2.0 tools integrated in existing websites. Similarly, in terms of communication, apart from the self-standing website described in the deliverable 7.1, all the other communication actions related to the engagement strategy will be organized in a way to produce ready-to-publish material for the existing dissemination tools.

#### **4.2 Role of the DOREMI Stakeholders' community**

The constituency and the engagement of the stakeholder community of DOREMI project is an important element for supporting the dissemination, awareness creation and exploitation of the project's results.

DOREMI Consortium aims to use the stakeholder analysis to identify and categorize the target audience in order to find organizations and individuals potentially interested to DOREMI research activities and DOREMI solution with whom interact during the project lifecycle and receive early feedbacks on the project's achievements.

To this end, first of all it is necessary to identify which category of stakeholders would be potentially interested in the DOREMI development and then to define an initial list of organizations to be engaged in the DOREMI community.

In the deliverable 7.1 we have described the methodology for stakeholder mapping. In this document we apply it to the specific aims of DOREMI project.

The reference sources from which we have extracted the list of stakeholders potentially interested to the project have been already discussed in the deliverable 7.1 and they are: the organizations involved in the Ambient Assisted Living Programme; the organizations that are participating to the Horizon 2020 programme in the same research domain of DOREMI; the European Innovation Partnership for Active Healthy Ageing (EIP AHA) and its marketplace; the organizations participating to the Digital Agenda for Europe flagship initiative; the organization involved in the Mandate 473 for mainstream Design For All in standardization activities; the Knowledge Innovation Community (KIC) on active healthy ageing; the organizations involved in the Joint Programme Initiative “More Years, Better Lives – the Challenges and Opportunities of Demographic Changes”.

They represent the initial reference stakeholder's networks from which to establish the DOREMI stakeholders' community.

The sources analysed enable us to present a first snapshot for the identification and selection of the stakeholders to be engaged. The following figure maps these stakeholders in relationship with the DOREMI project's perspectives:

- **Patients' perspective** that is the most important since the DOREMI solution aims at directly addressing their needs and producing lifestyle changes in their health care behaviours.
- **Organization and management perspectives** DOREMI solution intends to support chronic care management fostering a patient centric and self-management approach.
- **Policy's perspective** due to the changes in the chronic care management process that DOREMI solution would produce.
- **Economic perspective** because of DOREMI solution aims at increasing the quality of the chronic care management for ageing population with important savings in treatments and hospitalization avoidance.
- **Clinical perspective.** DOREMI approach fosters health promotion and health prevention through patients' involvement in lifestyle protocols.

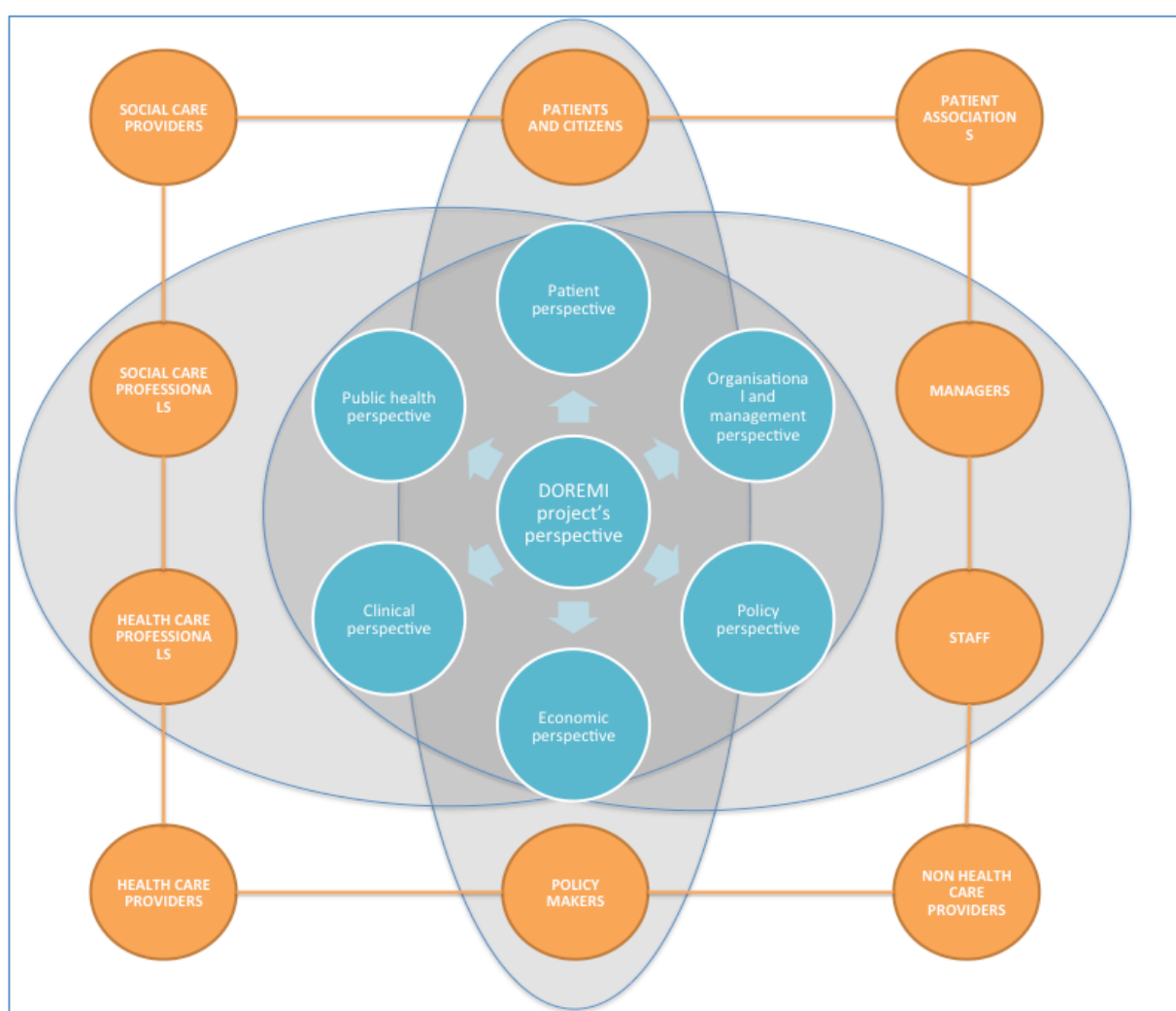


Figure 1 Stakeholder typologies potentially interested in DOREMI project's achievements

All these perspectives would be of interest of a quite large numbers of stakeholders' typologies as indicated in the figure above. Table 1 presents the detailed list of stakeholder typologies and their potential interest in DOREMI project.

**Table 1 Detailed typologies of stakeholders potentially interested in DOREMI project's achievements**

Detailed Typologies of stakeholders	Potential interest in DOREMI project's perspective
<b>National and local Health Authorities</b>	Economic achievements and the potential applicability of DOREMI solution to the chronic disease management of the aged population would be of interest to health authority and the project results could provide recommendations for the definition of innovative health policies. These stakeholders would also be interested to the public health perspective of DOREMI project. In particular the clinical and non clinical data collection process that is proposed by DOREMI would be beneficial for their health prevention campaigns and care plans.
<b>Health insurance companies</b>	Also in this case the economic perspective would be important together with a new more self-management approach of the care process of the ageing population that is based on changes in lifestyle of the individuals with potential cost savings.
<b>GPs/their associations</b>	They would be interested in the new care management approach proposed by the DOREMI project where their role become pivotal in the identification of the patients' needs and in the support to the patients in their behavioural changes towards an healthier lifestyle.
<b>Nurses/their associations</b>	Same considerations as above.
<b>Health care specialists/their associations</b>	They would be interested in the clinical perspective of the project and the implication for the definition of health care pathways that support proactive healthy behaviours with minimum intervention of pharmacological treatments.
<b>Health care providers</b>	They would be interested in the organizational and managerial perspective or DOREMI approach and its impact on the overall care process management of the aged population.
<b>Social care providers</b>	Same considerations as above.
<b>End-user organizations (including citizens and patients)</b>	Patient perspective is central in DOREMI solution and therefore end-user would be interested in looking for the project's achievements for a potential adoption of the proposed products and services.
<b>Non health care providers (service &amp; consultancy companies; industries)</b>	They would be interested to all the DOREMI project's perspectives in the light of the characteristics of the products and services that the project is developing.
<b>Universities/Research centres</b>	Research community should be interested in the evidences of the benefits produced by the DOREMI solution during the project's trials and to the scientific approach adopted for their evaluation.
<b>Other organizations (Alliances, associations, clusters, networks, platforms and partnerships)</b>	They would be interested in the diffusion of the evidences of DOREMI solution's benefits that can be obtained by the aged population, their families and the health and social care professionals.

#### 4.3 Initial list of Stakeholders

Starting from the above stakeholder' typologies that would be potentially interested to the DOREMI project's achievements, we have developed a preliminary list of organizations that belong to each typology and that we plan to contact to create the initial stakeholders' community of the project.

The main source of information we used was the reports produced by the EIP on AHA initiative that contain a quite significant number of stakeholders relevant for our project. In particular we have analysed the characteristics of several reference sites (European Commission, 2013) of the EIP on

AHA initiative with particular attention to those that are supporting chronic care management processes for ageing population.

The main reasons of these approach relays on the following considerations:

- all the selected cases are EU best practices and they are considered already advanced in the treatment of Active Healthy Ageing issues. Therefore the actors involved should be more interested and willing to participate to the DOREMI stakeholder community.
- In all the reference sites the organizations involved are already treating a quite significant number of patients in medium-large pilots. Therefore, their engagement in the DOREMI stakeholders' community would also be an interesting starting point for the DOREMI solution exploitation.
- They involve a quite wide range of stakeholder typologies of those identified of potential interest in Figure 1, and therefore it would be faster to start from this group of stakeholders and to establish a DOREMI stakeholders' community that is representative of all the organizations potentially interested to our project research achievements.

Table 2 and Table 3 describe the selected reference site from which we have extracted a preliminary list of stakeholders that constitute a potential group of organization to be engaged in the DOREMI stakeholders' community. As can be seen in the tables all the sites consider chronic diseases and related comorbidities and mostly of them are only related to target population of DOREMI project. Moreover the sites represent all different typologies of reference markets as described in the deliverable 7.2, and they include some of the most relevant EU28 countries, that have the highest values in relation to the DOREMI potential market impacts indicators described in that deliverable (see Deliverable 7.2, potential market for DOREMI solution).

**Table 2 Selected EIP on AHA reference site (I)**

Catalonia (ES)	Catalonia (ES)	Basque Country (ES)
<p><b>NEXES</b> – the practices is related to promotion of early diagnosis and healthy lifestyles of clinically stable chronic patients. Enhanced Care. Prevention of unplanned hospitalisations in frail patients with high risk of admissions.</p> <p><b>Disease/health problem:</b> Chronic Obstructive Pulmonary Disease (COPD), Chronic Heart Failure (CHF) and diabetes.</p>	<p><b>MECASS</b> – the practices is related to reengineer care process with and integrated point of view; improve the coordination and the continuity of care; improve the coordination amongst health and social care; increase efficiency and cost effectiveness in health and social health system.</p> <p><b>Disease/health problem:</b> all chronic diseases.</p>	<p><b>EXTEAN ONDO</b> – the practices is a pilot project which aims at providing services to the patient for prevention, screening and early diagnosis to fall prevention. The specific aim of this project is to promote that older people who live in homes or nursing homes and their family and caregivers receive the support and care needed by means of the provision of an integrated model of attention.</p> <p><b>Disease/health problem:</b> fall prevention.</p>
Emilia-Romagna (IT)	Emilia Romagna (I)	Olomouc (CZ)
<p><b>SOLE/EHR</b> – the practices is related to create an integrated network of Local Health Trusts, Hospitals, General Practitioners and Paediatricians and provide, trough the Electronic health record (EHR) the clinical history of every citizen of the region.</p> <p><b>Disease/health problem:</b> heart failure, diabetes, COPD, fall prevention, cognitive and functional decline.</p>	<p><b>ARIA</b> – the practices is related to Home-based tele-monitoring, early integrated care and physiotherapy to cut down hospital admissions due to acute respiratory impairment in neuro-muscular, neurological and rib cage diseases affected patients.</p> <p><b>Disease/health problem:</b> diabetes, cardiovascular acute respiratory impairment in neuro- muscular, neurological and rib cage diseases (comorbidity).</p>	<p><b>TAHF</b> – the practices is related to detect of maximum possible amount of patients with given diagnose, deployment of telehealth services for optimization and standardization of new protocols for treatment, evaluation of results and selection of successful methods followed by submission of the practices conclusions to European medical societies (incl. ESC) in appropriate form..</p>

		<b>Disease/health problem:</b> Chronic Heart Failure (CHF) disease
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**Table 3 Selected EIP on AHA reference site (II)**

<b>Cork-Kerry-Louth (IE)</b>	<b>Ile de France (F)</b>	<b>Twente (NL)</b>
<p><b>CARTS</b> – the practices is related to a comprehensive screening, triage and treatment process to delay or prevent functional decline and frailty in older adult and to reduce three negative outcomes such as: institutionalization, hospitalization and death in aged population.</p> <p><b>Disease/health problem:</b> all chronic diseases.</p>	<p><b>T4H</b> – the practices is related to reduce falls, particularly serious falls, as well as to improve the physical autonomy of frail elderly returning to their homes after hospitalization.</p> <p><b>Disease/health problem:</b> fall prevention.</p>	<p><b>INAA</b> – the practices is related to implement both effective screening services and effective support and treatments services for elderly persons in their own daily environments. It is an integrated approach to support independent living situation of ageing population focussing on support of elderly in physical, cognitive and nutrition aspects.</p> <p><b>Disease/health problem:</b> chronic diseases in general focussing on support of elderly in physical, cognitive and nutrition aspects.</p>
<b>Oulu (FIN)</b>	<b>Saxony (DE)</b>	<b>Saxony (DE)</b>
<p><b>WSCS</b> – the practices is related to allow elderly to estimate their own well-being by using the web tool Wellness Profile Oulu. Users can log in the Oulu Self-Care Services using their bank credentials and book laboratory appointments, access their laboratory test results, send and receive messages, and enter measurements taken at home, such as blood pressure measurements, for example. Asking questions is free of charge and a health care professional will respond within three working days.</p> <p><b>Disease/health problem:</b> all chronic disease.</p>	<p><b>AeHS</b> – the practices is related to introduce a new approach for the care management of diabetes patients, more integrated and proactive than in the past. The central point of the process was the constituency of a telediabetological competence centre. The scope of the centre is to coordinate the different actors involved in the care process providing the right feedback on the health status of the patient at the right time to the right person (e.g. the patient itself; the parents, the GP, the specialists).</p> <p><b>Disease/health problem:</b> diabetes.</p>	<p><b>GC</b> – the practices is related to develop the so to say mono-oriented structures to care nets for geriatric patients. The elderly patients get access near to their living places to high-quality and efficient care diagnosis, treatment and rehabilitation. Central point is the geriatric centers, coordinating and steering the different services. On basis of the geriatric assessment the personalized care need of the patients can be identified and treated.</p> <p><b>Disease/health problem:</b> all chronic conditions including comorbidities</p>
<b>Scania (SWE)</b>	<b>Scotland (UK)</b>	<b>Scotland (UK)</b>
<p><b>AeHS</b> – the practices is related to improve pharmaceutical treatments; palliative care; care of people with dementia; coordination health and social health care for elderly; preventive care. The main areas of improvement are: new ways of working, structured and based on evidence; quality assured welfare; knowledge and skills of health care and social care workforce; leadership and management systems; senior citizens engagement.</p> <p><b>Disease/health problem:</b> Aged persons above 65 years with severe</p>	<p><b>TDP</b> – the practices is related to increase the number of people receiving telecare services and reduce avoidable admissions to care homes, as well as reduce unplanned admissions and readmissions to hospital and the need for more expensive forms of intervention;</p> <p><b>Disease/health problem:</b> Dementia, learning and physical disabilities, mental health issues, and frailties as a result of ageing or ill health.</p>	<p><b>SPARRA</b> – the practices is related to enable better use of local data to design targeted interventions across the whole health and social care system. It is now being applied in every GP practice and in all 32 health and care partnerships in Scotland, just as both social care and housing sectors have expressed interest in using the tool to target their respective supports within the integrated system.</p> <p><b>Disease/health problem:</b> Multiple morbidity, frailty and cognitive impairment.</p>

chronic disease.		
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The following tables list the relevant stakeholders that we have identified in each reference site. While in the annex we provide an extended list of contacts of stakeholders potentially interested in the project's activities. The list has been generated from the various information sources listed in the previous paragraph and commented in the deliverable 7.1.

All together they constitute the initial cluster of organizations that will be engaged in the DOREMI project stakeholders' community.

**Table 4 Stakeholders list extracted from the EIP on AHA reference site (I)**

	SPARRA (UK)	TDP (UK)	SOLE/FSE (I)
<b>National Health Authorities</b>	NHSS Scotland		
<b>Local Health authorities</b>	Scottish Government	Scottish Government	Regional Government, CUP 2000
<b>Health insurance companies</b>			
<b>GPs/their associations</b>	Primary care organization		Primary care providers
<b>Health care specialists/their associations</b>			Paediatricians, specialist and hospital doctors;
<b>Nurses/their associations</b>			
<b>Health care providers</b>	Health care providers	Scottish Centre of Telehealth / Telecare, health care provides	
<b>Social care providers</b>	Social care providers	Social care providers	Social care providers
<b>End user organizations</b>			
<b>Non health care providers (service &amp; consultancy companies; industries)</b>			
<b>Universities/Research centres</b>		Telecare and Telehealth Learning Network	
<b>Other organizations (Alliances, associations, clusters, networks, platforms and partnerships)</b>			

**Table 5 Stakeholders list extracted from the EIP on AHA reference site (II)**

	SAM:BO (DK)	AeHS (ES)	BLMSE (SWE)
<b>National Health Authorities</b>			Swedish Association of Local Authorities and Regions
<b>Local Health authorities</b>	Regional Government	Andalusian Health care Service (SAS) and the RMHSW	Scania Region, 33 municipalities
<b>Health insurance companies</b>			
<b>GPs/their associations</b>	Primary care providers	Primary care providers	Primary care providers
<b>Health care specialists/their associations</b>		Andalusian Society of Family and Communitarian Medicine (Samfyc) and the Andalusian Council of Official Colleges of Pharmacists (CACOF).	
<b>Nurses/their associations</b>		Nurses	Nurses



Health care providers	Health care providers	Health care providers	Health care providers
Social care providers	Social care providers	Social care providers	Social care providers
<b>End user organizations</b>			
Non health care providers (service & consultancy companies; industries)		INDRA, Everis, Tecnova, Telvent and Accenture	
<b>Universities/Research centres</b>			
Other organizations (Alliances, associations, clusters, networks, platforms and partnerships)			

**Table 6 Stakeholders list extracted from the EIP on AHA reference site (III)**

	ESTEAN ONDO (ES)	ARIA (IT)	T4H (F)
<b>National Health Authorities</b>			National Pension Insurance Funds
<b>Local Health authorities</b>	3 Provincial Councils, 16 municipalities,	Regional Government	General Council 94
<b>Health insurance companies</b>			AG2R La Mondiale
<b>GPs/their associations</b>	Primary care providers	Primary care providers	UNA 94) (National Union of Carers
<b>Health care specialists/their associations</b>		Chest physiotherapist	URPS (Regional Union of Health professionals)
<b>Nurses/their associations</b>	Nurses		
<b>Health care providers</b>	Telecare service Osatek Basque Government, Primary health Centres	ArciOspedale Maria Nuova di Reggio Emilia).	
<b>Social care providers</b>	Social care providers, foundations for older and disabled people	Social care providers	
<b>End user organizations</b>	Patients, users	Patients, users	
<b>Non health care providers (service &amp; consultancy companies; industries)</b>	Sports centres		SOLIANGE (regional industrial cluster)
<b>Universities/Research centres</b>	Centres for innovation		CNR SA (reference national centres for health at home)
<b>Other organizations (Alliances, associations, clusters, networks, platforms and partnerships)</b>			

**Table 7 Stakeholders list extracted from the EIP on AHA reference site (IV)**

	CCMDP (DE)	GC (DE)	ILHCS (FIN)
<b>National Health Authorities</b>		National Health Fund	
<b>Local Health authorities</b>	Regional Authority	Regional Authority	Oulu municipality

<b>Health insurance companies</b>		Association of Statutory Health Insurance, Health Insurance Association	
<b>GPs/their associations</b>	Primary care providers		
<b>Health care specialists/their associations</b>		Federal and Regional associations geriatrics; State Chamber of Physicians Saxons	
<b>Nurses/their associations</b>	Nurses		
<b>Health care providers</b>	Tele-diabetes competence centre	Hospital Association Saxony, Regional Association for Hospice Work	Northern Ostrobothnia Hospital District
<b>Social care providers</b>	Social care providers		
<b>End user organizations</b>			
<b>Non health care providers (service &amp; consultancy companies; industries)</b>			
<b>Universities/Research centres</b>		Oulu wellness institute, Regional educational and research institute	
<b>Other organizations (Alliances, associations, clusters, networks, platforms and partnerships)</b>			

**Table 8 Stakeholders list extracted from the EIP on AHA reference site (V)**

	NEXES (ES)	MECASS (ES)	CARTS (IRL)
<b>National Health Authorities</b>			
<b>Local Health authorities</b>	TIC-SALUT, Barcelona-Esquerra	TIC-SALUT, 2 health care regions in the metropolitan area of Barcelona	HCS administrations
<b>Health insurance companies</b>			
<b>GPs/their associations</b>	18 primary care centres	primary care centres	the family doctor association
<b>Health care specialists/their associations</b>			
<b>Nurses/their associations</b>			PHN nurses
<b>Health care providers</b>	Hospital Clinic, one mental health centre, one convalescence centre on health transplantation systems/organization	secondary care centres	Geriatrician Association
<b>Social care providers</b>			
<b>End user organizations</b>			
<b>Non health care providers (service &amp; consultancy companies; industries)</b>			
<b>Universities/Research centres</b>			
<b>Other organizations (Alliances,</b>	AIAQS	AIAQS	

associations, clusters, networks,  
platforms and partnerships)

**Table 9 Stakeholders list extracted from the EIP on AHA reference site (VI)**

	WSCS (FIN)	INAA (NED)	TAHF (CZ)
<b>National Health Authorities</b>			
<b>Local Health authorities</b>	Oulu municipality	Twente Region, Enschede Municipality	Regional Authority
<b>Health insurance companies</b>		Menzis	
<b>GPs/their associations</b>			
<b>Health care specialists/their associations</b>			
<b>Nurses/their associations</b>			
<b>Health care providers</b>	Northern Ostrobothnia Hospital District	MST, ZGT (hospitals), Livio, de Posten, Asito/TSN, Manna, Carint, Trivium Meulenbelt Zorg (home care organisations), THOON (general practitioners) Roessingh (rehabilitation)	University Hospital Olomouc and Faculty of Medicine and Dentistry
<b>Social care providers</b>			
<b>End user organizations</b>		neighbourhood councils	
<b>Non health care providers (service &amp; consultancy companies; industries)</b>		Knowledge Park Twente	
<b>Universities/Research centres</b>	Oulu wellness institute	Roessingh Research & Development, University of Twente, Saxion (university of Applied Science), ROC, Novay	Palacky University Olomouc
<b>Other organizations (Alliances, associations, clusters, networks, platforms and partnerships)</b>			

## 5. DOREMI PORTAL STAKEHOLDERS ENGAGEMENT ACTIVITY

### 5.1 Engagement process through the portal

Figure 2 describes the on-line engagement process that we have defined to interact with the stakeholders' community of DOREMI project.

UOC is the reference partner for the establishment and engagement of the DOREMI stakeholders' community.

In this activity it will be primarily supported by AGE and then, by all the other project's partners according to their expertise, and the specific engagement actions that have to be implemented.

UOC will perform the on-line stakeholders' engagement activity under the coordination of CNR-IFC that is the responsible of the overall dissemination plan described in the Deliverable 7.1.

Looking at the figure below, the on-line engagement activity can be activated to address several needs (see the green circles in the figure), such as:

- relevant project's achievements to be communicated to the specific typologies of stakeholders or to a wider audience.

- Need to support off-line events before and after their development.
- Awareness creation around relevant project's activities and/or results.
- Support the exploitation strategy implementation.

An initial list of the on-line engagement activities is already provided in the overall dissemination plan reported in the deliverable 7.1 and it is also briefly described in the next paragraph. However, this is only a preliminary list of activities, and it is subject to be revised every three months according to the status of the implementation of DOREMI project and of the on-going results that have been achieved.

Therefore every three month UOC in collaboration with AGE and CNR-IFC will revise the on-line dissemination plan, and for each dissemination event they will select the better engagement tool amongst those already identified in the Deliverable 7.1. They are also reported in the figure below:

- **Outreach.** It is generally used at the beginning of the establishment of the project's stakeholders community where the number of organizations involved is still limited, or in case of the need to involve a wider community of organizations potentially interested to a DOREMI off-line events. In both cases the discussion will not be centralized but distributed. Project team will launch discussions in online fora where the discussion is already happening, and potential DOREMI stakeholders are already discussing relevant topics. DOREMI team composed by UOC representative and personnel from other DOREMI partners according to their expertise and the topics under discussion will introduce in the existing fora self-contained and specific questions raised during the project activity to readdress the discussion towards DOREMI related topics. To this end, the DOREMI team dedicated to on-line dissemination activities (mainly UOC and AGE personnel and some experts from the other project's organizations) will introduce in already existing fora information related to relevant project's achievements, as well as news of project's live events (seminars, workshops, conferences) that will be launched in close period of time (about 2 week after the information provided by the project Team in the fora) to the on-line engagement action.
- **Many to many.** The project will host an own forum on the DOREMI portal, including social networking facilities with individual profiles. This will enable all participants to launch discussions (not only comments). The results of the debates on other social networks will be aggregated on the project portal and reported in the own forum.
- **Open debate.** Discussion will be moderated ex-post, based on clear guidelines that exclude harmful or commercial content. Relevant project deliverables will be accessible through the DOREMI portal for public comments..

Once defined the best on-line engagement approach, the DOREMI project' Team in charge for the on-line dissemination (UOC and AGE together with other project partners' personnel if needed), in coordination with UOC-CNR IFC, will prepare the best communication strategy. It will include:

- The selection of the communication channels (only in case of outreach communication).
- The section of the typology of stakeholders to be engaged.
- The key messages that have to be launched in the fora (only in case of outreach communication).
- The key message to be discussed in the many-to-many engagement activities.
- The summaries of the deliverable that have to be launched in the open debates.

After the preparation of the communication strategy the project Team will manage the engagement activity according to the selected typology of engagement tool. In particular:

- The Team will participate/animate the discussion fora that have been identified to disseminate the project’s activities and achievements outside the DOREMI project stakeholders’ community (case of outreach communication strategy).
- The Team will animate the discussion within the DOREMI project stakeholders’ community through a direct interaction with the participants to the many-to-many engagement initiatives.
- The Team will stimulate comments on the project’s achievements through open debates on the deliverables produced as on-going results.

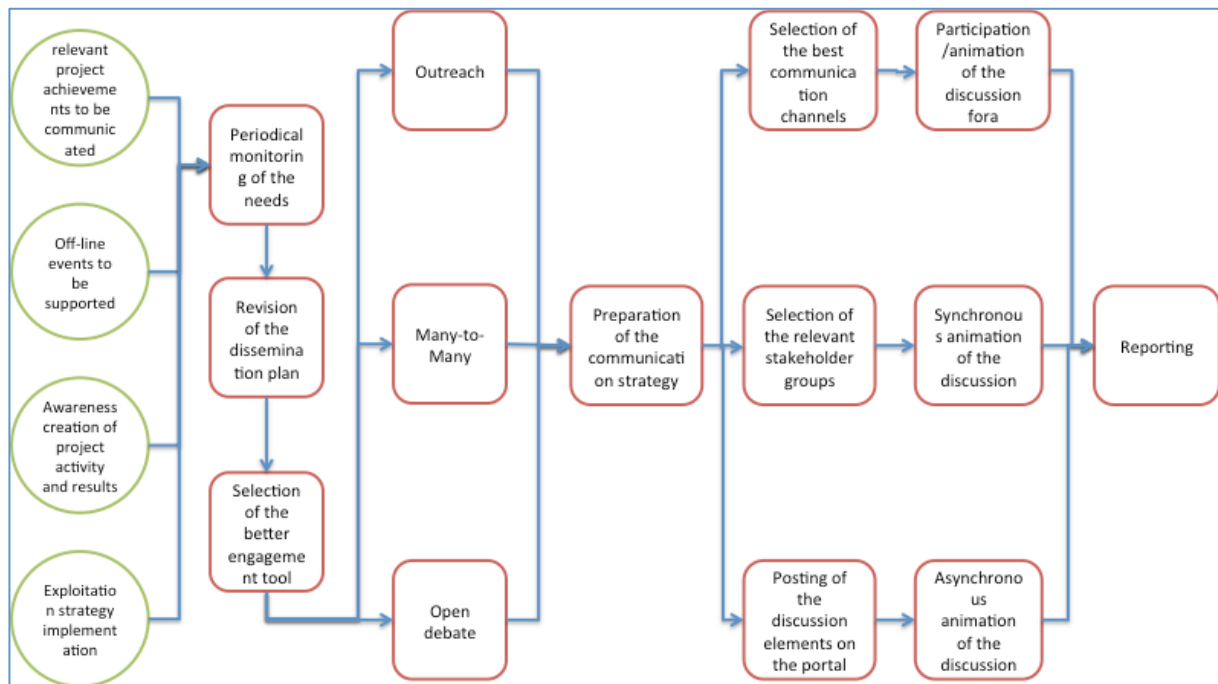


Figure 2 on-line stakeholder engagement process of DOREMI project

Finally the Team will report all the results of the on-line activity for further discussion in the live events and for readdressing the project’s activities as well as the dissemination and exploitation strategies and related plans.

### 5.2 Engagement plan in relation to the overall dissemination plan

In the Deliverable 7.1 we have described the overall dissemination plan of the project. It includes on-line and off-line activities in relation to the relevant project’s milestones. At the moment we foreseen the following on-line activities to be further refined within plenary meeting (2<sup>nd</sup>-3<sup>rd</sup> October):

- **One outreach** initiative to launch the DOREMI website and start engaging the stakeholders. It is foreseen by the end of the first year of the project so as to raise awareness of the project and start building the DOREMI stakeholders’ community. Starting point of this initiative will be the list of stakeholders identified in the previous Chapter 4 and in the Annex.
- **Another outreach** initiative to consolidate the stakeholders’ community is foreseen before the second year of the project. This initiative will show the status of the project and the lessons learnt..
- **One Many-to-many** initiative on the DOREMI intermediate achievements is also foreseen before the end of the second year. This initiative aims at receiving feedbacks on the on-going results that could be useful for readdressing the project’s activities.

- **A second Many-to-many** initiative on DOREMI achievement will be organized in the first semester of the second year to support the discussions and further enrich the feedbacks received..
- **A fourth outreach initiative** will be organized in the first semester of the second year to enlarge the number of stakeholders and to promote the exploitation of DOREMI solution.
- **The third Many-to-many initiative** to strengthen the stakeholders' community and to promote the exploitation of DOREMI solution is foreseen by the end of the third year..
- **The fourth Many-to-many initiative** on DOREMI achievement is foreseen before the end of the project. An on-line discussion will be organized to stimulate the debate around the achieved results.
- **At the same time will be organized the fifth outreach** initiative on DOREMI achievement. The on-line engagement activity will target the wider audience that is reachable through the existing social networks and that it is not already part of the DOREMI project stakeholders' community.
- **Finally, a One Open debate** on the relevant deliverables of DOREMI will be organized before the end of the project. This will constitute a sort of open validation process on the project's achievements and it will be also used to test the interest of stakeholders in the exploitable results.

### ***5.3 Engagement plan in relation to the exploitation strategy***

The exploitation strategy is described in the deliverable 7.2. It aims at targeting specific market segments in relation to the typology of health care systems existing in EU28 and the characteristics of the target population in relation to given potential market indicators.

Moreover, the exploitation strategy reflects the specificity of the DOREMI products and services. In this regard it is important to notice that for some of the DOREMI tools is also foreseen the development of an on-line market. This is the case of the DOREMI gamified environment, and in particular to the exergames, the cognitive games and the diet games. For all of them in the exploitation strategy we have already foreseen the possibility of establishing a dedicated web portal to support the future commercialization of the products.

In this perspective the opportunity of having an on-line stakeholders' community would be beneficial to implement the initial selling strategy after the project end.

To this end, as already anticipated in the previous paragraph, the on-line engagement of the stakeholders' community, especially during the last 18 months, will also address the creation of the conditions for a faster exploitation of the DOREMI solution, however due to the needs of some additional industrialization efforts that will be discussed in the deliverables related to the exploitation plan (deliverable 7.3.1; 7.3.2; 7.3.3) we don't have planned any on-line demonstration of the project's results open to the public.

For the moment, we have only foreseen the possibility that selected stakeholders that are truly interested to the DOREMI solution, could access to dedicated on-line demo sessions whose results and users' comments will be openly published to the DOREMI portal for both stimulating further discussion amongst the stakeholders' community and collecting additional feedbacks that could be useful for the DOREMI products and services industrialization and sell.

## **6. REFERENCES**

European Commission. (2013). European Innovation Partnership on Active and Healthy Ageing Reference Sites. Excellent innovation for ageing. A European Guide. Brussels: European Commission.

## 7. ANNEX

### A - End-user organizations

#### France

**E-SENIORS:** The aim of the E-SENIORS association is to fight against e-exclusion by providing access to and training in information and communication technologies for seniors and/or disabled people, with the purpose of bridging and shrinking the digital gap between generations; caring for elders by fighting against senior isolation; and opening new horizons for the efficient use of free time. Knowing the challenges facing seniors, healthy or dependant, E-seniors invests resources in developing new applications and services to enable independent living as well as help keeping their physical and health.

Website: <http://www.e-seniors.asso.fr/>

#### Greece

**50+ HELLAS:** is a non-governmental and not-for-profit organization which aims to improve the quality of life of those over 50 years of age in Greece, within a more equal society and through actions and activities affecting all aspects of life. In cooperation with other social partners, it supports and promotes the rights of older people to equal treatment in society, particularly in employment, in health and medical care, in their independence and decent living standards, in their right to participate as full citizens in decision making as well as in the development of policies affecting them. The organization also promotes the interests and support of dependent older people and their families and the professionals who care for them.

Website: [www.50plus.gr](http://www.50plus.gr)

#### Spain

**Dependentias:** Is a non-profit organization founded in 2007 in order to develop services and resources to care for people without autonomy. They are a team of Professionals and Business of Social Services State influence and activities related mainly to: Home care and telecare; Training, employment and professional qualifications of the health care sector; and Research, Development and Innovation (R&D&i) in the care of people. They are also members of the Association Dependentias users of their services and their families. Dependentias provides the end user point of view and training experience for social and health workers.

Website: <http://www.dependentias.net/>

### B - Service providers and health-care organizations (GPs associations; Health care specialists associations; nurses associations; health and social care providers)

#### Czech Republic

**IZIP - Internet Access to Patient Health Records:** Is a database of healthcare information on the internet; i.e. a patient's ... medical file." Available for use by patients and healthcare professionals in the Czech Republic. Developed by IZIP Inc. The system currently covers around 25 % of the Czech population (2.5 M patients), 40% (21 K) of its healthcare professionals and contains tens of millions of records

Website: <http://www.izip.cz/index.asp>

#### Denmark

**Odense Universitetshospital (OUH):** is one of the three university hospitals in Denmark. Here all medical specialities are represented in one place. OUH is one of the largest education and training centres in the South Denmark Region, and it has close collaboration with the University of Southern

Denmark-Campus Odense. In collaboration with the Institute of Clinical Research at the University of Southern Denmark, OUH has prepared an ambitious research strategy for 2012-2017. Its goal is a considerable increase in the number of scientific publications and in the number of researchers and PhDs, and focus is on internationalisation. OUH will also establish at least three elite research centres at highest international level, and set up research-supporting development functions within the highly specialised functions.

Website: <http://www.ouh.dk/wm122110>

#### **Estonia**

**East-Tallinn Central Hospital (ETCH):** East-Tallinn Central Hospital is the third largest hospital in Estonia with 550 beds and 425.000 outpatient consultations. It is located in Tallinn, the capital of Estonia. ETCH is a municipality owned legal entity since 2001. It was established by merging 7 Tallinn's healthcare institutions: 4 hospitals, 2 polyclinics and one diagnostic centre.

Website: [www.itk.ee/en](http://www.itk.ee/en)

#### **Germany**

**Ärztenez MQNK.** It is the local physician network that owns 66.3% of Gesundes Kinzigtal GmbH, the regional health management company.

Website: <http://www.mqnk.de/>.

#### **Italy**

**Azienda U.S.L. Roma A (ASL RM/A):** Understanding of the limits of acceptability of technology among the elderly. Good transferability of evidence and Promotion of technology as a means of independent ageing.

Website: <http://www.aslromad.it/>

**Azienda U.S.L. Brescia (ASL Brescia):** responsible for the implementation of the diagnostic and therapeutic pathways for dementia patients of Brescia and its province.

Website: <http://www.aslbrescia.it/>

**GPs' Unions** represented by FIMMG

Website: <http://fimmg.org/index>

**ZIP.h Cooperativa Sociale a.r.l onlus:** is a cooperative with the aim of working for the preservation and enhancement of the skills of people with intellectual disabilities, mental, physical and psychophysics, through the implementation of psycho-socio-individualized education: socialization, integration, personal autonomy, social and working. Its main areas of activity are the daily activities of semi-psycho-socio-educational and social welfare (disabled children and adults); the activities socio-educational and social care home (the disabled, the elderly, people in Alzheimer's disease); the activities and projects for mediation, job guidance, mentoring, financial skills, internships, work-study (the disabled, children, women); and finally the activities and projects for consulting, training and loan assistive technology and computer (disabled).

Website: [www.personabile.org](http://www.personabile.org)

#### **Spain**

**Badalona Serveis Assistencials:** it is a municipal organization that provides health services and care dependency to the people of Barcelonès Nord and Baix Maresme, to promote, preserve and restore individual and collective health and promote the welfare of the people.

Website: <http://www.bsa.cat>



**Servicio Andaluz de Salud:** As a strong and public Healthcare provider covering a region of a population of eight million, this service offers the possibility of a good transferability of evidence, and a wide deployment of active ageing services.

Website: <http://www.juntadeandalucia.es/servicioandaluzdesalud/principal/default.asp>

**Fundación MATIA:** a private non-profit-making entity which has been rendering socio-health services to the elderly and the disabled since 1988.

Website: [http://www.polomatia.net/index\\_ingles.php](http://www.polomatia.net/index_ingles.php)

## C - Healthcare Insurance Companies

### The Netherlands

**Dutch Associated Health Insurance Companies (Zorgverzekeraars Nederland – ZN):** it represents Dutch health care insurance companies. Nearly all Dutch healthcare insurers are a member of ZN. Quality, affordable and accessible care for all insured persons, aimed at promoting health and quality of life: that is the mission of all Dutch health insurers connected in ZN. They act as social entrepreneurs and serve the interests of their policyholders, health insurers compete but also join forces.

ZN is responsible for the general tasks focused on the preparation and implementation of policy, the compilation of knowledge and skills, the set-up and maintenance of networks and the provision of service to individual members. ZN has the aim to work together on the implementation of ehealth in the Netherlands by defining an agenda to accelerate it.

Website: <https://www.zn.nl/zn-english/>

### Germany

**AOK Baden-Wurtemberg.** The biggest health insurer company in Southwest of Germany. It is a not-for-profit insurer and part of the German statutory health care system. It serves around 31 000 insured in Kinzigtal.

**LKK Baden-Wurtemberg (it changed its name into LVLFG Baden-Wurtemberg).** This health insurer serves only people that have some connection to agricultural and forestal work, it has about 1 700 insured in Kinzigtal and has a special role in the German statutory health care system.

## D - Service & Consultancy Companies

### France

**Autonom'lab (Living Lab):** The Autonom'lab association is a hub for innovation in the healthcare and autonomy of individuals. Its aim is to promote projects and innovative solutions for the independence of individuals. Autonom'lab aims to bring together local initiatives on the basis of experience exchanges and knowledge sharing between business leaders, researchers, public institutions and the "users". A true supporter of innovation, its activities focus on three areas: adaptability of the home, development of skills and research and development.

Website: <http://www.autonom-lab.com/english/>

### Denmark

**CAT Link:** CAT Link is supporting and facilitating the development of projects with relevance to active and healthy ageing. CAT Link provides advice on the financing of development projects and the mobilisation of strong partnerships between companies and institutions within Green and Health Growth. CAT Link advises companies and organisations in the Region of Zealand and assists in finding

the right financial tool among the growing number of subsidies as well as involving the right partners to implement projects.

Website: <http://www.catlink.dk/default.asp?Action=Details&Item=47>

**Copenhagen Living Lab:** is a Danish welfare innovation consultancy consisting of knowledge creators and innovation organizers, with a strong expertise in the field of user- and people driven innovation. It helps its clients create direction, minimise risk and ensure a solid foundation for innovation initiatives, with an impact on three bottom lines: Quality of life, public costs and growth in private companies.

Website: <http://www.copenhagenlivinglab.com>

### Germany

**OptiMedis AG** It is a health management company that owns the other 33.4% of Gesundes Kinzigtal GmbH that is the responsible of Gesundes Kinzigtal initiative of preventive care management processes.

Website: <http://www.optimedis.de/netzwerke/gesund-es-kinzigtal>.

### Greece

**e-Trikala** By creating infrastructure and by providing services, e-Trikala aims at developing ICT based applications for the improvement of citizens' everyday life, in a medium-sized town. Its achievements so far include: INEC membership, lead partnership of INTERREG Digital Cities, host of the Broadband Cities 2008 Conference, candidate for the 21 Smart Communities Award, founder of the first Digital Community S.A. in Greece consisting of 11 municipalities of central Greece (1,5 million people), participation in "e-Health based Chronic Disease Management 2008" in Slovenia. Currently e-Trikala S.A. is active in the eHealth European Programmes arena.

Website: <http://www.e-trikala.gr/>

### Italy

**Cup2000:** Cup and systems for electronic access to services, networks vertical-Health (Hospital Information Systems and ASL), online medical records storage systems, portals, personal page for the health, local authorities and public transport systems, eHealth horizontal networks (digital medical record of the family doctor, electronic health records), Care networks for Home Care assistance and Social and Health Information Systems.

Website: <http://www.cup2000.it>

### Spain

**Innovaciones Sociosanitarias S.L. (INN):** INN is a consulting company which has more than ten years of experience in R&D and supporting health resources training and innovation initiatives for this sector's business and public agencies. In particular, the main activities of INN regard to: ICT & Assistance Technologies; Accessible Social Tourism; Socio-Healthcare Policies & Services; and Construction and Management of Old People's Homes and Care Centres. This trajectory has given an integrated and multidisciplinary expertise, knowledge and know-how to INN, as well as it has provided us contact with a wide and varied range of stakeholders. INN provides the information necessary for organisations; companies and administrations to design and deliver services and products tailored to the needs of the elderly, dependent, disabled and their caregivers.

Website: <http://www.sociosanitarias.com/>

**Kveloce I+D+i:** is expert in managing the submission of proposals in the fields of ICT, energy, environment, transport, health and assisted living, tourism at the forefront of innovative developments within the industrial sector. K-veloce is familiar with the evaluation process and criteria and has experience in working with the European Commission and other investment bodies

to ensure that our proposals are aligned with the objectives of the funding institutions. It is an active member of different EU and international networks, providing relevant opportunities in reaching high performance consortia to answer the project needs, in order to obtain funding and deliver commercial added value and new exploitation opportunities. It provides a link with regional SMEs and companies from different sectors including health, knowledge transfer, training and dissemination.

Website: <http://www.kveloce.com/>

**Tioman & partners:** Tioman & partners offers the health and social care sector customised solutions to increase the quality of life and satisfaction of internal and external clients, whilst at the same time improving company results. The services are aimed at organisations and companies that cater for the elderly: public institutions in the field of health and social care, universities and professional associations from the sector, private companies, associations, foundations and non-profits (Care management, quality Management, Architecture Ambient & Care, Training).

Website: <http://www.tioman-and-partners.com/company.php?language=en>

**UNINOVA:** UNINOVA, a joint-venture between Santiago University (USC) and the Santiago Council, was born with the aim of promoting the creation of innovative enterprises with technological base, emerged from Research and Development (R+D) projects of the USC. UNINOVA was founded in January 1999 and is a spin-off company's incubator. Uninova, is the result of an innovative business culture that feeds on top research to carry out technology base projects. UNINOVA has a permanent feed-back with the USC in order to an immediate identification of the most promising initiatives. UNINOVA is member of important international associations, which act as debate forums where the most important scientific and technological advances take shape.

Website: <http://www.uninova.org/en/quienes.asp>

### United Kingdom

**Institute of Rural Health (IRH):** is an academic charity with a remit that spans the UK. The IRH seeks to inform, develop and promote the health and wellbeing of rural communities through its two programme areas: workforce development (comprising the education and training programme); and the Institute's portfolio of project activity underpinned by the intention that this work seeks to make a difference to the lives of those residing and working in rural areas. Through these programmes, the IRH aims to encourage organisations to consider the needs of rural communities when developing services. IRH aims to work collaboratively with the NHS, Local Authorities, the voluntary sector, businesses and individuals, and through formal partnerships with other academic institutions to deliver integrated rural solutions.

Website: <http://www.rural-health.ac.uk/>

### E - Industries

Many of the companies listed below are also members of the Continua Health Alliance separately. A complete list of the members (more than 200 companies) of Continua Alliance can be found at the following link: <http://www.continuaalliance.org/about-the-alliance/company-showcase>

### Denmark

**DELTA A/S:** is a technology company specialised in testing, consultancy and development within microelectronics, electronics, lighting and optics, acoustics, software, sensors and wireless solutions. With more than 70 years of experience, it has extensive expertise in development of technology driven products within sectors such as health and welfare technology, climate, energy and the environment. DELTA is an international company and part of GTS-Advanced Technology Group approved by the Danish Ministry of Science, Innovation and Higher Education. At DELTA approx. 1/3

of all tasks currently take on is in the health technology field. DELTA has a great deal of experience and expertise when it comes to the technologies that will be used in telemedicine, including the development of a body sensor platform and wireless technologies.

Website: <http://www.madebydelta.com/>

#### Germany

**ProSyst Software GmbH:** ProSyst develops OSGi related software for smart home products and other applications. ProSyst is also partner in several AAL research projects.

Website: <http://www.prosyst.com>

**SIEMENS AG:** Siemens AG is one of the world's largest electrical engineering and electronics companies. Among various research topics the company is also interested in healthcare and therefore also participates in seven AAL research projects. Most of them are concentrated on telecommunications and IT products (such as mobile phones and computer systems), but there also are some more specialised subsidiary enterprises.

Website: <http://www.siemens.com>

**Vitaphone GmbH:** develops products and services for the recording and transmission of vital parameters using new information and communication technologies that are integrated into tele-medical monitoring and care systems. Main customers of the German company are not only individual patients but healthcare suppliers and insurers. The company explicitly addresses elderly people, tackling both the socio-economic problems deriving from the European demographic change as well as the special requirements of people over 60 for an independent life at home. This especially concerns diseases typical for elderly people, such as cardiac arrhythmias, heart failure, hypertension, and diabetes mellitus.

Website: <http://www.vitaphone.de/en/company/>

#### Greece

**Vidavo:** Vidavo operates in the field of personalized health (phealth) and e-wellness. Established by a group of experienced scientists with the aim to develop novel e-service solutions targeting the healthcare sector, Vidavo offers a unique combination of innovative solutions assisting citizens on-the-move and medical professionals to manage effectively health and wellness.

Website: <http://www.vidavo.eu/>

#### Italy

**ITELPHARMA:** ITEL Telecomunicazioni<sup>®</sup>, also known as ITEL, started its business in 1982 in the telecommunications sector providing in Italy radio links and electromagnetic shields for the information protection for the Armed Forces, NATO bases, ENEL (National Electricity Company), banks and radio/TV networks. Thanks to the expertise acquired in electromagnetic waves, fields and radiations, ITEL has expanded its market to include the medical, radiopharmaceutical and electromagnetic compatibility sectors and it has progressively diversified its business providing products and services that have in common the application of ionizing and non-ionizing radiations. For example, in 2000 Medical Project Planning and Design business unit is started to provide project planning and design of complex healthcare facilities.

Website: <http://www.itelte.it/default.asp?contentID=571>

**Telbios** is a large Italian company strongly focused on particularly mobile tele-medical devices and homecare services. Headquartered in Milan and Rome, the company covers three different technological areas: tele-assistance, tele-cardiology and tele-monitoring. Its products and services are sold on both the Italian and worldwide market. Main customers are globally operating companies, but some Italian ministries as well.

Website: <http://www.telbios.com>

### The Netherlands

**Philips:** “Royal Philips Electronics [...] is a diversified Health and Well-being company, focused on improving people’s lives through timely innovations. As a world leader in healthcare, lifestyle and lighting, Philips integrates technologies and design into people-centric solutions, based on fundamental customer insights and the brand promise of ‘sense and simplicity’” (source: <http://www.philips.co.uk/about/company/index.page>).

Website: <http://www.philips.com>

### Poland

**MEDIGUARD:** is a company promoting and developing telemedical solutions in Poland. Their most innovative product is Telemedical System which provides continuous access to medical care.

Website: [www.medycznytelefon.pl](http://www.medycznytelefon.pl)

### Portugal

**Critical Health:** is a spin-off of Critical Software encompassing all the healthcare activities that were being developed since 2006. Critical Software is a successful IT services company specialized in real-time systems for defence, aerospace and telecommunications with solid reputation for software reliability. Critical Health was created to improve the Quality of Life and to reduce the total Healthcare Spending. It aims to achieve this vision by providing critical health information to everyone through the marketing of innovative and accessible technological products. The company's objective, to build a valuable global business of Health Information Technology Products, is based mainly upon the development of products to help prevent Loss of Vision and Loss of Mobility and Cognitive skills for Diabetics and people older than 65 years in developed countries.

Website: [www.critical-health.com](http://www.critical-health.com)

### Slovenia

**Alpineon:** is a company that follows the technological advances in the field of ICT and develops new, user-friendly products and services that enhance the quality of our life and work. Its team has extensive experience in hardware and software development, including biometric technologies (speaker and face recognition), image processing (3-D vision) and speech technologies: Slovenian text-to-speech synthesis (TTS), automatic speech recognition (ASR), speech-to-speech translation (STS), voice portal applications etc. Alpineon also has a research group, registered with the Slovenian Ministry of Science and Technology-Slovenian Research Agency. The group currently coordinates or participates on several basic and applied research projects, cooperating with major industrial players, academic institutions and other research organizations.

Website: <http://www.alpineon.si/eng.html>

### Spain

**Technosite:** is a technology and consultancy company belonging to the business corporation of ONCE Foundation, which in turn belongs to ONCE, the National Organisation of the Spanish Blind. Technosite is a company working in the field of the social economy. Over 70% of our staff is people with disabilities and it is precisely this which gives us our competitive edge, since all our technological development and consultancy activities are carried out with accessibility and design for all criteria. Technosite specialises in integral Internet solutions, offering its clients a wide range of services, from strategic consultancy and technological development to hosting, content design and maintenance by experts in digital journalism. It specialises in developing a range of products and services for e-business, business intelligence, usability, accessibility and integral portal management.

Website: <http://www.technosite.es/en/default.asp>

**Telefónica I+D (Telefónica Investigación y Desarrollo):** is the innovation company of the Telefónica Group, the largest provider for telecommunication in Spain with head- quarters in Madrid. Telefónica I+D has set up several research groups focusing on certain key areas, which follow an open research model in collaboration with universities and other research centres. Due to its origins, in research projects Telefónica I+D focuses e.g. on mobile communication and services, multimedia and interactive telephone services and network management systems. Several strategic topics of Telefónica I+D are related to AAL, such as mobile communication technologies and architectures (e.g. 3GPP, 3GPP2, OMA, IETF), ALL-IP and IP Multimedia, the development of the core network, location-based services and speech-enabled services.

Website: <http://www.tid.es>

### Sweden

**Giraff Technologies AB:** it has over 20 years' experience with commercial plans and execution. Nowadays it commercialises a robotic system, Giraff, which brings people together in the care of those living at home. Giraff allows you to virtually enter a home from your computer via the Internet and conduct a natural, secure visit just as if you were physically there. You can move freely about the home simply by moving your mouse, and interact with the residents there via videoconferencing. And those in the home don't have to do anything except sit back, relax and enjoy the visit. The company now works with care organizations and research groups all over Europe. Giraff is fortunate to be the focal point of two major EU grants: "ExCITE" (an AAL project) and "Giraff+" (an FP7 project).

Website: <http://www.giraff.org/?lang=en>

### United Kingdom

**Tunstall:** Tunstall Healthcare is a market leading provider of tele-healthcare solutions. Our unique products and services protect people's wellbeing and empower them to live their lives to the full, as well as underpinning an efficient, person-centred health and social care system.

Website: <http://www.tunstall.com/>

## F - Research centres

### Austria

**CEIT RALTEC:** It is a nonprofit research institute that addresses the topic of leading a self-determined, independent life in your own home by concentrating on the development of new ICT in the area of Ambient Assisted Living, eHealthcare and eHomecare.

Website: <http://www.ceit.at/ceit-raltec>

### Denmark

**Sundhedsinnovation Sjælland (SIS) [Health Innovation Zealand]:** SIS has initiated several relevant projects using ICT: 1) *Piddle* is an app for a smartphone, developed to read and send the results of a urine sample, so that patients can take the test at home; 2) *App to guide patients and staff* – aid to patients (permanent needle carriers) and health staff dealing with these patients. An e-learning program with video instructions has been developed. The app has been tested by health professionals and is now being implemented in home care; 3) *Lunglife* is a project dealing with treatment and training of patients with COPD or asthma. Lunglife consists of equipment for a smartphone that supports lung function, monitors data and indicates the right amount of medication, which reduces the patient's risk of acute crisis conditions.

Website: <http://sundhedsinnovationsjaelland.dk/>

**Velfærdsinnovation Sjælland (VIS) [Welfare Innovation Zealand]:** Strengthen development, implementation and deployment of Assisted Living and eHealth services and technologies within 17 local authorities of Region Zealand, Denmark.

Website: <http://vi-s.dk/Service/WelfareInnovation.aspx>

#### Germany

**Fraunhofer Institutes/Fraunhofer AAL Alliance:** Fraunhofer Institutes undertake applied research of direct utility to the and public enterprise and of wide benefit to society; services are solicited by customers and contractual partners in industry, the service sector and public administration; some institutes are relevant for AAL research (e.g. the Fraunhofer Institute for Interfacial Engineering and Biotechnology, Fraunhofer Institute for Reliability and Microintegration, the Fraunhofer Institute for Biomedical Engineering or the Fraunhofer's Integrated Publication and Information Systems Institute).

Website: <http://www.igd.fraunhofer.de/en/Forschungsgebiete>

**OFFIS – Institute for Information Technology:** Since 2005, the OFFIS “Health” R&D division worked and is working on different aspects of technology supported prevention and rehabilitation as well as support of people with physical or mental disabilities. Furthermore, the IDEAAL living lab located within the OFFIS institute allows for an evaluation of AAL prototype under realistic conditions. Beside this OFFIS takes part in strategic studies and roadmapping projects.

Website: <http://www.offis.de/en/start.html>

#### Greece

**Informatics & Telematics Institute- Centre for Research and Technology Hellas:** is a research Institute, supported by the Greek Ministry of Education, Lifelong Learning and Religious Affairs and mostly by European, National and Industrial research grants. It has a staff of 10 Researchers, and more than 80 employees working on various aspects of research in information technology. The Institute collaborates with Imperial College, the University of Surrey and the Aristotelian University of Thessaloniki for the award of PhD degrees. It has excellent research facilities and a great and friendly environment for doing research.

Website: [www.certh.gr](http://www.certh.gr)

#### Italy

**Centre for Science, Society and Citizenship (CSSC):** CSSC is Europe’s leading independent research centre specializing in advice on political, ethical and social issues raised by emerging technologies. Its overall aim is to contribute to a better understanding of the contemporary world by clarifying the human (social, cultural and ethical) factors which shape technological innovation. CSSC believes in the values of dialogue, responsibility, integrity and care. The centre promotes open conversation between individuals, communities and institutions by encouraging trust among all parties. CSSC carries out its work in several ways, including studies, publications, training, and coordination of multicentre research projects.

Website: <http://www.cssc.eu/index.php>

**Cetma - centro di progettazione, design & tecnologie dei materiali:** CETMA, founded in 1994, comes from a public-private partnership promoted by ENEA with the aim to foster the process of technology transfer and innovation in the industrial system of the South of Italy. CETMA is a research organization in the form of a consortium of public research institutions and private companies and conducts applied research, finalizing their studies on materials, processes, techniques and methods to support the innovation processes of industrial enterprises and services. It is a non-profit organization and all its profits are invested in research, training and technology transfer. In

terms of number of employees, CETMA is among the largest private research centers in Italy which are not connected to a large company.

Website: <http://www.cetma.it/HOME/tabid/37/language/en-US/Default.aspx>

#### Norway

**Norwegian Centre for Integrated Care and Telemedicine (NST):** The NST is a centre of research and expertise that gathers, produces and disseminates knowledge about telemedicine services, both in Norway and internationally. The goal is to ensure the integration of telemedicine services. NST is an internationally known organization and has since 2002 been chosen as a World Health Organization Collaborating Centre for Telemedicine. The NST is together with several partners building a scientific environment within telemedicine and eHealth. Tromsø Telemedicine Laboratory (TTL) was established in 2006 as a Centre for Research-Based Innovation, combining human caring with new technologies, in order to provide better health care and reduce the growing burden on the health care system.

Website: <http://telemed.custompublish.com/>

#### Poland

**Instytut Logistyki i Magazynowania (ILiM):** ILiM (Institute of Logistics and Warehousing) is a state owned R&D unit, and Poland's first centre of competence in logistics, e-business and standardization. It has 40 years of experience, including successful participation in FP5, FP6, FP7, Interreg III, IV, Leonardo da Vinci, Eureka and other programmes. ILiM is a national organization of GS1 – providers of an integrated system of global standards for accurate identification and communication of information regarding products, assets, services and locations. It has a substantial national and international network of partners and contacts both in industry and academia. ILiM cooperates on logistics matters with the Polish Ministries of Economy, Finance, Health, Interior and Administration, Justice, Regional Development, Science and Higher Education, Transport.

Website: <http://www.ilim.poznan.pl/english-version>

#### Portugal

**Instituto Pedro Nunes - IPN:** Founded in 1991 as an initiative by the University of Coimbra, Instituto Pedro Nunes (IPN) – Association for Innovation and Development in Science and Technology – is a non-profit private institution for public benefit. "It promotes innovation and the transfer of technology, establishing the interface between the scientific and technological system and the production sector.

Website: <https://www.ipn.pt/si/initapplication.do>

#### Romania

**Ana Aslan International Foundation:** The mission of this foundation consists of understanding and respecting the uniqueness of the human being, and in the promotion of healthy aging, longevity and quality of life through holistic diagnosis of biological and cerebral age, starting from the 35-45 age group. Their products and services, designed to promote longevity and prevent pathological cerebral aging, benefit from the highest multidisciplinary competence of our experts and the promotion of medical principles based upon scientific evidence.

Website: <http://www.brainaging.ro/>

#### Slovenia

**Jožef Stefan Institute:** The Jožef Stefan Institute is the leading Slovenian scientific research institute, covering a broad spectrum of basic and applied research. The staff of more than 930 specializes in natural sciences, life sciences and engineering. The subjects concern production and control technologies, communication and computer



technologies, knowledge technologies, biotechnologies, new materials, environmental technologies, nanotechnologies, and nuclear engineering.

Website: <http://www.ijs.si/ijsw/JSI>

### Spain

**IK4:** The Basque Research Alliance IK4 comprises nine technological centres: AZTERLAN, CEIT, GAIKER, IKERLAN, LORTEK, TEKNIKER, CIDETEC, IDEKO and VICOMTech. Many of them are working in AAL projects or in related R&D fields.

Website: <http://www.ik4.es>

**Instituto Gerontológico Matia (MATIA Instituto):** is a spin-off of the Fundación Matía, a social institution with the main objective of providing free social and medical services to elderly and impaired persons. Adopting this basic framework, it performs and focuses on research dedicated to generating, developing and spreading knowledge about the needs of senior citizens and the impaired. Hence, it promotes and supports research projects that deal with the development of individual capacities of senior citizens and enable their social participation. MATIA Instituto covers three particular fields of research, i.e., the promotion of active ageing and prevention of dependency, the rehabilitation and compensation of fragility and dependency, and e-health and home care. This strong focus on the needs of elderly people explains the above research activity of MATIA Instituto in the field of AAL.

Website: <http://www.matiainstituto.net>

**Polibienestar Research Institute:** Polibienestar develops interdisciplinary research applied in social sciences. This interdisciplinary perspective is necessary to respond to the complexity of welfare systems and allows Polibienestar to develop, from innovative and classic research, effective analysis and solutions for new social challenges. In this line, Polibienestar advises the Administration and private entities in the design, planning and implementation of sustainable social and health policies and services.

Website: <http://www.polibienestar.org/>

**TECNALIA:** TECNALIA Research & Innovation is the leading private research and technology entity in Spain and the fifth largest in Europe, employing 1,500 people (164 PhDs). TECNALIA operates in all the fields of Industry and Transport, ICT, Sustainable Development, Innovation Systems and Health and Quality of Life. Tecnalía's Health Division is focused on ICT-based applications of assistive technology for older and disabled people, developing solutions for autonomy, safety, independence and quality of life at home. TECNALIA also works in Ambient Assisted Living (AAL) and smart home technologies in regional, national and European R&D and innovation projects.

Website: <http://www.tecnalia.com/>

### Sweden

**eHealth Innovation Centre, EIC:** is hosted by Luleå University of Technology, which is located in the county of Norrbotten, in northernmost part of Sweden. The centre generates innovative products, services and processes, firmly based in a unique applied research environment combining Health Science, Computer Science and Electrical Engineering. It has a strong track record in international R&I projects, and is aiming for industrial growth and spin-offs. It is known internationally as a competence centre within healthcare and wellbeing, where mainstream information and communication technology (ICT) is exploited to bring the best care to people within their homes, or wherever they need to be.

Website: [www.ltu.se/eic](http://www.ltu.se/eic)

## Switzerland

**iHomeLab:** The iHomeLab conducts application-oriented research in the areas of Energy Efficiency, Ambient Assisted Living (AAL), and the Internet of Things with its team of 18 researchers. It is the Swiss research laboratory for building intelligence and a lively networking space hosting over 200 events and around 2,500 visitors each year. iHomeLab assists undergraduate and graduate students in information technology and electrical engineering who are working on exciting projects, theses and practical modules. It offers over 160 partners an attractive environment to showcase new products and findings from joint-venture research projects while providing a solid foundation for interdisciplinary networks.

Website: <http://www.ihomelab.ch/>

## G - Universities

### Bulgaria

**ISER-BAS - Bulgarian Academy of Sciences - Institute of Systems Engineering and Robotics:** Founded in 1869, the Bulgarian Academy of Sciences (BAS), which consists of 68 institutes, laboratories and other research units, is the nation's foremost scientific organization that conducts basic and applied research in the fields of the natural, technical and social sciences. BAS also organizes training activities and participates in the formulation of the national policy for science and technology. BAS has bilateral agreements with scientific organizations in 36 countries and such governmental organizations as WMO and UNESCO. The Academy is a member of more than 20 international nongovernmental organizations. It has its own publishing house and is the most important organizer of international scientific events in Bulgaria.

Website: <http://www.bas.bg/cgi-bin/e-cms/vis/vis.pl?s=001&p=0200>

### Czech Republic

**BUT - Brno University of Technology:** Faculty of Information Technology (FIT) of Brno University of Technology provides education and research in the field of information technology. FIT was established on January 1, 2002, when it separated from Faculty of Electrical Engineering and Communication, and is one of the eight faculties of Brno University of Technology. The faculty consists of four departments, computer centre, and research centre.

Website: <http://www.fit.vutbr.cz/>

**Univerzita Palackeho v Olomouc:** The University of Olomouc, the second oldest university in the Czech Republic (after Charles University in Prague), spread its influence not only through Moravia and Silesia, but also in Austria, Germany, Poland, Eastern Europe and Scandinavia.

Website: <http://www.upol.cz/en/>

### Finland

**Åbo Akademi University, Turku:** Åbo Akademi University has an acknowledged position at the forefront of research in such areas as biosciences, computer science, democracy, human rights, material sciences, process chemistry and psychology.

Website: <http://www.abo.fi/public/en/>

### Hungary

**Budapest University of Technology:** The Budapest University of Technology and Economics (Budapesti Műszaki és Gazdaságtudományi Egyetem: BME) is an old and well-established University in Hungary. The BME follows up many activities in the field of AAL and adjacent topics. In the group of new EU members, BME has the highest number of project participations. As to the project description of the project "BelAMi", research of BME is centred on "Ambient Intelligence", covering

aspects such as Mobile Communication, Human-Machine Interaction, Microelectronics and Software Engineering. The objective of this project, a co-operation between Germany and Hungary, are technological solutions providing assistance for elderly and, to some extent, to handicapped people for independent living at home.

Website: <http://english.www.bme.hu/>

### Sweden

**eHealth Innovation Centre, EIC - Lulea Tekniska Universitet:** EIC is part of the Department of Health Sciences at Luleå University of Technology. EIC works to find smart new eHealth solutions, together with the Norrbotten County Council and the municipalities of Luleå, Piteå and Boden in cooperation with Luleå University of Technology. Its mission is to find regional partners for its innovative solutions and to nurture these solutions. The EIC creates innovative products, services and processes that are firmly rooted in a unique research environment that combines the health sciences, computer science and electrical engineering. It has strong track record in international research projects, and focuses on industrial growth and products. It is recognized internationally as a center of excellence in the areas of health and wellbeing, where ICT is used to bring the best possible care.

Website: <http://www.ltu.se/centres/eic?!=en>

**Lund University:** Lund University is a research intensive university belonging to the League of European Universities (LERU) and the international Universitas 21. Internationally renowned research is carried out at Lund University in several cutting-edge research fields, including nanotechnology, climate change and stem cell biology. With eight faculties covering engineering, science, medicine, economics, social sciences, fine and performing arts, law and humanities, together with a number of specialised research centres, Lund University has a breadth of research and a strong cross-disciplinary approach to finding solutions to today's world problems. Over SEK 4 billion is awarded annually to research at eight faculties, which gives Lund University one of the strongest and broadest ranges of research in Sweden.

Website: <http://www.lunduniversity.lu.se/>

**Mälardalen University:** The University is characterised by its close cooperation with companies and with the public sector in the region and by its distinct environmental profile. Mälardalen University conducts education that leads to employment and invests in research which generates beneficial solutions for societal development.

Website: <http://www.mdh.se/?l=en> UK

**Örebro University:** Örebro University is one of the fastest growing universities in Sweden. The university provides education and research in humanities, law, social science, science, technology, health care, medicine, education, music and sport science. Within the Faculty of Medicine and Health, both mono-disciplinary and trans-disciplinary research is conducted in various constellations. Research within this faculty is undertaken in close collaboration with Örebro University Hospital and other research units at Örebro County Council.

Website: <http://www.oru.se/English/>

### Switzerland

**University of St. Gallen:** The University of St. Gallen (HSG) is one of the top-ranked European Business Schools. Research at the University of St. Gallen is centred on more than 30 institutes and research groups. HSG's strong track record in application-oriented research is underpinned by more than 100 successful spin-offs and by several executive education programmes. The Competence Center Independent Living, a research group within the IWI-HSG, specifically deals with business models to support older persons' quality of life.

Website: <http://www.iwi.unisg.ch>

## Turkey

**SRDC Yzılım Arastirma ve Gelistirme ve Danismanlikticaret limited sirketi (SRDC):** SRDC Software Research & Development and Consultancy Limited is founded by a professional team of engineers directed by Prof. Dr. Asuman Dogac in Technopolis, located at the Middle East Technical University. SRDC Ltd. is a spin-off of METU-SRDC.

Website: <http://www.srdc.com.tr/home/>

## H - National and Local health authorities (e.g. National governments, Regions, County councils, Municipalities)

In this section we have described both governmental actors, at national, regional or local level, and the regional agencies supporting the regional economic development.

## Cyprus

**Cyprus Ministry of Health:** its main aim is the continuous improvement of the health of the population of Cyprus, through the prevention of disease, and the provision to every citizen of high level health care, respecting the rights of every patient to high quality medical care delivered with dignity. The main features of this strategy are the emphasis on the prevalence and incidence of diseases and mortality data, the provision of equal opportunities for health care to all citizens, irrespective of their socio-economic status and place of residence, the promotion to the greatest possible degree of co-operation between the public health services and the private health sector, the improvement of effectiveness and efficiency of the public health services.

Website: [www.moh.gov.cy](http://www.moh.gov.cy)

## Estonia

**Eesti e-Tervise Sihtasutus (E-TERVIS):** The Estonian eHealth Foundation promotes and develops national e-solutions within the health care system – we create solutions and offer services with the goal to assist in providing high-quality and accessible health care services. Our broader goal is to promote the development of a patient-centered health care system that has well-informed patients.

Website: <http://www.e-tervis.ee/index.php/en/>

## Finland

**SITRA (The Finnish National Fund for Research and Development):** The Finnish Innovation Fund builds a successful Finland for tomorrow's world by forward thinking and anticipating social change and its effect on people. Its activities promote new operating models and stimulate business that aims at sustainable well-being. As a public fund, we report directly to the Finnish Parliament. The Health Care Programme (2004–2009) is looking for new solutions to provide the public with a better service and to make the sector even more effective. Sitra's role in this area is based on partnership and collaboration.

Website: <http://www.sitra.fi/en>

## France

### Ministère des Affaires Sociales et de la Santé:

The Minister of social affairs and health prepares and implements the French Government's policies in the field of social affairs, solidarity and social cohesion, public health and organisation of the healthcare system.

Website: <http://www.social-sante.gouv.fr/>

### Hungary

**Egészségügyi Stratégiai Kutatóintézet (ESKI):** The Hungarian Health System Scan newsletter deals with the most important changes of Hungarian healthcare and health policy, including legislation, reforms, and their outcomes.

Website: <http://www.eski.hu>

### Norway

**Northern Norway Regional Health Authority:** The Northern Norway Regional Health Authority (Helse Nord RHF) is responsible for the public hospitals in northern Norway. The aim of the Regional Health Authority is to provide the necessary specialist health services for the population of northern Norway and Svalbard.

Website: [www.helse-nord.no](http://www.helse-nord.no)

### Romania

**Consiliul Judetean Timis:** is the county council organisation for the Timiș County, which is the largest county in Romania. Through tradition, perseverance and performance, Timiș County has become the most attractive economical centre of Romania, and an important and reliable business and European partner for economic cooperation. The geographical position of Timiș County in western Romania is a privileged location due to the traditional socio-economical and cultural relations with the western countries. Proof of this is that this organisation is one of the partners of the CASA project from the Interreg IVC programme.

Website: <http://www.cjtimis.ro/>

### Slovakia

**National Health Information Center (NHIC):** is a state contributory organization, which is established by The Ministry of Health of the Slovak Republic. National Health Information Center covers tasks in the area of health service informatics, standardization of information system on health service, collection, processing and providing of health statistical data and providing library and information services from the field of medical sciences and health services. It is also the operator of national health registries and national administrative registries.

Website: <http://www.nczisk.sk/en/Pages/default.aspx>

### Spain

**Agencia d'informacio avaluacio i qualitat en salut:** The former Catalan Agency for Health Technology Assessment and Research (CAHTA) broadens its functions and will be denominated **Catalan Agency for Health Information, Assessment and Quality (CAHIAQ)**. The CAHIAQ has now the mission of generating relevant knowledge to contribute to the improvement of the quality, safety and sustainability of the Catalan Health Care System and thus easing the decision-making process for citizens and health care managers and professionals.

Website: <http://www.gencat.cat/salut/depsan/units/aatrm/html/en/Du8/index.html>

**Andalusian Ministry of Health and Social Welfare:** is the agency of the Administration of the Andalusian responsible for health and social policies in our region, as well as the management and control of the dependent organisms, among which include the Andalusian Health Service and the Andalusian Agency of Social Services and Dependency. The defense, consolidation and maintenance of the pillars of the welfare state in the health and social area are the pivot axis on which the actions of the Andalusian Ministry of Health and Welfare are based.

Website: <http://www.juntadeandalucia.es/servicioandaluzdesalud/principal/default.asp>

**Andalusian School of Public Health:** The Andalusian School of Public Health (EASP, Escuela Andaluza de Salud Pública) is a publicly-owned entity that offers services in training, consultancy, research and

international co-operation in the fields of public health and health services management. The EASP was founded on 2 May 1985 by the Andalusian Autonomous Government (*Junta de Andalucía*).

Website: <http://www.easp.es/en/content/school>

**Asociacion Centro de Excellencia Internacional en Investigacion de la cronicidad (KRONIKGUNE):** is an organization set up by the Basque Government, within the R&D strategy to study ageing, chronic diseases and healthy living, and to support the transformation of the Basque Health System for the treatment of chronic patients. KRONIKGUNE has been created as a centre of international excellence in research on chronicity. It holds the institutional representation on international projects and actions aimed at developing products and services and their deployment for the Basque population. KRONIKGUNE is one of the specialised regional entities in the design, implementation and assessment of the regional policies and strategies in AAL and Chronic Care.

Website: <http://www.juntadeandalucia.es/servicioandaluzdesalud/principal/default.asp>

**Conselleria de Sanidade de Galicia (SERGAS):** is responsible for health and social policies in the Galician region, designing and maintaining the Health Care system of the whole region. SERGAS has also become a point of reference in the field of public-private partnership and the stimulation of healthcare innovation with a market pull approach. It has launched two ambitious innovation plans funded through the ERDF OP multiregional Technology Fund, which constitute the most ambitious nationwide innovative public procurement (IPP) initiative: Hospital 2050 (H2050) and Innovasaúde (IS).

Website: <http://www.sergas.es/>

#### United Kingdom

**Department of Health, Social Services and Public Safety, Northern Ireland:** The Department of Health, Social Services and Public Safety is one of 12 Northern Ireland Departments created in 1999 as part of the Northern Ireland Executive by the Northern Ireland Act 1998 and the Departments (Northern Ireland) Order 1999. It is the Department's mission to improve the health and social well-being of the people of Northern Ireland.

Website: <http://www.dhsspsni.gov.uk/>

**NHS 24 (Scottish Centre for Telehealth and Telecare):** nhs24.com provides comprehensive up-to-date health information and self-care advice for people in Scotland. It is a web-site designed to help you get the right care, from the right people, at the right time; hence providing all Health Information and Self Care Advice for Scotland.

Website: <http://www.nhs24.com/>

**Powys Health Board:** The Powys teaching Health's core aim is to improve the quality and range of services available to local people and to ensure timely access to safe and appropriate health services where needed. Working with a range of other organisations, including their partnership with Powys County Council, Community Health Councils and voluntary sector organisations, the tHB is responsible for providing local services to reflect the needs of the people of Powys. Powys tHB operates in a very challenging environment and is required to meet targets for access to services and high standards for the delivery of care within a finite budget provided by the Welsh Government.

Website: <http://www.powysthb.wales.nhs.uk/>

**Joint Improvement Team (JIT)** is a partnership between the Scottish Government, NHSScotland, Convention of Scottish Local Authorities (COSLA) and Third, Independent and Housing Sector. It provide a range of practical improvement support and challenge including knowledge exchange, developmental innovation and improvement capacity and direct practical support to local health, housing and social care partnerships across Scotland. It champions the identification, development,

evaluation, spread and adoption of good practice to accelerate the pace of improvement towards the Scottish Government's vision for 2020; a vision that includes the aims that each of us is able to lead a longer, healthier life at home or in our own choice of setting in an integrated health and social care environment – which includes an increasing focus on prevention, anticipation and supported self-management.

Website: <http://www.jitscotland.org.uk/about/what-is-jit/>

**Joint Improvement Partnership Board (JIPB)** was established in April 2013 and comprises senior representatives from the Scottish Government, COSLA, NHS Scotland, the independent sector, the third sector and the housing sector. The Board has corporate responsibility for ensuring that we fulfil JIT aims and objectives and promotes the efficient and effective use of resources. The Board also ensures, on behalf of the partners, that the overall remit for JIT is fulfilled. In doing this, the Board ensures that we act on behalf of the whole partnership to accelerate service improvements and provides practical support to all health, social care and housing partnerships.

Website: (<http://www.jitscotland.org.uk/about/what-is-jit/>)

**National Telehealth and Telecare Advisory Board (NTTAB)** established by the Scottish Government to drive the telecare agenda forward, aims at *“helping thousands of people to live at home for longer with safety and security by promoting the use of telecare and thereby providing the foundation on which telecare systems can become an integral part of community care services in Scotland”* (JIT, 2008). The National Telehealth and Telecare Advisory Board holds primary responsibility for the strategic development of the National Telecare Programme. The Board is constituted by senior members of the following organizations (ADSW; Carers Scotland; Chartered Institute of Housing, JIT; DSDC; Scottish Center for Telehealth; COSLA; ALACHO; Telecare Service Association; Scottish Government; NHS24).

Website: <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/programme-board/>

**Telecare Services Association (TSA)** Telecare Services Association (TSA) is the industry body for telecare and telehealth, and the largest industry specific network in Europe. We are a not-for-profit membership based organisation, with a current membership of over 370 organisations. TSA promotes and supports the telecare and telehealth industry, highlighting the benefits of telecare and telehealth for commissioners across health and social care, service users, their family and carers. The Association is managed by its Board of Directors. Members of the Board are appointed by two means, election or co-option.

Website: <http://www.telecare.org.uk/about-us>

**Scottish Center for Telehealth and Telecare (SCTT)** The Scottish Centre for Telehealth and Telecare was established to support and guide the development of telehealth and telecare throughout Scotland and it is part of **NHS 24**. This involves working across boundaries with industry, academia, local authorities, NHS Boards and voluntary and independent sectors to develop recognised models for redesigning health and care services. The Scottish Centre for Telehealth and Telecare has 12 key programmes with associated projects that are being progressed by SCTT in partnership with key stakeholders against the specific workstreams identified within the National Delivery Plan.

Website: <http://www.sctt.scot.nhs.uk/>.

## I - Regions

## Denmark

**Region Syddanmark:** The area of health constitutes the most cost-intensive assignment for the Region of Southern Denmark, with total expenses of approximately DKK 18 billion. The region has taken over most health assignments from the county authorities, while the local authorities now hold responsibility for rehabilitation and general prevention. The responsibility for prevention in relation to the patients is to be shared between the region and the local authorities, with the region advising the local authorities on the subject of prevention.

Website: <http://www.regionsyddanmark.dk/wm157175>

**Region Zealand:** Region Zealand - and its associated partners and institutions - is able to provide knowledge and information on evidence-based best practices and on-going research in areas of innovation, development and testing as well as large-scale roll-out. Specifically we are able to add value to work in the following areas: prevention, user involvement and empowerment, evidence-based deployment, and interoperability.

Website: <http://www.regionsjaelland.dk/sider/english.aspx>

## Finland

**South Karelia Social and Health Care District (EKSOTE):** In South Karelia health and social services are closely integrated together. EKSOTE, established in 2010, combines primary and secondary health care, elderly care and social care in a totally new way. The goal of this new organization is to ensure equal access to social and health care services to all citizens in the region, across the boundaries of municipalities. The effectiveness of service delivery will be enhanced thanks to better co-operation of different social and health care organisations. One of the goals in South Karelia is to emphasize the importance of preventive health care and to empower citizens to take more responsibility of their own health and well-being.

Website: [www.eksote.fi](http://www.eksote.fi)

## Italy

**Emilia-Romagna Region, Organization, Information System and Telematics General Directorate and Health and Social Policies General Directorate.** It is the promoter and the founder of SOLE/FSE initiative. It is in charge for the whole health and social care services of the region.

Website: <http://www.regione.emilia-romagna.it/entra-in-regione>

**Veneto Region:** is situated in the north-east of Italy and is one of Europe's most vocal Regions in the area of health. It plays a leading role in the EU and in research and policy development; is at the heart of the Regions for Health network; and supports other Regions across Europe. It has been particularly active in addressing the implications for Regions of an ever closer Europe and in exploring responses to the sometimes competing challenges of an enlarged Europe, with its greater freedom of movement for patients and health workers, and the theme of decentralization.

Website: <http://www.regione.veneto.it>

## Poland

**Lower Silesia Voivodeship Marshal Office:** The Marshal Office of Lower Silesia Voivodeship, as a public institution, is responsible inter alia for the health policy creation for their citizens.

Website: <http://www.era-age.group.shef.ac.uk/lower-silesia-voivodeship-marshall-office,-poland.html>

## Sweden



**Region Halland:** is the regional Healthcare provider for all citizens in the region, including dental care, medical care, and healthcare through open units. Region Halland is also responsible for regional development and as such they conduct innovative project within the health care area. As part of this responsibility, it is working for some years with Halmstad University, industry and municipalities in Halland within technology centers with the aim to develop innovative solutions for tomorrow's healthcare. The solutions are jointly developed within platforms including professionals, industry and academia as well as users, whose needs constitute the starting point for all products and services developed in Halland.

Website: <http://www.regionhalland.se/sv/in-english/start1/>

#### **United Kingdom**

**Kent County Council (KCC):** Kent County Council is the county council that governs the non-metropolitan county of Kent in England. The council is responsible for public services such as education, transport, strategic planning, emergency services, social services, public safety and waste disposal.

Website: <http://www.kent.gov.uk/>

### **J - Alliances, associations, clusters, networks, partnerships, portals**

In this section different associative organisations such as alliances, associations, clusters, JPIs (Joint Programming Initiatives), networks, partnerships and platforms, which are relevant in this Active and Healthy area, are described.

#### **Alliances**

**Continua Health Alliance:** Continua Health Alliance is a non-profit, open industry organization of healthcare and technology companies joining together in collaboration to improve the quality of personal healthcare. With more than 200 member companies around the world, Continua is dedicated to establishing a system of interoperable personal connected health solutions with the knowledge that extending those solutions into the home fosters independence, empowers individuals and provides the opportunity for truly personalized health and wellness management.

Website: <http://www.continuaalliance.org/>

#### **Associations**

**AAL –Ambient Assisted Living- Association (AALA):** is an international not-for-profit association according to Belgium law, and it is responsible for leading **the AAL Joint Programme (JP)**. The supreme body of the AALA is the General Assembly, composed by representatives of all Partner Countries. The Association is responsible for leading the AAL JP. The national coordinators are the first referents of the AAL JP in their countries.

The AAL JP is a funding activity that aims to create better conditions of life for the older adults and to strengthen the industrial opportunities in Europe through the use of ICT. It carries out its mandate through the funding of across national projects (at least three countries involved) that involves small and medium enterprises (SME), research bodies and user's organizations (representing the older adults).

Website: <http://www.aal-europe.eu/>

**AIM (the International Association of Mutual Benefit Societies):** AIM is the umbrella organisation of health mutuals and health insurance funds in Europe and in the world. Through its 50 members from 28 countries, AIM provides health coverage to 230 million people in the world and 160 million in Europe through compulsory and/or complementary health insurance and managing health and social facilities. AIM strives to defend the access to healthcare for all through solidarity-based and non-for profit health insurance. AIM's mission is to provide a platform for members to exchange on common

issues and to represent their interests and values in the European and international Institutions. AIM members engage for cost-efficient and affordable health systems, strengthened health mutual benefit societies, and health protection for all without inequalities.

Website: <http://www.aim-mutual.org/home/>

**Sociedad Española de Asistencia Sociosanitaria (SEAS):** is a non-profit association composed by researchers and professors experts in different social and technical aspects involved in Socio-healthcare sector, who share a strong commitment with: the protection and defence of the rights and interests of the elderly people, their families and main carers; and the promotion of the R&D and the dissemination of scientific excellence in the area. SEAS has large experience in participating within European consortia, and has outstanding expertise with respect to the improvement the quality of the assistance and policy management of dependency, as well as with respect to the integration of other collectives in risk of social exclusion in informal care market.

Website: [www.seasassociation.com](http://www.seasassociation.com)

## Clusters

### Estonia

**Estonian Healthtech Cluster:** is an umbrella organization for healthcare technologies in Estonia with the aim of fostering international cooperation and bringing novel products and services to the market. The Cluster includes among others the Estonian E-Health Foundation, two large hospitals and a large private medical centre in the Tallinn region and the two biggest universities in Estonia, Tartu University and Tallinn University of Technology.

Website: <https://htcluster.eu>

### Finland

**Finnish Health and Well-being Cluster:** is a development platform for health and well-being services and associated technologies. It aims to make Finland a very attractive and competitive region of health and well-being by supporting Finnish health and well-being enterprises to gain access to the global markets. The Health and Well-being Cluster Programme assists social and health care enterprises to gain access to the growing global markets. It organizes international business trainings, network companies and research institutes, and initiates many development projects which aim at giving a competitive edge for the companies and research institutes. It also collects, analyses and provides valuable information on global markets, financing opportunities and trends. This information helps the companies to find new business opportunities and develop their business strategies.

Website: <http://www.hyvintiklusteri.fi/en/>

### France

**i-Care Health Technology Rhône-Alpes Cluster:** is the economic health technology cluster initiated since 2009 in Rhône-Alpes. I-Care has the vocation to gather all of Rhône-Alpes health technology actors together: companies, health organizations, and research & development organizations. It offers a complete range of services contributing to reinforce their competitiveness, to develop projects and to support their position in new markets.

Website: [www.i-carecluster.org](http://www.i-carecluster.org)

### Spain

**TICBioMed - ICT Health Cluster of Spain's Murcia Region:** is a cooperation platform for technology firms, health organisations, universities and other stakeholders involved in technological innovation applied to medicine, healthcare and biology in Murcia Region (Southeast Spain). The cluster aims to develop innovative interactions between health organisations and their suppliers, moving from the vendor-customer relationship to a framework of innovation partnership cooperation. The objective is

to align health needs to the services provided by ICT firms and university work groups, in a model called Aligned Innovation.

Website: [www.ticbiomed.net](http://www.ticbiomed.net)

### **Joint Programming Initiatives (JPI)**

**JPI "More Years, Better Lives - The Potential and Challenges of Demographic Change":** this JPI seeks to enhance coordination and collaboration between European and national research programmes related to demographic change. Joint Programming (JP) is a new approach to foster collaboration and coordination in R&D in Europe. It is a member-states driven activity and currently 13 EU countries are participating. Areas affected by demographic change cover a wide range of research fields and policy topics ranging from health to social welfare, education & learning, work & productivity to housing, urban & rural development and mobility. The JPI therefore follows a transnational, multi-disciplinary approach bringing together different research programmes and researchers from various disciplines in order to provide solutions for the upcoming challenges.

Website: [http://www.jp-demographic.eu/front-page?set\\_language=en](http://www.jp-demographic.eu/front-page?set_language=en)

### **Networks**

Most of the networks described below are, in fact, projects financed by the European Commission, with the specificity that their main aim is to promote the networking among its various partners and even the enlargement of the initial network based on the project consortium.

**AgeingWell (2012-2014):** The aim of the AgeingWell Network ((project form the CIP ICT-PSP programme) is to build and animate a European network focused on improving the quality of life of Elderly People by promoting the market uptake of ICT solutions for Ageing Well. Its objectives are as follows:

1. Develop Guidelines for deployment and sharing of best practice between key competence centres.
2. Build an ICT for Ageing Knowledge Centre with the aim to share relevant information and results with the AgeingWell Community.
3. Develop an ICT for Ageing Society Strategic Agenda, with the aim of providing a study on options for future structure and implementation of EU innovation funding.
4. Promote the European innovation reinforcement between innovative ICT & Ageing enterprises (in particular SMEs) and the Investment Community.
5. Raise awareness within the European community of ICT & Ageing stakeholders.

Website: <http://www.ict-ageingwell.net/>

**E-NO FALLS (2013-2015):** The main goal of E-NO FALLS thematic network (project form the CIP ICT-PSP programme) is to integrate and bring together knowledge, experiences and best practices acquired at European and international level in the area of fall prevention, intervention and safety, with the aim of coordinating on-going activities and creating the necessary conditions and consensus on action plans, standards and specifications in view to ensure the widest future replication and co-deployment of innovative solutions (with special emphasis on ICT-based ones). In this way, the E-NO FALLS will be a forum for all stakeholders within the value chain (such as industry, users organizations, informal and formal care providers, public authorities, investors, housing and insurance companies and service providers across Europe) to share knowledge, expertise, resources, best practice experiences and to build consensus to highlight the remaining obstacles to be overcome and to eventually provide guidance for ICT-enabled solutions and their roll-out.

Furthermore E-NO-FALLS has committed to the EIP AHA A2 action on fall prevention and will actively support the implementation of the action plan.

Website: <http://www.e-nofalls.eu/>

**ENoLL - The European Network of Living Labs:** is the international federation of benchmarked Living Labs in Europe and worldwide. Founded in November 2006 under the auspices of the Finnish European Presidency, the network has grown in 'waves' up to this day. To this date, six waves have been launched; resulting in over 300 accepted Living Labs. The ENoLL international non-profit association, as the legal representative entity of the network, is headquartered in Brussels.

The European Network of Living Labs (ENoLL AISBL) as an association participates, selectively in EU-funded projects that are as strategically important for the whole network or for its working groups, mainly in the areas of smart cities and future of Internet.

Website: <http://www.openlivinglabs.eu/>

**Habilis Europe:** The aims of Habilis Europe is to standardize and coordinate the activities of a network of companies established at national level (Habilis Italy, Habilis Spain, etc.) and at local level (Local Service Providers) in order to provide this European tele-rehabilitation service. Habilis Europe is a new company established in the framework of the European project CLEAR supported by the ICT-PSP Programme. It is conceived as a network of SMEs, public and private bodies with the mission, to "maintain, as long as possible, elderly people abilities to reach a better quality of life" well recalled by the name Habilis.

Website: <http://www.habiliseurope.eu/>

**Living and Care Lab (LiCaLab):** LiCaLab is a living lab for real-life user-centric innovation in the fields of Living and Care. LiCaLab facilitates the design of experiments and demonstration projects, facilitates the validation and valorisation of new products, concepts and care processes developed by companies and organizations. LiCaLab is a crucial link in the innovation-chain that prepares innovative products, processes and services in the fields of Living and Care for a successful introduction in the market. LiCaLab is member of ENoLL and it has been published in the EIP on AHA Marketplace as one joint initiative among three key partners from Belgium: the City of Turnhout, K.H.Kempen University College and Janssen Pharmaceutica.

Website: <https://webgate.ec.europa.eu/eipaha/initiative/index/show/id/18>

### Partnerships

**AitAAL:** The Italian Association for Ambient Assisted Living (AitAAL) was born out of the need to establish in Italy, first among all European countries, an Association which would deal within a strongly multi and inter-disciplinary framework, with the scientific, technological and social research linked to all AAL issues, in synergy with the policies and activities taking place at European level. It has its main office in Lecce, at the CNR Institute for Microelectronics and Microsystems, and also other Centres of Research both private and public, Universities and Companies operating in the relevant product and service market, Associations and Co-operatives of users, other Public Institutions, among which Local Authorities, belong to it. Among its various activities, we can mention:

- The role of motivation and scientific and cultural support to the companies and research centres on the territory, contributing to the development of strategic policies within AAL.
- Create a network for members to encourage them to share experiences and find synergies and interactions thanks also to the presence of organizations and representatives of the elderly and disabled users, to encourage technological development in favour of such fragile people.

Website: <http://www.aitaal.it/>

**EPPOSI:** Founded in 1994, EPPOSI is an independent, not-for-profit, partnership-based and multi-stakeholder think tank based in Brussels, Belgium. Its goal is to work at the "cutting edge" of European health policy-making, providing members and the wider public with high-quality independent research, capacity-building, knowledge exchange and dissemination with the aim of

bridging the gap between innovation and improved public health outcomes. EPPOSI enables consensus-driven, equally-weighted outcomes between the different stakeholder groups of its membership: patients' organisations, science and industry.

EPPOSI is open to members from EU-facing umbrella patients' organisations, commercial enterprises and their related trade bodies, research institutes, professional and business federations. With its unique multi-stakeholder membership and approach, EPPOSI is focusing its programmes on four research areas: chronic conditions management, health technology assessment, innovation in healthcare, and rare diseases.

Website: <http://www.epposi.org/>

**INNOVAAL:** is a Public-Private Aggregation for Research, Development, Demonstration and Validation of Innovative Technologies and Services for Ambient Assisted Living, recognized and admitted for funding from the Ministry of Research. In its district concept, it includes 16 companies and four Public Research Institutions.

Website: <http://www.escoop.eu/projects/42-innovaal> (European Social Cooperative project)

**TRIL - Technology Research for Independent Living:** the TRIL centre is an interesting example of a public-private collaboration established with the aim to discover and deliver technology solutions to support independent living for older people. The Centre focuses on three key areas: improving health and social engagement for older people, detecting and preventing falls in the home, and helping those with memory loss to maintain their independence. The TRIL Centre looks at the physical, social and cognitive consequences of ageing and develops technologies to address them.

TRIL is an active collaboration between researchers in academic, clinical and industry settings. Operating as a virtual centre with researchers based in UCD (University College Dublin), TCD (Trinity College Dublin) and Intel, it tackles the problems associated with demographic ageing. The centre harnesses multidisciplinary ageing research, clinical expertise and enabling technology development and evaluation to support independent living.

Website: [www.trilcentre.org](http://www.trilcentre.org)

### Platforms

**European Disability Forum (EDF):** is an independent NGO that represents the interests of 80 million Europeans with disabilities. EDF is the only European platform run by persons with disabilities and their families. We are the voice of persons with disabilities in Europe. We work to build a stronger and more united disability movement, with special attention to those with significant and multiple disabilities, those who face multiple discrimination or any other form of marginalisation. We are a strong and extensive network. We build alliances with all those organisations that share our goals and help us to promote the rights of disabled people. With our partners, we exchange ideas and experience, enriching our work with their know-how and expertise.

Website: <http://www.edf-feph.org/>

**European Health Telematics Association (EHTEL):** Founded in 1999, EHTEL (the European Health Telematics Association) is a pan European multi-stakeholder forum providing a leadership and networking platform for European corporate, institutional and individual actors dedicated to the betterment of healthcare delivery through eHealth.

Website: <http://www.ehtel.org>

**European Patients' Forum (EPF):** is an umbrella organisation that works with patients' groups in public health and health advocacy across Europe. Its members represent specific chronic disease groups at EU level or are national coalitions of patients. EPF vision is that all patients with chronic and/or lifelong conditions in the EU have access to high quality, patient-centred equitable health and

social care. ITS mission is to ensure that the patients' community drives policies and programmes that affect patients' lives to bring changes empowering them to be equal citizens in the EU.

EPF helps to empower patients' organisations through educational seminars, policy initiatives and projects. It coordinates best practice exchanges between patient organisations at European and national levels. Its programmes also help to strengthen their organisational and advocacy capacity.

Website: <http://www.eu-patient.eu/>

**Spanish Technological Platform for Health and Active and Independent Living (eVIA):** is a network of multiple organizations (mainly industry but there are also final users) focus on health and social technologies. eVIA covers three major areas: health, welfare and social cohesion. Currently this includes the use of technology in healthcare, facilitate independent living of people with disabilities, raising the quality of life and independence of older people, the integration of ethnic minorities and immigrants, the generation of new models rural development and inclusiveness by technology.

Website: <http://www.evia.imasdtic.es/>

### K - Telecare initiative in Scotland

An additional list of potential stakeholders of the project is constituted by the organizations that in Scotland have developed the Telecare Development Programme and that are listed in the following table.

Telecare project location	Focus	Development of the initiative	Management of the initiative
<b>Aberdeenshire</b>	Virtual Care Village model; expansion of Intermediate Care Provision; management long term conditions	Community Planning Board	Older People Management Team
<b>Aberdeen City</b>	Expansion of a Rehabilitation step-down project with an additional 5 flats fully equipped with Telecare; review of the existing community alarm service	Joint Operational Management Group	Telecare Development Office was appointed for the initiative
<b>Angus</b>	Videophones to undertake virtual visits/well being checks and social interactions; door side bogus caller alarms system integrated with the call center; long terms conditions telehealth trial; rural virtual clinics; intermediate care at home	Angus Community Planning partnership	Constituted by a programme reference group constituted by Community health Partnership Manager; head of Angus Council Housing Division and Head of Angus Council Older People Services
<b>Argyll&amp;Bute</b>	The funds have been used to complement other community equipment of the existing Telecare Response Service	Argyll & Bute telecare Strategy Group	Argyll & Bute Strategic Health and Social Care Partnership
<b>Clackmannanshire</b>	Equipping 5 houses for telecare assistance.	Clackmannanshire CHP	Clackmannanshire CHP
<b>Dumfries &amp; Galloway</b>	Long term Conditions management; sheltered housing upgrade	Telacare management group	Joint Future Senior Management Group

Telecare project location	Focus	Development of the initiative	Management of the initiative
<b>Dundee City</b>	Interim Lifestyle Monitoring ; bogus caller alarms for 100 household; provision of assistive technology; 200 carer training	Dundee Health & Local Authority Forum	Telecare Programme Development Group
<b>East Ayrshire</b>	Provision of Assistive technology	East Ayrshire Joint Future Partnership	Joint Future Implementation Group
<b>East Dunbartonshire</b>	Upgrading the Hour-care 24 service; provision of assistive technologies	East Dunbartonshire Joint Planning Forum	Joint Older People Planning & Performance Strategy Group
<b>East Lothian</b>	Training and awareness raising; provision of assistive technologies	East Lothian Partnership	Telecare Project Board
<b>East Renfrewshire</b>	Training and awareness raising; provision of assistive technologies	East Renfrewshire CHCP	Older People and Long Term Condition Group
<b>City of Edinburgh</b>	Upgrade the community alarm software; upgrade of call systems in sheltered properties; supporting people housing support provides to reduce waking night or sleepover; improve hospital discharge performances using communication dispenser linked with community alarm technology and existing support services. Remote door locking system; provision of assistive technologies	City of Edinburgh partnership	Telecare Programme Management Group
<b>Falkirk</b>	Replacement of passive alarm with more sophisticated trigger device to the 5,700 community alarm users; increase fall detection programme; sheltered housing smoke alarms provision of assistive technologies	Forth Valley Health and Falkirk Council Housing and Social Work services	Forth Valley Health and Falkirk Council Housing and Social Work services
<b>Fife</b>	Intermediate care service development; lifestyle monitoring integrated with telehealth; expansion of existing telecare services to an additional 280 users.	Fife Community Planning Partnership	Health & Social Care Partnership
<b>City of Glasgow</b>	Purchase of core packages of 750 service users (unit, pendant, smoke alarm, bed sensors, PIT detectors, temperature extreme sensors), plus around 150 enhanced packages including fall, flood, gas detectors	Glasgow Community Planning partnership	Glasgow Community Planning partnership
<b>Highland</b>	Upgrade of existing community alarm service; enhanced telecare services; cost-benefit analysis of the sample to extend the service in the whole territory	Joint Committee for Action in Community Care	Highland Community Care Partnership

Telecare project location	Focus	Development of the initiative	Management of the initiative
<b>Inverclyde</b>	3 telecare demonstration centers; upgrade the community alarm; 10 additional mobile telecare packages	Joint Care ELPA	Joint Care Board and the Joint Future Partnership
<b>Midlothian</b>	Purchase of core packages of 170 service users (unit, pendant, smoke alarm, bed sensors, PIT detectors, temperature extreme sensors)	Midlothian Community Care Partnership	Joint Community Care Partnership and Telecare Joint Forum
<b>Moray</b>	<b><i>Provision of services to the people at risk of readmission as identified by SPARRA</i></b> ; enhance the community alarm service with additional sensors (unit, pendant, smoke alarm, bed sensors, PIT detectors, temperature extreme sensors) for 110 new users	Community health and Social Care Partnership Committee	Management group constituted by the key stakeholders
<b>North Ayrshire</b>	Provision of telecare assistance to 20 Older people with complex needs who require care management and additional support to stay at home	North Ayrshire Older People Partnership	Older people Services in North Ayrshire
<b>North Lanarkshire</b>	Upgrade of existing alarm system, installation of video cameras in 17 shelter housing complexes; equipment for intermediate care service, telemedicine pages and locators	North Lanarkshire Health and Care Partnership	North Lanarkshire Health and Care Partnership
<b>South Lanarkshire</b>	Transforming the current ad hoc telecare service arrangement into a robust telecare strategic infrastructure.	South Lanarkshire telecare Initiative	Joint Future Older People group
<b>Orkney Islands</b>	Training and telecare equipment purchase.	Orkney Community Planning Partnership	Joint Management Team supported by the social care, housing and the voluntary sector
<b>Perth &amp; Kinross</b>	Provide 1000 telecare packages (module, pendant, smoke alarm, health sensitive monitor, flood detector 2 PIT movement detector)	Perth & Kinross and Wellbeing Partnership	Telecare Working Group
<b>Renfrewshire</b>	Additional 150 service user will receive enhanced packages of telecare service (lifestyle monitoring, medication alarms, chair occupancy, dementia clocks, audio/visual controls)	Renfrewshire Community Health Partnership	Older Peoples' Joint Planning and Performance Improvement Group
<b>Scottish Borders</b>	Develop a more integrated systems for telehealth and telemedicine and provision of a basic telacare package to 3150 users and complex telecare	Scottish Borders Community Planning Structure "New Ways"	Telecare Development Group



Telecare project location	Focus	Development of the initiative	Management of the initiative
	package to 250 users		
<b>Shetland</b>	Reshaping the on-call, out of hours response services and upgrading the current community alarm service by providing enhanced telecare services to 15 vulnerable people in the community and 5 people with dementia	Community Health Partnership	Older People Service team
<b>South Ayrshire</b>	Upgrade the existing telecare services with training and information workshops; provision of telecare services to additional 300 people	South Ayrshire Joint Future Planning Partnership	South Ayrshire Joint Future Planning Partnership
<b>Stirling</b>	Training programme for staff; new telecare equipment, enhancement of the existing community alarm service; 50 new service users assisted	Community Health Partnership and the forth valley older people strategy group	Older people development group
<b>West Dunbartonshire</b>	New telecare equipment; upgrading smart technology to a sheltered housing complex; use of telecare in the wider community using a variety of sensors; introduction of mobile assessment packages; 350 new service users assisted	Older People Strategy Group	Health Improvement and Social Justice Partnership
<b>West Lothian</b>	Expansion of existing telecare core package to a further 500 service users; extension of lifestyle monitoring to 100 service users in the community to help to identify the early on-set of illness	West Lothian Community Health & Care Partnership Board	Home Safety Service
<b>Western Isles</b>	Undertake training for existing call centre staff on the use of full range of telecare equipment; purchase of telecare equipment; increase the range of existing services including dementia; support 25 new service users with complex needs and up to existing users being reassessed for a wider range of equipment supply (with special attention to those with dementia)	Western Isles Partnership	Health and Social Care Project Group

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