

WP9 – Impact

D9.2.1 Advisory Board Summary Feedback Report

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Contributing Partners: ATOS, NFE, ESE

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Often there is a need to have an external panel of experts that can help judge and guide the project in an unbiased and complementary way. In this deliverable, the Advisory Board members are introduced along with their profiles and skills. Following, their first assessments and recommendations for an even higher impact and success of the ALFRED project is summarized.



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Note

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Project Partners

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 <p>Worldline, Spain</p>	 <p>Charité - Universitätsmedizin Berlin - Department of Geriatrics, Germany</p>
 <p>Asociacion de Investigacion de la Industria Textil, Spain</p>	 <p>Technische Universität Darmstadt, Germany</p>
 <p>National Foundation for the Elderly, The Netherlands</p>	 <p>Talkamatic AB, Sweden</p>
 <p>E-Seniors, France</p>	 <p>TIE Nederland N.V., The Netherlands</p>
 <p>IESE Business School, Spain</p>	

Executive Summary

The main objective of this deliverable is to report on the selection of the ALFRED Advisory Board (AB) members, the first AB meeting and the diverse interactions between the ALFRED project and the AB members. AB Committee is composed by experts from different fields – ICT, eHealth, mobile solutions, users' requirements, EU policy – and relevant stakeholders – industrial partners (Google, Philips, Telefónica), users associations and health managers. This document gathers the first assessment and recommendations of the highly knowledgeable AB Committee on the development of the ALFRED project. Also, AB members identify possible barriers or issues affecting the deployment of ALFRED, as the fast evolving of the market, the need to integrate emerging technologies, and to suit the solutions to the users' requirements, which shall be comprehensively considered by the ALFRED partners.

This deliverable 9.2.1 Advisory Board Summary Feedback Report, is the first of 5 versions and is part of the task 9.2 Advisory Board Coordination and Interaction. Further versions of this document will continue the report on the interaction with the AB members, with a special focus on their recommendations.

Having this panel of experts providing guidance to the project will be very relevant for ALFRED success. Overall, AB members are very positive and enthusiastic with the work developed so far in the Project, and are looking for the future developments of ALFRED.

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1 Introduction

ALFRED – Personal Interactive Assistant for Independent Living and Active Ageing – is a project funded by the Seventh Framework Programme of the European Commission under Grant Agreement No. 611218. It will allow older people to live longer at their own homes with the possibility to act independently and to actively participate in society by providing the technological foundation for an ecosystem consisting of four pillars:

- **User-Driven Interaction Assistant** to allow older people to talk to ALFRED and to ask questions or define commands in order to solve day-to-day problems.
- **Personalized Social Inclusion** by suggesting social events to older people, taking into account their interests and their social environment.
- A more **Effective & Personalized Care** by allowing medical staff and caretakers to access the vital signs of older people monitored by (wearable) sensors.
- **Physical & Cognitive Impairments Prevention** by way of serious games that help the users to maintain and possibly even improve their physical and cognitive capabilities.

Within this deliverable, the selection process, invitation and first Advisory Board meeting are reported. Also, a feedback form from the AB members with their assessment and recommendations for the project is provided.

1.1 ALFRED Project Overview

One of the main problems of western societies is the increasing isolation of older people, who do not actively participate in society either because of missing social interactions or because of age-related impairments (physical or cognitive). The outcomes of the ALFRED project will help to overcome this problem with an interactive virtual butler (a smartphone application also called ALFRED) for older people, which is fully voice controlled.

The ALFRED project is wrapped around the following main objectives:

- To empower older people to live independently for longer by delivering a virtual butler with seamless support for tasks in and outside the home. This virtual butler (the ALFRED app) aims for a very high end-user acceptance by using a fully voice controlled and non-technical user interface.
- To prevent age-related physical and cognitive impairments with the help of personalized serious games.
- To foster active participation in society for the ageing population by suggesting and managing events and social contacts.
- And finally, to improve caring by offering direct access to vital signs for carers and other medical staff as well as alerting in case of emergencies.

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The data is collected by unobtrusive wearable sensors monitoring the vital signs of ALFRED's users.

To achieve its goals, the project ALFRED conducts original research from a user centred perspective and applies technologies from the fields of Ubiquitous Computing, Big Data, Serious Gaming, the Semantic Web, Cyber Physical Systems, the Internet of Things, the Internet of Services, and Human-Computer Interaction. For more information, please refer to the project website at <http://www.alfred.eu>.

1.2 Deliverable Purpose, Scope and Context

The purpose of this deliverable is to summarize the selection of the Advisory Board (AB) members, the 1st AB meeting and the diverse interactions between the ALFRED project and the AB members. This deliverable 9.2 Advisory Board Summary Feedback Report, is the first of 5 deliverables and is part of the task 9.2 Advisory Board Coordination and Interaction. The next versions are due at months 18, 24, 30 and 36.

1.3 Document Status and Target Audience

This document is listed in the Description-of-Work (DoW) as “public”, as it provides a summary feedback form from the Advisory Board Committee.

1.4 Document Structure

This deliverable is broken down into the following sections:

- **Chapter 2 – Aim of the Advisory Board** describes the main objectives to reach in the collaboration with the Advisory Board members.
- **Chapter 3 - Selection of the Advisory Board** explains the process followed for selecting the Advisor Board members, describing the communications used and the final configuration of the AB.
- **Chapter 4 - First AB Meeting** describes the first meeting where the AB attended in Barcelona, the agenda and the most relevant inputs from the AB in this session.
- **Chapter 5 - AB feedback Form and recommendations** describes the form used to obtain the feedback from the AB about ALFRED and the most relevant recommendations given by them.

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2 Aim of the Advisory Board

The Advisory Board (AB) aim is to consult the project towards its way with a strong focus on the applicability of ALFRED in the market. It will guide the project with recommendations and neutral feedback in order to maximize the impact and exploitation of the project. Although the consortium consists of a number of very professional and skilled partners, the external AB will give a fresh and relatively neutral view on the project and its developments and help keep a high impact of the project results.

Consult the project towards its way with a strong focus on the applicability of ALFRED in the market

Additionally, the AB of the project will be used to establish close links to software developers and large scale manufacturers, e.g, by directly involving them into the advisory board as board members.

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3 Selection of the Advisory Board

3.1 Proposed Names

The process for identification and selection of the ALFRED Advisory Board members started before the official starting of the project. ASC, as project Coordinator, created a web-based doc to collect the AB names suggestions from all the partners. At the kick-off meeting (10-11 October, 2013), IESE, as T9.2 leader – *Advisory Board Selection, Interaction and Coordination*, presented the suggested names, along with the expertise and geographical distribution of each (see Table 1).

Table 1 – First List of AB Names Suggestions

Name	Institution	Profile	Institution type	Country
Oliver Heckmann	Youtube	Engineering director at YouTube	ICT, Computer networking	Switzerland
Albert Alonso	Hospital Clinic Barcelona	ICT healthcare management director	Hospital. Public body	Spain
Nico Brehm	RepuGraph GmbH	CEO	software company	Germany
Barbara Keck	BAGSO	CEO	SME	Germany
Diane Whitehouse	The Castlegate Consultancy / EHTEL	Director	EU eHealth specialist	United Kingdom
Petra Wilson	Cisco's Connected Health	Director	Public sector healthcare	Belgium
Jaume Raventós	Telefónica Spain	eHealth Director	ICT, eHealth, mobile solutions	Spain

Figure 1 shows the geographical distribution of the ALFRED partners, suggested AB members and profiles covered.

Profiles covered:

Industrial partners

- RepuGraph, BAGSO
- Youtube-Google, Telefónica

Consulting: The Castlegate Consultancy

Health managers: Hospital Clinic Barcelona

Associations: European Health Mngmt

Skills covered:

ICT, eHealth, EU policies, mobile solutions

Relevant profiles to include:

- Venture capitalist firms
- User Associations (although present as partners)

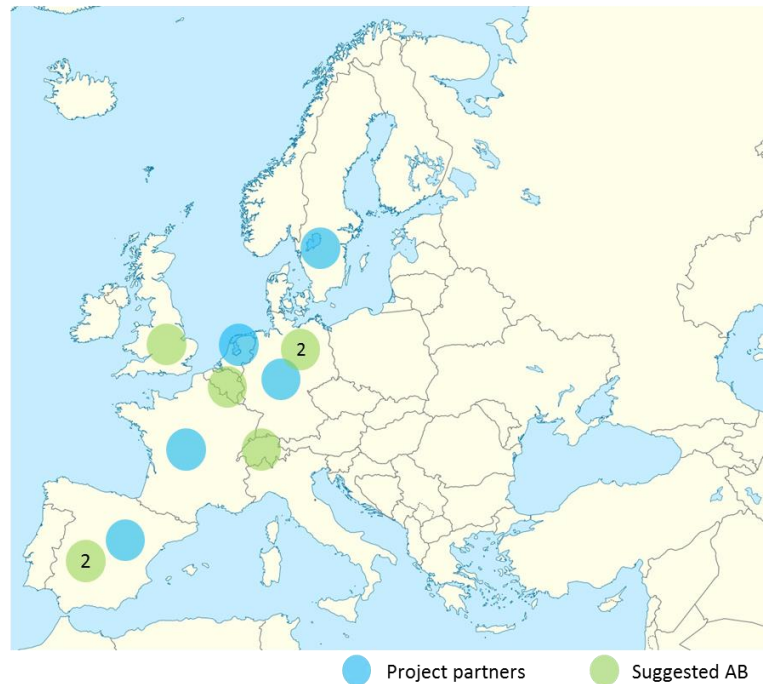


Figure 1 – Geographical Representation of AB Suggested Names, Profiles and Skills

In addition to the names in Table 1, partners suggested Dr. Ursula Lehr – academic, age researcher and politician who served as German federal minister of youth, family, women and health from 1989 to 1990 – and Ingvar Kamprad – founder of IKEA and of the Kamprad Family Foundation, dedicated towards improving care for the elderly and entrepreneurship.

All partners contributed actively in suggesting very interesting profiles for the AB committee and by the end of the kick-off meeting there was a consensus to contact this list of persons.

3.2 AB Invitation

Invitations for the Advisory Board member were performed mainly by email. The partner suggesting each name was the one in charge of establishing the contact and invitation. In all contacts a summary of the ALFRED project and a summary on the functions of the AB was sent.

Listing 1 – Information Sent in the Invitation for the ALFRED AB Committee

The Advisory Board

The advisory board will consult the project towards its way with a strong focus on the applicability of ALFRED in the market. It will guide the project with recommendations and neutral feedback in order to maximize the impact and exploitation of the project. It represents a bridge between different sectors, furthers the collaboration with other projects and guides the

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consortium activities by providing relevant thematic input and ideas and sensitizing the consortium members for cross-cutting issues.

Its specific role in the project is:

- 1. External monitoring and review of the project's progress*
- 2. Ensuring transparency and optimizing the linkage between research and practice*
- 3. Linking the project to current market needs, policy developments and related projects*
- 4. Providing relevant thematic input and sensitizing partners for cross-cutting issues*
- 5. Guiding the consortium activities, giving advice with respect to strategic decisions and assisting and facilitating the decisions made by the Meeting of Partners*
- 6. Facilitating contacts to market, academic, policy and civil society networks*
- 7. Support the dissemination of results*

Advisory Board members will perform these responsibilities on a voluntary basis without payment. Arrangements can be made to cover the travel costs. The advisory board is assumed to meet personally around three times during the course of the project. Some specific consultation to individual members on particular issues may occur by email.

The first AB meeting will take place this March in Barcelona (13rd-14th) taking profit of the Scientific Committee Meeting that will also take place on the same dates.

3.3 Final Advisory Board Committee

Most of the invitees replied positively to our invitation. Dr. Ursula Lehr kindly declined our invitation but suggested the name of Dr. Heidrun Mollenkopf instead. In Table 2 the final ALFRED AB Committee is depicted. Figure 2 shows the geographical distribution of the ALFRED partners and final AB members. A brief Bio of each AB member can be found in Annex 1.

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Table 2 – Final ALFRED Advisory Board Committee

Name	Institution	Profile	Institution type	Country	Attendance to the 1 st AB meeting
Albert Alonso	Hospital Clinic Barcelona	ICT healthcare management director	Hospital, Public body	Spain	Yes
Jaume Raventós	Telefónica Spain	eHealth Director	Private company ICT, eHealth, mobile solutions	Spain	Yes
Jordi Rovira		eHealth Project Coordinator			
Koen van Os	Philips Research	Senior Scientist Intelligent Textiles	Private company innovations in healthcare, lifestyle	Netherlands	Yes
Diane Whitehouse	The Castlegate Consultancy	Director EU eHealth specialist	Consultancy company	United Kingdom	Yes
Oliver Heckmann	Google	Engineering director	Private company ICT, Computer networking	Switzerland	No
Petra Wilson	International Diabetes Federation <small>previously at Cisco's Connected Health</small>	CEO	Association of Diabetes	Belgium	No
Heidrun Mollenkopf	BAGSO The Federal Association of Senior Citizens' Organisations	Age Researcher	Association of Seniors	Germany	No

As an overview, ALFRED is covering a different set of profiles as consulting, health managers, industrial partners and end user associations. Also, AB members are very knowledgeable in ICT, eHealth, EU policies and mobile solutions. They will definitely be very valuable in guiding the project towards a successfully path and a final product that is needed by the market.

Profiles covered:

Consulting

The Castlegate Consultancy

Health managers

Hospital Clinic Barcelona

Industrial partners

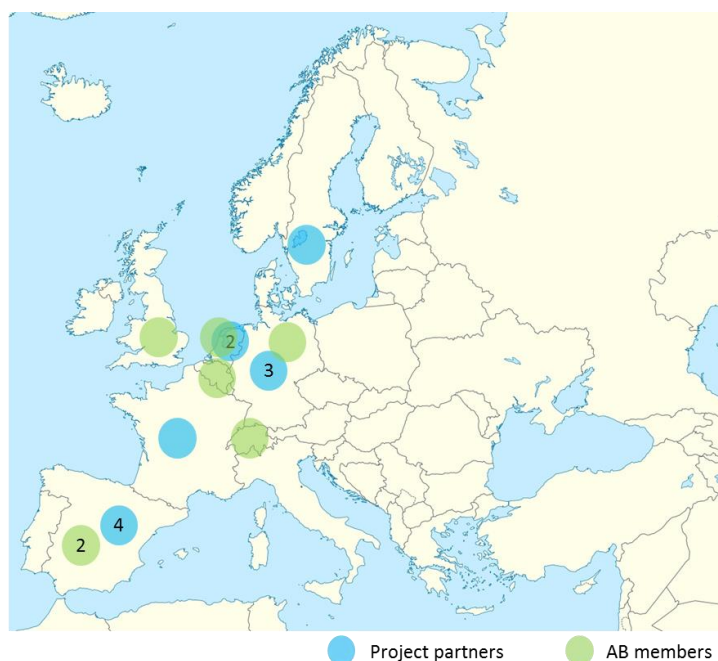
Google
Telefónica
Philips

User Associations

German Senior Association
Diabetes international Association

Skills covered:

ICT, eHealth, EU policies, mobile solutions



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Figure 2 – Geographical Representation of Final AB Members, Profiles and Skills

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4 First AB Meeting

The first ALFRED AB Meeting was held on the 13th March, in Barcelona, at the facilities of IESE Business School, alongside the 2nd SCM. Unfortunately not all the ALFRED AB members could join the meeting – Oliver Heckmann, Petra Wilson and Heidrun Mollenkopf. Nevertheless, they were updated with the status of the project, as well as the minutes of the meeting.

4.1 Agenda

The agenda for the meeting was elaborated considering that was the first time the AB members would be meeting each other and with the ALFRED partners. Therefore, we included an initial moment of introduction to partners and AB members followed by an introduction to the ALFRED project. We also considered very important to remark the goals of the AB, to assure that we have a common vision on what AB members can expect from us and what we can expect from them.

12:30	Arrival Advisory Board	ASC/IESE
		Introduction <ul style="list-style-type: none"> ○ All Partners (ASC) ○ AB - every Member for himself (each <5 Minutes)
13:00	Lunch at IESE, North Campus	
14:00	Intro ALFRED	ESE
14:30	Goals of the Advisory Board	IESE
		What are we hoping to gain through the AB
14:45	WP2 Discussion	ESE
		In depth D2.3
16:00	Coffee Break	
16:30	Dissemination & Collaboration	TUDA
		Action points and Planning of 1 st Workshop
17:30	Wrap-Up Day 1	IESE/ASC
20:00	Touristic route POBLENOU 22@ Meeting point: Avenida Diagonal, 177	
21:00	ALFRED Dinner – Punx Restaurant, Avenida Diagonal nº 177	

4.2 Minutes and Remarks from the AB Meeting

The First ALFRED AB meeting was very interesting, with a lot of debate and exchange of ideas between partners and AB members.

The main recommendations given by the Advisory Board were:

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- Feedback from care organizations should also be involved not only at the hospital environment, so maybe a homecare organization would be good to be involved in the project.
- The client, the customer (who buys the solution) and the price of the solution should be also considered. The organisations who buy the solution for the older adults should also be consulted. It is essential to get the full picture of requirements from all the users and stakeholders. For instance, how to approach the internet signature price phone bill? The situation is largely different between partner countries and among European countries.
- The EU prefers open source platform as it creates more benefit for everybody. The pros and cons for the both solutions are discussed: maybe one part of the Apps could be open source so that the developer could develop more easily new Apps for ALFRED – also we need to attract the Apps developers. Diane Whitehouse mentioned the importance for EC that as a result of ALFRED there is at least some app given for free for the benefit of the citizens
- IAM Association International des Mutualités (in Brussels) or the Kings Fund can give access to insurance companies, which can be very valuable for the ALFRED project (but should be contacted by a partner that is the most interesting in their eyes).
- In order to take some leverage on the market and envisage the market 2017, we should consider the potential future evaluation of the markets (the both hardware and software).
- Business Model: among the different possibilities, it is key to evaluate what would be the best way to bring ALFRED results into the market. (Who are we selling it to?)
- The World is changing; the people's behaviour is changing with the age: the stakeholders should be involved more in the development phase but also in the exploitation plan phase. Is the Smartphone really the device of the future regarding Apps? Maybe other hardware will be used in the future, such as a smart watch.
- The package with the product and the service can be dangerous (smartphone+apps) as many people have already mobile phones. So other mobile devices should be considered, the smart TVs have high potential.
- Recommendation of focusing on the most relevant use cases that has been established in the D2.3.
- Try to follow what is happening in the medical device market but also the devices that do not fall in the medical device fields.
- Be safe with the confidential issues and the personal data privacy regulation and what this could imply for the project.

The minutes of the AB Meeting can be found in Annex 2.

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5 AB feedback Form and Recommendations

In the beginning of September 2014, we sent an update on the status of the project to the AB members and we kindly requested their comments and suggestions in the form of an Advisory Board Feedback form. By creating the form we also aimed at providing the AB members with a template for easing fill that would not take too much of their time (see Figure 3).

ALFRED Project 1st Advisory Board Feedback form



Advisory Board member name and email

Please rate the 1st ALFRED Advisory Board meeting, held in Barcelona, March 13th, 2014

from 1 insufficient, to 5 excelent

- Agenda (topics covered, timing, etc) 1 2 3 4 5
- Presentation of the ALFRED project 1 2 3 4 5
- Discussion created on different topics 1 2 3 4 5

Comments & Suggestions

Please provide us with your opinion

Is ALFRED moving into the right direction in terms of its overall idea and the market demand?

Is ALFRED's global architecture appropriate?

Are there any clusters or user groups that ALFRED should cooperate with?

Are there any emerging technologies (e.g. SmartWatches, Fitness Trackers, Glasses), that should be considered in more detail for ALFRED?

Do you have any recommendations for improving ALFRED's visibility?

Additional Comments

please provide any additional comments you consider suitable

After filling the form, please send it to Marta Ribeiro, mribeiro@iese.edu

Thank you for your contribution to the ALFRED project

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Figure 3 – ALFRED AB First Feedback Form

In addition to the AB feedback form, we provided the AB members with a summary update on the work developed so far in the project (Annex 3), the deliverables submitted until the moment and the minutes from 1st ALFRED Advisory Board meeting. Also, we invited them to the AAL Forum side event that ALFRED project hosted on the 9th September in Bucharest entitled Mobile Apps for Independent Living, <http://www.mail-aal-forum.com/>.

5.1 AB Members Replies

The comments from the AB members were very positive. They all enjoyed the First AB meeting and fully agree that the ALFRED project is moving in the right direction concerning the different aspects of it. At the same time, they identify some barriers regarding the fast developing of technology and products in this area.

Below you can find the replies from the majority of the AB members, grouped by question.

Please rate the 1st ALFRED Advisory Board meeting, held in Barcelona, March 13th, 2014

Albert Alonso:

Agenda | Presentation | Discussion: 5 | 5 | 5

Comments: None. The organisation and timing of the event was excellent. The meeting room facilities were also very good. There was a good discussion with the partners in the Consortium. They seemed to be very receptive to the comments made by the reviewers.

Jordi Rovira:

Agenda | Presentation | Discussion: 5 | 5 | 5

Koen van Os:

Agenda | Presentation | Discussion: 4 | 4 | 4

Comments: It was a very good introduction of the project. Maybe it is good to formulate decisions / statements which can be discussed and concluded in the plenary session.

Diane Whitehouse:

Agenda | Presentation | Discussion: 4 | 4 | 4

Comments: satisfactory

Heidrun Mollenkopf:

Comments: Unfortunately, I was not able to attend the meeting.

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Is ALFRED moving into the right direction in terms of its overall idea and the market demand?

Albert Alonso: Alfred idea remains a very valid one. Notably if during the project life or beyond it, its objective client population is expanded including younger groups of people.

Jordi Rovira: The starting of the Project is very encouraging. However, consortium must pay attention since the market is starting to move fast and in the next years very good solutions might arise.

Koen van Os: Yes it does. Innovative ICT solutions for aging problems are very welcome. But do not look into straightforward issues (like 80 year old people are not used to use smartphones at this moment). Keep it closer to lifestyle of people age 50-60 at this moment. Assume higher level of ICT knowledge.

Diane Whitehouse: Yes. See especially your deliverable on market directions which, however, shows that two of your pillars already have fairly large numbers of competing devices.

Heidrun Mollenkopf: Yes, I think so.

Is Alfred's global architecture appropriate?

Albert Alonso: This seems to be the case. The approach described in the corresponding deliverable is appropriate to the functionalities that Alfred should cover. However, it seems to be a rather complex architecture relying on a number of components that might raise issues of technical interoperability.

Jordi Rovira: Yes and remarkably ambitious. Functions like speech recognition should be tackled carefully since user experience might be frustrating.

Koen van Os: The consortium is well prepared for it.

Diane Whitehouse: Unable to judge: architecture is not my field.

Heidrun Mollenkopf: Yes. However, the pillars should be adaptable both on their own and as a whole to individual needs and resources.

Are there any clusters or user groups that ALFRED should cooperate with?

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Albert Alonso: This was an issue that was discussed during the AB meeting. The recommendation was to liaise with providers of care / support to elders that might be the ones recommending Alfred and incorporating it to their practices.

Jordi Rovira: Any group fitting in the AAL market might be a good input.

Koen van Os: Try to incorporate legislation / certification / CE-approvals into the strategy. What will be the blocking issues before ALFRED applications can be sold or used by third parties. Can data-bases be used in the application without trespassing privacy legislation?

Diane Whitehouse: AAL and its projects may be suitable partners.

Heidrun Mollenkopf: no reply

Are there any emerging technologies (e.g. SmartWatches, Fitness Trackers, Glasses), that should be considered in more detail for ALFRED?

Albert Alonso: This is an extremely changing market and, thus, the Market and Applicability Watch Report is a very much needed activity in this project. It is difficult to say what technology -if any- will become the dominant one. More likely, the scenario will be a mix of possibilities where the most intelligent strategy might be a combination of simplicity and interoperability.

Jordi Rovira: Alfred is really touching a wide spectrum of technologies and it would be wise try to focus a little bit since there might be risk of not being able to cope with everything. In any case, the consortium must take into consideration new market places like Appdemecum or the one in Andalucía: <http://www.calidadappsalud.com/distintivo-appsaludable/>

Koen van Os: Based on today's news that Apple will introduce NFC payment methods in new generation of Phones; what consequences will that have on society of aging: easy payments?

Diane Whitehouse: Besides the above three mentioned, consider also Google's contact lenses' proposition.

Heidrun Mollenkopf: Smart watches

Do you have any recommendations for improving ALFRED's visibility?

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Albert Alonso: At the last AB meeting, a list of events and conferences were suggested. I understand that Alfred will be present at the AAL Forum in September in Romania.

Jordi Rovira: Try to apply to relevant Awards like AAL Awards or European Projects Awards. Telefónica won both prizes and it got a lot of notoriety in the market. Also, try to assess data using a methodology so you can publish the results in a prestigious journal.

Koen van Os: Maybe you are doing it already; but try to show results by means of movies.

Diane Whitehouse: I think you have the ground covered. Have you, however, considered eHealth Week/Forum (May 2015)?

Heidrun Mollenkopf: Articles in newsletters of senior citizens' organizations; national conferences as e.g., the German AAL Forum 2015; REHACARE Fair, Düsseldorf, etc.

Additional Comments:

Albert Alonso: none

Jordi Rovira: please see Annex 4

Koen van Os: I look forward to see progress. However due to agenda issues I cannot participate in you Bucharest event. Have fun!!

Diane Whitehouse: please see Annex 5

Heidrun Mollenkopf: The deliverables are remarkably comprehensive. What I think important is that the older users can decide which of the features offered they use; that they can change their mind and stop a service without negative consequences; that the data collected in pillar 3 (health) are strictly separated from other data and access

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Annex 1 – Advisory Board members short Bios

Albert Alonso is the Responsible for the area of new models of healthcare services supported by ICT at the Hospital Clinic Barcelona Innovation Department. Main work lines: definition, evaluation and deployment of new models of health care provision with a special emphasis in integrated care models that use ICT. Participation in numerous R&D projects since 1997. Founder and scientific advisor for the private company Linkcare Health Services, a spin-off created from the EU funded Linkcare project.

Jaume Raventós is the eHealth Director of Telefónica for Spain, a leading global telecommunications company providing eHealth innovative products and services to healthcare providers and end users. Jaume has over 20 years of healthcare management experience, 10 of which as General Management/CEO of diverse Hospitals and Health Consortiums – Hospital Comarcal Sant Bernabé de Berga, Hospital Universitario de Girona Dr. Josep Trueta, Consorcio Hospitalario de Cataluña SA, Parc de Salut MAR and Hospital Vall d’Hebron. Previously, he spent several years as Head of Clinical Lab and Pharmacy unit at Hospital de Puigcerdà. Jaume holds a degree in Pharmacy with a PhD in Medicine and a MBA.

Jordi Rovira is the eHealth Project Coordinator at Telefónica I+D. He has been involved and leading many eHealth projects and is now in charge of defining the strategy for H2020.

Koen van Os received his master in precision engineering in 1995 from Eindhoven University of Technology. After his graduation he fulfilled positions at Stork Digital Imaging and joined Philips in 2001. Here he started as technologist in the field of electronic interconnection technologies. Later he was engineering manager at Philips Lumalive for developing LED textiles in wearable applications. Since 2010 he explores electronic textiles at Philips Research. He is responsible for product and process developments with a strong focus on industrialization by bridging the gap between electronic and textile industries and is project coordinator of PLACE-it. The PLACE-it project investigates Large Area Conformable Electronics by InTegration.

Diane Whitehouse is a founding partner of the UK-based business partnership, The Castlegate Consultancy, which focuses on research, policy, and deployment in eHealth, eGovernment, and eInclusion. Diane previously worked in the European Commission Directorate-General called Connect on eHealth and eInclusion. She has written widely on these two subjects and many others relating to the social implications of information technology. She is currently

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Chair of working group 9.2 on social accountability and computing, and Vice-Chair of the technical committee on ICT and Society, of the International Federation for Information Processing. Diane's previous career history includes action and academic research and teaching, civic and human rights, and publishing in relation to ICT. Her academic background has covered political science, information systems, and organisational theory and behaviour.

Oliver Heckmann is the engineering Director of YouTube in Europe. He is leading a team of over 100 software engineers and researchers in Paris, London and Zürich. He is responsible for many projects like Content ID, Adwords for Video, Video Analytics, Uploads and the YouTube API. Before working on YouTube, Oliver was a manager on the Gmail team. And, before joining Google in 2006, he was leading a research team at the Multimedia Communications Lab in Darmstadt/Germany. In 2004, he won an award for the best German Computer Science Dissertation.

Petra Wilson has over 20 years of experience in the eHealth sector, having been a senior director in Cisco's Connected Health team, been European Director of the European Health Management Association, and worked for the European Commission in its eHealth Directorate. Alongside her employment Petra holds the position of Honorary Reader at the Centre for Health Informatics and Multiprofessional Education at University College London and is a Non-executive Director of the Digital Health Institute in Scotland. Originally trained in law, Petra spent several years as a lecturer Nottingham University, UK, specializing in healthcare law. She has a Ph.D. in public health law from Oxford University.

Heidrun Mollenkopf is a sociologist and gerontologist. She was Senior Researcher at the German Centre for Research on Ageing (DZFA) at the University of Heidelberg, Department of Social and Environmental Gerontology, until December 2004. Her main research focus is the interplay among personal, societal, technical, and environmental conditions with regard to maintaining autonomy and social participation and, by this, quality of life in old age. She has pursued this interest in several large-scale research projects on technology and ageing and on the outdoor mobility of older people, first at the University of Mannheim, then at the Social Science Research Center Berlin (WZB) and the Free University of Berlin, and finally at the former DZFA. In addition, Heidrun Mollenkopf served as a consultant and evaluator in several European bodies of experts such as the European Forum on Population Ageing Research and the Institute for Prospective Technological Studies (IPTs).

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Annex 2 – First Advisory Board Minutes

First ALFRED Advisory Board Meeting @ IESE Business school, Barcelona, 13th of March 2014

1. The Members of the ALFRED Advisory Board

The **Table** defines the members of the advisory board that are invited to take part of the advisory board meetings and who will guide the project with their recommendations and feedback. *(Note: The names that are in the brown cells were present in the first Advisory Board meeting)*

Table 1: The Members of the ALFRED Advisory Board. With grey background the AB members that attended the Meeting

Name	Institution	Profile	Institution type	Country
Oliver Heckmann	Youtube	Engineering director at YouTube	ICT, Computer networking	Switzerland
Diane Whitehouse	The Castlegate Consultancy/ EHTEL	Director	EU eHealth specialist	United Kingdom
Petra Wilson	International Diabetes Foundation	Director	Public sector healthcare	Belgium
Jaume Raventós and Jordi Rovira	Telefónica Spain	eHealth Department	ICT, eHealth, mobile solutions	Spain
Koen van Os	Philips Research	Senior Scientist Intelligent Textiles	Big company innovations in healthcare, lifestyle, lighting	Netherlands
Albert Alonso	Hospital Clinic Barcelona	ICT healthcare management director	Hospital. Public body	Spain
Heidrun Mollenkopf	BAGSO	Academic, age researcher and politician	Age researcher specialist	Germany

2. About the First Advisory Board Meeting in Barcelona

All the presentations given for the advisory board (AB) members are available in the Copy Folder (\Copy\ALFRED\Meetings\2014 03 13 Barcelona). The first deliverable D2.3¹ User Stories report was the main topic of the discussions. In

¹ Can be found in \Copy\ALFRED\Submitted Deliverables\Year I

addition, the ALFRED website² has public available information about the project. The website is updated on a regular basis.

This document aggregates the questions, comments and feedback of the AB members, who have attended the meeting. Thereby, providing a summary for all absent AB members as well as for the consortium.

3. Questions, Remarks and Precisions Discussed with the AB Members

What is ALFRED?

- ALFRED is not a simple App but a collection of different services based on an eHealth platform. ALFRED services can be personalized and extend via the ALFREDO marketplace
- The ALFRED Apps will be used on a mobile device
- One operation system

Notice from Jordi Rovira (Telefonica): it is very expensive to extend the operating system from an Android to OS etc.

The target group age was moved from 70 years to 60 years – what was the reason for this?

We did not want to stick in one age cohort but rather concentrate in the different user profiles (rather related to the different life stages and their age): we wish to target older adults who are over 60 and who start to report need and will for support in their daily lives and who are motivated and able to use ICT-tools

Reaction from Albert Alonso (Hospital Clinic Barcelona): It is good choice to lower down the age cohort as it fits much better for the ALFRED objectives (for persons that are over 70 years this solution might come too late)

How did we arrive into these 4 pillars and how these pillars are interrelated?

The idea was to integrate persons with expertise in the special fields: it started with games, then social events, then vocal interaction... The pilots will integrate all these pillars in one story: they will make use of all the project results.

Comment from the AB: The valued added of ALFRED will be in the integrated pillars

Jordi Rovira highlights the importance of falls detection issues for elderly and that this should be considered when developing the apps.

² www.alfred.eu

ALFREDO Marketplace:

The value added of ALFREDO platform is that it will be designed only for older people and focus only for Apps addressing the older adults.

How the team work will be lead between the pillars?

The technical partners will work in the different pillars (no one focuses only in one pillar) in order to help everybody to understand and see where the project is going.

How will the 3 pilots in the 3 countries be managed? Can it create some bias in the results?

- The idea is to adapt ALFRED to different cultural environments (languages) and to different locations (events...)
- With 3 countries we wish to have as large scale as possible
- There could be an issue with the results regarding the pilots in different environments (related to the lifestyle) about the way how people live, in that sense the ALFRED solution can work in one country but not in another one, but the caregivers are able to adapt the ALFRED in order to correspond with the older person's interests and lifestyles.

Do the project partners aim to get commercial benefit from ALFRED?

Yes, notably the industrial and business partners.

Note: Apps for health care need to be validate technically and also test by the medical caregivers.

Albert Alonso: Apart from the apps, are there other sources of revenues from the Project?

It is mainly the apps but also the sensors and the other sort of small devices that would be put in place so the apps work at their fullest.

GENERAL INFORMATION/RECOMMANDATIONS GIVEN BY THE ADVISORY BOARD:

- Feedback from care organizations should also be involved not only at the hospital environment, so maybe a homecare organization would be good to be involved in the project.
- The client, the customer (who buys the solution) and the price of the solution should be also considered. The organisations who buy the

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solution for the older adults should also be consulted. It is essential to get the full picture of requirements from all the users and stakeholders. For instance, how to approach the internet signature price phone bill? The situation is largely different between partner countries and among European countries.

- The EU prefers open source platform as it creates more benefit for everybody. The pros and cons for the both solutions are discussed: maybe one part of the Apps could be open source so that the developer could develop more easily new Apps for ALFRED – also we need to attract the Apps developers. Diane Whitehouse mentioned the importance for EC that as a result of ALFRED there is at least some app given for free for the benefit of the citizens
- IAM Association International des Mutualités (in Brussels) or the Kings Fund can give access to insurance companies, which can be very valuable for the ALFRED project (but should be contacted by a partner that is the most interesting in their eyes).
- In order to take some leverage on the market and envisage the market 2017, we should consider the potential future evaluation of the markets (the both hardware and software).
- Business Model: among the different possibilities, it is key to evaluate what would be the best way to bring ALFRED results into the market. (Who are we selling it to?)
- The World is changing; the people's behaviour is changing with the age: the stakeholders should be involved more in the development phase but also in the exploitation plan phase.
- Is the Smartphone really the device of the future regarding Apps? Maybe other hardware will be used in the future, such as a smart watch.
- The package with the product and the service can be dangerous (smartphone+apps) as many people have already mobile phones. So other mobile devices should be considered, the smart TVs have high potential.
- Recommendation of focusing on the most relevant use cases that has been established in the D2.3.
- Try to follow what is happening in the medical device market but also the devices that do not fall in the medical device fields.
- Be safe with the confidential issues and the personal data privacy regulation and what this could imply for the project.

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Annex 3 – ALFRED Project Update sent to AB members

Update on the work developed so far

Five deliverables have been submitted so far. Excepting the D1.2, which is a project management one, the remaining belong to WP2 - Concept, Requirements & Specification. The deliverables D2.1, D2.3 and D2.4 will act as a guideline along the project. As to D2.2.1, it is a first of 4 versions to be developed along the project, enabling a constant fine tune to the technological development and the market evolution in this constantly evolving area.

- **D1.2 Project Procedures and Quality Plan (month 3)**

This “Project Handbook” provides a manual for project procedures and communications within ALFRED. It defines the general rules for collaborating in the project and it specifies the tools and instruments used by the consortium for the whole duration of the project.

- **D2.1 Strategy Consensus Document (month 3)**

This deliverable encloses the overall project vision in terms of its general positioning, the project’s business, research and technological objectives.

- **D2.2.1 Market and Applicability Watch Report (month 6)**

This deliverable provides a glossary of ICT for ageing concepts, market analysis as to similar projects and products, as well as a first characterization of the market of independent and healthy living.

- **D2.3 User Stories and Requirements Analysis (month 5)**

This deliverable defines the functional requirements for the ALFRED system, by analysing the end-user requirements gathered from related literature and studies as well as from the ALFRED focus group sessions.

- **D2.4 Architecture Definition and Function Specifications (month 8)**

This deliverable introduces the global architecture of the whole ALFRED system. The architecture defines the components and their interaction between each other in detail, being the foundation of the functional specification.

Enclosed you can find the 5 submitted deliverables.

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A set of 8 additional deliverables are to be submitted by end of September 2014, m12.

- D1.1.1 Project Annual Report – Year 1
- D2.2.2 Market and Applicability Watch Report
- D2.5 Technical Specification
- D8.1.1 Piloting Definitions
- D9.2.1 Advisory Board Summary Feedback Report
- D9.4.1 Dissemination Report
- D9.6.1 Standardization, Policy and Ethical Issues Report
- D9.7.1 Collaboration Report

Next Scientific Committee meeting

Next ALFRED SCM will be this September, 9-10, in Bucharest, Romania. It will be held alongside the AAL Forum. There will be a parallel side event organized by the ALFRED consortium on the 9th, from 9h-12h, entitled Mobile Apps for Independent Living. If you will be attending the AAL Forum, we will be delighted to have you attending this side event session. Please find more details here: <http://www.mail-aal-forum.com/>.

AB Feedback form

In the ALFRED AB Form pdf attached to this email we would like to collect your comments and suggestions on the work developed so far. Please fill it out and send to mrbeiro@iese.edu

Thank you for your collaboration

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Annex 4 – Further comments by AB Jordi Rovira

This is a free translation to English of comments provided in Spanish.

- You are indeed covering many areas in this Project (speech recognition and Smart interaction, social networks, telemonitoring, data mining, gaming and cognitive stimulation and more) which makes this project very interesting. Nevertheless, I think you need to be very careful because, in the process of covering so many things, you might have a problem in the implementation, with may hamper the final result.
- In the Market Watch Report I could not find a reference to the recent announcements as for instance the Apple Health Kit or the Google Fit, which will have a strong impact in the ecosystem of mobile applications for remote monitoring and independent living. I think you should include this in your exploitation plan. How is ALFRED positioning in the market in relation to these platforms?
- While my understanding is that ALFRED is not a clinical project but more a social type of project, I suggest you to test if there is any kind of approval needed. In the clinical projects we always need to get through Ethical Committees from the hospitals associated and even the “Agencia Española del Medicamento”. These processes tend to take some time which may delay the beginning of the pilots.
- I did an overall reading along the deliverables but I think I did not see any reference to a standard method for evaluating the results, which I believe is key for maximizing the Project outcome. Although it has his critics, EC promotes the use of MAST
- Another issue which is often critical in projects with pilots in several countries is the privacy of data. Have you though on how you’re going to manage the patients’ data? Will the date be transferred from one country to a server in another country? We at Telefonica do this by anonymizing data in addition of encrypting the info.
- Finally, the Market place. The fact of having a Markeplace for these type of applications is great. However, for the exploitation phase you should bear in mind that there are some regional initiatives of marketplaces. For example, in Spain we have Catalonia (TicSalut), Andalusia and the Basque Country promoting their own marketplaces. How will this affect the ALFRED strategy?

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Annex 5 – Further comments by AB Diane

Whitehouse

Overall, the deliverables are clear, well-structured and well expressed. They did not always, however, meet with my expectations.

The project appears to be progressing well, but presumably will have challenges to produce and submit a further eight deliverables by the end of September 2014.

My first observations (below) related to D1.2 and identified by an asterisk may also be applied to other deliverables too.

Hopefully, these observations come at good timing before the project's first annual technical review.

D1.2 (NB. the first four bullets* relate to either several or all ALFRED deliverables)

This is a rigorous, ambitious document that should be helpful to project participants who have queries about how to deal with the administrative aspects of their work. It handles in a disciplined way such elements as communications, document management, quality management, delivery, reporting, risk management, and scientific publications.

At times, the document is perhaps overly detailed, given the volume and size of the project. There may also be some suspicions that the text has been reproduced from other sources, although this reviewer has not checked that out. This document is appropriately not a public document.

- ***Page numbering:** Ensure that the cover page is not numbered; ensure that pages 2-6 are treated as a single section that is numbered using Roman numerals i.e., i-v; start deliverables only as page 1 (using Arabic numerals) at what is currently page 7.
- ***Numbering:** p17: The document is written using English text, but unfortunately uses a form of European numbering e.g., (p17), 2.000.
- ***Missing annexes:** p4: The text claims to include annexes, but does not do so.
- ***Handling of abbreviations:** I personally do not like the solution that the consortium has found of locating a List of Abbreviations/Glossary in only a single location. However, if this is to be upheld by the consortium, then all writers of deliverables will need to ensure that they really do stipulate abbreviations/acronyms in full before their first usage in each deliverable: deliverable D1.2 certainly does not do this.
- **Ambition relating to indicators/p24:** The project has reasonable ambitions in the majority of its indicators. Perhaps, however, the aim to achieve up to a 75% positive feedback in its validation groups is somewhat ambitious. (especially if some of the products/services have

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many competitors on the market, they may be subject to more critical analysis on the part of the end-users).

- **60+ risks/31** and pp44-45: The risks identified are perhaps unnecessarily comprehensive. The 60+ list of potential risks is highly comprehensive, but perhaps ultimately not necessary. At times, the wording in the risks text gives one to sense that it may come from another document. If that is the case, the original document should be cited.
- **Project Handbook/p4**: I was inclined to remark that the information "Please note ... self-contained" is pertinent to the Project Handbook but not to D1.2. However, at a much later stage in the deliverables (i.e., p8 and then in a lengthier way in p22), one learns that D1.2 is indeed the Project Handbook! Therefore, I suggest to do two things: (1) add the subtitle "Project Handbook" on the deliverable cover page; (2) note e.g., in footnote on page 4 that "Deliverable D1.2 is otherwise known as the Project Handbook".
- **Missing references**: The deliverable text refers occasionally to literature (e.g., p41 on ISO standards 31000:2009), but contains no list of these references. Similarly, on the same page (p41), the Devil's Square is referenced *only* on its second mention (and not on its first).

D2.1

Overall, this is an attractive and well-positioned deliverable - see especially the comments in bullet 1 (below). It nevertheless has some weaknesses that relate to some of its assumptions about business models, what is currently happening already at least in some European member states, the lack of currency of its referencing, and some practical issues like the calculation of the number of issues it covers and its English expression.

- **Personas and other terminology**: I like the simple idea of the use cases (p8) and the stories/personas. It is especially appropriate is to have chosen first names for the characters portrayed that start with the initial of their role, e.g., Olivia the older person. Pillars too is an interesting, attractive word for the core concepts.
- **"four" aspects?**: The executive summary refers to "four" aspects (twice), but list only 1-3 numerically.
- **"bracelet"/p14**: Make it clear that the bracelet referred to is an electronic monitoring device. If not, you fall into the trap of hiding the surveillance/monitoring aspect of what this bracelet does, even if it is a piece of jewellery too. Those people in the project who are responsible for the ethical issues/impacts might particularly want to cross-read this part of the document. The meeting to which the advisory board members were invited already identified some of the sensor-related and privacy risks that the project runs.
- **business model** (described on p14): It is not clear that the ALFRED model would work quite the same in regions or countries where there is

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not a "health insurance package" (again see observations from the summer 2014 advisory board meeting).

- **Other reading in relation to Mike:** Investigate especially progress in Denmark with regard to home care nurses. In general, e.g., note that older adults are catered for in Sweden in terms of the large buttons and text that is used on payment devices in stores.
- **Spelling and English language:** Note that you refer to a Goole play store rather than a Google play store. Particularly the text in the use cases needs revision (e.g., p13) "since 20 years" -> "for 20 years", and "Since 10 years" -> "For 10 years".
- **References:** It is particularly curious that, out of ten references, only four are dated later than 2010. Can more up-to-date references not be cited?

D2.2.1

As with other deliverables (e.g., 2.3) there is sometimes more description than there is analysis or synthesis. The content is potentially interesting, but there is not yet enough information: this maybe means waiting for the next version of this "living" deliverable.

- **80 products or services:** Some 80 projects (or products or services) were identified. Readers will ultimately want to know more about these. This kind of information is not yet to be found in this text, even if the document is a "living" one.
- **Four tables/p16-18:** (1) *Market potential:* Two of the products/services under investigation appear to have no competitors on the market, which could prove particularly exciting! In contrast, another product appears to have at least eight competitors, and another five. (2) *Presentation:* In the grey headings of the tables, it would provide better explanation if the names of each e.g., TALK were to be expanded into the full name. While the full names are included in the table title, the reader actually looks for this information more easily in the grey titles.
- **Figures 4 and 5/pp14-15:** A more detailed analysis of these two figures would be interesting and useful. Figure 4: Could it be useful to observe, e.g., that four of the types of projects examined constitute more than three-quarters of all the project categories (and to specify what those four categories are)? Figure 5: The dominant products and services appear to be in set of very different fields from the project types (Figure 4), i.e., they are about health status, monitoring, or serious games. This is an interesting finding – probably one of relief to the Commission itself – that (European Commission co-financed) projects do seem to be concentrated on the development of products/services that are not yet (or are only partially) on the market.
- **English language review:** Review by a native Anglophone would be useful e.g., (p9) "to beginning" -> "to begin; (p12) "interact between them" -> simply "interact".

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D2.3 and D2.3.1

This is a potentially very interesting deliverable that would be much improved by an in-depth analysis of the outcomes of the three focus groups.

- **Focus groups:** It was especially disappointing that the outcomes of the three focus groups were not described in any level of detail. Why undertake focus groups if their findings are not made clear, and no apparent use appears to have been made of them? Equally, there were no attached transcripts even if this are referred to as being in annex.
- **Hilde:** Elsewhere, I remarked on how useful it was to have personalities whose name identifies them in their role i.e., Olivia the older person. Rather than Hilde, why not consider e.g., naming Hilde Octavia or Odile?
- **Use cases and use stories/p12:** When the two terms were used in quick succession at the beginning of the deliverable, it was not immediately clear what is considered to be the difference between the two entities. This distinction could be made evident e.g., in a footnote, that may also need to be repeated on p13.
- **Possible text remaining from a template?/p90:** The first paragraph of this deliverable, "The following ... 2.1" is possibly incorrectly left from an original template.
- **English language review and running a spell-checker:** Again, review by a native Anglophone would be useful e.g., the reference here is to "pool" whereas in another deliverable, it is to "billiards"; (p14) a partner that "falls away" -> "dies"; (p19) while the text is written in English, there is a European use of numerals i.e., 76,5 years and 62,5 years. An English method of numbering, using the decimal point should be used; (p24) "at their own home" (an incorrect expression seen in several of the deliverables) -> "in their own home"; (p35) "Defintion"!!; (p39) "tome" -> "to me"; *Timing:* within two pages the duration of the focus groups is referred to somewhat differently (p96) "max. 2.5 hours" and (p97) "approximately 2 hours and 30 minutes", which are both differently expressed but also mean different things; (p101) "Me, the signatory" -> "I, the signatory".

D2.4

A difficult deliverable to read for those who have a non-technical background. Some consideration should be given to whether all its content is necessary in the main body of the deliverable.

- **Architecture is not my domain of expertise!** As a result, I am tempted to suggest that some selection should be made about which of the tables and figures displayed could go in an annex rather than being included in the main body of the deliverable. This may also be a valid observation for some parts of the text.
- **Dogfooding** (p102): Thank you for the opportunity to explore this paper and concept. The alternative expressions of drinking one's own champagne and "icecreaming" are, however, more attractive.

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- **Add introductory sentences or paragraphs:** The sections are often misnumbered because they have no introductory paragraphs describing what the sections are attempting to achieve. For example, they go direct from 2. to 2.1, and so on. Equally well, a non-technical reader has little or no chance of understanding the content without a more generic introduction. As I understand it, ignoring the interest of non-technical readers is not in fact what this project aims to do.
- **Table of Contents:** The length of this 100+ page deliverable makes it clear that it may be useful to display Tables of Contents to only two levels (and not to three).
- **English language review and running a spell-checker:** See, e.g., AFRED (p4) and the dual use of both "personalization" and "personalisation".

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