



D2.1. DISSEMINATION STRATEGY PLAN: UPDATED EDITION WP2




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* PU = Public
SEN = Sensitive



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D2.1: DISSEMINATION STRATEGY

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GLOSSARY

Communication and Dissemination are mandatory activities in all European projects funded by the EU4Health program, and are particularly important in the case of Joint Actions. They are the processes of making the results and deliverables of the projects available to the stakeholders and to the wider audience, in order to ensure that the conducted research has an impact, social, political or economic.

Communication and Dissemination are different aspects of the same activity. Dissemination is one-way, and involves sending information through publications, social media, presentations, a project website etc. Communication is two-way, and involves channels such as workshops, round-tables, and events.

In addition to Communication and Dissemination, other strategic words in this document are the following (in alphabetical order):

- **Deliverable (D):** Deliverables are project outputs (expected outcomes) which show project progress. They refer only to major outputs (see also Milestone).
- **Grant Agreement (GA):** Grant Agreement is an agreement (official document) that sets out the rights, obligations, terms and conditions applicable to the grant awarded for the implementation of a project (action). Thus, a GA is an agreement between two parties: the granting authority and the project's beneficiaries (partners). By signing the GA, the beneficiaries accept the grant and agree to implement the action under their own responsibility and in accordance with all the obligations, terms and conditions the GA sets out.
- **Joint Action (JA):** A Joint Action is an action involving a number of partners (two or more) performing interdependent actions in order to realise common goals.
- **Milestone (MS):** A Milestone is a control point in the project that helps chart progress. Like deliverables, MSs are used only for major outputs in projects (see also Deliverable).
- **Work Package (WP):** A Work Package is a major division of the project. Each WP has purpose and objectives (expected outcomes), activities (planned tasks), milestones and deliverables.



LIST OF ACRONYMS

C4D JA	Care for Diabetes Joint Action (Care4Diabetes): Reducing the burden of NCDs by providing a multidisciplinary lifestyle treatment intervention for type 2 diabetes
AE	Affiliated Entity
CT	Coordination Team
D	Deliverable
DG SANTE	European Commission's Health and Food Safety Directorate-general
DS	Dissemination Strategy
DT	Dissemination Team
EC	European Commission
ECHAlliance	European Connected Health Alliance Group
EU	European Union
EU4H	European Union for Health (Programme)
GA	Grant Agreement
HADEA	European Health and Digital Executive Agency
JA	Joint Action
KPI	Key Performance Indicator
M	Month
MS	Milestone
NCD	Non-communicable Disease
No	Number
OECD	Organisation for Economic Co-operation and Development
PU	Public
SDG	Sustainable Development Goal
ST	Steering Committee
T	Task
T2D	Type 2 Diabetes Mellitus
V	Version
WHO	World Health Organization
WP	Work Package
WPL	Work Package Leader



EXECUTIVE SUMMARY

This document presents the overall **Dissemination Strategy** (DS) to be applied for the **Joint Action (JA) Care4Diabetes**, in compliance with the signed GA. The main scope of the C4D JA is to improve and foster health in EU by reducing the burden of type 2 diabetes mellitus (T2D), a major cause of disability and illness.

The document contains general information about the C4D JA project and an overview of the whole project communication and dissemination activities, including modifications that have been performed as a consequence of the project evolution between February 2023 and July 2024. The main point of reference is the GA. The methodology followed also included the search for relevant bibliography.

As described on this document, the dissemination and communication activities aim to increase the visibility and impact of the C4D project and its implementation at national and European level. Furthermore, the communication and dissemination activities aim at sharing and promoting the progress and achievements of the project and at facilitating the participation of relevant stakeholders.

The expected outputs and outcomes of the communication and dissemination activities are: **a)** to communicate and disseminate C4D key messages, objectives, efforts, progress and results among the C4D stakeholders at the national and European level, **b)** to support C4D Partners and other European countries to share their good practices and lessons learned among the consortium members for inspiration and learning purposes and **c)** to raise awareness of the importance of the healthy lifestyles of people suffering T2D to the general society providing access to more, well-classified, and useful information.

The DS plan outlines the roadmap, monitoring, and assessment of dissemination and communication activities for all Partners during the JA. It is the basis for the overall communication and dissemination management of the project.

The DS is a “live” document. During the three (3) years of the C4D JA project, this document will be used and updated accordingly with the needs (contractual and others). This document has been updated at month 18th.



1. INTRODUCTION

Non-communicable Diseases (NCDs), such as T2D, represent major causes of disability, ill-health, health-related retirement, and premature death in the EU and cause a considerable social and economic impact. According to the International Diabetes Federation (IDF), in 2021, approximately 537 million adults were living with diabetes worldwide, and there were about 60 million in Europe*.

The C4D project has been funded under the EU4H work programme for 2021-2027 Second Wave call (EU4H-2021-JA2-IBA) and answers the topic “Direct grants to Member States’ authorities: implementation of best practices and research results on prevention of non-communicable diseases and risk factors (EU4H-2021-JA-08, AWP Ref.: DP-g-07.1.1)”.

The main objective of the C4D JA (Grant Agreement No 101082427) is to improve and foster health in the EU Member States by reducing the burden of T2D and related risk factors, both at societal and personal level, through effective lifestyle treatment programmes of patients. The main aim of the C4D JA is to test, monitor, evaluate, and fine-tuning an intervention for type 2 diabetes based on intensive lifestyle treatment at EU wide scale. The expected outcomes are to increase patients’ health and quality of life, reduce healthcare associated costs, and promote capacity building of health systems towards more innovative and integrated T2D interventions based on patients' lifestyle changes.

In the frame of the C4D JA, the C4D Dissemination Strategy outlines the roadmap, monitoring, and assessment of dissemination and communication activities during the project. It is the basis for the overall communication management of the project, with the contribution of all partners.

* <https://www.idf.org/aboutdiabetes/what-is-diabetes/facts-figures.html>



2. PURPOSE AND OBJECTIVES

The dissemination and communication activities aim to increase the visibility and impact of the C4D project and its implementation at national and European level. Furthermore, the dissemination activities aim at sharing and promoting the progress and achievements of the project and at facilitating the participation of relevant stakeholders.

The communication and dissemination particular objectives are the following:

- 1) To ensure results and deliverables of the JA are known by the general public and to ensure the overall dissemination of the project.
- 2) To actively engage stakeholders in the project.
- 3) To define DS and related KPIs.
- 4) To implement a wide range of media and non-media communication.
- 5) To evaluate the impact of dissemination and communication.
- 6) To favour the knowledge of the pilot actions' experiences, and other relevant results in the EU and beyond.

The DS is a deliverable in WP2: Communication and Dissemination (D2.1) and also a task in the same WP (T2.1: Development of the C and D Strategy). It is the main pillar of the dissemination and communication WP, that is dedicated for planning and delivering the Project's dissemination and communication activities. **The DS was released at M3 and has been updated at M18** (see annex II).

As already mentioned, this deliverable outlines the roadmap, monitoring and assessment of dissemination and communication activities during the project.

In continuation, **the objective of this document is to update the DS Plan, according to the needs of the C4D project** (18th month of the C4D project).



3. METHODOLOGY

As aforementioned, this document is the D2.1 and presents the overall Communication and Dissemination Strategy of the JA. Although **the main point of reference was the C4D Grant Agreement**, the methodology followed also included the search for bibliography using the GOOGLE internet search engine (see References).

For the presentation of the document, it has been used the C4D template for the deliverables (WORD file by the name “Deliverable template_General_v1”), that was elaborated by the C4D CT in the framework of WP1 (WP1: Project Management and Coordination).

According to the topic, the document is divided into the following paragraphs:

- a) Purpose and objectives,
- b) Methodology,
- c) Internal communication,
- d) External communication and dissemination,
- e) Communication and dissemination activities and promoting tools/ channels,
- f) Communication and dissemination monitoring and evaluation,
- g) Communication and dissemination critical risks and risk management strategy,
- h) EU funding visibility rules,
- i) Results,
- j) Conclusion.

To improve readability, some paragraphs are divided into sub-paragraphs.

For the elaboration of the DS, 1ST YPE ATTICA has held periodic meetings with the C4D CT to jointly establish the structure and target audience of the project C4D. The DS is based on the dissemination and communication strategies of other European projects which have already implemented the DS successfully. This ensures the quality of the processes selected for the DS of C4D.



Furthermore, regarding the updated edition of the C and D Strategy Plan, there were taken into consideration the minutes of the 2nd General Assembly meeting in the Hague (face-to-face, February 2024) and the valuable experience gained during the current 18 months of the C4D project, as well as the valuable comments and observations of the C4D CT.

The components of the 3-year C4D JA's communication and dissemination strategic plan described in this document are shown in Figure 1.

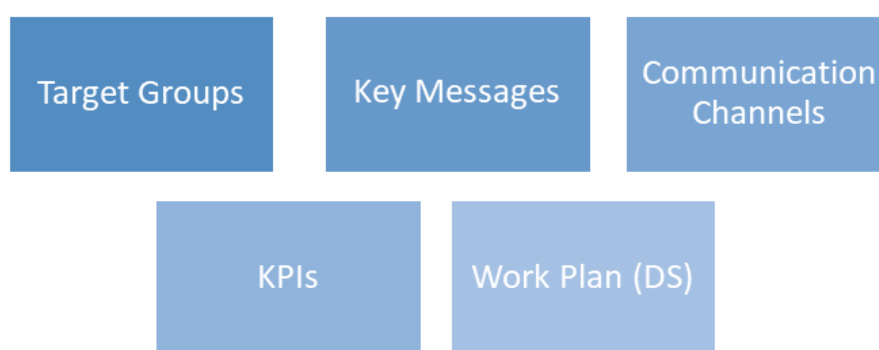


Figure 1. Main elements of the communication and dissemination plan of C4D.

After the conclusion of the DS plan, there are the references and the **3 Annexes**, regarding the following: **i.** the communication and dissemination reporting tool, **ii.** materials (leaflet, whitepaper), and **iii.** the guidelines for dissemination and communication.





3.1. Internal communication

Internal communication is the communication between the project's Partners. Internal communication procedures have been established in order to facilitate the best cooperation for the JA's execution.

Internal communication is a WP1 task (T1.1: Project management and coordination of project partners, M1-M36). Lead beneficiary is the C4D CT.

The C4D main internal communication channels are:

- ❖ **E-mail** for direct communication and sharing files,
- ❖ **Mailing groups** for the communication between participants of each WP and the different management bodies,
- ❖ **TEAMS** for sharing files, working documents, drafts etc.,
- ❖ **Online meetings and teleconferences**,
- ❖ **Face-to-face meetings**: these meetings are addressed to the General Assembly meetings. The first one was the kick-off meeting that took place in Oviedo, Asturias (February 16-17, 2023). The second GA meeting was organised in the Hague, The Netherlands (22-23 February, 2024). Two more face-to-face meetings are planned during the project execution: the third project meeting in Rome (Italy) around M24, and the final project meeting that is planned to be organised in Brussels (Belgium) around M36 (see also paragraph 5.8).
- ❖ **ClickUp tool**, for monitoring of tasks, deliverables, milestones and key performance indicators (KPIs).

Regarding **TEAMS** (MICROSOFT), it has been provided and organized by the C4D CT. It was selected as a general electronic platform for sharing files and it is the centralised repository for the project documents (see also paragraph 6.1).

Especially, for the purposes of the WP3 (WP3: Evaluation) the **CLICK UP** Online project management application has been selected by the WP3 Leader and is already in use (see paragraph 6.1).



Regarding online meetings, all WP Leaders, from March 2023 until April 2024 meet bimonthly (every 2nd Thursday) at virtual Steering Committee meetings led by the Project Coordinator. Furthermore, from May 2024 and on, the SC takes place monthly. Moreover, from March 2023 until now, pilot implementation meetings are organised bimonthly.

Communication within the individual WPs is a responsibility of particular WPLs and its Partners. Each C4D Partner, WPL, Competent Authority and AE, has already nominated a contact person responsible for providing news and updates within their WP and organization.

Mailing groups have been developed by the CT to make the communication easier among the participants of the different WPs and the management bodies.

The mailing groups shown in Table 1 have been established for each group of participants:

Table 1. Mailing groups of the C4D JA.

MAILING GROUPS	
C4D_WP1@ficyt.es	Communications about WP1
C4D_WP2@ficyt.es	Communications about WP2
C4D_WP3@ficyt.es	Communications about WP3
C4D_WP4@ficyt.es	Communications about P4
C4D_WP5@ficyt.es	Communications about WP5
C4D_WP6@ficyt.es	Communications about WP6
C4D_WP7@ficyt.es	Communications about WP7
C4D_GA@ficyt.es	Communications between the members of the General Assembly (affiliated entities are not included in the GA)
C4D_SC@ficyt.es	Communications between the Steering Committee members
C4D_consortium@ficyt.es	Communications between all the partners + affiliated entities
C4D_Publications@ficyt.es	Communications between the members of the Publications Committee
C4D_MainContactPilots@ficyt.es	Communications between the Pilot Coordinators
C4D_AllPilots@ficyt.es	Communications between all the researchers involved in the Pilot Implementation
C4D_Financial@ficyt.es	Communications about financial reporting and doubts
C4D_VoedingLeeft@ficyt.es	Communications between Voeding Leeft and all the partners + affiliated entities

As suggested by the CT, some partners have created an institutional e-mail account to make the communication more agile with the rest of the partners. Also, the update of the members of the team of the partner is easier since they themselves will have the responsibility and the right to



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update the e-mails of the members of their team. Regarding the 1ST YPE DT, the e-mail address is the following:

c4d.greece@1dype.gov.gr

The C4D external communication and dissemination is analysed in the following paragraphs.





3.2. External communication

Unlike internal communication (see previous section), external communication/ dissemination means exchange of information outside the project community, that is outside the project Partners. This type of communication is essential for introducing the JA's progress and results to broader audiences and stakeholders. External and internal communication strategies go hand in hand (Figure 2).

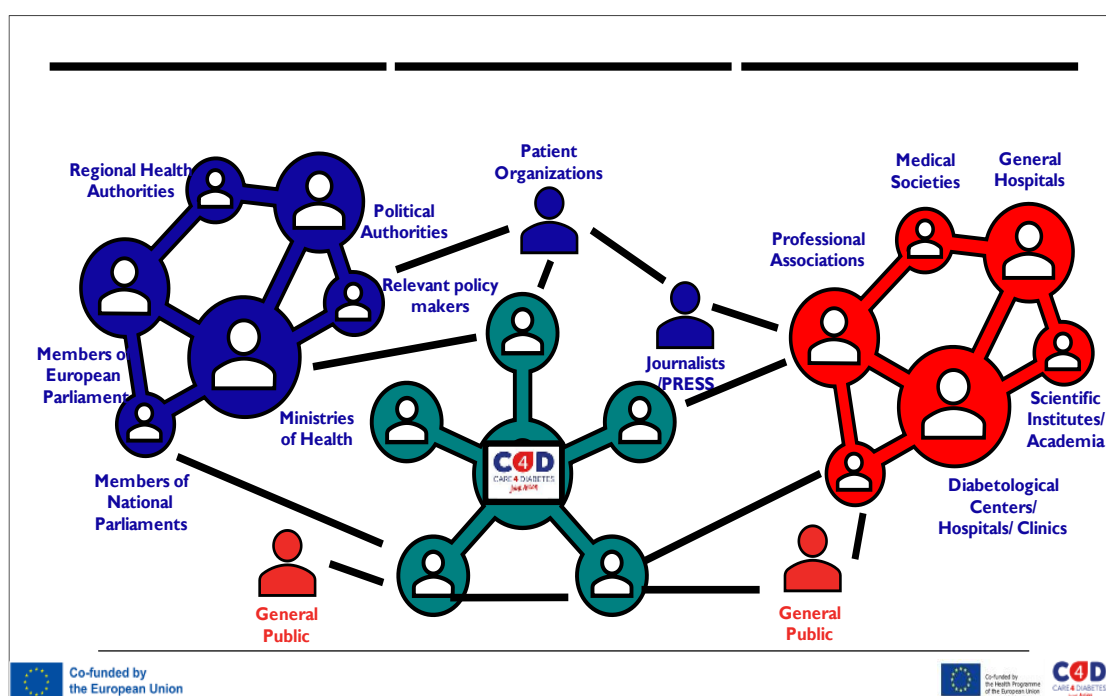


Figure 2. Interaction between the C4D consortium and different audiences.

3.3. Dissemination target groups

For the JA success, it is valuable to commit at EU and national/ regional policy and decision-making level, in order to engage a policy change with a bigger vision to implement the pilot actions in the future. Throughout the JA, lessons are going to be transferred on improving the healthcare domain in EU. Through this program, the main stakeholders from each participant country, are being engaged in order to ensure sustainability of the actions developed and piloted.




Communication and dissemination activities embrace a change of mindset among healthcare professionals, patients, and local stakeholders and communities, aiming to provide evidence on the benefits of lifestyle training treatment interventions for T2D. Another important impact of the C4D JA is the interest among people with T2D and healthcare professionals in the different Member States.

To avoid potential low commitment, communication and dissemination of positive models and examples of success stories and the engagement of highly motivated professionals and patients that can become multipliers of the pilot actions at local level will be ensured with communication activities. Connection with representatives of the civil society, patients' associations, and the private sector will also help bring the healthcare interventions for T2D closer to the local communities.

The C4D target groups are direct and indirect. Table 2 shows both of these target groups.

Table 2. Main dissemination target groups of the C4D JA.

 TARGET GROUPS	
DIRECT TARGET GROUPS	INDIRECT TARGET GROUPS
Healthcare providers, payors, insurers	Patient organizations, other civil society representatives, the economic sector
T2D patients, their families, informal carers	Academia (Universities and other relevant Research Institutes)
Policy makers	General public, citizens



Definition of the target groups and key messages

The definition of a C4D stakeholder was agreed upon among the WP2 working group:

“Any individual or organization at EU, national or local level that can with their action or inaction influence the increase or decrease of the burden of diabetes 2 in person or via media, including social media.”

The **key messages** to be disseminated, by C4D WP2, are:

- I. Sharing of the recommendations and proposals generated by C4D JA among partners, and JA collaborators,**
- II. Increase stakeholders’ awareness about the need for implementation of the key recommendations of all these programs, in order to ensure accessible and high-quality care against the burden of T2D across EU, by eliminating the disparities and connect the care provision to research.**

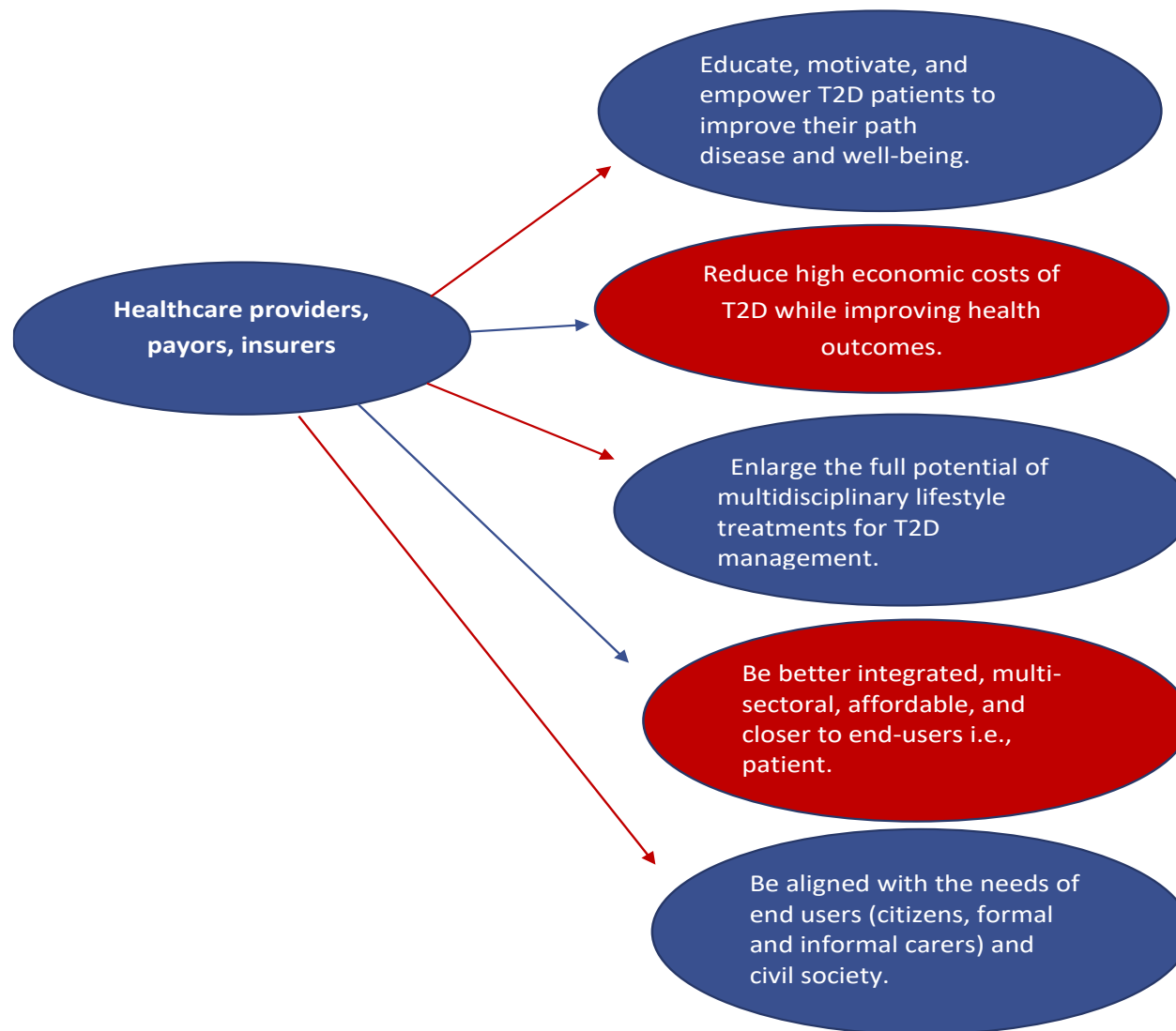
More specific, concepts that should be communicated, in order to familiarize people with them and find advocates and build alliances towards C4D JA scope, are:

- a) Increasing patients’ health and quality of life,**
- b) Reduce healthcare associated costs,**
- c) Promoting capacity building of health systems towards more innovative and integrated T2D interventions based on patient’s lifestyle changes.**

These messages must be communicated in clear and concrete way.

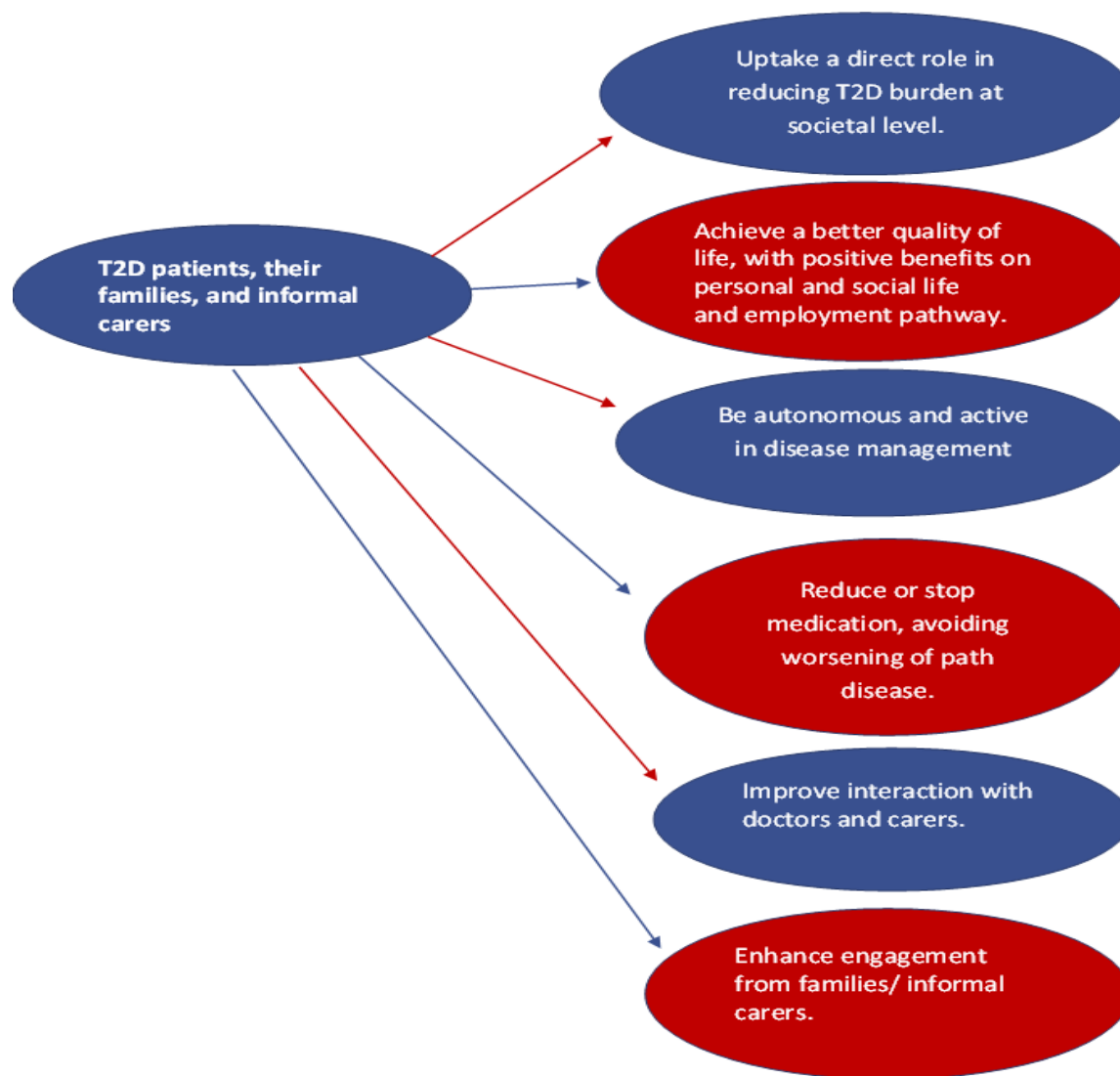
3.3.1. Direct target groups

Direct target groups include the individuals that we aim to achieve an effect on through this program, in an unmediated way following the project activities. Such direct target groups for C4D (healthcare providers, payors and insurers; T2D patients, their families and informal carers; and policy makers) are shown in Figure 3.



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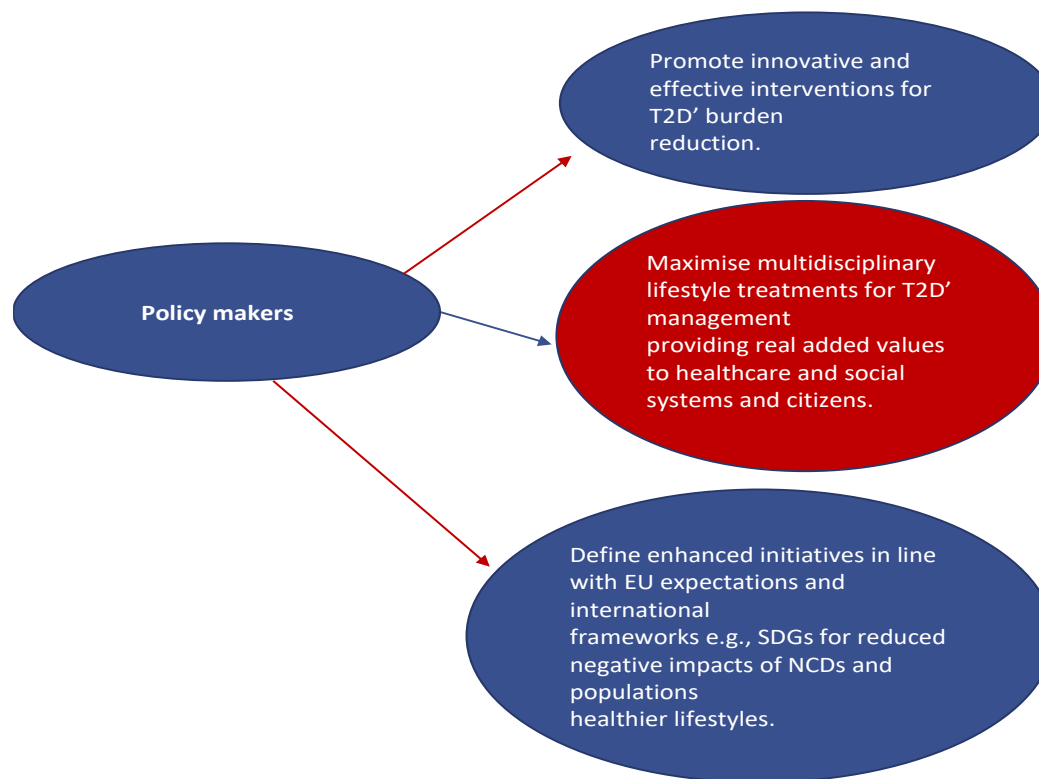
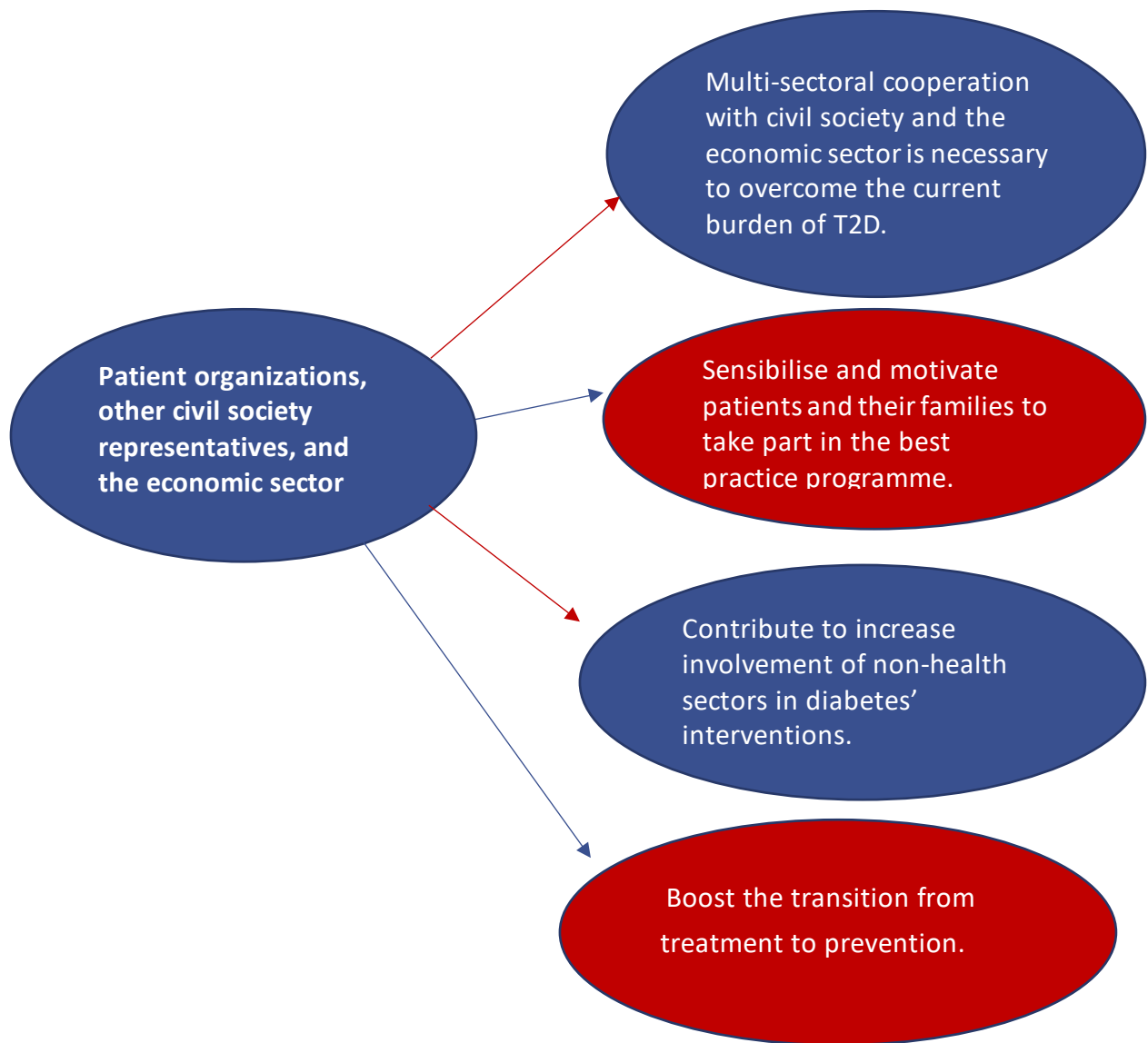


Figure 3. Direct target groups

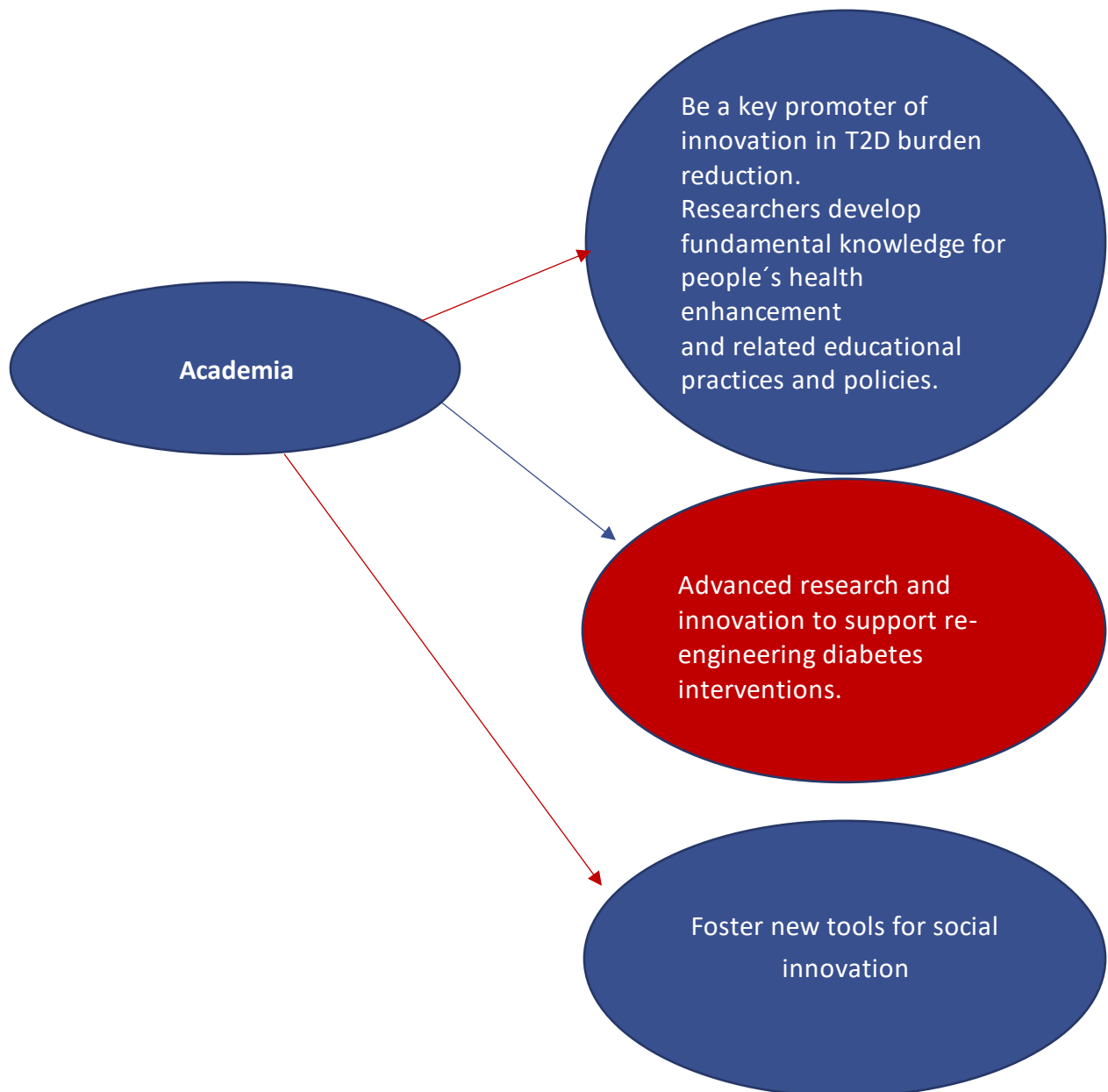
3.3.2. Indirect target groups

Indirect target groups contain persons in the general environment of the direct target groups. Very often they contribute to the project success through the direct target groups, due to the important intermediary role they have. Such indirect target groups (patient organizations, other civil society representatives and economic sector; academia; and citizens) for C4D are shown in Figure 4.



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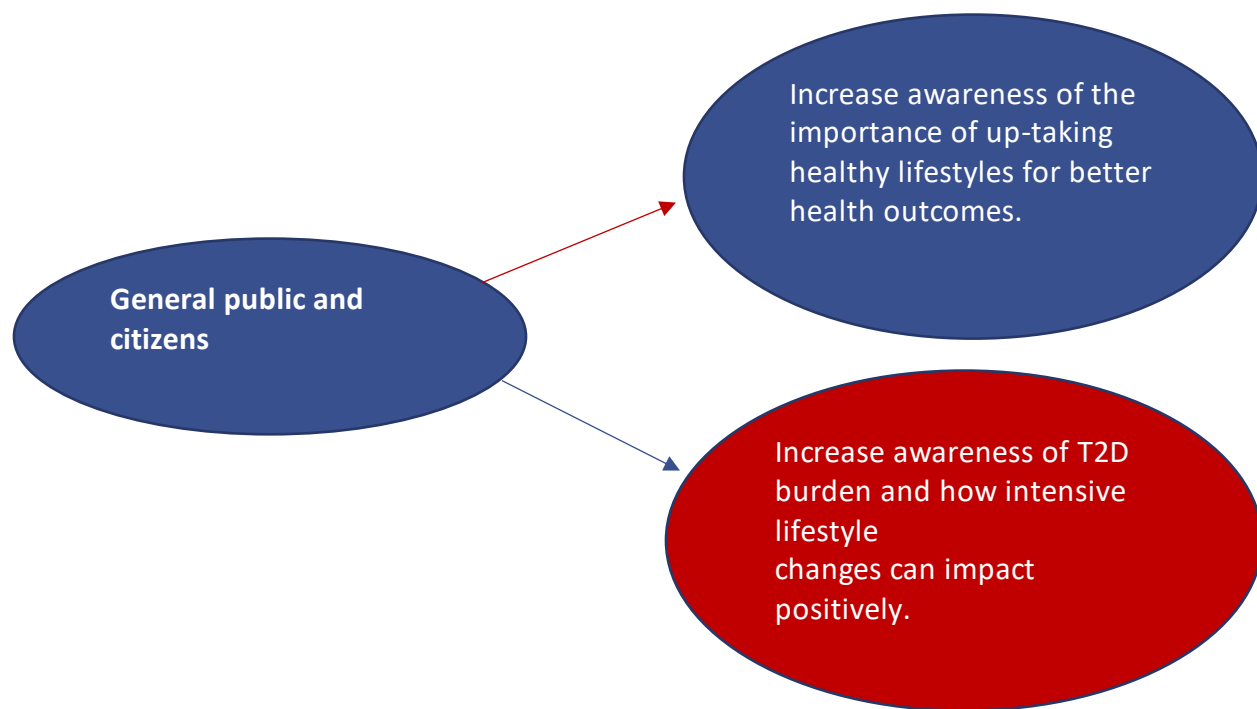


Figure 4. Indirect dissemination target groups of the C4D JA.

3.3.3. Approach of the target groups

To maintain high levels of engagement throughout the program, a **Stakeholder Engagement Approach** will be used. This methodology, in particular, is called I-CEE and it reveals in 4 stages: **Identifying, Connecting, Engaging and Enabling (I.-C.E.E.)**. It is a strong approach, that can lead the chosen Stakeholders from each country, who has direct or indirect influence, into increasing the levels of engagement and to take up with the best practice.

Stakeholders and the larger public will be reached mainly through electronic means of communication, such as: project website, social media, newsletters, press releases, webinars, scientific reviews, etc. (see Section 5).

The steps of the I-CEE methodology are shown in Figure 5.

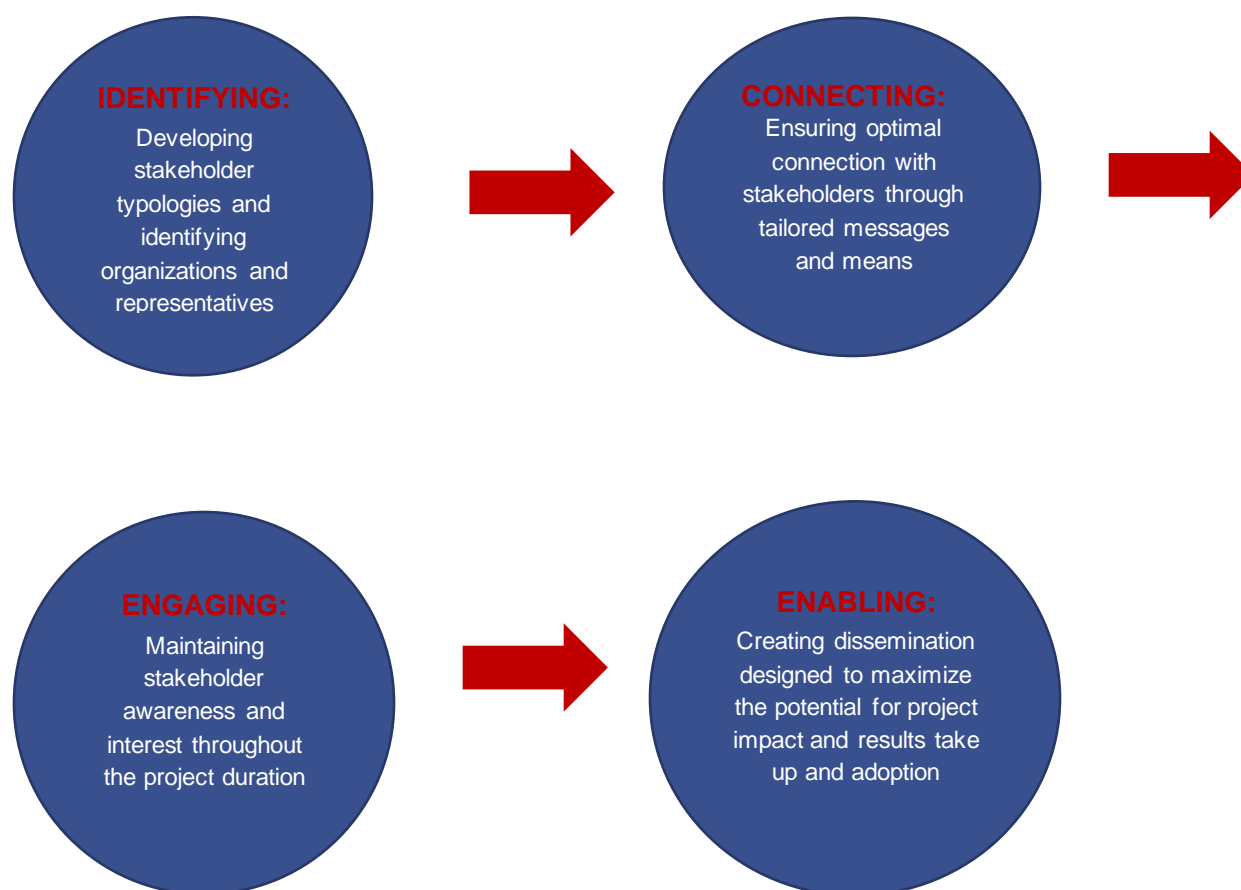


Figure 5. Steps of the I-CEE methodology.





4. COMMUNICATION AND DISSEMINATION ACTIVITIES AND PROMOTING TOOLS/ CHANNELS

Outcomes and activities will be continuously disseminated through media and non-media actions. According to the GA, the beneficiaries must promote the action and its results by providing targeted information to multiple audiences (including the media and the public), and in a strategic, coherent and effective manner. Before engaging in a communication or dissemination activity expected to have a major media impact, the beneficiaries must inform the granting authority.

To communicate, disseminate and exploit project activities and results, C4D JA is making use of different communication channels and tools. The **production of communication resources and products** is a WP2 task (T2.2: Production of Communication Resources and Products). It has been released at M6 by the C4D CT (Leaders: CSPA, SESPA and FICYT).

The **implementation of communication and dissemination activities** is also a WP2 task (T2.3: Implementation of Communication and Dissemination Activities). This task, led by the 1ST YPE DT, started at M4 and will last until the end of the JA. Under this task, the consortium will implement communication and dissemination activities, in line with the strategy planned on this document, using branding products and resources developed in the relevant task T2.2. Dissemination action will happen mainly digital, as described below.

All project communication resources will reflect continuous updates, evolution of project results and achievements.

4.1. Visual identity

The visual identity is the graphical outlook and branding of the project (brand identity). It is the MS2 (MS2: Brand identity, website, social media prepared).

Supported by Partners, the C4D visual identity was created by the C4D CT (CSPA, SESPA and FICYT) and was officially presented during the JA Kick-Off Meeting at M1 (font type, palette colors, logo etc.).



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The visual identity will be applied to all information materials and promotional resources (document templates, leaflets, social media banners etc.). Resources have been released in English by M6 (the formal language of the C4D JA) and, when necessary, translated into local language required by C4D Partners.

The C4D logo is the following:



4.2. Project website

The project website is a WP2 deliverable (D2.2: Project Website). Lead beneficiary is the C4D CT (CSPA, SESPA and FICYT).

The objective of the project website is to allow information sharing, collaboration, and networking at EU and international level. The website provides all information about the project, partnership, funding, and results. It contains high quality information on key activities and outcomes of the JA. It will make available public deliverables once these are approved by the funding authority. Also, it serves as a central reference point for promotional materials (e.g., leaflets, videos, posters, press releases, and newsletters). It is also used as a central reference point for announcing events and pilot events when relevant. Links to the C4D social networks (X, LinkedIn and YouTube) are included. It will leverage synergies providing reference information with social media campaigns. The website addresses a broad audience from the general public (people, patients, media etc.) and health professional audiences.

The C4D website is the core part of the DS and the focal point for all dissemination activities, as mentioned on this document.



Following visual identity's development (see previous paragraph), the project website has already been released (deliverable's due date: M3):

<https://c4djointaction.eu/>

The website is already open to the public and it will be updated continuously during the whole duration of the project according to the needs of the project.

The **type of information** that will be shared throughout the webpage is listed below:

- News of national meetings related to the project.
- News related to internal activities related to the preparation and implementation of pilots (e.g., training of trainers and pilot sessions).
- News related to face-to-face project meetings (e.g., kick-off meeting).
- Other important information relevant for the target audiences.

Guidelines for the publications of news on the website and social media networks (see paragraph 5.3) have been developed by the C4D CT.

These guidelines are a framework for all C4D Partners. The C4D CT (FICYT) is responsible for adapting the information set to the most appropriate language according to the dissemination channel used.



Regarding the **website monitoring**, the web activity will be measured in order to improve the visitors' experience (see Section 6).



The **keywords** to search for information throughout the webpage and social networks (see Section 5.3) are listed in the template below:

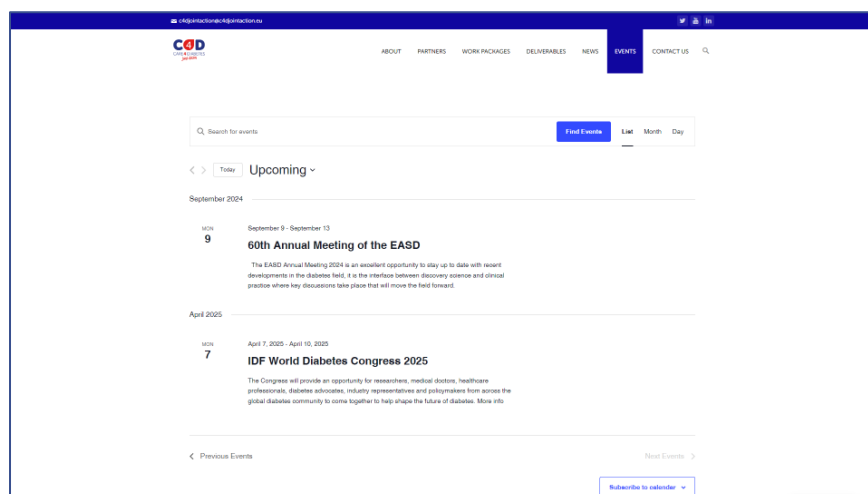
KEY WORDS
Care4Diabetes, C4D, Care for Diabetes, type 2 diabetes, lifestyle treatment, transfer of best practice, Member States, diabetes patients, pilot actions, intensive care programme, after care programme

REGISTER FOR THE CALENDAR:

In accordance to the T2.3 (Implementation of C and D activities), an internal register for the calendar of events has been elaborated by C4D CT (see also paragraph 5.8). The information collected through this document is being integrated into the C4D website (online calendar).

<https://c4djointaction.eu/events/list/>

In the calendar most relevant events at national and European and international level are included and shared by the C4D Partners in order to facilitate their participation and also dissemination through the project website.





4.3. Social media networks

The project's presence on social media maximises the communication and dissemination impact to reach a broad spectrum of stakeholders. Furthermore, via social media networking the engagement of influencers will be facilitated.

As mentioned on the GA, the relevant social media accounts will be opened by the C4D CT, supported by the WP2 Leader 1ST YPE. Both the C4D CT and the 1ST YPE DT will ensure regular updates. **The social media accounts will be aligned with the overall C4D branding image.**

The following **X (TWITTER) account** has already been created by the C4D CT:

[@C4DJointAction](#)

The X page was launched in January 2023 and it will be used as the central social medium to spread short news and slim information about the project.

Besides the X page, the following **LINKEDIN account** has already been created by the C4D CT:

<https://www.linkedin.com/company/care4diabetes/>

The social media tags/ hashtags (see previous paragraph) are listed in the template below:

HASHTAGS IN SOCIAL MEDIA POSTS
X TAGS: @EU_Health @EU_HaDEA @EU_commission
HASHTAGS: #EU4Health #HealthUnion #kickoffC4D #Care4Diabetes

A Youtube channel was created by the CT at M12 to share visual content of the project:

<https://www.youtube.com/@Care4Diabetes>

Other social media accounts (networks/ pages/ platforms) are being used **on local/ national levels** (local/ national social media accounts) by some of the C4D Partners (in native language,



not in English) (e.g. <https://www.instagram.com/c4dasturias/>, <https://www.facebook.com/ISS.social>, <https://x.com/astursalud?lang=en>). Regarding that, institutional (already existing) or specific C4D (created for the project) social media accounts are being used.

The **type of information** that is being shared throughout social networks is listed below:

- News of national meetings related to the project,
- News related to internal activities related to the preparation and implementation of pilots (e.g., training of trainers and pilot sessions),
- News related to face-to-face project meetings (e.g., kick-off meeting),
- News of interest (e.g. news published by European diabetes associations, internal journals, magazines, etc.) for the target audiences of C4D (people with type 2 diabetes, healthcare professionals, etc.),

Furthermore, to cover specific project results and events **social media campaigns** (local/national) will be conducted (T2.3). Regarding the World Diabetes Day on 14th of November 2024, a social media campaign has already been structured by the WP2 Leader with the valuable support of the C4D CT. This campaign can also be used for assisting recruitment for the next round with participants, starting in October 2024. Materials for their adaptation at local/national level and instructions have already been distributed to all Partners.

Moreover, **modest competitions** (T2.3) will be periodically launched via social media (social media modest competitions) to raise public awareness on T2D and lifestyle changes (e.g., photo contests/ see also paragraph 6.2).

As forementioned (see Section 5.2), guidelines for the publications of news on the website and social media networks have been developed by the C4D CT as a framework for all C4D Partners.

In conclusion, according to the GA, **all C4D Partners are obligated to present the C4D project on their websites and social media accounts** (including project summary, coordinator contact details, list of participants, European flag and funding statement, project results etc.).

The content of all information materials and promotional resources will be aligned with the C4D website and social media narrative.



4.4. Newsletters

A biannual newsletter will be released via the C4D website (e-newsletter) to comment on key results and project progress. Thus, a newsletter will be released **minimum every 6 months** (from M6/ T2.3: M6, M12, M18, M24, M30 and M36).

Contents for the newsletter are being provided by WPLs and all C4D partners (see Section 6).

The newsletters are being distributed to all C4D partners and, further, to all entities (persons, institutions etc.) who subscribed to the newsletter. Registration for the newsletter is freely available via the C4D webpage:

<https://c4djointaction.eu/newsletter-2/>

4.5. Webinars

To ensure complementarity, sharing of lessons, and cross-fertilization, the C4D JA seeks to promote webinars with the following stakeholders:

- ✓ Competent authorities,
- ✓ Policy makers,
- ✓ Healthcare providers,
- ✓ Researchers, like OECD, WHO Europe, EuroHealthNet, ECHAlliance,
- ✓ The coordinators of current and future JAs on diabetes and/ or related topics (e.g., BestReMap, JADECARE, CHRODIS) and the other ongoing initiatives (see also Sections 5.8 and 6.2).



4.6. Other media communication

Media communication will entail:

- I. **At least 40 press releases on local and/ or national newspapers, television (TV) and radio** (included for the KPIs monitoring, see also paragraph 6.2). **A minimum number of approximately 4 press releases will be delivered per country** during the C4D project.
- II. **Podcasts or short video pills** that will include participants testimonials and partners' staff experiences and that will be broadcasted in the local and/ or national networks or in the C4D social media networks (the latter only if subtitled in English). **A minimum of 1 podcast or short video pill will be released per country** during the C4D project. In line with this, the C4D CT has elaborated a video promoting the C4D project that can be used by all Partners (<https://www.youtube.com/watch?v=rci7CnMYoa0>).

A minimum of 4 press releases per country (on local and/ or national newspapers, television and radio) should be delivered during the C4D project.

Furthermore, a minimum of 1 podcast or short video pill per country should be elaborated during the C4D project.

4.7. Leaflet and whitepaper

Both a leaflet and a whitepaper have been released by the 1ST YPE DT to provide summary of C4D project's goals, objectives, activities and outcomes (see annexes III and IV, respectively). These documents are available in the internal repository for all the JA beneficiaries:

The leaflet and the whitepaper are two different versions of the C4D summary, a short and a long, respectively.

Each Partner will translate the leaflet and the whitepaper into their national language when relevant.



4.8. Dissemination events and other activities

At least 2 events in each pilot country will be organised during the C4D project. They will include national and local stakeholders to raise awareness on the best practice, share updates on the current status of the local implementation of the pilot actions. These events will range from standard workshops and conferences (e.g., national conferences) to informal events, such as working and business breakfasts, fairs and outdoor dissemination events, e.tc., as also recruitment meetings/ events (see also Sections 5.5 and 6.2).

As mentioned above, the C4D partners will seek **collaboration with the participants in relevant national and EU projects and JAs** (diabetes and/ or related topics, see also Sections 5.5 and 6.2).

The project beneficiaries will attend **relevant events on the field**, such as EU Info Days and the EU Health Policy Conference and the EU Public Health Conference (see also Section 6.2).

Supported by the CT, 1ST YPE will promote “project-level” events (digitally and/ or in-person), including webinars and workshops. It will also assist other related events.

Regarding the dissemination events, as mentioned in Section 5.2, a **calendar with most relevant events** is shared with the Partners to facilitate their participation.

FINAL CONFERENCE:

The concluding project international conference will take place at M36, in conjunction with SC and General Assembly culminating meetings. The final conference is expected to be hosted at the EU Asturias Regional Delegation in Brussels and will be organized by the C4D CT (budgeted under FICYT), supported by the 1ST YPE DT. EU policy makers, regions’ representatives, patient associations, and other stakeholders will be invited (see also Section 3).

4.9. Scientific dissemination

A special type of the JA Dissemination is the Scientific Dissemination.

At least 5 scientific publications are expected to be released in specialized literature magazines and journals. The papers will follow the publication guidelines of the relevant WP1 task to ensure



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data management and ethics compliance (T1.4: Ethics and Data Management). Dedicated budget has already been assigned for Gold Open Access scientific papers.

C4D Communication and Dissemination Grant Agreement obligatory guidelines consist of the requirements for communication, dissemination and visibility for all Partners.





5. COMMUNICATION AND DISSEMINATION MONITORING AND EVALUATION

The Communication and Dissemination Monitoring and Evaluation deals with continuous check and assessment of dissemination and communication actions and activities, as described above.

All the partners will update the WP Leader about their communication and dissemination actions performed during the JA. This continuous reporting will enable to assess the progress on the strategy, fine-tuning approaches and practices to ensure dissemination impact at EU level and beyond. The main objective of the continuous reporting is to ensure a high-quality DS execution.

The Communication and Dissemination Monitoring and Evaluation is a WP2 task (T2.4: Monitoring and Evaluation). It was released at M4 and it will continue during all the JA, until M36.

5.1. Monitoring: log of communication and dissemination activities

To facilitate both the collection of the communication and dissemination information and the measurement of the relevant KPIs (see next paragraph), a reporting tool has been developed by the C4D CT. It consists of a specially **designed EXCEL file with 5 different tables** (work-sheets), (see annex I). Moreover, the information included in the Log (Register) is being used for the continuous reporting of the D and C activities to the EC. Every table of the EXCEL file has predefined columns to be filled by each partner. Therefore, all C4D partners will register their communication and dissemination activities in this file, as the main communication and dissemination reporting document. The file is structured in different tables (see Annex 1):

0. Instructions
1. Dissemination activities,
2. Communication activities,
3. Publications,
4. Datasets,



5. Social media accounts (see pages below),
6. KPIs.

The file is shared in the internal **TEAMS Platform** -as the main C4D channel for sharing files and documents (see Section 3). A reminder is sent to all Partners by the WP leader every 6 months to complete the register and hence, report the D and C activities performed. **The TEAMS Platform will be the only centralised site for reposing the project documents** that will evidence the execution of the D and C activities of the JA.

As for WP3 (WP3: Evaluation), the **CLICKUP online project management application** is being used by the WP3 CT (<https://clickup.com/>). **CLICKUP is a Tool for marking, tracking and reminding tasks** that all Partners need to complete.

All Partners should register all their communication and dissemination activities in the Log of Communication and Dissemination Activities (available in the TEAMS Platform). Also, **all Partners should provide evidence of the communication and dissemination activities carried out.**

5.2. Evaluation: communication and dissemination key performance indicators

Key Performance Indicators (KPIs) are the critical indicators of progress towards an intended result. KPIs provide a focus for operational and strategic improvement, create an analytical basis for decision making and help focus attention on the most important aspects of the project progress. KPIs must allow intervention at a stage where corrective measures are meaningful and can be qualitative or quantitative.

In the view of the foregoing, KPIs are a key element in the DS for assessing the JA progress and impact. The Communication and Dissemination KPIs should be quantifiable, in order to establish or correct procedures regarding the JA Communication and Dissemination. **The list of monitoring and evaluation indicators will be periodically reviewed, if necessary**, in line with the progress of WP2 activities. As forementioned, the monitoring and evaluation of the KPIS is being conducted every six months by the WP2 Leader 1st YPE, in collaboration with the C4D CT.



Regarding the overall evaluation of the JA, WP3 Leader is responsible for continuously monitoring and evaluating the performance of the Work Plan and the total progress of the JA, aiming to assure that the JA accomplishes its established objectives (WP3: Evaluation). This is being done according to the Monitoring and Evaluation Plan (D3.1). Moreover, specific monitoring indicators has been defined for each WP, including WP2 Communication and Dissemination. Therefore, **the KPIs listed below are proposed tools, that will be further refined, in collaboration with WP3 Leader, if necessary.** Additionally, the overall evaluation of the WP2 will be guided by WP3.

The Communication and Dissemination KPIs are divided in 6 different topics:

- i. Communication and dissemination tools,
- ii. General communication and dissemination,
- iii. Online communication and dissemination (social networks),
- iv. Communication for the involvement of stakeholders,
- v. Communication for the recruitment,
- vi. Scientific dissemination.

The KPIs per topic are enumerated in the following Tables.

Preliminary data for the KPIs analysed during the second review performed after 18 months is also presented in the tables. Most of the KPIs have been accomplished for this period whereas others such as scientific publications are foreseen to be achieved by the end of the project or after the project ends. Moreover, according to the measurement of the KPIs, it is needed to increase the visibility of the project, e.g. increase the number of subscribers. Also, suggestions have been made to beneficiaries to increase the number of T2D patients.



Table 3. KPIs for Communication and Dissemination Tools.

CARE4DIABETES COMMUNICATION AND DISSEMINATION KEY PERFORMANCE INDICATORS				
COMMUNICATION AND DISSEMINATION TOOLS				
ACTIVITIES/ PROJECTS	KPIs	TARGETS	ACHIEVED	PERCENTAGE OF ACHIEVEMENT(%)
Communication and dissemination activities and promoting tools	Communication and Dissemination Strategy Plan (designed and shared with partners)	1	1	100%
	Updated Communication and Dissemination Strategy Plan (M18)	1	1	100%
	Project's visual identity	1	1	100%
	Project website	1	1	100%
	X account prepared	1	1	100%
	LINKEDIN account prepared	1	1	100%
	Log of communication and dissemination activities available	1	1	100%



Table 4. KPIs for General Communication and Dissemination. Values achieved are shown for data at M18 (31 July 2024).

CARE4DIABETES COMMUNICATION AND DISSEMINATION KEY PERFORMANCE INDICATORS				
GENERAL COMMUNICATION AND DISSEMINATION				
ACTIVITIES/ PROJECTS	KPIs	TARGETS	ACHIEVED	PERCENTAGE OF ACHIEVEMENT (%)
Communication and dissemination activities and promoting tools (general)	Number of visitors to the website	1000 views per year	9915	100%
	Newsletters (biannual)	6 during the project	4	67%
	Number of newsletter subscribers	>200	48	24%
	Leaflet	1	9	100%
	Whitepaper	1	1	100%
	Number of press releases	≥40 during the project (≥4 per country)	19	48%
	Number of podcasts/ short video pills	N/A	6	100%



Table 5. KPIs for online Communication and Dissemination. Values shown as achieved were collected at ? M18 (31 July 2024).

CARE4DIABETES COMMUNICATION AND DISSEMINATION KEY PERFORMANCE INDICATORS				
ONLINE COMMUNICATION AND DISSEMINATION				
ACTIVITIES/ PROJECTS	KPIs	TARGETS	ACHIEVED	PERCENTAGE OF ACHIEVEMENT (%)
Social media	Number of followers on X	>100 followers	133	100%
	Number of followers on LINKEDIN	>30 followers	220	100%
	Number of social media campaigns (conducted to cover specific project results and events)	N/A	N/A	-
	Number of social media modest competitions launched (to raise awareness on T2D and lifestyle changes)	N/A	1	100%
	National social media accounts	N/A	23	100%

N/A: not available; data still being collected.



Table 6. KPIs for communication for the involvement of stakeholders. Values shown as achieved were collected at M18 (31 July 2024).

CARE4DIABETES COMMUNICATION AND DISSEMINATION KEY PERFORMANCE INDICATORS				
COMMUNICATION FOR THE INVOLVEMENT OF STAKEHOLDERS				
ACTIVITIES/ PROJECTS	KPIs	TARGETS	ACHIEVED	PERCENTAGE OF ACHIEVEMENT (%)
Stakeholders' engagement	Number of webinars or events (competent authorities, policy makers, healthcare providers, and researchers, other organisations, other JAs and projects)	>50 during the project	72	100%
	Number of awareness raising dissemination events (to inform on progress and outcomes of pilot actions)	≥30 during the project (≥2 in each pilot country)	53	100%
	Number of dissemination events organized by the C4D project with other EU JAs, initiatives, or stakeholders	≥3 during the project	3	100%
	Number of attendants in dissemination events	>500 participants	1.5M	100%
	Number of interactions	≥1	0	0%



	(communication and dissemination activities) with future planned JAs on diabetes (such as the other JA on diabetes funded under the same call topic)			
	Final conference	1	Not applicable	-
	Number of participants in the JAs final conference	>100 participants	Not applicable	-

N/A: not available; data still being collected.

Table 7. KPIs for communication for the Recruitment. Values shown as achieved were collected at M18 (31 July 2024).

CARE4DIABETES COMMUNICATION AND DISSEMINATION KEY PERFORMANCE INDICATORS				
COMMUNICATION FOR THE RECRUITMENT				
ACTIVITIES/ PROJECTS	KPIs	TARGETS	ACHIEVED	PERCENTAGE OF ACHIEVEMENT (%)
Recruitment	Number of healthcare professionals	≤120 during the project	130	100%
	Number of T2D patients	≥860 during the project	332	39%



Table 8. KPIs for scientific dissemination. Values achieved are shown for data at M18 (31 July 2024).

CARE4DIABETES COMMUNICATION AND DISSEMINATION KEY PERFORMANCE INDICATORS				
SCIENTIFIC DISSEMINATION				
ACTIVITIES/ PROJECTS	KPIs	TARGETS	ACHIEVED	PERCENTAGE OF ACHIEVEMENT (%)
Scientific papers	Number of published scientific papers	≥5 during the project	0	0%

Table 9. Mandatory KPIs for dissemination, according to Grand Agreement, for each Country. Values achieved are shown for data at M18 (31 July 2024).

CARE4DIABETES COMMUNICATION AND DISSEMINATION KEY PERFORMANCE INDICATORS				
MANDATORY KPIS FOR EACH COUNTRY				
COUNTRY	Number of press releases (≥4 per country)	Number of podcasts and/or short video pills	Number of events organised (2 per country)	Number of social media campaigns/modest competitions
Belgium	1	0	4	0
Bulgaria	5	0	1	0
Finland	0	0	0	0
Greece	4	0	6	0
Hungary	0	0	0	0
Italy	0	1	4	0
Malta	0	0	0	0
Poland	0	0	2	0



Portugal	0	0	1	0
Slovakia	2	0	0	0
Slovenia	0	0	0	0
Spain	7	5	36	1
CARE4DIABETES COMMUNICATION AND DISSEMINATION KEY PERFORMANCE INDICATORS				
MANDATORY KPIS FOR EACH COUNTRY				
COUNTRY	Country/region policy events (1 per country/region)	High level policy workshop with EU decision makers to ensure acceptance of the JA results and the piloted best practice (1 workshop)	Number of stakeholders reached (M)	
Belgium	0	-	1,3	
Bulgaria	0			
Finland	0			
Greece	0			
Hungary	0			
Italy	0			
Malta	0			
Poland	0			
Portugal	0			
Slovakia	0			
Slovenia	0			
Spain	1			



5.3. Dissemination and communication outcomes report

At the end of the C4D project, an overall report including all the actions performed and their evaluation will be produced. The dissemination and communication outcomes report will be released at M35, under the deliverable “D2.3: Dissemination and communication outcomes report”. This final report will compile and take stock of all activities implemented, and events organised by the project. It will include the description of actions implemented, key outcomes achieved, and overall evaluation of the Dissemination Strategy.

5.4. Dissemination and communication actions: synopsis

According to Sections 5 and 6, as indicated by the C4D KPIs, **actions requested to all beneficiaries and affiliated entities** are summarized as following:

- **To continuously update the Communication and Dissemination Log (Register),**
- **To update the list of events for the C4D calendar,**
- **To submit all the ongoing activities in order to feed the section of news of the C4D website,**
- **To create social media accounts (networks/ pages/ platforms) or use the corporate ones for each country (on national level/ in native language),**
- **To conduct local/ national social media campaigns (via social media accounts/ networks/ pages/ platforms),**
- **To periodically launch modest competitions via social media to raise public awareness on T2D and lifestyle changes,**
- **To deliver a minimum of 4 press releases per country during the C4D project,**
- **To deliver a minimum of 1 podcast/ short video pill per country during the C4D project,**
- **To organize at least 2 dissemination events per country during the C4D project, for engaging national and local stakeholders.**



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5.5. Communication and dissemination critical risks and risk management strategy

As in all WPs, the basic WP2 Communication and Dissemination critical risk is the **lack of coordination among partnership**. The risks identified during the proposal preparation and the project execution are detailed in Table 9.

Table 9. Potential risks linked to dissemination and communication of the C4D JA and preventive and corrective measures proposed when relevant (information updated in July 2024).

WP2 COMMUNICATION AND DISSEMINATION CRITICAL RISKS		
RISK DESCRIPTION	PREVENTIVE MEASURES	CORRECTIVE MEASURES
Lack of coordination among partnership (Likelihood: Low Impact: High)	<p>An adequate number of face-to-face and virtual meetings are foreseen.</p> <p>Management structure and procedures are clearly defined to outline precise responsibilities and avoid lack of coordination. Reorganisation of roles within the Management Bodies will be considered, if needed.</p> <p>The Coordinator and the WPLs provide extra support to the relevant partner(s). Additional virtual meetings are being planned, and work is being reorganised in a way to ensure each partner has a thorough understanding of its role, tasks and deadlines.</p>	Not applicable.
Internal conflicts within the Partnership (Likelihood: Medium Impact: High)	<p>Fast communication channels and online meetings will outline any possible problem.</p> <p>A Consortium Agreement has been signed.</p> <p>The Coordinator will call up the relevant Management Body if a conflict arises. Parties will seek to settle disputes amicably and find a shared solution to</p>	<p>Remind the responsibilities of the SC members included in the Consortium Agreement and the obligation of fulfillment of tasks as stated in the Grant Agreement, and report the Project Coordinator / SC any deviation asap.</p>



	the conflict. Otherwise, specific procedures will be applied as outlined in the Consortium Agreement."	
<p>Delays due to partners' internal work and/ or due to envisaged procedure for quality assurance of deliverables</p> <p>(Likelihood: Low Impact: Medium)</p>	<p>The management tools and procedures allow the consortium to timely spot if certain delays may arise during the production of a significant output of the project e.g., a deliverable. An internal review process for deliverables' quality assurance is being implemented: the Coordinator has successfully implemented it already in several other projects, and its experience will be valuable.</p> <p>A postponement of deliverables or other relevant actions of the project will be timely reported to the EC and a new delivery date agreed, without major impacts on the rest of tasks. The Coordinator, as well as the WP leaders, will help to execute the work and, whenever possible, commit more efforts and personnel from their side, to minimise the risk of delay for important project outputs.</p>	<p>Some countries (Portugal and Malta) reported a delay in the activities due to governmental and ethical aspects. A fast action for applying the PDSA will be required.</p>
<p>Insufficient capabilities of one partner / replacement of human resources within one organization</p> <p>(Likelihood: Medium Impact: Medium)</p>	<p>"Partners have been involved in the project development and had already shown their expertise and skills.</p> <p>The management plan, scheduled regular meetings, and established management procedures will allow to spot at an early stage when some tasks cannot be accomplished by one partner; the capabilities of the other partners in the consortium should easily allow to substitute the poorly performing partner.</p> <p>Increased support to new human resources entering the project will be provided, whenever possible, by the Coordinator and the WP leaders."</p>	<p>Not applicable.</p>



Budget constraints (Likelihood: High Impact: Medium)	Transfer of budget among different cost categories and/or from one partner to another could be envisaged.	Some beneficiaries informed about budget modifications between the beneficiaries and their affiliated entities. Budget transfer between different partners will be performed.
Delays of partners in submitting information at country-level for the preparation of deliverables (Likelihood: Low Impact: Medium)	Reminders are being sent by email until the ClickUp tool is fully operational.	Not applicable.
Beneficiary not engaged in the project (no feedback reported to the project coordinator on tasks and financial expenditure) (Likelihood: Low Impact: Medium)	-	A meeting has been requested with the general director of the AE not engaged in the project and the PI of the beneficiary involved (ISS). If required, funds will be transfer to other entities to comply with tasks and outcomes in this country.





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6. EU FUNDING VISIBILITY RULES

According to the GA, communication activities related to the JA (including media relations, conferences, seminars, information material, such as brochures, leaflets, posters, presentations, etc., in electronic form, via traditional or social media, etc.), dissemination activities and any infrastructure, equipment, vehicles, supplies or major result funded by the grant must **acknowledge EU support and display the European flag (emblem) and funding statement** (translated into local languages, where appropriate):



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The EU emblem is the single most important visual brand used to acknowledge the origin and ensure the visibility of EU funding. The emblem must remain distinct and separate and cannot be modified by adding other visual marks, brands or text. Apart from the emblem, no other visual identity or logo may be used to highlight the EU support.

When displayed in association with other logos (e.g., of beneficiaries or sponsors), the emblem must be displayed at least as prominently and visibly as the other logos. For example:



For the purposes of their obligations under the GA, the beneficiaries may use the emblem without first obtaining approval from the granting authority. This does not, however, give them the right to exclusive use. Moreover, they may not appropriate the emblem or any similar trademark or logo, either by registration or by any other means.



Any communication or dissemination activity related to the action must use factually accurate information. Moreover, it must indicate the following disclaimer (translated into local languages where appropriate):

“Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or [name of the granting authority]. Neither the European Union nor the granting authority can be held responsible for them.”

In conclusion, **all beneficiaries, managing authorities and implementing partners of the JA must follow the obligations in terms of D and C stated in article 17 of the GA and in the 2021-2027 Operational Guidelines for Recipients of EU Funding** (see References).

The obligations discussed and the use of the C4D logos have been summarised for all Partners in a set of **guidelines for dissemination and communication** that have been developed by the CT (see Annex IV).





7. RESULTS

In summary, the expected outputs and outcomes of WP2 C4D activities are:

- To communicate and disseminate C4D key messages, objectives, efforts, progress and results among the C4D stakeholders at national and European level.
- To engage key national and European stakeholders in the activities that can contribute to increase the awareness for T2D.
- To support C4D Partners and other European countries to share their good practices and lessons learned among the consortium members for inspiration and learning purposes.
- To build the capacity of C4D partners and other European countries for effective communication, aimed at engaging stakeholders and increasing awareness for T2D, to support sustainable, multidisciplinary networking of T2D supporters on a national and international level.
- To support the sustainability of changes in national and European environments with the aim to improve the implementation success of T2D patients.
- To raise awareness of the importance of the healthy lifestyles of people suffering T2D to the general society providing access to more, well-classified, and useful information.
- To develop a communication and dissemination plan that defines the key messages to be delivered (taking into account the best practices and lessons learned) and the optimal strategy to achieve the above-mentioned.

According to the last monitoring of KPI's (31/01/2024 for most of them) many of the targets were achieved but we are still behind regarding number of press releases, number of newsletter subscribers. As a consequence, WP2 leader is sending reminders to all partners every 15th of each month to complete the information required for the evaluation of this plan and achieve the targets set.





8. LESSONS LEARNT

A broad number of D&C activities have been implemented by the 12 countries involved in the Joint Action.

Some countries have mentioned that because of the legislative framework of each country, they may encounter obstacles in the dissemination of the programme due to the dissemination restrictions of the national health systems.

Also, some countries have reported that they do not have a direct contact with healthcare professionals and that creates delays in dissemination.

Suggestions:

- Regarding the legislative framework of each country, efforts will be needed to communicate the benefits derived from the implementation of the BP.
- Countries should pursue more frequent meetings with their respective, decision-making policy organisations (e.g. Ministry of Health), to keep them informed regarding the progress of the program and the positive results. This will most probably have a benefit effect in allowing the countries to have an easier access to healthcare provision.

9. CONCLUSIONS

The DS plan outlines the roadmap, monitoring, and assessment of dissemination and communication activities during the JA. It is the basis for the overall communication and dissemination management of the project. The methodology, the target groups, the types of activities planned, the supporting materials, the tools and the KPIs that will be used for monitoring this plan are presented. Updated information on the strategy and the KPIs has been incorporated in the update of this document.

All Partners from the 12 countries involved in the C4D JA contribute to the implementation of this strategy, and hence contribute to the long-term vision of the JA. As a result of this strong commitment from the partners, the communication channels identified will allow the engagement of relevant stakeholders and the production of guidelines for transferability of the intervention in the EU.



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11. ANNEXES

- ANNEX I: COMMUNICATION AND DISSEMINATION REPORTING TOOL
- ANNEX II: C4D JA MATERIALS (LEAFLET, WHITEPAPER)
- ANNEX III: GUIDELINES FOR COMMUNICATION AND DISSEMINATION

ANNEX I: COMMUNICATION AND DISSEMINATION REPORTING TOOL

As already mentioned (see paragraph 6.1), regarding the monitoring of the communication and dissemination activities, a reporting tool for internal use has been developed by the C4D CT. It consists of a specially **designed EXCEL file with the following 5 tables**, respectively (work-sheets, EXCEL file by the name “Register Dis and Com CARE4DIABETES_Sigma”):

- **DISSEMINATION ACTIVITIES,**
- **COMMUNICATION ACTIVITIES,**
- **PUBLICATIONS,**
- **DATASETS,**
- **SOCIAL MEDIA ACCOUNTS (SEE PAGES BELOW).**

There are also the following work-sheets (tabs) in this EXCEL file, respectively:

- **Instructions**, which includes instructions to complete the Communication and Dissemination Log,
- **KPIs**: The information in this work-sheet will be completed and used only by the C4D CT and the WP2 Leader 1st YPR.
- **Info**, which includes information that feeds other work-sheets (tabs).





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Register Dis and Com CARE4DIABETES_Sigma.xlsx - Excel

Μαρία Αγαπίου

Αρχείο Κεντρική Εισαγωγή Διάταξη σελίδας Τύποι Δεδομένα Αναθεώρηση Προβολή Βοήθεια

Επικόλληση Αντιγραφή Πίνακλό μορφοποίησης

Calibri 12 A⁺ B I U Στάση Αναδιπλώνση κειμένου Συγχώνευση και στόχιση στο κέντρο Αριθμός Στυλ Μορφοποίηση υπό όρους Μορφοποίηση ως πίνακα Στυλ κελιών Εισαγωγή Διαγραφή Μορφοποίηση

Συμπλήρωση Σελίδα 1

Αυτόματη Αθροισή Συμπλήρωση Απολοιφή Ταξινόμηση και Φιλτράρισμα Εύρεση & Επιλογή Προσθήκη

Επεξεργασία

1.6 JUNTAEX- Fundesalud

Project: CARE4DIABETES

Co-funded by the European Union

The project CARE4DIABETES has received funding from the European Commission under GA 101082427

Communication is about promoting your project, its topic and the challenges and problems it is trying to tackle to multiple audiences in a two-way dialogue. It also includes actions for involvement of stakeholders.

Type of communication activities: event (meeting, conference, workshop, internet debate, round table, group discussion, etc), press release, media article, social media, TV/radio campaign, video, website, print materials (brochure, leaflet, posters, stickers, banners, etc), newsletter, interview, exhibition, other.

Communication activities

Reference Date Country Entity* Description of activity* Target audience (who?)*. Please, include the groups applicable from this list: research communities, industry, business partners, innovators, investors, international organisation (UN body, OECD, etc.), EU institutions, national authorities, regional authorities, local authorities, civil society, citizens, specific end user communities, other Communication tool / channel (how?)* Status* Number of healthcare professionals for recruitment only* (if applicable) Number of T2D patients for recruitment only* (if applicable) Is this an awareness raising event (to inform on progress and outcomes of pilot actions)?* Is it a dissemination activity?

CA.001	13/2/2023	Spain	1. FICYT	Project website	Research communities, international organisations, EU institutions, national authorities, civil society, citizens, specific end user communities	Website	Delivered	N/A	N/A	No	N
CA.002	7/2/2023	Spain	1. FICYT	Dissemination of the project in the institutional website of FICYT	Research communities, national authorities, civil society, citizens, regional authorities, local authorities, specific end user communities	Website	Delivered	N/A	N/A	No	N
CA.003	16/2/2023	Spain	1.1 and 1.2 CSPA and SESPA	Press release about the project	Research communities, national authorities, civil society, citizens, regional authorities, local authorities, specific end user communities	Press release	Delivered	N/A	N/A	No	N
CA.004	17/2/2023	Spain	1.1 and 1.2 CSPA and SESPA	Media article about the project	Civil society, citizens, regional authorities, local authorities, specific end user communities	Media Article	Delivered	N/A	N/A	No	N
CA.005	22/3/2023	Spain	1.1 and 1.2 CSPA and SESPA	Dissemination of the project in the institutional website of CSPA	Research communities, national authorities, civil society, citizens, regional authorities, local authorities, specific end user communities	Website	Delivered	N/A	N/A	No	N
CA.007	12/7/2023	Spain	1.1.1 and 1.2 FICYT, CSPA and SESPA	Event to present the initiative at regional level	Research communities, others (healthcare professionals, students and lectures)	Event	Delivered	N/A	N/A	No	Y
CA.008	1/6/2023	Spain	1.6 JUNTAEX	Piece of news about "Train the trainer" course	Citizens	Newsletter	Delivered	N/A	N/A	No	N
CA.009	17/7/2023	Finland	4. THL	National Website for Care4Diabetes	Citizens and research communities	Website	Delivered	N/A	N/A	No	N
CA.010	21/8/2023	Spain	1.6 JUNTAEX	Piece of news about the progress of the C4D project	Citizens	Newsletter	Delivered	N/A	N/A	No	N
CA.011	16/2/2023	Portugal	Directorate-General of Health	Dissemination of the project in the institutional website	Citizens and research communities	Website	Delivered	N/A	N/A	No	N
CA.012	23/8/2023	Spain	1.6 JUNTAEX	Tweet about participation JUNTAEX in Join Action	Citizens	Social media	Delivered	N/A	N/A	No	N
CA.013	25/9/2023	Belgium	2. Sciensano	Project website Care4Diabetes	Research communities, international organisations, EU institutions, national authorities, civil society, specific end user communities	Website	Delivered	N/A	N/A	No	N
CA.014	25/9/2023	Belgium	2. Sciensano	Participant page Care4Diabetes	Citizens, participants	Website	Delivered	N/A	N/A	No	N
CA.015	20/9/2023	Belgium	2. Sciensano	Linkedin post on the gathering of the national advisory board meeting	Research communities, national authorities, civil society, citizens, regional authorities, local authorities, specific end user communities	Social media	Delivered	N/A	N/A	No	N
CA.016	20/9/2023	Slovakia	11. MINISTERSTVO ZDRAVOTNICTVA SLOVENSKEJ REPUBLIKY	Leaflet	Research communities, industry, national authorities, regional authorities, local authorities, civil society, citizens, specific end user communities, other	Print materials	Delivered	N/A	N/A	No	N
CA.017	28/9/2023	Spain	1.1.1 and 1.2 FICYT CSPA SESPA	Piece of news about "Train the trainers" in Spain	Research communities, national authorities, civil society, citizens, regional authorities, local authorities, specific end user communities	Website	Delivered	N/A	N/A	No	N

1. Dissemination activities 2. Communication activities 3. Publications 4. Datasets 5. Social_Media_Accounts KPIs Info

Ετοιμο Φύλλο Προσαρμοσμένη: Διερεύνηση

Αναζήτηση

11:28 πμ 1/7/2024





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Register Dis and Com CARE4DIABETES_Sigma.xlsx - Excel

Mapia Ayatiou

Αρχείο Κεντρική Εισαγωγή Διάταξη σελίδας Τύποι Δεδομένα Αναθεώρηση Προβολή Βοήθεια Πείτε μου τι θέλετε να κάνετε

Επικόλληση Αντιγραφή Πάνελ μορφοποίησης Προχείρο

Calibri 12 A+ A- B I U Στάση Συγχώνευση και στόχιση στο κέντρο Αριθμός Στυλ Μορφοποίηση υπό όρους Μορφοποίηση ως πίνακα Στυλ κελιών Εισαγωγή Διαγραφή Μορφοποίηση Κελιά

Συνολική Αθροισμα Συμπλήρωση Απαλοιφή Επεξεργασία Ταξινόμηση και Εύρεση & Φιλτράρισμα επιλογή Πρόσθετα

A15

Partner	Country	Entity	Social Networks	Link
Project: CARE4DIABETES				
Co-funded by the European Union				
The project CARE4DIABETES has received funding from the European Commission under Grant Agreement 101092427				
C4D CARE 4 DIABETES Joint Action				
Datasets				
PROJECT SOCIAL NETWORKS				
X C4D				
youtube c4d				
LinkedIn C4D				
Twitter				
Facebook				
LinkedIn				
Facebook				
Instagram C4D Asturias				
Twitter				
SERVICIO CÁNTABRO DE SALUD				
FUNDACION INSTITUTO DE INVESTIGACION MARQUES DE VALDECILLA				
SERGAS				
VICEPRESIDENCIA SEGUNDA Y CONSERJERIA DE SANIDAD Y SERVICIOS SOCIALES - JUNTA DE EXTREMADURA				
Twitter				
Facebook				
Twitter				
Facebook				
LinkedIn				
YouTube				
SERVICIO ANDALUZ DE SALUD				
FUNDACION PUBLICA ANDALUZA PROGRESO Y SALUD				
SCIENSANO				
MINISTERSTVO NA ZDRAVEOPAZVANETO				
REGIONAL HEALTH INSPECTION - BLAGOEVGRAD				
TERVEYDEN JA HYVINVOINNIN LAITOS				

1. Dissemination activities 2. Communication activities 3. Publications 4. Datasets 5. Social Media Accounts KPIs Info

Ετοιμο Προσβασιμότητα Διεύθυνση

Αναζήτηση

11:29 πμ 1/7/2024

ANNEX II: C4D JA MATERIALS

LEAFLET

FACTS

Non-communicable diseases (NCDs), such as T2D, represent major causes of disability, ill-health, health-related retirement, and premature death in the European Union (EU) and cause a considerable social and economic impact.

Diabetes Mellitus (DM) is a chronic metabolic disease characterized by high levels of glucose in the blood. There are different types of diabetes resulting from defects in insulin secretion, action or both, the hormone that regulates the level of sugar. **T2D is the most common form accounting for 90% of all cases of diabetes.** It typically appears at adult age, although in the last years its prevalence has been increasing in younger people. According to the International Diabetes Foundation (IDF), in 2021, approximately **537M adults** (20-79 years) were living with diabetes worldwide, and there were about **60M in Europe**.

Type 2 Diabetes Risk Factors



The General Objective of C4D

It is to decrease the burden of NCDs and related risk factors by providing a multi-disciplinary lifestyle treatment intervention for T2D to European Citizens.

Prevalence of T2D is increasing in Europe, due to increases in overweight and obesity, unhealthy diet, aging, and physical inactivity. **Care4Diabetes (C4D)** aims to support EU Member States' efforts to reduce the number of patients and the high costs sustained by governments.

C4D OBJECTIVES

- Improve capacities of EU Member States to plan and implement effective lifestyle treatment and training programs targeted at people with T2D by sharing knowledge and experience,
- Improve data and monitoring system,
- Improve knowledge and awareness on related diseases and prevention in specific target groups,
- Improve knowledge and abilities for healthcare professionals.



1 in 10 is
obese



1 in 3 is
overweight



C4D
Joint Action to
Reverse Diabetes

12 European countries & 30 Partner Organizations working together to improve and foster health in the EU Member States by reducing the burden of Type 2 Diabetes (T2D).

Project acronym: **Care4Diabetes**

Project duration: **36 months**
1 February 2023 - 31 January 2026

Granting authority: European Health and Digital Executive Agency (HADEA).
Funded by the European Union (EU).
GA No: 101082427.



Co-funded by the
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Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.



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WORK PACKAGES



WP1

Project Management and Coordination:

Aims to ensure well-coordinated governance and management of the Joint Action (JA).

WP2

Communication and Dissemination:

Aims to ensure well-coordinated communication in each stage of the JA and to maximize the dissemination of the JA's efforts and results.

WP3

Evaluation:

Aims to monitor and evaluate the Progress of the JA and to assure that the JA accomplishes its established objectives.

WP4

Integration and Sustainability:

Aims to frame the conditions to be fulfilled.

WP5

Preparatory Actions: Aims to describe how C4D will be implemented and to propose common data collection systems, to improve the monitoring of population.

WP6

Implementation (Phase I):

Aims to implement a 6-month Intensive Care Program with people with T2D and to monitor, collect, and to evaluate results.

WP7

Implementation (Phase II):

Aims to implement an aftercare program and monitor participants' evolution.

COORDINATORS:

- ES CONSEJERIA DE SALUD – PRINCIPADO DE ASTURIAS (CSPA)
- ES SERVICIO DE SALUD DEL PRINCIPADO DE ASTURIAS (SESPA)
- ES FUNDACION PARA EL FOMENTO EN ASTURIAS DE LA INVESTIGACION CIENTIFICA APLICADA Y TECNOLOGIA (FICYT)

PARTNERS:

- BE SCIENSANO (SCIENSANO)
- BG MINISTERSTVO NA ZDRAVEOPRAZVANETO (MZH BG)
- BG REGIONAL HEALTH INSPECTORATE BLAGOEVGRAD (RH)
- FI TERVEYDEN JA HYVINVOINNIN LAITOS (THL)
- EL 1ST YGEIONOMIKI PERIFERIA DYPE ATTIKIS (1st YPE ATTICA)
- HU NEMZETI NEPEGESZSEGUGYI KOZPONT (NPHC)
- IT ISTITUTO SUPERIORE DI SANITA (ISS)
- MT- MINISTRY FOR HEALTH – GOVERNMENT OF MALTA (MFH)
- PL NARODOWY FUNDUSZ ZDROWIA (NFZ)
- PT MINISTERIO DA SAUDE – REPUBLICA PORTUGUESA (DGS)
- SK MINISTERSTVO ZDRAVOTNICTVA SLOVENSKEJ REPUBLIKY (MZH SR)
- SI NACIONALNI INSTITUT ZA JAVNO ZDRAVJE (NIJZ)

AFFILIATED ENTITIES:

- ES SERVICIO CANTABRO DE SALUD (SCS)
- ES FUNDACION INSTITUTO DE INVESTIGACION MARQUES DE VALDEKILLARONAL
- ES CONSELLERIA DE SANIDADE DE GALICIA (SERGAS)
- ES VICEPRESIDENCIA, SEGUNDA Y CONSEJERIA DE SANIDAD Y SERVICIOS SOCIALES – JUNTA DE EXTREMADURA (JUNTAEX)
- ES SERVICIO ANDALUZ DE SALUD (SAS)
- ES FUNDACION PUBLICA ANDALUZA PROGRESO Y SALUD M.P. (FPA)
- EL GENIKO NOSOKOMEIO ELENA VENIZELOU -ALEXANDRIA
- FI FINNISH DIABETES ASSOCIATION (FDA)
- IT AZIENDA SANITARIA LOCALE ROMA 2 (ASL ROMA 2)
- IT FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI (IRCCSIPPG)
- IT AZIENDA OSPEDALIERO UNIVERSITARIA PISANA (AOUP)
- PL WARSAWSKI UNIWERSYTET MEDYCZNY (MUM)
- PT ASSOCIACAO PROTECTORA DOS DIABETICOS DE PORTUGAL (APDP)
- SI SPLOSNA BOLNISNICA NOVO MESTO (SB-NM)

ASSOCIATED PARTNERS:

- ES FUNDACION INSTITUTO DE INVESTIGACION SANITARIA ARAGON (ISAIP)

Care4Diabetes PARTNERS

Competent Authorities:

- Spain, Ministry of Health of Asturias (Coordinator)
- Belgium, Sciensano
- Bulgaria, Ministry of Health, Public Health Protection
- Finland, Finnish Institute of Health and Welfare
- Greece, 1st Regional Healthcare Authority of Attica
- Hungary, Ministry of Human Capacity
- Italy, Istituto Superiore di Sanita
- Malta, Ministry for Health
- Poland, National Health Fund
- Portugal, Direcao Geral da Saude
- Slovak Republic, Ministry of Health of the Slovak Republic
- Slovenia, Institute of Oncology Ljubljana

30
Partners

12
Countries

Contact

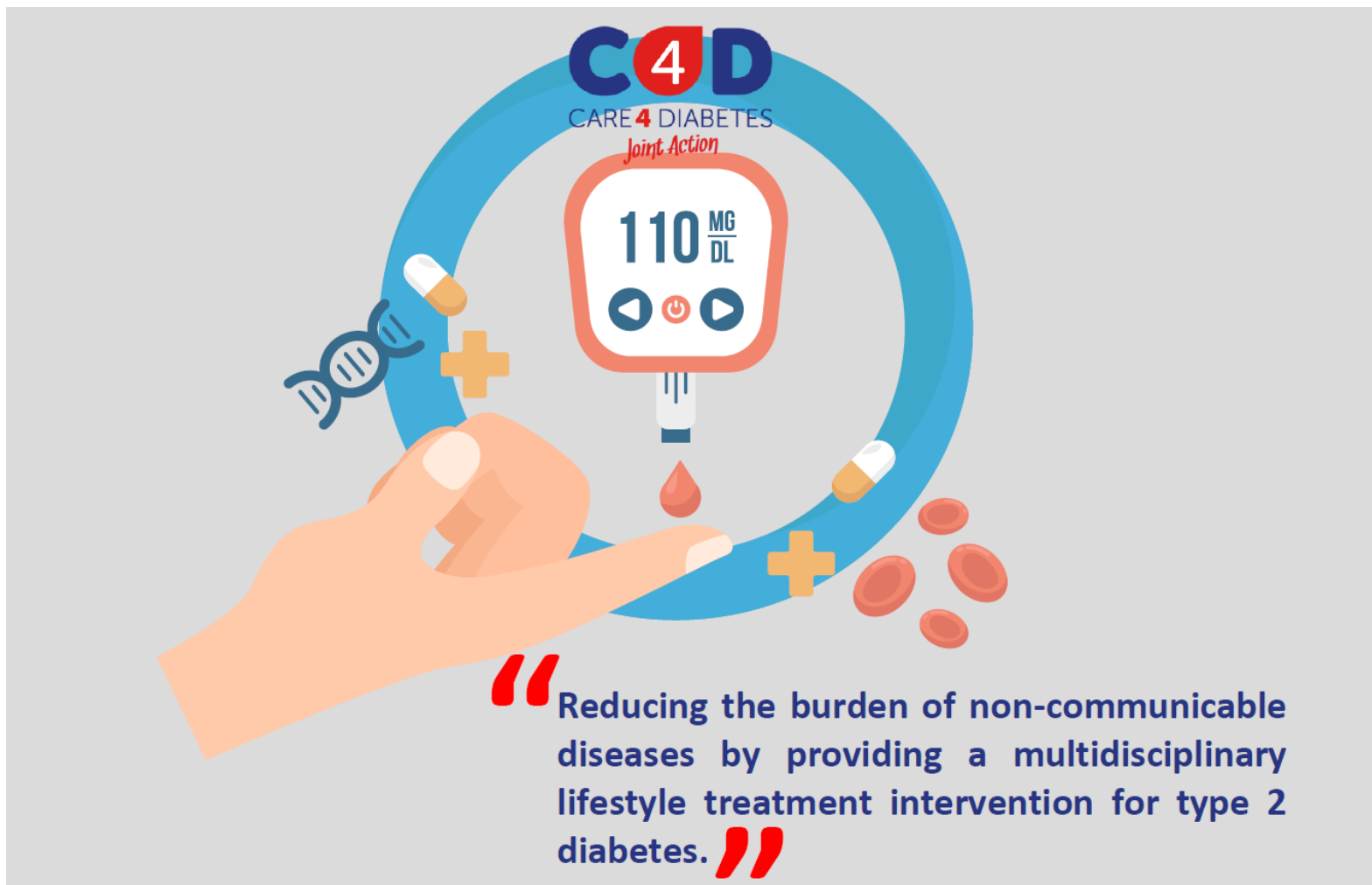
Project Management Team:
Ministry of Health of Asturias (Coordinator)
dgcuidados@asturias.org



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whitepaper



CARE4DIABETES has received funding
from the European Commission.
GA No: 101082427

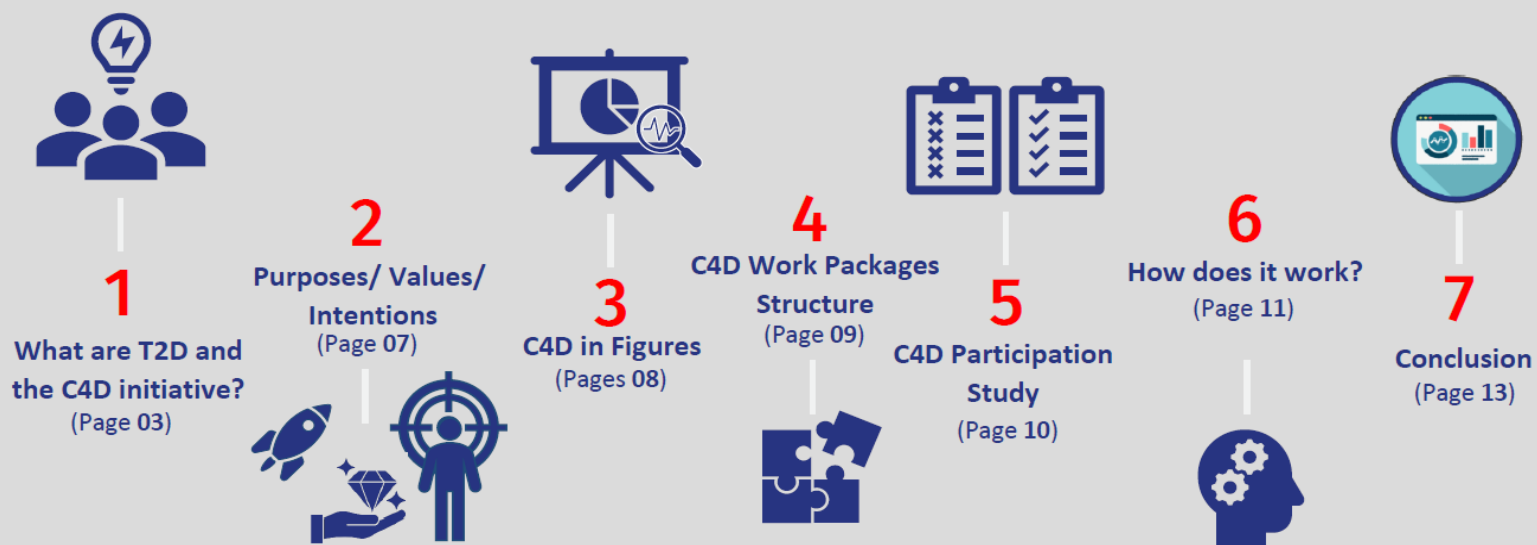


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CONTENTS





What is Type 2 Diabetes?

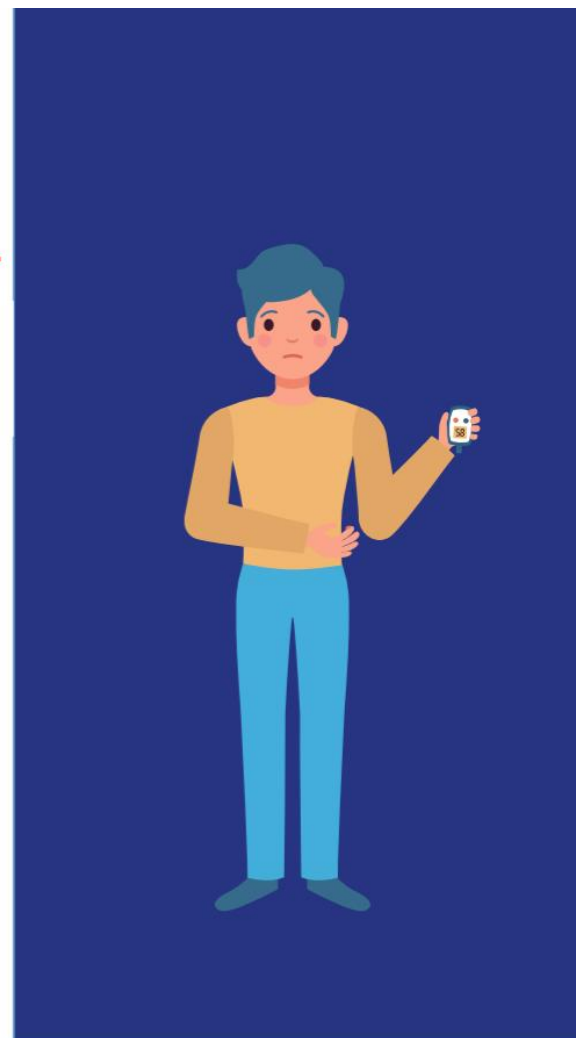
What is the Care4Diabetes initiative?

Care4Diabetes Joint Action (C4D):

Addressing the Rising Prevalence of Type 2 Diabetes in Europe

Type 2 Diabetes (T2D) is a growing health concern across Europe and is primarily attributed to increasing rates of overweight and obesity, unhealthy diets, ageing, and physical inactivity. If not managed properly, T2D can lead to serious complications. T2D is also associated with high healthcare costs and represents a significant proportion of global health expenditure. Appropriate interventions are needed to reduce the burden of T2D and its associated complications.

The C4DJA initiative aims to transfer and implement an intervention to improve the quality of life of people with T2D. It will address this growing issue by promoting evidence-based policies and actions for the cost-effective management of T2D, while improving the efficiency of health investments.





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Executive Summary

The main objective of the C4D is to improve and foster health in the EU Member States (MS) by reducing the burden of T2D and related risk factors, both at societal and personal level, through effective lifestyle treatment programs.

The expected outcomes are to increase people's health and quality of life, reduce healthcare associated costs, and promote capacity building of health systems towards more innovative and integrated T2D interventions based on people's lifestyle changes.

The C4D will be aimed at transferring and implementing an identified best practice across 12 MS. The best practice is an evidence-based, reimbursed Dutch lifestyle treatment program for T2D, named **"Reverse Diabetes2Now"**. Its rationale lies in the promotion of lifestyle changes that can bring improved quality of life in people with T2D and healthier blood glucose levels with potential lower medication consumption.

Fixed Mindset



Growth Mindset





Background and Rationale

Για έξοδο στην πλήρη οθόνη, πατήστε F11

C4D is a **Joint Action** cofunded by the European Health and Digital Executive Agency (HADEA) in the framework of the **EU4Health Program**. The EU4Health Program is one of the largest European Union's (EU) health programs and aims to address the resilience of European healthcare systems and to contribute to a healthier Europe. The C4D responds to the EU4H 2021-2027 2nd Wave call and answers the topic "Direct grants to Member States' authorities: implementation of best practices and research results on prevention of non-communicable diseases and risk factors". Furthermore, to strengthen strategies for the treatment of diabetes and to enhance sharing best practice among MS, the EU4H Program established a JA grant specifically under the thematic area of diabetes. That is the C4D.

Non-communicable diseases (NCDs), such as T2D, represent major causes of disability, ill-health, health-related retirement, and premature death in the EU and cause a considerable social and economic impact. According to the International Diabetes Federation (IDF), in 2021, approximately 537M adults were living with diabetes worldwide, and there were about 60M in Europe.

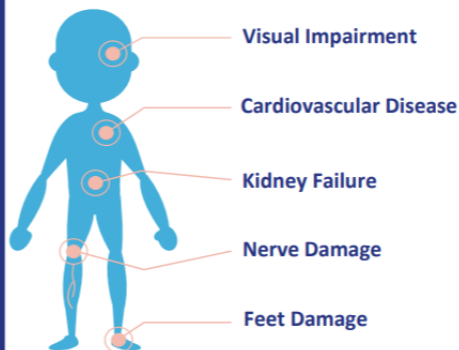
In the frame of the NCDs, **Diabetes Mellitus** (DM) is a chronic metabolic disease characterized by high levels of glucose in the blood. There are different types of diabetes resulting from defects in insulin secretion, insulin action or both, the hormone that regulates the level of blood sugar. T2D is the most common form accounting for 90% of all cases of diabetes. It typically appears at adult age, even if in the last years its prevalence has been increasing in younger people.

Prevalence of T2D is increasing in Europe. If diabetes is not managed correctly, people are likely to become progressively ill and debilitated. The overall risk of dying among people with T2D is at least, double the risk of their healthy peers. Over time, the disease can damage the heart, blood vessels, kidneys, eyes, and nerves. Overall, diabetes leads to high costs sustained by governments.

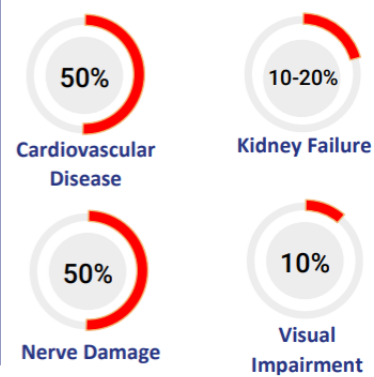
IDF numbers: <https://www.idf.org/aboutdiabetes/what-is-diabetes/facts-figures.html>

Percentage % about complications: <https://www.idf.org/aboutdiabetes/what-is-diabetes/facts-figures.html>

Affects of Diabetes



Damage Percentages



Global Health Expenditure





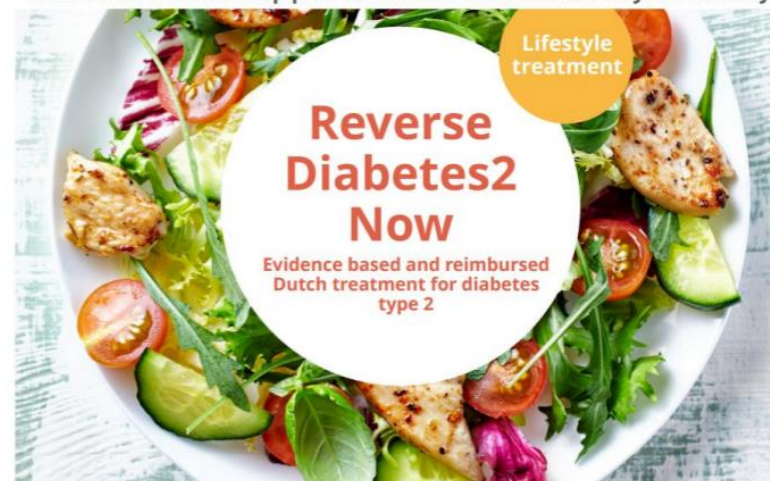
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Appropriate interventions are indispensable measures to reduce the health and economic burden of T2D and its associated complications. **A cornerstone for effective T2D management is a healthy lifestyle**, which includes a balanced diet, regular physical activity, not smoking, maintaining a healthy body weight, good mental health, including good sleep habits and relaxation techniques practices. Individual responsibility for T2D management is important, but governments and societies must also play their part.

The selected best practice for the C4D is the **REVERSE DIABETES2NOW** experience. It is an evidence-based and reimbursed Dutch lifestyle treatment and training program for T2D, developed and promoted by the Dutch non-profit organization VOEDING LEEFT, that will support the consortium during the execution of the C4DJA. The rationale behind this program lies in the implementation of effective lifestyle treatment and training programs, which can bring improved quality of life in people with T2D and healthier blood glucose levels with potential lower medication consumption.

Accordingly, the C4D will support the transfer and implementation of this best practice via pilot actions in 12 EU MS. Multidisciplinary teams of healthcare professionals will be involved from all implementing countries (including program coordinators, general practitioners/ internists, nurses, dieticians, and lifestyle coaches/ psychologists, depending on local circumstances).

New version with 5 step plan to transfer intervention to your country



Voeding Leeft®



Healthy lifestyle:

[https://doi.org/10.1016/S2213-8587\(20\)30117-0](https://doi.org/10.1016/S2213-8587(20)30117-0)
<https://doi.org/10.1007/s00394-019-02147-6>

About ReverseDiabetes2Now:

<https://doi.org/10.1136/bmjnph-2018-000012>
<https://doi.org/10.1136/bmjnph-2020-000081>
<https://reverseddiabetes2now.com/healthcare-professionals/>
https://health.ec.europa.eu/system/files/2021-07/ev_20210630_co05_en_0.pdf

Type 2 Diabetes Risk Factors:

<https://www.idf.org/aboutdiabetes/type-2-diabetes.html>



C4D Purposes, Values and Intentions

1. Promote Healthy Lifestyle Choices:

Governments and societies must encourage individuals to make healthy lifestyle choices. The policy environment should promote and nudge people towards healthy habits, making healthy choices easier and automatic.

The C4DJA initiative can play an essential role in raising awareness and acceptance of lifestyle interventions to prevent complications T2D.

2. Strengthen Healthcare Systems:

Healthcare systems must be strengthened to manage the rising prevalence of T2D effectively. MS should take inspiration from the C4D pilot actions and implement new evidence-based policies and actions to empower patients and promote health promotion in patients with T2D.

The C4DJA initiative aims to promote cost-effective management of the disease while improving the efficiency of health investments.

3. Support Cross-National Collaboration:

It is essential to engage groups of interest, promote integration, and ensure sustainability of approaches to achieve a high-level impact of existing and future EU Health strategies.

The C4DJA initiative aims to support cross-national collaboration of MS implementers together with EU decision-makers.

4. Provide Guidelines for Transferability:

These guidelines will help national competent authorities to analyze the proof-of-concept case studies and extend and scale up the experience at their national/ regional levels.

The results and conclusions from the C4D pilot actions should be used to produce guidelines for transferability of the intervention in the EU to guide next generation initiatives for diabetes.

5. Promote Innovation and Research:

There is a need to promote innovation and research to develop new evidence-based policies and actions for the cost-effective management of T2D.

The C4D initiative should encourage MS to invest in research and innovation to address the growing burden of T2D in Europe.

6. C4DJA: Ongoing Evaluation to Ensure Sustainability:

A cornerstone of the C4D revolves around monitoring and evaluation of the pilot actions' evolution and adaptation and the results and definition of pathways for long-term vision of the project and sustainability.

The C4D initiative aims to come up with final recommendations and future action plans for MS after the JA period.



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C4D in Figures

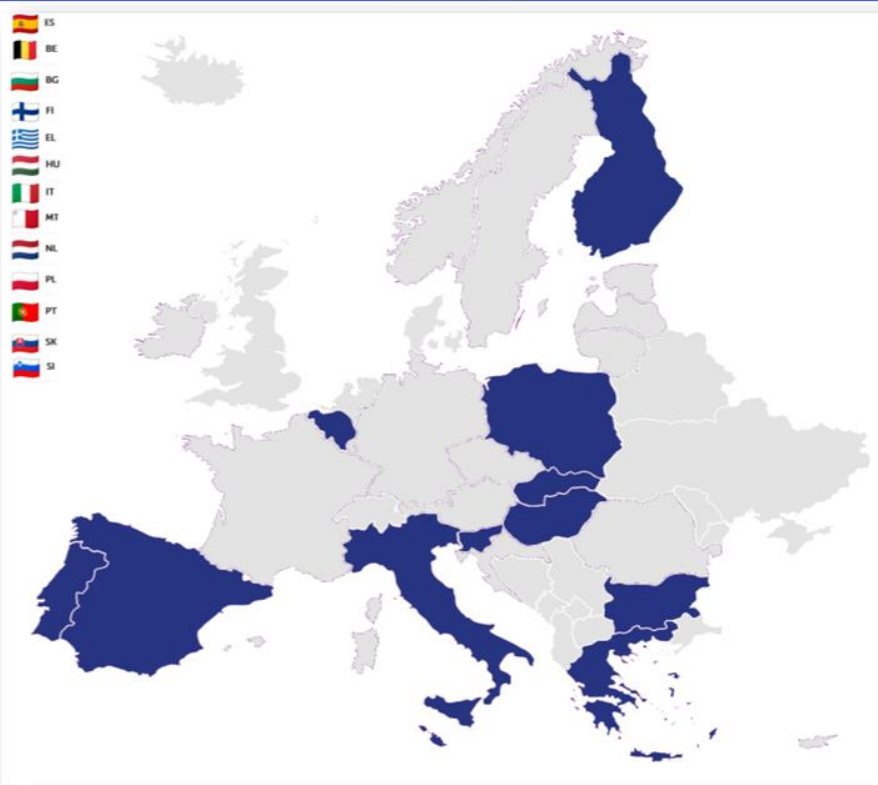
This project will target the population affected by T2D across **12 EU MS**, involving at least **860 participants with T2D**.

The project includes **18 affiliated entities** and **1 associated partner** from 12 different EU MS, ensuring a wide geographical coverage and bringing in different cultural and language groups (in total 30 partners).

Up to 120 healthcare professionals, organized in multidisciplinary local teams, will be trained, with potential for further reach-out as several countries plan to train additional personnel needed for local pilot actions.

The **project duration** is **36 months**, from **1 February 2023** till **31 January 2026** (Granting Authority: HADEA/EU).

PARTNERS

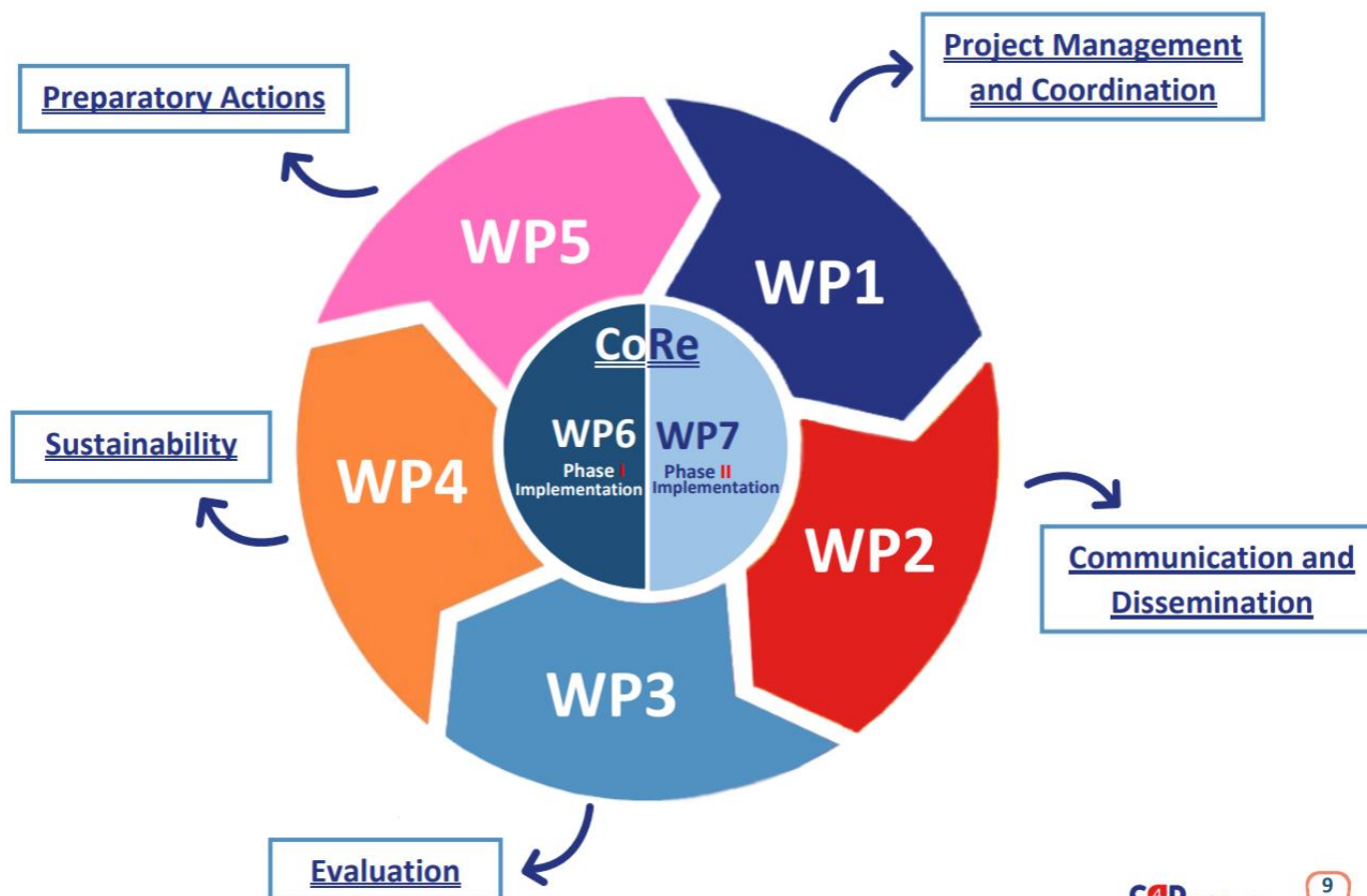




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C4D Work Packages Structure





How does it work?

The C4D development includes a preparatory phase and 2 subsequent phases where participants acquire new concepts and ensure their new habits' adoption: the immersion and the follow-up phases, respectively.

In the **preparatory phase**, the knowledge necessary for the development of pilot projects is gained. Professionals are trained through training of trainers' process, where necessary materials and guidelines are received, to ensure that it is faithfully adapted to the original practice.

The **immersion phase** involves professionals already trained to train groups of people with T2D to improve their management of the disease through face-to-face or online sessions.

The **follow-up phase** ensures the durability of acquired habits with nutritional support, coaching, reinforcement of peer network bonds, support, and follow-up.

The training is continuously monitored for improvement, and satisfaction. Opinions are collected from participants and healthcare professionals for evaluation and fine-tuning purposes.

The project encourages interaction between professionals and participants through social networks and digital platforms, and a **virtual community** will be created to offer support, information, and a means of exchanging experiences.

The project also uses other means of dissemination and communication to provide visibility and support to users, participating entities, and other stakeholders.





How can you participate in the C4D Study ?

Only Patients with T2D can participate in the C4D Study.

Participation in the study is voluntary and free: strong motivation to make lifestyle changes.

Inclusion Criteria

- ✓ Being diagnosed with T2D (treated with medication or insulin)
- ✓ Being above 20 and under 80 years of age (age: 20-80 years)
- ✓ Having a body mass index (BMI) between 25 and 40 (BMI: 25-40)
- ✓ Not having severe comorbidities
- ✓ Being able to measure their glycemic levels (at home)
- ✓ Having a minimum digital tools management ability (access to internet etc.)
- ✓ Motivated for lifestyle change

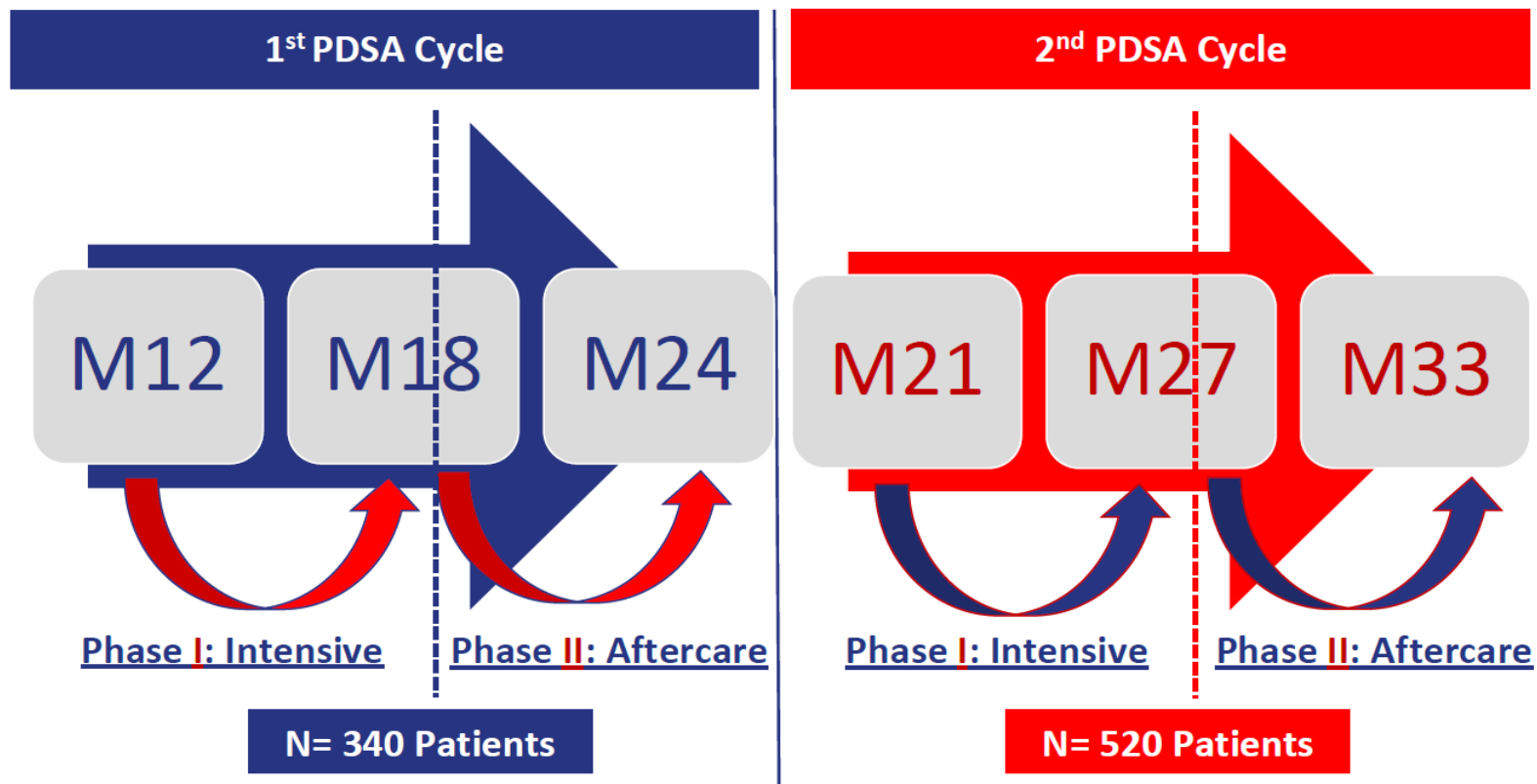
- ✗ Having type 1 diabetes or prediabetes
- ✗ Having severe chronic obstructive pulmonary disease (COPD),
- ✗ Having undergone bariatric surgery
- ✗ Having an eating disorder
- ✗ Having kidney failure
- ✗ For women, being pregnant





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Phases





Conclusion

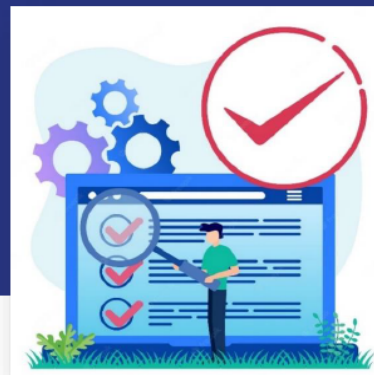
The C4D initiative has a significant policy relevance as it promotes evidence-based policies and actions for the cost-effective management of T2D, while improving the efficiency of health investments.

The initiative has the potential to support MS in promoting the implementation of new policies and actions on patients' empowerment, health promotion in patients with T2D, and cost-effective management of the disease.

It will maximize the exploitation of lessons learned through a clear strategy, engaging groups of interest, promoting integration and sustainability of approaches to achieve high-level impact of existing and future EU Health strategies.

The C4D initiative should be seen as a model for other settings outside the partnership and for EU authorities to develop innovative approaches to tackle the rising prevalence of T2D in public health and healthcare systems.

All the C4D Partners are dedicated to achieve all the above mentioned.





Keep in Touch and Stay Updated

- Contact the **C4D Consortium Leader** who can guide you about the program's procedures:

1. www.astursalud.es
2. dgcuidados@asturias.org
3. C4D_WP1@ficyt.es

- Get in contact with **your country's C4D Partner** (competent authorities and affiliated entities) via the following **Link**:
<https://c4djointaction.eu/partners/>

- Visit the **C4D official website** that has already been released:

Link: <https://c4djointaction.eu/>

- Subscribe to the **C4D e-newsletter** via the website.
- Follow the **C4DJA social media accounts**:



@C4DJointAction



<https://www.linkedin.com/company/care4diabetes>

- Use this white paper as a starter discussion point at your next meeting to raise awareness about the C4D.



ANNEX III: GUIDELINES FOR COMMUNICATION AND DISSEMINATION

GUIDELINES FOR DISSEMINATION AND COMMUNICATION

Following the **Grant Agreement**, the beneficiaries must:

- promote the action and its results by providing targeted information to multiple audiences (including the media and the public),
- present the project (including project summary, coordinator contact details, list of participants, European flag and funding statement and project results) on the beneficiaries' websites or social media accounts.
- for actions involving publications, mention the action and the European flag and funding statement on the cover or the first pages following the editor's mention.
- for actions involving public events, display signs and posters mentioning the action and the European flag and funding statement must be used.

Funding acknowledgment

Unless otherwise agreed with the granting authority, **communication activities of the beneficiaries related to the action** (including media relations, conferences, seminars, information material, such as brochures, leaflets, posters, presentations, etc., in electronic form, via traditional or social media, etc.), **dissemination activities** and any infrastructure, equipment, vehicles, supplies or major result funded by the grant **must acknowledge EU support and display the European flag (emblem) and funding statement (translated into local languages, where appropriate).**



CARE⁴
DIABETES
Joint Action



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The project CARE4DIABETES has received funding from the European Commission under GA 101082427.



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The project CARE4DIABETES has received funding from the European Commission. GA No 101082427.



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When the EU emblem is displayed in association with other logos (e.g. of beneficiaries or sponsors), the emblem must be displayed at least as prominently and visibly as the other logos.

Disclaimer

Disclaimer (translated into local languages where appropriate) needs be used if in materials and channels opinions or views are expressed. Please use it as below:

Disclaimer

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Additional information and access D&C information in Teams:

[Logos](#)

[T2.2 Resources](#)



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