PRIME

Prevention and Remediation of Insulin Multimorbidity in Europe
H2020 – 847879

D6.1.– Communication and outreach plan

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Abbreviations

AD	Alzheimer's Disease
ASDs	Autism Spectrum Disorders
T2D	Type 2 Diabetes
EBC	European Brain Council
ECNP	Stichting Buro ECNP
ECS	Early Career Scientists
GA	General Assembly
IIB	Impact and Innovation Board
OCD	Obsessive Compulsive Disorder
PMO	Project Management Office
RWS	Romano Ward Syndrome
TC	Telephone Conference
WP	Work package

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1. Executive Summary

The PRIME project is dedicated to achieve impact through dissemination of research findings and results and outreach to stakeholders. In this document we outline our dissemination objectives, the analysis of our stakeholders and key target groups, the communication tools that we will use to reach these stakeholders, and the methods to evaluate our impact. This document will serve as a roadmap for the dissemination work package (WP6) and Impact and Innovation Board of the project. During the project this document will be revised annually, and updated where needed.

2. Deliverable report

2.1 Introduction

This document sets the outline of the PRIME communication and outreach plan. It covers the overall objectives, stakeholders and channels of dissemination and communication for the PRIME project. Last but not least, it will facilitate the implementation of the PRIME publication rules as outlined in the PRIME Grant Agreement (847879) and the PRIME Consortium Agreement.

For the purpose of this document, the terms "Stakeholder", "Communication" and "Dissemination", are defined as follows:

Stakeholders:

"Stakeholders are individuals or groups with an interest in the project […] because they are involved in the work or affected by the outcomes" (APM Body of Knowledge, 6th edition, 2013), in other words, "…all those claimants inside and outside the project who have a vested interest in the problem and its solution" (adapted from Mason & Mitroff, 1981).

Dissemination:

"The public disclosure of the results by any appropriate means (other than resulting from protecting or exploiting the results), including by scientific publications in any medium." [1]

Communication:

„Communication on projects is a strategically planned process that starts at the outset of the action and continues throughout its entire lifetime, aimed at promoting the action and its results. It requires strategic and targeted measures for communicating about (i) the action and (ii) its results to a multitude of audiences, including the media and the public and possibly engaging in a two-way exchange." [1]

[1] EC Research & Innovation Participant Portal Glossary/Reference Terms

2.2 Objectives

The objectives of this Communication and Outreach Plan are the following:

- To identify key topics and needs with regard to insulin-related multimorbidities
- To do an analysis of key stakeholders in order to map target groups in Europe and worldwide, with the aim to make PRIME and its results known to its different stakeholders
- To identify communication channels and tools and tailor them to make sure the message is carefully streamlined to resonate with target audiences

- To disseminate the results to the identified stakeholders, through appropriate communication channels and messages
- To foster cross-sectional and interdisciplinary interaction and exchange with the scientific community and patient organizations with the aim to discover novel approaches and solutions
- To enable up-take and use of results
- To attract talented scientists / students for the scientific fields relevant to PRIME
- To ensure implementation of Open Science principles

2.3 Communication strategy

2.3.1 Stakeholder analysis

In order to identify target groups for PRIME communications activities, we performed a **stakeholder analysis** during the first 6 months of the project. The stakeholder analysis process was done by identifying 12 key categories of key stakeholders, and then naming and placing specific stakeholders within a power (y-axis) vs. interest (x-axis) diagram (**Figure 1**). The goal was to identify the stakeholders with both the highest interest (in improving the medical treatment of the above mentioned disorders) and the most power (to initiate true change, based on the scientific results of PRIME). These stakeholders are in the focus for the 1st version of the PRIME Communication and Outreach plan.

The **12 identified stakeholder categories of PRIME** are:

- Professional societies related to research on type 2 diabetes (T2D), metabolic syndrome, obesity, Romano Ward Syndrome (RWS), Alzheimer's disease (AD), obsessive compulsive disorders (OCD) and autism spectrum disorder (ASDs)
- Patient organizations representing individuals living with the above mentioned conditions
- Disease relevant health care professionals
- Policy makers and politicians concerned with health care
- Pharmaceutical and biotech companies
- Food industry
- Health insurance companies
- Researchers with interest in the mechanisms and treatment of T2D, metabolic syndrome, RWS, AD, OCD and ASDs
- Patients with metabolic, neuropsychiatric or neurological diseases, and their caregivers
- Early Career Scientists (ECS) in the fields of neuroscience, psychiatry, and biomedicine
- PRIME partners
- General public

So far, the following key target groups, meaning those stakeholders with the most interest and power (**Figure 1**: upper right of the graph, red circle), have been identified: Professional societies and patient organizations. Over the course of the project these target groups will be re-evaluated and extended as needed. Efforts and resources will have to be applied wisely in order to create real-world impact. For each target group, specific goals of communication, multipliers, and tools have been defined (see **Table 1**).

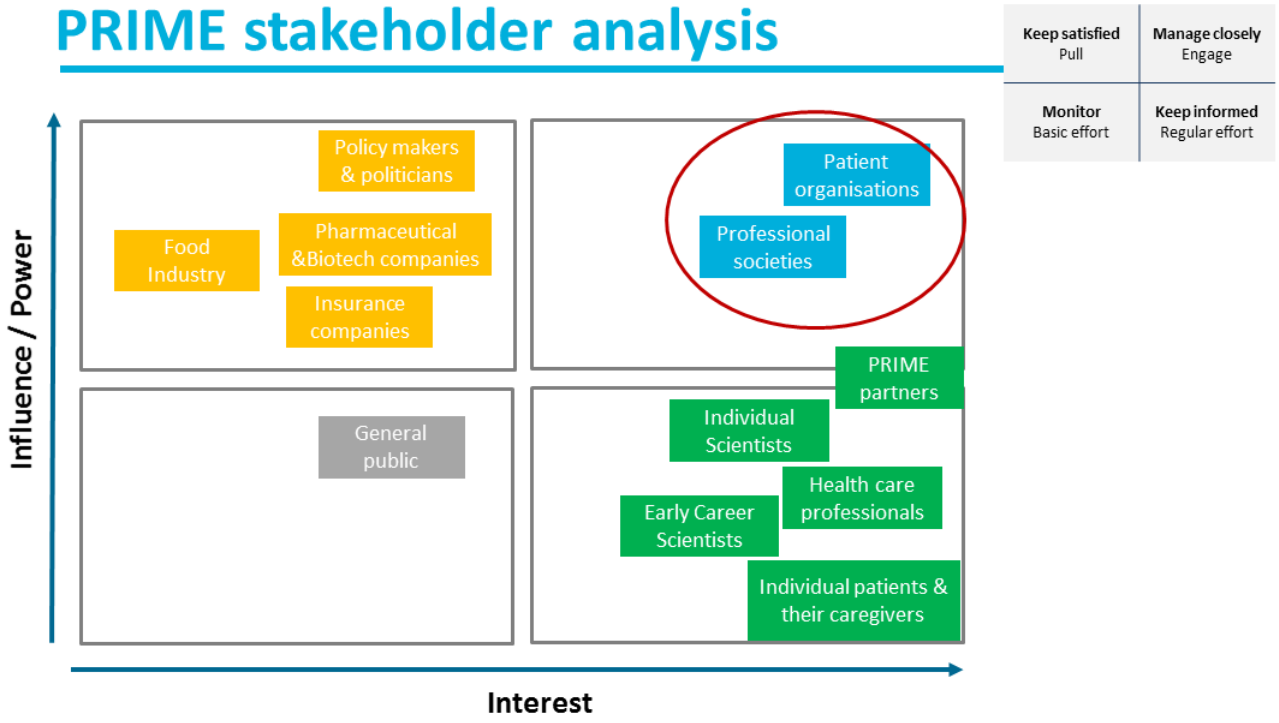


Figure 1: Schematic overview of stakeholder analysis. Stakeholder categories have been divided over four quadrants (from top left to bottom right): High power, low interest; high power, high interest; low power, low interest; low power, high interest. Stakeholders in top right quadrant will be the key target groups.

Several stakeholders within these key groups are closely involved in the project, such as Alzheimer Europe (**patient organization**) and ECNP (**professional society**). These stakeholders also serve as multipliers to reach the stakeholders in the lower right quadrant who have high interest, but low-medium individual power: **patients and their caregivers**, **individual scientists** and **health care professionals**. We will also directly target these stakeholders, for instance through our website, social media and public events (see sections 2.4.2 and 2.4.4). **Scientists** will be targeted through peer-reviewed publications in specialized and open access journals and at scientific conferences organized by professional societies (sections 2.4.1 and 2.4.2). **Health care professionals** can be informed through publications in specific professional journals. Through the publishing of guidelines (section 2.4.3) PRIME findings are translated to use and application in clinical practice. Together with PRIME partners we will create webinars about insulin multimorbidities (both clinical and methodological aspects) that will be posted on our project's website (section 2.4.5). **Early career scientists**, health care professionals and other researchers from within and outside the consortium can use these webinars to increase their knowledge.

Stakeholders in the left top quadrant (**commercial sector** and **policy makers**) will need to be made aware of the importance of the project, and hence 'pulled' towards the right quadrant. For this they can be invited to round table discussions at scientific conferences, the EBC public event in Brussels or one of the PRIME GA meetings (see section 2.4.2). They can also be targeted through publications, blog posts and press releases.

2.3.2 Communication goals and channels

Table 1: PRIME stakeholders, communication goals and communication channels

Target group	Communication goals	Multipliers	Communication channels
Professional societies	Disseminate results; Foster interaction		Special issue journal publications; Peer-reviewed publications; Scientific conferences (i.e. symposia)

Scientists	Disseminate results; Dissemination of analytical methods; Foster interaction	Professional societies (i.e. ECNP, ISPG, FENS); Open Science principles	Peer-reviewed publications; Data sharing; Scientific conferences (presentations, symposia, interactive campfire session at ECNP); Project website; Social media
Early career scientists (both from PRIME and other, related consortia)	Dissemination of analytical methods; Dissemination of knowledge (i.e. career advice); Attract talented scientists for relevant scientific fields	Mentors; Senior partners; ECNP schools	Mentor-mentee meetings; Scientific Conferences (presentations, symposia), Masterclasses; Webinars; flyers/posters/banner at ECNP schools; Project website; Social media
Health care professionals	Disseminate results; Uptake and use of results in clinical care (translate into practice)	NICE; ECNP; EASO; EPA; EAN; AWMF	Peer-reviewed publications; Scientific conferences (presentations, symposia, interactive campfire session at ECNP); Webinars / e-learnings; Publications in (national) professional journals; Clinical guidelines
Patient organisations	Raise awareness and increase understanding about insulin multimorbidities; Disseminate results; Foster interaction		Project website (press releases/ news, Q&A); Webinars; Social media; Blogs; Posters / Infographics; Public events (i.e. after each GA meeting); Brussels event (by EBC)
Patients and their caregivers	Raise awareness and increase understanding about insulin multimorbidities; Disseminate results	Patient organisations (i.e. ADHD Europe, Alzheimer Europe, OCD-UK, IDF); EBC; 'Awareness' months	Project website (press releases/ news, Q&A); Webinars; Social media; Blogs; Posters / Infographics; Public events (i.e. after each GA meeting); Brussel event (by EBC)
Policy makers & politicians	Encourage adoption of clinical guidelines; increase understanding of health impact of insulin multimorbidities	EBC; Patient organisations (esp. ADHD Europe, Alzheimer Europe, but also national organisations to contact national policy makers in countries of PRIME partners); NICE	Clinical guidelines; Brussels event (by EBC); Press releases/news; Infographics
Insurance companies	Increase understanding of health impact of insulin multimorbidities Disseminate results; Take up and use of results in clinical care (translate into practice)	EBC	Clinical guidelines; Brussels event (by EBC); Press releases/news; Infographics; peer-reviewed publications

Pharmaceutical industry and biotech companies	Increase understanding of health impact of insulin multimorbidities ; Disseminate results; Take up and use of results in drug development (translate into practice)	PRIME partners /advisors with contacts (i.e. Biotrial, DrugtargetID, dr. Bastiaan de Galan)	Round table sessions at conferences; Peer-reviewed publications; Invite representative to GA meeting; peer-reviewed publications
Food industry	Raise awareness about insulin multimorbidities; Disseminate results; Take up and use of results (translate into practice)	PRIME partners /advisors with contacts (i.e. PREDIMED consortium)	Round table sessions at conferences; Peer-reviewed publications; Invite representative to GA meeting
General public	Raise awareness about insulin multimorbidities; Disseminate results	Brain Awareness Week and other 'awareness' weeks/months	Project website (press releases/ news, Q&A); Webinars; Social media; Blogs; Posters / Infographics; Public events (i.e. after each GA meeting); Brussel event (by EBC)
PRIME partners	Internal project communication (rules, guidelines, progress, results, training)		Intranet; TCs; GA meetings; Webinars; E-mail

2.3.3 Positive language

In all our communication we aim to use positive language about patient groups and diseases, in order to reduce stigma. For instance, we will refer to “persons living with / affected by Alzheimer’s Disease / Autism Spectrum Disorder / Obsessive Compulsive Disorder” (instead of “demented people” or “autistic patients”), or “patient experts”, and we aim to avoid negative words such as “suffering” or “victim” when referring to the disease conditions and patients. To aid us we will make use of the Positive Language document of the Alzheimer’s Society (https://www.alzheimers.org.uk/sites/default/files/2018-09/Positive%20language%20guide_0.pdf), the Media Guidelines from AttentionUK (https://attentionuk.org/media-guidelines/) and advice from the patient organisations that we collaborate with (Alzheimer Europe, OCD-UK and ADHD Europe).

2.4 Dissemination of Results

In **Table 2**, we present the expected results (i.e. deliverables that are publicly available) of PRIME that are relevant because of their content to the various stakeholder groups (specified in section 2.3.1). In the next sections we will go into the communication tools to bring these results to the stakeholders.

Table 2: Public deliverables of PRIME

Deliverable Name	**WP No**	**Lead**	**Delivery month**	**Target groups**			
				Scientific community (scientists, health care professionals)	Policy makers & politicians	Commercial sector (industry, insurance)	General public & patients
D8.1: Go-online of the public project website	8	Concentris	4	x	x	x	x
D4.1: Report on the genetic overlap between somatic and neurodegenerative brain insulinopathies and related traits	4	RUMC	18	x			
D1.2: Report on the association of compulsive traits and/or cognitive rigidity with insulin signalling markers and/or somatic insulin-related disorders in participants of the UK Biobank	1	RUMC	20	x	x		x
D1.3: Report on the effect of insulin signalling markers on cognitive impairment and AD biomarkers	1	UM	24	x	x		
D6.3: Executive White Paper document on recommendations regarding health policy strategies and clinical interventions to minimise the comorbidity of somatic and brain insulinopathies	6	CIMH	24	x	x	x	x
D1.4: Report on familial co-aggregation of insulin-related morbidities and compulsivity disorders in a multi-generational nationwide cohort study	1	AU	27	x	x		x
D1.6: Report on incidence, risk, time trends and lifetime course of compulsive and (non-compulsive) brain disorders in Danish individuals with and without insulin-related morbidities	1	AU	36	x	x		x
D2.1: Report on comorbidity of compulsivity, learning difficulties, and diabetes in TALLYHO mice	2	ISS	36	x			

D2.2: Report on the role of Aβ aggregation on concurrent behavioural and metabolic abnormalities	2	GUF	36	x			
D4.2: Report on epigenetic analysis of insulinopathies	4	SU	36	x			
D2.3: Report on the role of KCNQ1 in the induction of the comorbid phenotype in conditional Kcnq1 KO mice	2	ISS	40	x			
D4.3: Report on the genetic overlap between somatic and neurodevelopmental brain insulinopathies and related traits as well as their brain substrates	4	RUMC	48	x			
D5.5: Database on DM2 patients assessed with mHealth	5	GUF	48	x	x	x	x
D6.4: Public event in Brussels (e.g. European Parliament) with scientific presentations for an audience of policy makers, scientists, researchers, representatives of industry	6	EBC	48	x	x	x	x
D6.5: Campfire Session at ECNP Congress	6	ECNP	48	x	x	x	x
D1.9: Report on findings in the newly collected Romano Ward Syndrome cohort	1	BioTrial	60	x	x		
D2.4: Report on the therapeutic feasibility of pharmacological (metformin and/or KCNQ1 agonist) and/or non-pharmacological treatments in selected experimental model(s) of multimorbidities	2	GUF	60	X			
D3.4: Report on the integration of findings from humans, animal models, and iPSCderived neurons	3	SU	60	x			
D4.4: Report on molecular landscape and report reviewing the role of dysregulated insulin signalling in brain disorders across the lifespan, summarizing work in PRIME and discussing resultant treatment opportunities	4	DTID	60	x			

D6.6: E-learning module providing information in insulinopathies for clinicians	6	RUMC	60	x			

2.4.1 Principle of authorship

The PRIME General Assembly (GA) appreciates that the project was successful in receiving funding and will only achieve its final goal through broad collaboration between the different disciplines and institutions involved. Therefore, credit is due to all contributors within the project. On this basis, all peer-reviewed publications resulting directly from the work of PRIME (both journal and conference papers) will have shared authorship, i.e. at least one representative of all PRIME partners involved directly in that work will be included as co-author (see authorship rules below).

1. Substantial contributions to the conception or design of the work, the acquisition, analysis, or interpretation of data have been made for the manuscript; AND
2. Drafting the work or revising it has been critically for important for the intellectual content of the manuscript; AND
3. All authors must provide approval of the final version of a manuscript to be published; AND
4. The authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

2.4.2 Open Access Guidelines

All PRIME results need to be published in peer-reviewed journals that provide or allow free, open access to the full-text electronic copy of the publication (either the final accepted manuscript or the publisher's version) within six months after publication. This can be either *Gold* or *Green* open access, where *Gold* requires the payment of an article processing charge to the journal. In the case of *Green* open access, the authors are responsible for archiving the manuscript into a public repository, while taking into account the journal's embargo rules. See also **Figure 2**.

2.4.3 Acknowledgement of funding source

All PRIME dissemination will included acknowledgement of the financial support of the European Union. Publications will include the following text:

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 847879. This [manuscript/report/blog/other …] reflects only the authors' views, and the Commission is not responsible for any use that may be made of the information it contains.

Where possible / appropriate, dissemination materials will also include the European Union flag logo.

2.4.4 Review and approval procedure

Pre-submission review and approval procedure

The list of public Deliverables (see Grant Agreement, Annex I, Part B and **Table 2** of this document) sets out the initial list of planned publications. It is the duty of each member of PRIME to look for additional opportunities for dissemination of results. Publications can also be suggested by any PRIME partner.

The following steps shall be taken (see also **Table 3** and **Figure 2**):

1. When somebody has identified a new opportunity for a manuscript or exploitation activity, he/she drafts a synopsis (i.e. abstract and outline) and proposal for authorship and circulates this among the group of suggested authors and members of the Impact and Innovation Board via the project management office (PMO). The goal is that potential papers and exploitation activities will be identified and documented in advance by the PIs and confirmed by the Impact and Innovation Board.
2. Once a PRIME manuscript has been drafted, the primary author must ensure that the proposed publication complies with the rules set out in this document and also the rules established in our Grant Agreement and our Consortium Agreement (e.g. acknowledgement of funding, open access, review process).

All PRIME partners must send any manuscript of PRIME results to the coordinator and the PMO at least 45 calendar days before submission for publication and/or publication of the preprint.

- The PMO shares the planned publication with all PRIME team leads proposing submission for publication after 30 days unless someone objects.
- The team leads review the suggested dissemination item
    - If no objection is made within 30 days, submission for publication is permitted.
    - If a justified objection is raised the involved parties discuss on how to overcome the objection on a timely basis. The objecting party can request a delay (of the submission for publication) of no more than 90 calendar days from the time it raises such an objection.

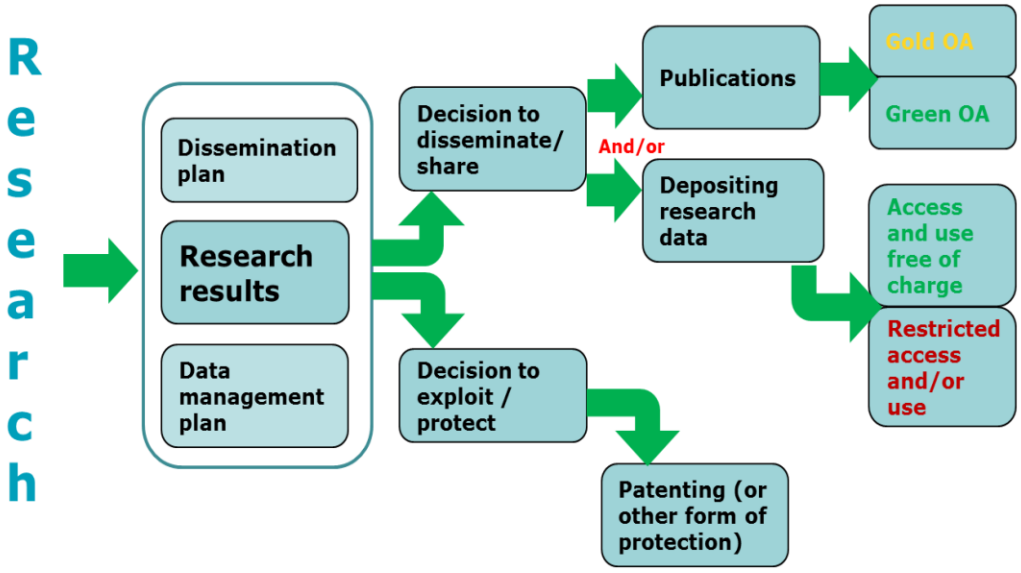
Other types of dissemination activities (i.e. poster, talk, interview, blog, event, outreach activity) that include the dissemination of PRIME results need to be announced to the IIB via the PMO (**Table 3**). The timing of this depends on what can realistically be expected from the activity. Authors are encouraged to inform the PMO as soon as possible, but latest upon submission of the abstract or publication of the activity.

Post-review process

Once a manuscript or dissemination item has been accepted for publication, an electronic copy of the accepted version must be sent to the PMO within 6 weeks.

Table 3: pre-submission and approval procedure for dissemination of PRIME results

Type of dissemination	**Tasks of primary author**
Research manuscript	• Share synopsis with IIB (via PMO) at early stage • Share (near)final manuscript with PRIME leads (via PMO) 45 days before submission for publication / preprint publication • Send electronic copy of accepted version to PMO within 6 weeks after acceptance • Archive electronic copy of accepted manuscript in public repository for Green Open Access (following embargo rules of publisher)
Abstract for conference / symposium	• Share abstract with IIB (via PMO) as soon as possible (latest upon submitting abstract) • Notify PMO when abstract is accepted
Public media (blog post, interview etc.)	• Notify PMO about plans as soon as possible • Share final text with PMO as soon as possible (latest upon publication)
Event / outreach activity / other	• Notify PMO about plans as soon as possible



Graph: Open access to scientific publication and research data in the wider context of dissemination and exploitation

Figure 2: Different trajectories for the dissemination and exploitation of research results. The management of data is further outlined in the PRIME Data Management Plan (D7.5), while the stategy for the exploitation of results can be found in the PRIME Exploitation Plan (D6.2). Both can be found on the intranet website. Image source: Guidelines to the Rules on Open Access to Scientific Publications and Open Access to Research Data in Horizon 2020

2.4.5 Conferences and events

Planned conferences organized by PRIME

- Public event in Brussels (e.g. European Parliament) with scientific presentations for an audience of policy makers, scientists (deliverable, due month 48)
- Interactive campfires session at ECNP Congress for an audience of researchers, health care professionals and industry (deliverable, due month 48)

In addition, we aim to organize an event for the public directly before or after each General Assembly meeting, together with a local patient organization. At these events, PRIME partners will present their findings to an audience of patients, general public and health care professionals. We will strive to hold these events in the local language as much as possible (i.e. invite PRIME partners that speak the local language).

Relevant scientific conferences for presenting the PRIME objectives and results

The following scientific conferences are known to date as potential platforms for PRIME talks, posters and symposia (**Table 4.**). All partners, especially ECS, are encouraged to frequently present PRIME objectives or results during these conferences. Where possible we will display the PRIME banner at these events (**Figure 3**).

Table 4: relevant scientific conferences for PRIME (as known to date)

European Neuropsychopharmacology (ECNP) congress	Annual meeting in autumn: 12 – 15 September 2020 (virtual); 2-5 October 2021 (Portugal); 15-18 October 2022 (Austria); 7-10 October 2023 (Spain); 21-24 September 2024 (Italy)	https://www.ecnp.eu/

College of International Neuropsychopharmacology (CINP)	Annual meeting: 25 – 28 February 2021 (Taiwan)	https://www.cinp.org/
Federation of European Neuroscience Societies (FENS) forum	Bi-annual meeting in July: 11 – 15 July 2020 (virtual); 9-13 July 2022 (France)	https://www.fens.org/
World Congress of Psychiatric Genetics (WCPG)	Annual meeting in October: 16 – 21 October 2020 (virtual); 12 – 17 October 2021 (Canada);	https://ispg.net/
European Congress of Psychiatry (EPA)	Annual meeting in April: 5 – 7 July 2020 (virtual); 10-13 April 2021 (Italy); 2-5 April 2022 (Hungary); 1-4 April 2023 (France)	https://epa-congress.org/
World Psychiatric Association (WPA)	Annual meeting in autumn: 14 – 17 October 2020 (Bangkok)	https://www.wpanet.org/
European and International Congress on Obesity (EASO)	Annual meeting: 1-4 September 2020 (Dublin)	https://easo.org/
European Association for the Study of Diabetes (EASD)	Annual meeting in September: 21 – 25 September 2020 (Austria); 27 September – 1 October 2021 (Sweden); 20-23 September 2022 (Spain)	https://www.easd.org/
Alzheimer's Association International Conference (AAIC)	July 27 – 31 2020 (online)	https://www.alz.org/aaic/overview.asp
International conference on Alzheimer's and Parkinson's diseases (AD/PD™) / Advances in Alzheimer's and Parkinson's Therapies (AAT-AD/PD)	9 – 14 March 2020 (Spain)	https://adpd.kenes.com/
BRAIN & BRAIN PET, International Symposium on Cerebral Blood Flow, Metabolism and Function	June 26-29, 2021 (UK)	http://brain2021.scot/

***Figure 3**: Banner of the PRIME project that can be used at conferences and events*

2.4.6 Clinical guidelines

Results of the PRIME project should not only give new insights in underlying mechanisms of the different somatic and mental insulin-related illnesses, but may also directly improve early diagnoses, treatment and prevention.

Therefore, as a first step, current clinical guidelines will be systematically reviewed for recommendations considering the issues of insulin-related multi-morbidities. We will review guidelines for disorders including type 2 diabetes mellitus (T2D), obesity, Alzheimer´s disease (AD), obsessive compulsive disorder (OCD) and autism focusing on those guidelines with high impact (e.g. clinical guidelines by the *National Institute for Health and Care Excellence* (NICE)). The results will be summarized and compared. At the end the results of the review will be critically reevaluated based on new findings from the different work-packages of the PRIME project. This will most likely lead to new and/or additional recommendations which will be summarized in a White Paper document. This deliverable (D6.3) is scheduled to be completed by month 24.

2.4.7 Project website and social media

The project **website** www.prime-study.eu will be used to explain the project and share news about the project's progress to a broad audience (**Figure 4**). **Social media** (Facebook, Twitter and LinkedIn) channels of PRIME will also be used to share updates related to the project, such as new publications, press releases, blogs written by PRIME partners, GA meetings and public events. Care will be taken to use plain language wherever possible, to ensure the comprehension of website content by lay audiences. For instance, we will write a short summary (in lay language) of publications abstracts and post this on the website, in addition to press releases and (where possible) infographics.

Figure 4: Three screenshots from the project's website www.prime-study.eu

Press releases will be distributed to announce PRIME key publications and other important news (i.e. public events). These will be prepared by the project management office together with the IIB and authors.

PRIME partners, especially ECS, will be trained and encouraged to write blogs about their research. These blogs will be published on sustainable platforms such as http://mind-the-gap.live, www.newbrainnutrition.com, www.donderswonders.nl, making use of their already established audiences. Links to these blogs will be shared on the project website and social media.

2.4.8 Webinars for online learning

As part of the training WP of PRIME we will create webinars (online lectures) about topics relevant for PRIME. Some of these webinars will be suitable for sharing outside the consortium, for instance to inform health care professionals and scientists or patient organisations. These webinars will be placed on the project website and shared on social media.

2.4.9 Internal communication

The project's intranet page will be used for internal communication. Here, PRIME partners can share documents that are not intended for public sharing. For instance, webinars that are only intended for sharing within the consortium (i.e. due to presenting unpublished findings), unpublished manuscripts and results and minutes of meetings. The intranet will be managed by the Project Management Office. Other channels of internal communication are monthly video conferences with the Steering Committee, and annual face-to-face meetings of the entire consortium (General Assembly meeting).

2.4.10 PRIME visual identity

For all communication about the PRIME project we have developed a visual identity consisting of a logo, Powerpoint template (**Figure 5**) and letterhead (**Figure 6**). These are shared on the project's intranet page and thus available to all partners.

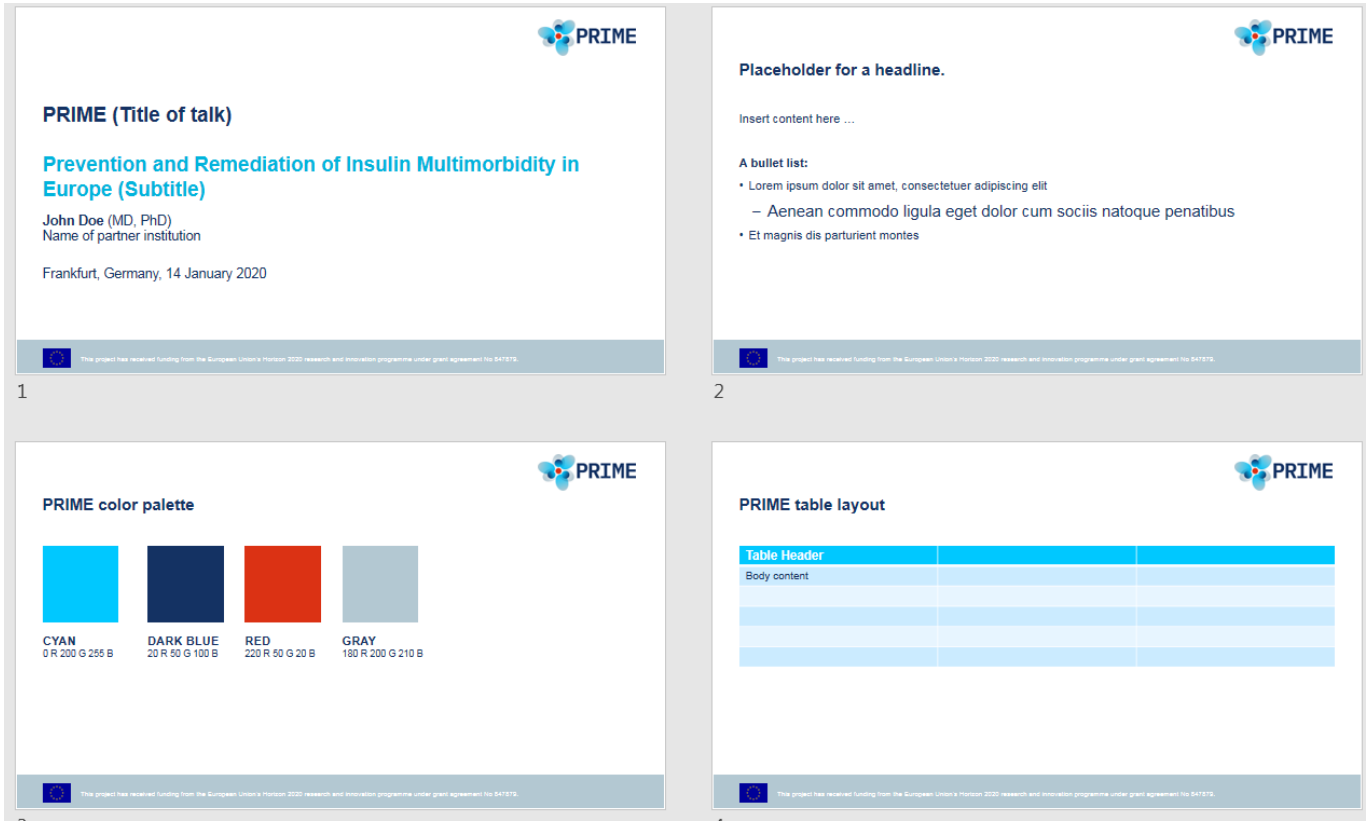


Figure 5: Powerpoint template for PRIME partners

Figure 6: Letter template for PRIME partners

2.5 Evaluation of impact

We will implement several methods to evaluate the impact of our dissemination efforts. This will be monitored by the dissemination manager. Table 5 lists the various instruments that we will use for different communication tools, who is responsible for this and when the evaluation will take place.

Table 5: Communication tools of the project and their method of evaluation

Communication tool	**Evaluation instruments**	**How, when & whom to obtain evaluation information**
Scientific publications (peer-reviewed)	Impact factor, number of citations, number of downloads/shares (if data is available), press coverage	Yearly reporting to EC by partners, collected by project management (Concentris) and evaluated by dissemination manager (RUMC)
Talks at scientific conferences	Number of attendees	Yearly reporting to EC by partners, collected by project management (Concentris) and evaluated by dissemination manager (RUMC)
Social media	Number of followers, number of posts, number of interactions / reach (if available)	Twitter / Facebook / YouTube analytics, to be consulted 4x per year by dissemination manager (RUMC)
Project website	Number of views, visitors, downloads (if applicable)	Google Analytics, to be consulted 4x per year by dissemination manager (RUMC) in collaboration with project management (Concentris)
Events (i.e. public event in Brussels, public events near GA meetings)	Number of attendees; surveys to attendees to evaluate level of learning, suitability of topics, quality of event and speakers	By event organisers, in collaboration with dissemination manager (RUMC) and project management (Concentris)
PRIME updates in newsletters of collaborating patient organisations	Number of subscribers; survey to measure impact (i.e. enquiring about what patients know about PRIME and PRIME main messages)	Half-way and at the end of the project, by dissemination manager in collaboration with patient organisations
Clinical Guidelines	Survey among clinicians (i.e. enquiring about how useful the guidelines are in clinical practice, how the guidelines altered their perception of the role of insulin mental health, whether they have shared the guidelines with colleagues).	After the guidelines are published, by CIMH partner and dissemination manager (RUMC).

3. Conclusion

In this document we have outlined the communication and outreach objectives of the PRIME project, the relevant stakeholders that we aim to target and the communication tools to reach these stakeholders and meet our objectives. This document will serve as a roadmap for the dissemination workpackage and the Impact and Innovation Board, and will be updated whenever necessary. The impact of dissemination activities will be evaluated yearly. Based on these evaluations, dissemination tactics can be adapted.