

D 9.1

Communication strategy

1st Reporting period
WP9 Communication and Dissemination

Responsible Partner: Zadig

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STARTING DATE	01/05/2015
DURATION	48 months

D9 Communication strategy

Task: Task 9.3 The creation of a Media Office to be managed by professional scientific journalists - aims at promoting the project to the scientific and general media.

Leader: Zadig

History of changes:

Vn	Status	Date	Organisation / Person responsible	Reason for Change
V1	Draft	25/06/2015	Zadig/Luca Carra	Editing
Vf	Final	30/06/2015	Zadig/Luca Carra	

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EXECUTIVE SUMMARY

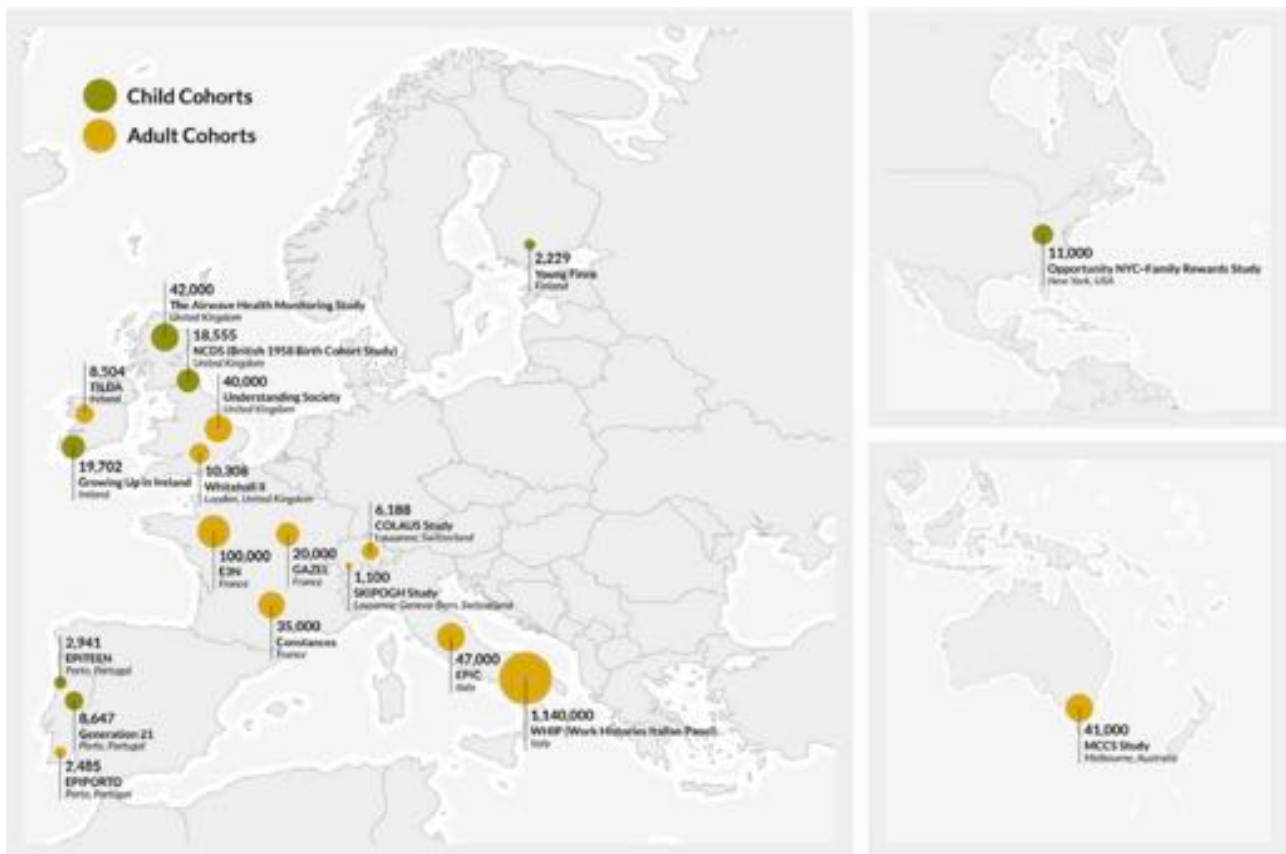
One of the very first tasks of the Work Package 9 on Impact and Dissemination is to define the Dissemination and Communication plan, which presents the programme of communication and dissemination activities to users/stakeholders. This document forms an integral part of the Plan for Use and Dissemination of foreground knowledge to be developed during the project.

This Plan defines the nature of the communication and the branding of the project, the goals of the communication and dissemination, the roles and responsibilities of the partners, the scheduled activities, the targets of the dissemination activities, the key messages of the project, the tools to be used and the feedback and impact assessment methods to reach a high impact.

This document has been drafted by the WP9 leaders in association with all participants and has been discussed at the kick-off meeting. The document will be periodically updated on an ad hoc basis.

1. Communication and dissemination strategy

The LIFEPATH project has the ambition of deepening our understanding of how social determinants of health embed into biology, determining diverging ageing pathways among individuals belonging to different socio-economic groups. If “healthy aging is an achievable goal in society as it is already experienced by individuals in the highest socioeconomic groups”¹, the project can provide innovative and strong evidence to devise the right policies and strategies for health promotion and prevention. To do this, LIFEPATH will integrate social sciences with life sciences (including omic technologies) relying on an extensive amount of biological, cultural and social data coming from existing population cohorts. If the study of Framingham cohort (1948-2010) helped to forge the modern concept of risk factors, the ambition of the LIFEPATH project is to extract from the analysis of these cohorts the innovative concept of the socio-biological basis of healthy ageing, “as a composite outcome at different stages of life, resulting from life-course environmental, behavioural and social determinants” (ibidem). Cohorts studies will also allow to better understand the health consequences of the current economic downturn and related policies. Furthermore, a randomized experiment on conditional cash transfer for poverty reduction in New York City will help researchers to assess the effectiveness of some intervention policies.



LIFEPATH can thus have four relevant impacts on the public health domain and its overarching goal of “closing the gap in a generation”:

1. link early life and later life experience in an integrated and dynamic model of life trajectory;
2. provide innovative biomarkers for analyzing short and long-term effects of socioeconomic determinants (SES) and societal interventions on health aging, for future preventive, diagnostic and monitoring purposes;

¹ Grant agreement number 633666 — 633666 — LIFEPATH, p. 7.

3. develop prediction tools, such as new Risk scores incorporating social dimensions to be used in clinical and public health settings;
4. develop Health Impact Assessment (HIA) which can contribute to the identification of the most cost effective prevention policies.

LIFEPATH is going to reframe the way we intend primordial, primary, secondary and tertiary prevention, and by embedding social determinants into biological and even biographical dimensions it aims to overcome the conceptual model of health promotion and prevention based on single diseases and lifestyles approach.

Potentially, these outcomes are very relevant for the scientific community, clinicians, policy makers and public opinion. A good communication and dissemination strategy could therefore add value to the project by “making better use of the results, by making sure they are taken up by decision-makers to influence policy-making and by industry and the scientific community to ensure follow-up”².

According to the DOA, the aim of Work Package 9 is to find the most effective ways for disseminating the project’s findings to different targets, working in close collaboration with WP1, WP8, and the other WPs. Working closely with each of them, the scientific journalists and communicators devoted to this task will identify the main results of the consortium, clarify goals, logic, methods and scientific aspects of the studies, telling interesting stories and visualizing the most important data for the different targets of the communication process.

To maximise the impact of LIFEPATH, WP8 on Impact and Policy and WP9 will focus on the dissemination of policy implications of the research to policy makers, legislators, scientists, health care professionals and other stakeholders. Major prominence will be given to the European media for their capacity of setting the agenda of policy makers.

The communication and dissemination plan, which is the first task of the WP9, is released now in this first draft and it will be updated periodically, following up on the progress of the project.

Task	Description
9.1	Communication strategy, and brand creation
9.1.1	Goals, target groups, key messages
9.1.2	Brand creation
9.2	The project website and other web activities
9.2.1	The project website
9.2.2	The dissemination activities
9.3	Media Office
9.4	Dissemination monitoring and evaluation

² http://ec.europa.eu/research/participants/data/ref/h2020/other/gm/h2020-guide-comm_en.pdf

1.2 The brand creation

The project logo has been developed and validated by the consortium, to depict in the most accurate way the goals and the ground breaking nature of the project. We worked on the overarching concept of “healthy ageing trajectory”, keeping in mind that key messages must be conveyed to the scientific community but also to policy makers and to the general public. Posters, leaflets, brochures and banners, to be submitted to other relevant websites, will be produced in the coming months. See annex “Brand” and “Logo application”. All the materials which will be used for the dissemination of the project will be kept up to date throughout its implementation.

Brand creation Phase 1: Research, Vision & Design Brief

Through a questionnaire or interview we asked the opinion of partners to get the design brief and set up target audience(s), communication objectives, values and mission of the brand.

Brand creation Phase 2: Logo, Identity, & Guidelines

After the research phase, we started designing the logo. Among the four logos proposed to the consortium (see Annex: “Logo proposal”) the following one has been chosen:



This logo makes three things go hand in hand: the long footprint (the continuum of life); individual growth (from childhood to adulthood) and the biological factor (implied by DNA). The pay off included in the proposed logo says “health ageing for all” but it could be replaced in the future with other slogans in line with the communication aims we set (e.g. “close the gap”).

After the logo creation we started designing the identity system. The identity system usually starts after the logo has been identified. The purpose of the identity system is to form a systematic visual language around the logo — one that complements the design of the logo and offers a family of useful, flexible elements that will help to design collateral inputs. The style guidelines contain and prescribe the logo usage rules, typeface system, colour palette, layout guidelines, and more. They exist so that others can create design collaterals that will have a coherent look and voice (See Annex: “Logo application”).



Phase 3: Monitoring & Rebranding

Lastly, after a new brand identity has been launched, it's important to monitor and care for it, as it's a living and breathing thing that interacts with your target.

Funding institutions and acknowledgements

According to the Grant Agreement, the European flag always appear on any related dissemination action.



In addition to the logos, all publications must include the following text: “LIFEPATH – This project has received funding from the European Union’s Horizon 2020 Research and Innovation Programme under the Grant Agreement No. 633666”

Templates

Templates makes easier the process of creating and completing documents. There are templates for:

- PPT’s
- periodic report
- letter

Leaflet (under construction)

It contains a brief description of the objectives the LIFEPATH project pursues together with a summary in which the initial approach is explained based on the work packages. This is intended to be distributed among stakeholders at conferences, workshops and other meetings with potential industrial partners.

Project summary presentation (under construction)

The project summary presentation consists of slides that are shared through the web site and social network (ex: Slideshare.com). It describes the objectives, work plan, consortium and roles with the purpose of explaining the whole process from the initial to the last phase and how the partners will be involved in the development.

1.3 Goals of the communication strategy

In the LIFEPATH project the communication and dissemination parties share with the scientific parties an experimental attitude. The new conceptual framework used as a reference by the project poses a major challenge from the point of view of communication tools as communication will have to set the scientific dissemination at a high level with great focus on the historical, social, economic and political dimensions of the topic.

This experimental attitude in the communication and dissemination process will concern the use of new forms of digital storytelling and data journalism in the presentation of data resulting from research initiatives. Infographics, videos and targeted social media inputs will be used to carry key LIFEPATH messages to people outside the project.

Experimenting with the dissemination tools will mainly involve decision makers through different forms of policy briefs (written pieces, videos, audios and infographics) in which the effectiveness will be verified step by step with interviews and questionnaires.

However, the experimenting in terms of communication will involve the media too. Many studies carried out as per the quality of media coverage on Health Inequalities topics³ have shown that there is a low prevalence of articles on health devoted to these topics in comparison with the traditional ones reporting on illness, health services, prevention policies based on individual changes in terms of lifestyle. There are many considerable obstacles (culturally, politically and professionally) that still play a role in confining health inequalities articles to poverty, the unjust distribution of resources and the different health outcomes on the territory (the so called “postcode lottery”). Usually journalism has not applied the “equity lens” – neither to prevention policies, nor to the interpretation of new, emerging diseases, nor to the different healthy life trajectories across populations.

The communication activities for LIFEPATH aim at experimenting with media and the context of journalism too, addressing clear messages in a scientifically and politically appealing way.

These are the main goals for dissemination efforts:

- to propose LIFEPATH as a recognized speaker in the international debate on health inequities, and LIFEPATH experts as opinion leaders in the field (video interviews);
- to spread some acknowledged key points on LIFEPATH’s main topics, such as the health consequences of economic downturns or the biological correlates of social inequalities;
- to provide information suitable to the general public: providing credible and scientifically sound findings, appropriate interpretations and policy implications available for dissemination to the general public is among the LIFEPATH project ambitions.
- to attract the media’s attention on the LIFEPATH project, and so doing enhance public awareness on the issues related to healthy ageing;
- to influence the attitudes of decision-makers through innovative communication tools;
- to disseminate to the scientific community the results of LIFEPATH. This will be achieved through high level publications in peer reviewed journals, creating useful models and tools to be used by the scientific community;

³ NSMC, Reporting health inequalities in the British print media, 2009; National Collaborating centre for healthy Public Policy, Content analysis of media coverage of health inequalities in Canada, 2008; Challenges in Covering Health Disparities in Local News Media: Wallington SF1, Blake KD, Taylor-Clark K, Viswanath K, An Exploratory Analysis Assessing Views of Journalists, J Community Health. 2010 Oct;35(5):487-94. doi: 10.1007/s10900-009-9217-x

- to provide researchers with the training needed to become self-sufficient users of methods, protocols, standards etc. in their own research. This will be achieved through a number of methods including courses, written material and e-learning (the latter being particularly developed at the Imperial College School of Public Health);
- to set up a multi-layered communication process capable of conveying the project's messages to the different targets, and to experiment innovative and creative tools of communication mainly based on data visualization and visual storytelling;
- to disseminate LIFEPATH products and foreground, for economic and non-economic exploitation. in particular, we will disseminate the findings of our SES-inclusive prototype risk score among clinical practitioners by establishing working groups with national and international medical associations, general practitioner organizations and specialist organizations in order to promote the incorporation of SES as one of the key clinical predictors of disease risk and healthy ageing.

1.4 LIFEPATH key messages

Starting from Michael Marmot's seminal Whitehall study onwards, the core message pertaining health inequalities can be summarized as follows: "Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health (SES)". These social determinants of health include income, but also education, power and social capital. Gender differences interact as well with HI and must be taken into account.

Furthermore, the current literature on HI underlines that "there is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health", and that the inequalities exert their action along all the life-course, beginning with birth and perhaps even before (exposure in utero). A "good start" for children is crucial, that is to say a good parental environment which could ensure health care, emotional support, education.

The increase in Inequities (and health inequities) is becoming more and more a popular topic in the political and moral debate. As Pope Francis stated in his recent Encyclical "Laudato si'"

"We should be particularly indignant at the enormous inequalities in our midst, whereby we continue to tolerate some considering themselves more worthy than others. We fail to see that some are mired in desperate and degrading poverty, with no way out, while others have not the faintest idea of what to do with their possessions, vainly showing off their supposed superiority and leaving behind them so much waste which, if it were the case everywhere, would destroy the planet. In practice, we continue to tolerate that some consider themselves more human than others, as if they had been born with greater rights". (Pope Francis "Laudato si'", Encyclical, 18 June 2015)

And even the editor-in-chief of "The Economist", observed: *"The widening gaps within many countries are beginning to worry even the plutocrats. A survey for the World Economic Forum meeting at Davos pointed to inequality as the most pressing problem of the coming decade (alongside fiscal imbalances). In all sections of society, there is growing agreement that the world is becoming more unequal, and that today's disparities and their likely trajectory are dangerous".* (Zanny Minton Beddoes, Editor-in-chief, The Economist)

And again, referring to health inequalities, here some other meaningful quotations:

"Health inequities exist because the wrong policies are in place." (Margareth Chan, WHO Director General, WHO World Conference on SDH, 2011)

"Income inequalities affect the lives people are able to lead." (Amartya Sen, Inequality Reexamined, 1992)

"Social injustice is killing on a grand scale." (CSDH, Closing the Gap, 2008)

We have also to notice that in the meantime health inequalities is a very political-sensitive concept, reflecting also in "wording". On one hand, some authors and organizations (like WHO) prefer to use the term *"Health Inequities"* considering *"Health Inequalities"* *"avoidable by reasonable means"*⁴. Others prefer to "stay cold" with words using the term *"health disparities"* (mainly in the US context).

A good communication strategy should also take these criticalities into consideration while addressing different audiences.

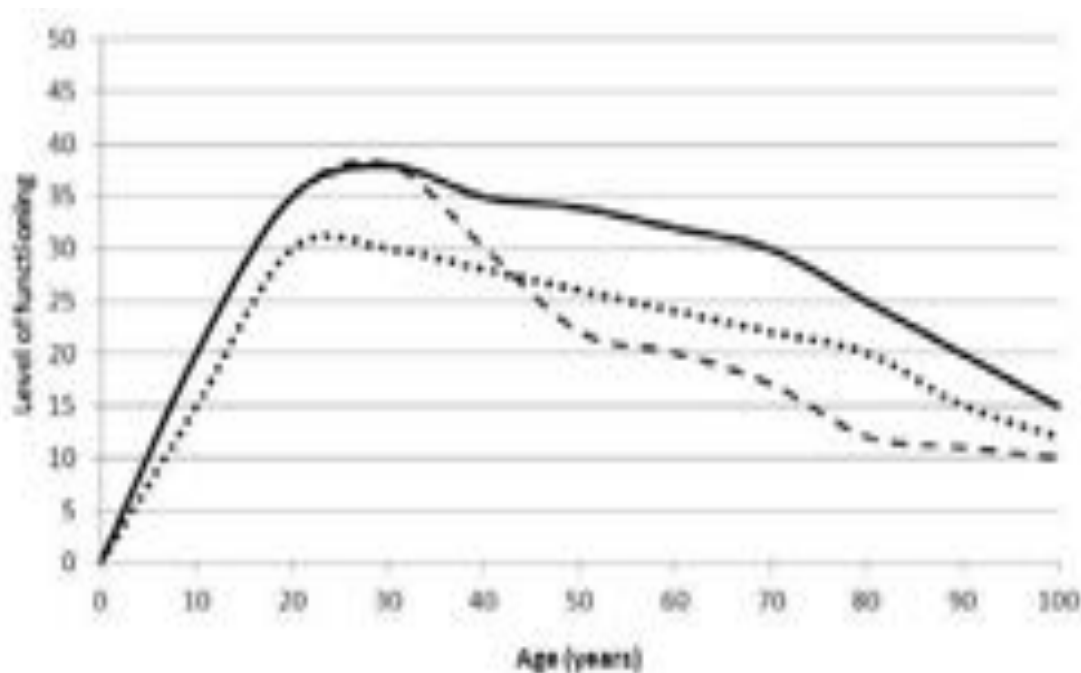
⁴ Review of social determinants of health divide in the WHO European Region", 2013

A part from these aspects, it is a fact that the issue is popular and many journalists and media analysts find the concepts of HI and SES thought-provoking and very appealing a subject. Here is why it will pay off for journalists to gain insight into this subject:

- The health gap appears to be getting worse among and inside countries.
- Scientists are making fascinating discoveries about the biological ways that social determinants shape health, from hormonal to epigenetic (suggesting that some changes in gene expression can be passed on to children and influence the occurrence of disease in more than one generation).
- Health policies will not solve the problem. The research on social determinants suggests that progress is likely to require broader social changes, such as improving access to education, boosting economic opportunities, and making disadvantaged neighbourhoods safer and more vital.
- Political controversies loom. How best to educate children, extend economic opportunity to the disadvantaged, and regulate urban development are controversial questions, to say the least. When it comes to the social determinants of health, a part of public opinion and decision makers tend to emphasize the role of individual behaviours such as unhealthy eating, lack of physical exercise, smoking, and drug abuse. And, in fact, a lot of questions remain unanswered. There is not enough evidence yet to say, for instance, whether school funding, tax credits, or income support could do more to improve health than policies more narrowly focused on changing behaviour.⁵

1. In this context, the LIFEPATH research programme can answer to many questions regarding policies. There is in fact a huge uncertainty over which measures can reduce HI. In this case, science can serve the public with new, strong evidence. This is the first key message of LIFEPATH.

2. The second message is that with a more comprehensive concept of Healthy Ageing, LIFEPATH will interpret different health trajectories not through the single diseases but in terms of life-course functioning, with a build-up and a declining phase.



The life-trajectory model ageing (David Blane) implies a “build-up” phase and a “decline” phase

⁵ <http://healthjournalism.org/core-topic.php?id=6&page=overview>

3. The third message is about the importance of the long-term impact of early life exposures, giving some additional support to the theory of “action at a distance”, that has a lot of crucial consequences on how and when to intervene with health prevention and promotion measures. It is never too early, but sometimes it can be too late. The “good start” concept can receive scientific support from LIFEPATH.
4. The fourth message is that LIFEPATH can add some important insights into the biological pathways linking determinants to healthy ageing, achieving a wider view on the "causes of causes" of diseases and multi-morbidity.
5. The fifth and last (for now!...) key message of LIFEPATH is that this is not mere theory. From the study of the cohort and the harmonization of data new practical tools can emerge which can be useful to refine preventive, diagnostic and clinical interventions.

1.5 Identification of LIFEPATH target groups

- **Scientists.** The molecular and –omics analyses that will be performed during the course of LIFEPATH will be of great relevance for many other scientists working in similar fields. Also, the multidisciplinary approach carried on within the project may offer new perspectives to researchers with different expertise.
- **Clinicians and healthcare providers.** They are a key target for a project that has developed an original study design that integrates social science approaches with biology (including molecular epidemiology) to address important health issues.
- **Policymakers.** One of LIFEPATH's objectives is to provide updated, relevant and innovative evidence for healthy ageing policies that address social disparities in ageing and the social determinants of health. It is thus crucial to properly communicate with all the stakeholders involved in policy-making. The intended recipients include EU Member States and representatives of the Departments or Ministries of Health, European Commission services, WHO, Consumer associations, Policy Institutes and Universities.
- **NGOs.** There are many organizations fighting for health equality that could hold a great interest in LIFEPATH research and activities and would thus need to be involved as targets of dissemination.
- **Media.** Key issues of LIFEPATH are of great potential impact for both scientific and general media; thus, the latter ones must be targeted with proper communication efforts in order to use them to amplify the project's visibility.
- **General public.** Most people are concerned about health but the general public is not really aware of the impact of socioeconomic factors on healthy ageing, quality of life and life expectancy. General public is therefore an important target of communication about this issue, which is therefore supposed to stand out as very interesting.
- **Study Participants.** An important part of the LIFEPATH project consists in the reassessment or secondary analyses of anonymous data. There is no overall plan to communicate results at the individual level. However, access to individual results to study participants is guaranteed in some of the cohorts, and this will be handled by the local cohort PI. In addition, most of the cohorts included in the project have on-going feed-back activities with the participants, typically in the form of newsletters. The LIFEPATH project and its main results will be described in these newsletters.
- **Dissemination to the United States stakeholders.** The inclusion of a US partner is highly relevant to the project given the different social and healthcare structures of Europe and the US, but also in light of the TTIP initiative and the increasing relationships between the two political and economic entities. The US partner (Columbia University) will be involved in European initiatives of dissemination to stakeholders by teleconference, and dissemination material will be also targeted to the US public. The US partner will prepare a list of American stakeholders to target with our dissemination initiatives. In the final Workshop the US partner will be invited and engaged in a round table on SES and ageing in Europe and the US and the impact of future policies.

Through the network of the PR and press offices representing all participants, dedicated mailing / contact lists will be arranged for different interests groups in order to update everyone on the project's news.

Further, new contacts will be constantly identified and a diverse range of analytical tools will be used to understand better all internet and social media trends. This will make sure to spot:

- Opinion-leaders?
- authors of publications writing about the topic (scientific papers and books)

- participants of conferences
- discussion groups (experts and the general public)
- European and national politicians

All updates and news coming from these groups will have a space on the website where they will be posted on a regular basis. The idea of the constant exchange between the project and the different interest groups will be strengthened. Should there be any relevant news of global interest – partners may be contacted to provide their comment and, by doing so, introducing the project in the public discussion.

In the coming versions of the Strategic Plan a list and a map of the more relevant stakeholders to be targeted by the dissemination will be provided.

1.6 Tools for dissemination

LIFEPATH Website



To support its activities including the dissemination activities, the consortium will set up a specific project website targeted to the epidemiological research community and public health officials, with easy access for the general public. The website will have a public Internet interface and a private, secure intranet. It will also acknowledge European Commission's Horizon2020 support and display the EU flag and Horizon2020 logo. The LIFEPATH Internet web pages will present the project, the partners' institutions and the overall objectives. It will also be the perfect interface to present the latest achievements or communications from the project via data visualizations and multimedia tools. The password secured intranet compartment of the website will be the repository for all the material to be exchanged between the LIFEPATH members, including the contractual material, the reports and any templates, SOP (Standard Operational Procedures) or documents useful to manage the project. For this purpose **Trello.com/LIFEPATHproject** (private) will be used by the project's partners.

The LIFEPATH **website** will represent a key element within the communication strategy, for it will gather different kinds of contents like:

- videos,
- infographics and data visualization,
- case-histories,
- factsheets,
- LIFEPATH documents (for policy-makers, stakeholders and health care providers),
- documents from other related projects,
- LIFEPATH peer reviewed publications,
- other related peer reviewed publications.
- Also, news and articles regarding the project's activities will be published on the website.

The public part of the website will be managed on a day-by-day basis by the communication staff, in close collaboration with all WPs leaders. Links to peer projects and Commission services will be provided as well. The website will include a secure internal area to be used for exchange of data and information by partners only.

The initial structure of the website will be very simple and will include the main parts usually found in the communication section of European projects:

Home
+-Project
+-Partner
+-News
+-Document
+-Media
+-Contact

Other sections of the websites will be added as the project goes on and as new contents and new ideas will be developed within it. Press releases, a regular newsletter and interactions with professional web sites like Scienceonthenet (www.scienceonthenet.eu) will be used to promote the project to the scientific and general media (journals and magazines, radio and TV).

The use of Social media

All the contents of the website and other messages will be shared through the LIFEPATH social media account, in order to attract a high number of followers. To do so, it would be important to keep a stable and permanent activity on these channels by sharing and commenting contents that are not produced by the project, thus widening the visibility of the project as a recognized speaker about health inequalities. Such an activity will also help to establish contacts with stakeholders and influencers (scientists, healthcare professionals, policy makers). This will encourage networking and possible partnerships.

The social media plan should have the following objectives:

- assessing public opinion
- incrementing the number of followers
- making an impact on people

A social media analysis should be carried out beforehand in order to establish some reference points. The workflow should go through the following stages:

- Analysis and listening (analyst)
- social media plan (by social media manager)
- initiatives on social media (social media team)
- Analysis and listening

From each phase of collection of data and data analysis – useful information can be gathered in order to produce recommendations in line with the project's aims.

Twitter.com To quickly share contents and to network effectively, different lists of users will be created for different types of targets and all exchanges will be monitored to identify influencers and to fully understand the polarization of all discussions. Here the home page of the LIFEPATH twitter account opened during the kick-off meeting:



medium.com A place on the Internet where people share ideas and long stories.

youtube.com Videos, audioclips, motion graphics etc to illustrate the steps and results of the ongoing project

pinterest.com Images and graphs created within the project and pinned by other sources

Wikipedia Creation and update of captions linked to the topics covered by the project (in different languages).

Forum (ex reddit.com) Monitoring and participation in discussion forums on topics concerning social and health inequalities.

Scientific publications and publication policy

The primary expectation of LIFEPATH is to impact on the scientific community. For this purpose, the partners will submit their results to peer-reviewed journals. The impact of these publications will be assessed twice during the project's lifetime. In case of co-redacted manuscripts presenting the results of joint research, the co-writers will refer to the Consortium Agreement and the rules pertaining to the use of the cohorts' data. For each WP a writing group will be established in the first general meeting of the Consortium, and authorship rules will be developed based on a proposal from the Project Steering Board. In principle, the order of authorships will reflect the person's input to the paper and for each paper generated in a WP the first and last authors will be proposed by the WP leader and discussed in the Steering Board. The PIs of the epidemiological studies and other collaborators involved e.g. in external exposure assessment or laboratory activities will be involved in the writing groups or in co-authorship, according to rules proposed by the Steering Board and approved in the first and subsequent Consortium meetings. Major papers on the main findings will be co-authored by all PIs of the Consortium. We will give priority to open access publication.

The Media Office

The Office - managed by professional scientific journalists - aims at promoting the project to the scientific and general media (journals and magazines, radio and TV) via press releases, a regular Newsletter, video interview and infographics to be circulated through the website and social media. Media briefings will be organized at the Kick-off meeting and at the Final Workshop. Two reports from Media Office will be delivered at months 24 and 48. A network of all the press offices of all the partners joining the project is expected to be created: using existing contacts the impact on media of all communications sent out can be maximised. All partners are encouraged to get in touch with newspapers, TV and radio channels, blogs at national, regional and local level. The partners agreed that these interactions should be managed independently, due to the fact that, for example, it is not easy for the WP leader to give an interview to a TV channel in Spanish, German, Italian or other languages.

Workshops and meetings

Kick-off meeting The dissemination effort has begun just before and during the LIFEPATH's kick-off meeting (see the report). The communication staff was very active in covering the event. Together with the Press Office of Imperial College, they disseminated the first Press Release to a list of 3,000 scientific journalists. The News items have been taken up by a good number of journalists and websites.

Press release



On media



www.scienceonthenet.eu

How social inequalities influence healthy ageing



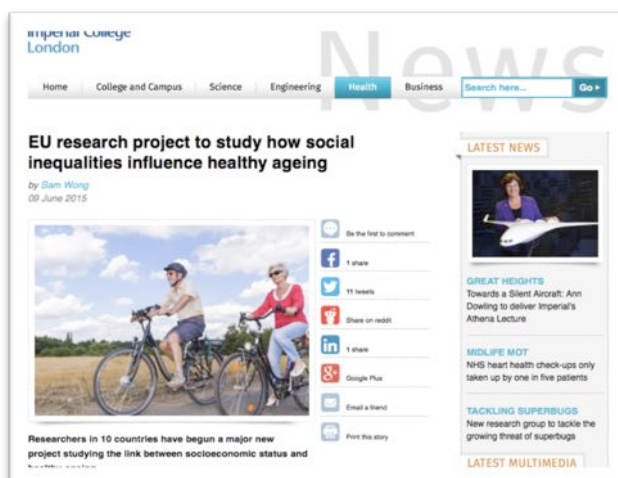
www.healthdesk.it

LIFEPATH, invecchiare in salute un diritto anche dei meno abbienti



www.sciencebusiness.com

Imperial College London: EU research project to study how social inequalities influence healthy ageing



www.imperial.ac.uk

EU research project to study how social inequalities influence healthy ageing



www.news-medical.net

EU research project to study how social inequalities influence healthy ageing

By the end of July 2015 the communication staff will send out a news press release which will summarize the main results of the first meeting of LIFEPATH. In the meanwhile they will publish on the project's website and on the project's Youtube channel 10 video interviews to WP leaders and other LIFEPATH's researchers carried out during the conference, each in their native language (English, Italian, Finnish, Dutch, French, Spanish) so to give the idea of the multinational and multicultural nature of the project and to hook as many people as possible.

People interviewed:

- Michael Marmot, UCL
- Richard Layte, Trinity College Dublin
- Mauricio Avendano, London School of Economics
- Michelle Kelly-Irving, Inserm, Université Toulouse III
- Cyrille Delpierre, Inserm, Université Toulouse III
- Silvia Stringhini, University of Lausanne, Switzerland
- Mika Kivimaki, UCL
- Marcel Goldberg, INSERM, Paris
- Imperial College London
- Wilma Nusselder, Erasmus MC
- Marc Chadeau, Imperial College London
- Paolo Vineis, Imperial College London

A final workshop will be organised, targeting the policy-makers in various domains (SES assessment experts, social scientists, health-care workers), relevant European Commission services and related policy organizations and national governing bodies. The material presented will be carefully prepared to suit the audience and provide clear information on ways to apply the project findings to decision making processes.

A workshop with representatives of national, international and European medical associations will also be carried out to ensure that the project, and in particular the prototype for a clinical risk score incorporating SES, is tested with general practitioners and specialists. The workshop will discuss the findings of the study and present the prototype risk score, discussing the advantages and risks of incorporating this information into clinical prediction scores. We envisage this workshop to initiate an evidence-based discussion of how social variables can be used for risk identification, underpinning personalized preventive, diagnostic and therapeutic interventions.

1.7 Schedule

Month	Action		9.1.2	9.2.1	9.2.2	9.3.0	9.4.0
1	Brand creation						
2	Plan for communication and dissemination strategy						
3	Release of the fist pages of the project's website with some news and the publication of the first video-interviews to the partners						
4	Social media accounts - start working on them						
5	New video interviews						
6	Completion of the project's Web site and first newsletter Production of the first factsheets Press release						
7							
8	First infographics						
9							
10	Second issue of the Newsletter						
11							
12	Report on dissemination activities Official Video of the project Press release						
13							
14	Third issue of the newsletter						
15							
16	Press release						
17	New infographics						
18	Fourth issue of the newsletter						
19	Press release						
20							
21							
22	Fifth issue of the newsletter						
23	Press release						
24	"Report on dissemination Report on Media Office Production of new Factsheets"						
25							
26	Sixth issue of the newsletter						
27	Press release						
28	New infographics						
29	Press release						
30	Seventh issue of the newsletter						
31							
32							
33	Press release						
34	Eights issue of the newsletter						
35							
36	Report on dissemination activities New Factsheets						
37	New infographics Press release						
38	Ninth issue of the newsletter						
39							
40	Press release						
41							
42	Tenth issue of the newsletter						
43							
44	Press release						

D9.1 Communication strategy
LIFEPATH project – GA: 633666

45		
46	Eleventh issue of the newsletter	
47	Press release	
48	Report on dissemination Report on Media Office Final workshop - press release Last issue of the newsletter Last factsheets Last infographics Policy Briefs Last video interviews	

Task 9.1.2 Brand creation

Task 9.2.1 The project website

Task 9.2.2 The dissemination activities via the web

Task 9.3 Media Office

Task 9.4 Dissemination monitoring and evaluation (participation ICL TCD)

1.8 Partners' roles and responsibilities

WP9 involves Imperial College (WP1) and Trinity College (WP8). However, all partners of the other WPs will be actively involved in the communication and dissemination processes – as shown in the following table:

Beneficiaries	Country
Imperial College Of Science, Technology And Medicine	UK
University College London	UK
Hospices Cantonaux Chuv	Switzerland
Universite Paul Sabatier Toulouse III	France
Erasmus Universitair Medisch Centrum Rotterdam	Netherlands
London School Of Economics And Political Science	UK
Trustees Of Columbia University In The City Of New York	USA
Tyoeterveyslaitos	Finland
Human Genetics Foundation	Italy
Institut National De La Sante Et De La Recherche Medicale (Inserm)	France
Instituto De Saude Publica Da Universidade Do Porto	Portugal
Anti Cancer Council Of Victoria	Australia
The Provost, Fellows, Foundation Scholars & The Other Members Of Board Of The College Of The Holy & Undivided Trinity Of Queen Elizabeth Near Dublin	Ireland
Università degli Studi Di Torino	Italy
Zadig Srl	Italy

With WP2 partners the communication staff will work in the first phase of the project to highlight the dramatic differentials in healthy life expectancy among individuals with different socioeconomic positions, which amount to more than 15 years of life in good health in some countries. The challenge will be to disseminate correctly these data to the different stakeholders and to describe vividly and accurately the entry-points for policies to reduce these differentials by quantifying the contribution of specific determinants.

With WP3, WP4 and WP5, the communication staff will arrange factsheets, reusable illustrations and texts to disseminate the main results of longitudinal cohort studies in terms of healthy ageing, socioeconomic status and exposure to risk factors as a continuous element in life. Each and every cohort study examined by LIFEPATH - with its incredible wealth of social, cultural, biographical and biological data - is a factual story to tell, with fascinating human, scientific and socio-political features to cover - A gold mine for journalists.

WP7 has the ambition of embedding social determinants into the biological trajectory of healthy aging and is crucial for a new comprehensive definition of healthy ageing. Its aim is also to develop a prototype risk score based on SES indicators. Both tools are of paramount importance for the communication and dissemination efforts.

WP6 and WP8 - dealing with the policy implications of the health impacts of economic downturns in Italy, Portugal and Ireland and the conditional cash transfer experiment in U.S. - have a great political relevance. Communication staff will interact intensively with WP6 and WP8 to convey key messages to the media, policy makers and the general public.

The dissemination and communication unit will then relate with all partners, identifying a focal person for communication within each WP to receive updates and to exchange ideas.

All researchers will be encouraged to write on the project's website and for other relevant media a sort of "journal" on their research work. With them speaking up directly – in a very straight forward, genuine way – the narration will come across with all the passion, issues and fascination of the job without any mediation by the journalists.

1.8 Practical steps for monitoring of the communication process

The objectives of the project are specific and measurable and it is possible to measure its communication efforts and impact in terms of:

- evidence of debates in the media
- evidence of new funders for your area
- number of articles in the press
- number of people asking for feedback or more information
- number of references in scientific publications
- participation in project events and seminars
- speaker evaluations from conference presentations
- trends in website visit⁶

Dissemination will be periodically monitored and evaluated through a set of parameters and tools, like:

- monthly press-radio-TV coverage rates,
- Google analytic statistics for the website,
- Google trends analysis.

Monitoring and regular activity on Twitter will be performed from the LIFEPATH account, following public discussion on “SES and health” and related keywords.

Two reports on web activities will be delivered at months 24 and 48.

⁶ http://ec.europa.eu/research/participants/data/ref/h2020/other/gm/h2020-guide-comm_en.pdf

Annexes

Logo proposal

LIFEPATH
LOGO PROPOSAL

LIFEPATH: *MOODBOARD*



LIFEPATH
LOGO PROPOSAL 1

Iconic Version

LIFEPATH

HEALTHY AGEING FOR ALL





LIFEPATH

HEALTHY AGEING FOR ALL





LIFEPATH

HEALTHY AGEING FOR ALL

LIFEPATH
LOGO PROPOSAL 2

Iconic Version





LIFEPATH
LOGO PROPOSAL 3

Iconic Version

LIFEPATH

HEALTHY AGEING FOR ALL



LIFEPATH
HEALTHY AGEING FOR ALL



LIFEPATH
HEALTHY AGEING FOR ALL



LIFEPATH
HEALTHY AGEING FOR ALL



LIFEPATH
LOGO PROPOSAL 4

Conceptual Version





Logo application



LOGO PROPOSAL
and APPLICATIONS



COLOR GUIDE



Pantone 7472 C
CMYK 70,2,34,0
RGB 0,184,180
00B8B4



PANTONE 635 C
CMYK 30, 0, 8, 0
RGB 169, 223, 231
A9DFE7



PANTONE 647 C
CMYK 93, 60, 19, 8
RGB 0,96,141
00608D

BLACK AND WHITE VERSION





Name of the Addressee
Address
ZIP CODE - City - Country

Date: Day, Month, Year
Subject: "Lorem Ipsum Dolor Sit"

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Institution Name
Signature



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Research and Innovation Programme
under the Grant Agreement No. XXXXXX

Name of the Addressee
Address
ZIP CODE - City - Country

Date: Day, Month, Year
Subject: "Lorem Ipsum Dolor Sit"

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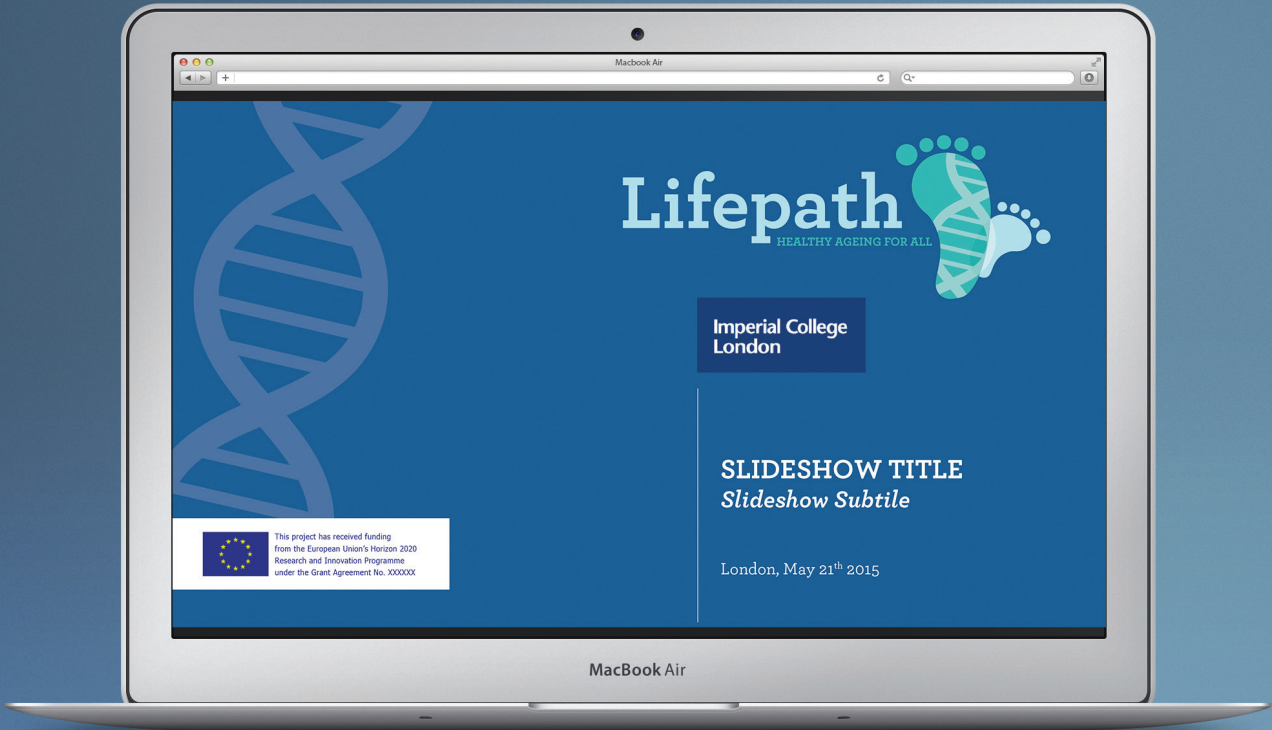
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Institution Name
Signature





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Imperial College
London

SLIDESHOW TITLE
Slideshow Subtile

London, May 21th 2015




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Imperial College
London

SLIDESHOW TITLE
Slideshow Subtile

London, May 21th 2015



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Research and Innovation Programme
under the Grant Agreement No. XXXXXX



Imperial College
London

SLIDESHOW TITLE
Slideshow Subtile

London, May 21th 2015

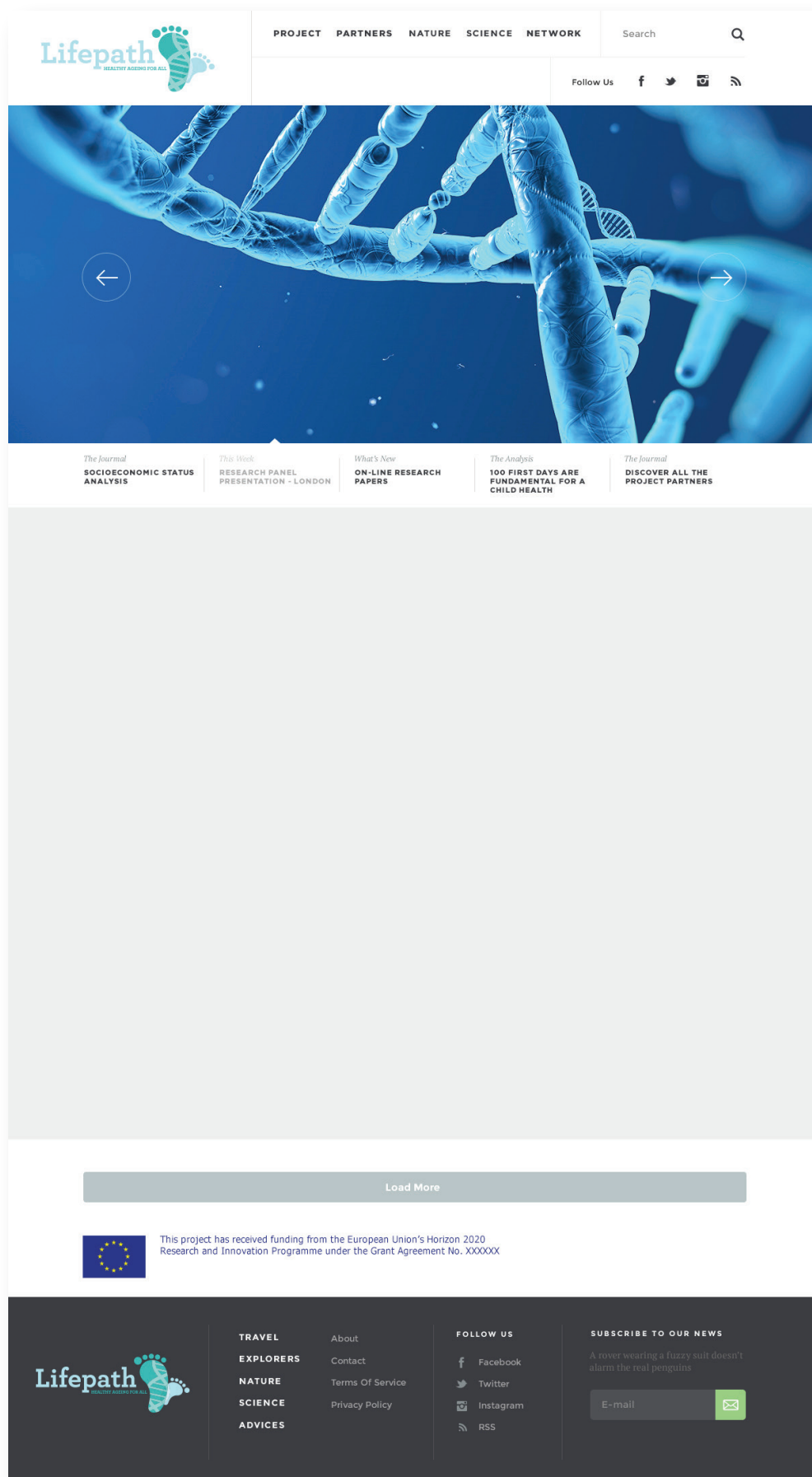


Imperial College
London

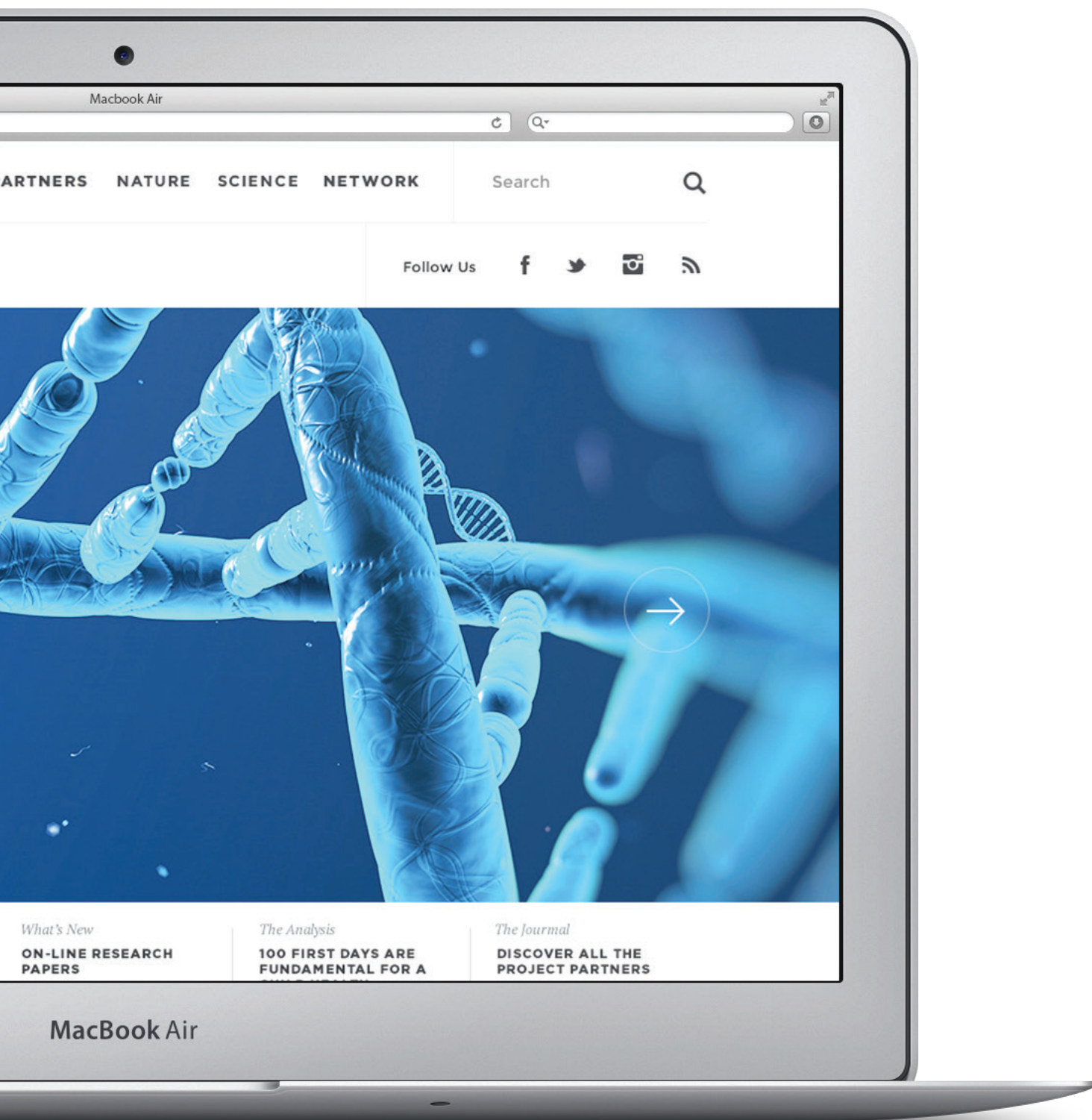
SLIDESHOW TITLE
Slideshow Subtile

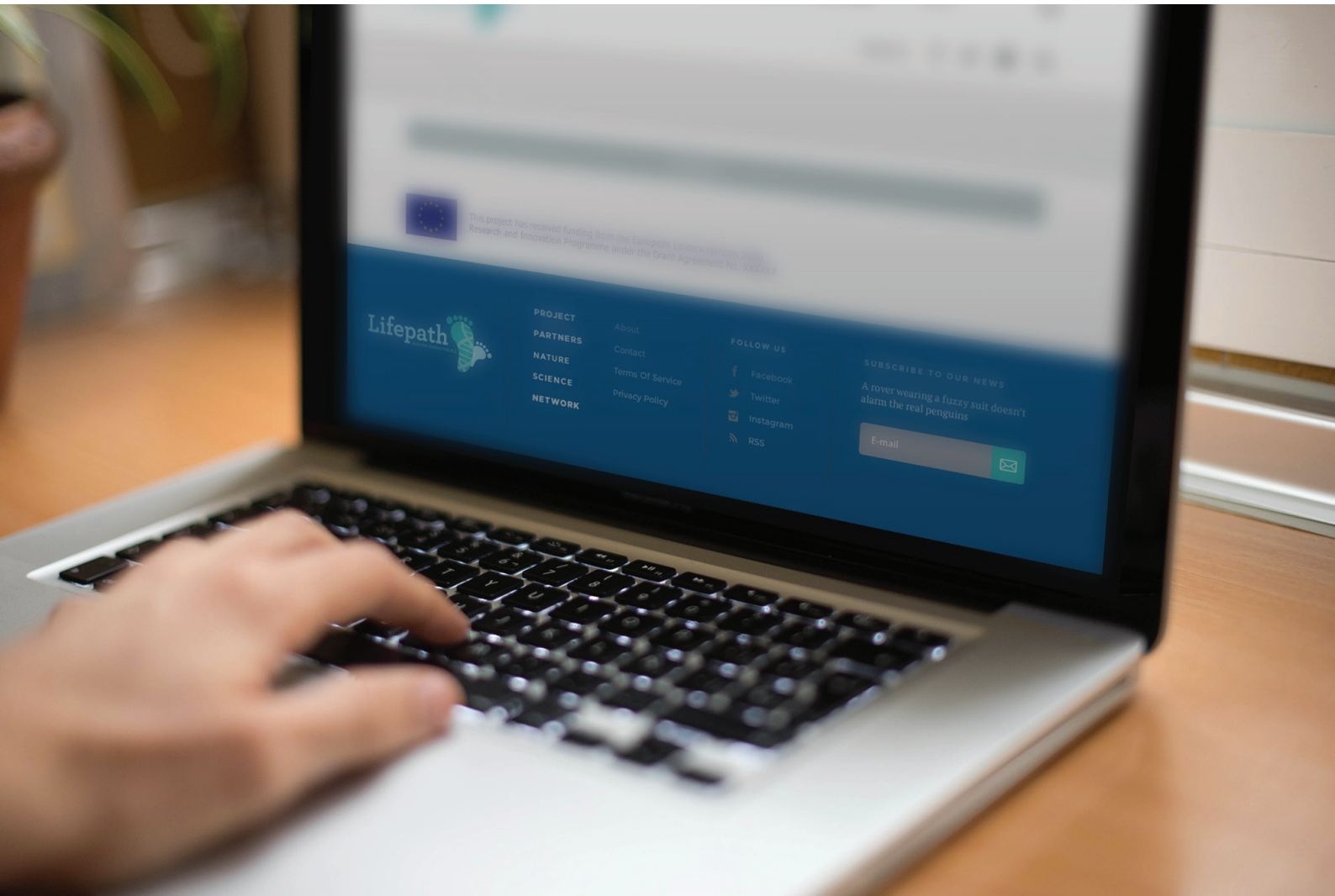
London, May 21th 2015











Press release



Date: June 08, 2015

Subject: EU research project to study how social inequalities influence healthy ageing

Researchers in 10 countries have begun a major new project studying the link between socioeconomic status and healthy ageing.

The Lifepath project, involving 15 institutions in Europe, the US and Australia, has been supported by a six million euro grant from the EU's Horizon 2020 programme.

A wealth of previous studies have shown that health outcomes in later life are strongly influenced by wealth and social status. Traditional risk factors such as diet and smoking only account for a proportion of this link. The rest is thought to be explained by psychosocial factors such as stress, but the mechanisms involved are not well understood.

The research consortium aims to learn more about the biological pathways behind this link, with the ultimate goal of reducing the impact of poverty on health.

Part of the project will investigate possible effects of the economic downturn on biological changes related to ageing in population cohorts in Ireland and Portugal.

Professor Paolo Vineis from the School of Public Health at Imperial College London, who leads the consortium, said: "We know that it's possible to remain healthy into old age, and this is much more likely among people with high socioeconomic status. We want to better understand why, so we can make healthy ageing a reality for everyone, not just the wealthiest parts of society."

The four-year research programme will investigate links between socioeconomic factors, such as education, income and achievements, and age-related health outcomes, such as cancer, heart disease, cognitive impairments and frailty. It will also use molecular techniques to analyse blood samples from existing population studies to uncover biological changes associated with poverty.

The project will include an evaluation of the health impact of experimental programmes



This project has received funding
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that gave cash to families with low incomes in the United States to encourage positive behaviours such as taking children to the doctor or keeping them in school. For example, Opportunity NYC, which ran from 2007 to 2010, randomly assigned some families to receive cash rewards and others not, so the outcomes for the two groups can be compared.

Previous studies have suggested that the negative impacts of poverty may be mediated in part by higher levels of inflammation in the body. Steve Horvath at UCLA proposed that a type of DNA modification called methylation can act as a biological clock revealing a person's age. Preliminary findings from the Lifepath consortium show that people with lower socioeconomic status have an older biological age as indicated by their levels of DNA methylation.

The consortium, which includes scientists, economists and policy experts, hope to amass evidence to inform efforts to reduce health inequality. "There are competing views of how to address these problems," said Professor Vineis. "For example, some people advocate investment in health education, while others think money should be given directly to people on low incomes. These are open questions, and we hope this project will help to identify the best approaches."

Imperial College London
St Mary's Campus
Norfolk Place W2 1PG
London



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Keynote



Lifepath
HEALTHY AGEING FOR ALL

COMMUNICATION & DISSEMINATION

WP9

Luca Carra, Zadig
London June 11, 2015

The project has received funding from the European Union's Horizon 2020 Research and Innovation Programme under the Grant Agreement No. 633666

Lifepath on the news



ScienceNet
The Italian research in the world

Search | Databases | TV | Graphics | Images | Video | Publications
Aggregating contents | Newsletter | About us | Contribute | Your profile | Log out

How social inequalities influence healthy ageing
09 June 2015

ScienceJobs
Science in role
Research Map
Press & News

healthdesk
HOME | SANITÀ | CRONACHE | MEDICINA | RICERCA | BENESSERE | PAZIENTI | VIDEO

Salute in povertà
Lifepath, invecchiare in salute un diritto anche dei meno abbienti

SCIENCE BUSINESS
Innovation intelligence and networking
Home | News | Events | Other | People | Communications | Partner network | Innovation Board | About | Sign in

Imperial College London: EU research project to study how social inequalities influence healthy ageing
09 June 2015

Imperial College London
Home | College and Campus | Science | Engineering | Health | Business | Search News... | Go

EU research project to study how social inequalities influence healthy ageing
09 June 2015

NEWS
The quality. Giving opinions on Life, Science & Medicine

EU research project to study how social inequalities influence healthy ageing
Published on June 10, 2015 at 10:37 AM - No Comments

News

@Lifepath_eu



WP 9 Communication and dissemination

Key issues of LIFEPAATH – such as the health consequences of economic downturn, the biological correlates of social inequalities, the vision of (un)healthy trajectory from birth to death - are of **great potential impact** for the scientific community, clinicians, policy makers and public opinion.

WP9 aims to find the most effective ways for disseminating the project's results to different targets, working in close collaboration with WP1, WP8, and the other WPs.

Partner number and short name	WP9 effort
1 - Imperial	2.00
13 - TRINITY COLLEGE DUBLIN	2.00
15 - ZADIG SRL	48.70
Total	52.70

Objectives

1. To develop at the very beginning of the project an agreed-upon communication strategy based on clear goals, targets, tools of dissemination, timing, monitoring.
2. To disseminate the project's outcomes and activities to the scientific community, media, clinical community, decision makers, stakeholders and general public.
3. To set up a multilayered communication process capable of conveying the project's messages to the different targets.
4. To experiment innovative and creative tools of communication mainly based on dataviz and visual storytelling.

4

WP9 tasks

Deliverable & Milestones Number	Title	Lead beneficiary	Due Date (in months)
MS1	Preparation for the MS1 Kick-off meeting; factsheets, etc.	1 - Imperial	1
D9.1	Plan for communication and dissemination strategy	15 - ZADIG SRL	2
MS2	Launching of website and web-based newsletter	15 - ZADIG SRL	6
D9.2	Report on Media Office activity	15 - ZADIG SRL	24
MS22	Availability of draft report and other document for final dissemination workshop	15 - ZADIG SRL	48

5

Task 9.1 Communication strategy, and brand creation

(Lead: Zadig, participation ICL, TCD; M2-M48)

Goals of the communication strategy will be defined from the start of the project, and LIFEPAth target groups and key messages will be identified. The delivery of the plan will be at the end of the month 2, and reviewed every year. The structure of the plan will include:

- Goals of the communication strategy
- Identification of LifePath target groups (not too generic...)
- LifePath's key messages (according to the different audiences)
- The style of the dissemination: Tell a story, don't just list facts
- Choice of the tools of dissemination
- Partners' roles and responsibilities: 'Communication is a way to keep all partners actively involved in the project'
- Practical steps for monitoring of the communication process.



6

Lifepath 

Task 9.1 Communication strategy, and brand creation

(Lead: Zadig, participation ICL, TCD; M2-M48)

Brand creation. Web portal design and project logo will be developed and validated by the consortium, to depict in the most accurate way the goals and the groundbreaking innovation nature of the project. We will work on the crucial concept of “health ageing trajectory”, keeping in mind that key messages must be conveyed to scientific community but also to policy makers and to general public. Posters, leaflet brochure and banners, to be exchanged with other relevant websites, will be created as well. Delivery in the months 3.



Brand definition



Task 9.2 The project website

(Lead: Zadig, participation ICI, TCD; M2-M48)

The project website will be designed to meet the needs of an array of users: scientists, policymakers, healthcare providers, NGOs, media and general public. For this reason, the website will be “multilayered”, with the outer layer (homepage) very simple and accessible by everyone, mainly based on visual communication (videoclips, dataviz, etc.) and “case-histories”, factsheets, and other sections for researchers (database, peer reviewed publications and all the relevant documents of the project).

The website will include a tool to be used for exchange of data and information by partners.



Task 9.2.2 Other media



The dissemination activities via the web will aim at seeking opportunities in other platforms usually navigated by the public as forum, like the social media, Wikipedia, youtube, vimeo, webtv and webradio, but also professional web sites like www.scienceonthenet.eu, and others.



12

Lifepath

Dataviz



13

Lifepath

Task 9.3 Media Office

(Lead: Zadig; M1-M48)

This Office - managed by professional scientific journalists - aims at promoting the project to the scientific and general media (journals and magazines, radio and TV) via press releases, a regular Newsletter, video interviews and dataviz to be circulated thorough the website and social media. Media briefing will be organized at the Kick-off meeting and at the Final Workshop.

Two reports on Media Office will be delivered at months 24 and 48.

14

Lifepath 

Theme	All Coverage (%)	Health Inequality Coverage (%)
Health Conditions/ Pathologies/ Prospects	44	36
Health Service provision	37	50
Diet	11	3
Medicinal developments/ regulation and failures	10	9
Alcohol/ Drug (mis)use	10	14
Health preventions (other than diet)	9	1
Antenatal	8	1
Children	7	7
Spatial differences	5	44
Environment	4	
Older people	4	11
Gender	3	7
Employment	3	2
Exercise	3	
Genetics	2	
Sex	2	
Public Communication	2	
Temporal Changes	1	7
Poverty	1	13
Education	1	1
Ethnicity	1	5
Other	0.3	1
(Number of cases)		

Reporting health inequalities in
the British print media

December 2009

15

Lifepath 

Task 9.4 Dissemination monitoring and evaluation

Lead Zadig; M12-M48

Dissemination will be periodically monitored and evaluated through a set of parameters and tools, like monthly press-radio-tv coverage rates, google analytic statistics for website, google trends analysis, social media analysis.

Reports on dissemination activities will be delivered at months 12, 24, 36, 48.



7 Up series

'Show me the child at seven and I will give you the man'

In 1964, a group of British 7-year-olds were interviewed about their lives and dreams in a groundbreaking television documentary, Seven Up. Since then, in one of the greatest projects in television history, renowned director Michael Apted has returned to film the same subjects every seven years, tracking their ups and downs.



**COMMUNICATION
& DISSEMINATION**

WP9

Luca Carra, Zadig
London June 11, 2015



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