



D7.3. Outreach strategy design and development

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Executive summary

This document gathers the **live strategy for outreach and dissemination** of FAIR4Health project. It encompasses the set of principles, channels, activities and specific strategies involved in the management of the external communication and dissemination of the project outcomes. The plan aims at disseminating the FAIR4Health principal results while generating a favorable point of view among stakeholders in Health Research Data Management, enlarging the community and encouraging them to apply FAIR principles to research data. This deliverable (**D7.3**) describes the ***"what, how, who, where and when"*** of FAIR4Health strategy of dissemination, and plans how to monitor it over the project lifetime. D7.3 also outlines the targeted audiences of this strategy in order to feed the project community engagement plan.

At the end of this deliverable, the updates carried out during the course of the project are attached.

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Acronym list

DoW	Description of Work
DMP	Data Management Plan
EC	European Commission
EOSC	European Open Science Cloud
EU	European Union
F2F	Face to Face
FAIR	Findable, Accessible, Interoperable and Reusable
GA	Grant Agreement
HLEG	High Level Expert Group
KPI	Key Performance Indicator(s)
KoM	Kick-off Meeting
MOOC	Massive Open Online Course
OA	Open Access
OER	Open Educational Resource
ORD	Open Research Data
RDA	Research Data Alliance
RDM	Research Data Management
RIA	Research and Innovation Action
RFO	Research Funding Organization
RPO	Research Performing Organization
SO	Specific Objective
SwafS	Science with and for Society
TOP	Transparency and Openness Promotion
VRE	Virtual Research Environment
WP	Work Package

1. Introduction: FAIR4Health project and outreach

As Annex 1- Description of Work (DoW) of the project states, the overall objective of FAIR4Health is to **facilitate** and **encourage** the European Union Health Research community to FAIRify, share and reuse their datasets derived from publicly funded research initiatives through the demonstration of the potential impact that such a strategy will have on health outcomes and health research.

Through this brief definition of the FAIR4Health objectives, we can see:

- ❖ How **important** the project outreach is in order to encourage the community.
- ❖ Who is our **target audience** or the intended community: EU Health Research Community and FAIR data research, etc
- ❖ The **big challenge** of convincing that intended community to FAIRify, share and reuse their research data.

Looking further, at the specific objectives (SO), FAIR4Health SO 1 is “*To design and implement an **effective outreach strategy** at EU level based on trust building and shared benefit to encourage research institutions to join the FAIR4Health community and FAIRify, share and reuse their publicly funded health research datasets*”. This outreach strategy is one of the cornerstones of the project.



Figure 1. FAIR4Health impact vision

Moreover, SO 2 focuses on the creation of **guidelines** and documentation in order to set the foundations for a **FAIR data certification roadmap** to guarantee high quality in EU open data derived from publicly funded health research initiatives. These guidelines, to be effective, implementable and having a clear **impact** beyond the project is developed and discussed under the Research Data Alliance (RDA) framework, enlarging this community and harmonizing our practices with other FAIR data initiatives. Accordingly, a clear strategy of dissemination and outreach, along with a strategy for open community development, are crucial to guarantee we reach that community.

2. Deliverable context: objectives and outline (WHAT)

This document (D7.3) is a core deliverable of **WP7** (Strategies to widespread the use of FAIR in Health Research Institutions at EU level). WP7 concerns project impact and dissemination and is fully devoted to developing strategies to maximize the impact of FAIR4Health within the project and beyond, and this deliverable describes and plans the initial strategies and tools. By its very nature, and as it was envisaged in the DoW, this

deliverable is a “live document” that evolves as the project does, consolidating strategies and objectives and adding new ones.

WP7 includes several strategies tackled in corresponding intended tasks:

- ❖ Innovative **public engagement** for the health research community, data scientists, industry and public at large. This is addressed in T7.1, centralized in the project website (D7.1) and fostered through different media and communication channels, also described in section 6 of this document.
- ❖ Development of the **FAIR4Health open community** in synergy with related national and international projects and initiatives based on the commitment to the EC open FAIR data policy. This is addressed in T7.2 and documented in D7.2.
- ❖ An **outreach strategy** including an awareness raising towards potential FAIR4Health community members, decision-makers on health research policies and the general public. This is addressed in T7.3 and described here in this document, D7.3. It is also monitored in D7.5, taking into account metrics and indicators described here to pursue uptake evolution, as described in section 8 of this document.
- ❖ Public demonstration of the **impact** that fostering such **open FAIR data policy** may have in health research outcomes performed throughout a series of workshops embedded in relevant dissemination events related to data management, medical informatics and health research at international, EU and national levels. This work is addressed in T7.4 and aligned with FAIR4Health audiovisual content to both train and engage stakeholders.

Outreach is the means to get **engagement**, so this deliverable is very much aligned with the D7.2 *FAIR4Health open community engagement strategy*. The dissemination and outreach plan therefore are the preparatory strategy to look for **synergies** among other FAIR data EU funding projects (notably: FAIRplus, FAIRsFAIR), other initiatives around FAIR data (GO FAIR, Fairsharing and all the RDA work as a baseline), as well as health research data projects addressing infrastructures (EOSCLife¹ and ESFRI Landmark [ELIXIR](https://www.elixir-europe.org/about-us/how-funded/eu-projects)²).



Figure 2. Slide from the WP7 presentation at FAIR4Health Kick of Meeting (28/01/19)

¹ EOSCLife kick-off meeting took place on March 20, 2019.

² <https://www.elixir-europe.org/about-us/how-funded/eu-projects>

This deliverable (D7.3) describes the “what, how, who, where and when” of FAIR4Health **strategy of dissemination**, and plans how to monitor it over the project lifetime. D7.3 also outlines the targeted audiences of this strategy in order to feed the project community engagement plan. Therefore, FAIR4Health outreach strategy includes a distributed set of activities, tools, media and dissemination outcomes to raise awareness towards potential FAIR4Health community members, decision-makers on health research policies and the public at large. In the first version (submitted at month M3) of D7.3, only the initial strategic definitions, principles, tools and mechanisms analyzed to effectively disseminate the project results are described, and these are resolved as the project evolves. Then, deliverable D7.3 was reviewed and updated at months M12 and M24. Finally, the final update was presented at month M36.

3. FAIR4Health Principles for dissemination (HOW)

Information dissemination has followed common marketing principles such as knowing the audience, being coherent with the message, creating a brand, etc. It is also common to apply as a reference different approaches to the 4Ps / 7Ps strategy (Product, Price, Place and Promotion + People, Physical Evidence and Process), [see for example](#)³. In this section, we are transforming those approaches to our own principles, in order to characterize FAIR4Health dissemination strategy. Our main feature addressing these “Ps” were the “**Process**” since this strategy was in continuous development and are always involved the “customers”: our target audience (**researchers**, but also the citizens and patients), detailed in section 5.

3.1 Principle 1: Open and loud (TOP)

FAIR4Health products and results are Open and disseminated as soon as possible, following well established principles for FAIR Open Research Data (ORD) and promoting an Open Research Culture and TOP Guidelines, while also respecting “*as open as possible, as closed as necessary*” (European Commission, 2016). **Transparency and Openness Promotion (TOP)**⁴ is the philosophy behind Open Science Framework ([OSF](#))⁵ and described in [Science](#)⁶ journal in 2015 (Nosek et al., 2015). The 8 TOP standards (citation, data transparency, analytic methods (code) transparency, research materials transparency, design and analysis transparency, preregistration of studies and analysis plans and replication) were initially applicable at 3 levels of Journal’s policies and practices or requirements (Fig. 3).

³ <https://marketbusinessnews.com/financial-glossary/marketing-principles>

⁴ <https://osf.io/ud578>

⁵ <https://osf.io/>

⁶ <http://science.sciencemag.org/content/348/6242/1422.full>

Summary of the eight standards and three levels of the TOP guidelines

Levels 1 to 3 are increasingly stringent for each standard. Level 0 offers a comparison that does not meet the standard.

	LEVEL 0	LEVEL 1	LEVEL 2	LEVEL 3
Citation standards	Journal encourages citation of data, code, and materials—or says nothing.	Journal describes citation of data in guidelines to authors with clear rules and examples.	Article provides appropriate citation for data and materials used, consistent with journal's author guidelines.	Article is not published until appropriate citation for data and materials is provided that follows journal's author guidelines.
Data transparency	Journal encourages data sharing—or says nothing.	Article states whether data are available and, if so, where to access them.	Data must be posted to a trusted repository. Exceptions must be identified at article submission.	Data must be posted to a trusted repository, and reported analyses will be reproduced independently before publication.
Analytic methods (code) transparency	Journal encourages code sharing—or says nothing.	Article states whether code is available and, if so, where to access them.	Code must be posted to a trusted repository. Exceptions must be identified at article submission.	Code must be posted to a trusted repository, and reported analyses will be reproduced independently before publication.
Research materials transparency	Journal encourages materials sharing—or says nothing.	Article states whether materials are available and, if so, where to access them.	Materials must be posted to a trusted repository. Exceptions must be identified at article submission.	Materials must be posted to a trusted repository, and reported analyses will be reproduced independently before publication.
Design and analysis transparency	Journal encourages design and analysis transparency or says nothing.	Journal articulates design transparency standards.	Journal requires adherence to design transparency standards for review and publication.	Journal requires and enforces adherence to design transparency standards for review and publication.
Preregistration of studies	Journal says nothing.	Journal encourages preregistration of studies and provides link in article to preregistration if it exists.	Journal encourages preregistration of studies and provides link in article and certification of meeting preregistration badge requirements.	Journal requires preregistration of studies and provides link and badge in article to meeting requirements.
Preregistration of analysis plans	Journal says nothing.	Journal encourages preanalysis plans and provides link in article to registered analysis plan if it exists.	Journal encourages preanalysis plans and provides link in article and certification of meeting registered analysis plan badge requirements.	Journal requires preregistration of studies with analysis plans and provides link and badge in article to meeting requirements.
Replication	Journal discourages submission of replication studies—or says nothing.	Journal encourages submission of replication studies.	Journal encourages submission of replication studies and conducts blind review of results.	Journal uses Registered Reports as a submission option for replication studies with peer review before observing the study outcomes.

Figure 3. Matrix defining TOP eight standards and 3 levels (Nosek et al., 2015)

FAIR4Health extrapolates and applies these principles to the main outreach and dissemination strategy, defining the different possible levels accordingly to each individual case of the project outcomes.

3.2 Principle 2: Always, here and there

Due to the many options of **communication channels** (printed and online), as well as different **social networks** where one can follow and/or interact based on their interests, significant challenges are raised in how best to feed these channels or to choose the correct ones. Consequently, for effective external communication and dissemination, FAIR4Health has chosen to repeat, or duplicate, the communication in diverse channels, but from a projected complementarity.

Under the principle "*always, here and there*" FAIR4Health communicates the advances, outcomes, news or results of the project through different channels. **Always**, when news is produced or known and in **all possible channels**, but the main and official channel are the project website.

For example, if one or several members of the consortium publish a new OA paper, the news at least have this immediate dissemination produced in a simultaneous multi-channel approach (see section 6):

- ❖ The title, DOI (Digital Object Identifier) and authors of the paper, as well as the immediate access link is **twittered** by the official @FAIR4Health account using #FAIR4Health hashtag.
- ❖ Re-tweeted by the members (institutional or individuals) of FAIR4Health consortium + all the retweets it receives by any other followers, lists or interested people.
- ❖ Since it has been transmitted with #FAIR4Health hashtag, the tweet is immediately visible in the Twitter channel embedded in the project website.
- ❖ An extended version of the tweet is published as an article in **LinkedIn** FAIR4Health site, including images of the authors, journal, etc. and a link to a short video included in FAIR4Health **YouTube channel**, explaining the content of the paper and/or slides (if so).
- ❖ The publication is deposited in the selected **repository/ies** (thematic/institutional, etc.) sharing the metadata as well as the full text of the publication following the publisher policy, and the article 29 of the project Grant Agreement.
- ❖ The underlying **research data** follows FAIR4Health Data Management Plan (DMP), and they are available in a trusted repository whenever possible.
- ❖ A **News** item is created also in the web, linking to the paper and related material.
- ❖ A note about the paper, etc. in the context of the project is included in the next project **Newsletter**, published in the web and distributed.

In order to guarantee this principle (*always, here and there*) FAIR4Health has selected and defined a set of tools and channels as described in section 6.

3.3 Principle 3: Build and keep identity

Using common elements in dissemination and outreach help to create a “brand” that the intended audience (Health Research, Health Informatics, Research data management and Data Science) is able to easily recall. The two components of the project identity are:

1. **Visual and branding**: the brand elements (logo, colors, typography, etc.) and the marketing practices to actively shape a distinctive project/brand.
2. **Conceptual**: the particular, consistent and comprehensive elements that allow FAIR4Health to become itself a symbol of the potential of health research data re-use, from the very explicit acronym (FAIR data for Health) to the project philosophy.

An important element underpinning the value of **keeping the identity of the project** is that the FAIR data ecosystem is getting more and more complex as the EU Open Science Strategy evolves on creating new infrastructures (like the European Open Science Cloud, EOSC) and maintaining and transforming existing ones. The correct and consistent use of the FAIR4Health brand contributes to achieving the objective of identifying, reinforcing and following dissemination principle 3.

The brand is mainly constituted by a formal logo, a symbol, and corporate colors that must be adhered to for its correct use.



Figure 4. FAIR4Health Logo

In order to keep this identity, a set of rules, images and conventions have been stated. The project logo has been designed with the input of all team members responsible for interpreting, articulating, communicating and applying the brand in its different areas. Figure 4 shows **the logo** as an identifier of the brand commonly used in all applications. Wherever possible, the brand is applied in this version. In case it is not possible to use the main logo, a series of **secondary logos** have been designed that are also considered valid to represent the FAIR4Health brand (Fig. 5).



Figure 5. Alternative and complementary FAIR4Health logos

Finally, a logo representative of the FAIR4Health brand has been designed to be used in social media and social networks, as well as in some sticker designs. In this case, the more **symbolic part** of the logo is used on a blue gradient background to become the symbol in the social web environment.



Figure 6. FAIR4Health logo for social networks and social media

The **color references** of FAIR4Health are the Pantones specified here. If the printing conditions do not allow the use of these, the logo may be printed in four-color or black. In figure 7 we can see the two main colors of the brand that should predominate.



Figure 7. Colors of the FAIR4Health brand

In terms of **corporate typography in the logo**, the FAIR4Health brand is represented by the Museo Sans Cyrll family in its Regular and Bold versions. This is the one used by the studios and design agencies (Fig. 8). For corporate documents we'll use Abel font for section titles and Maven Pro (regular, italic and bold) for document title and regular text.

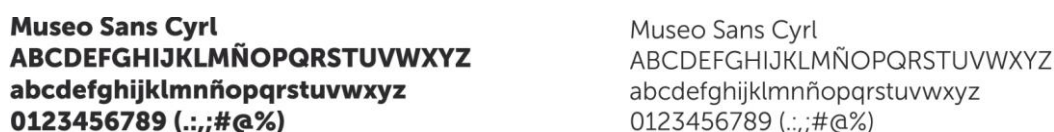


Figure 8. Main typography of the FAIR4Health brand

For media or applications that, for technical reasons, do not allow corporate typography, the Calibri typeface, in its Regular and Bold versions, are used as a secondary source for the FAIR4Health brand (Fig. 9).

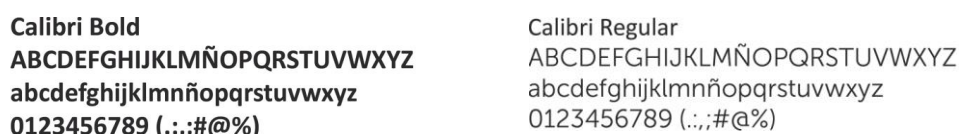


Figure 9. Secondary typography of the FAIR4Health brand

3.4 Principle 4: Community building and engagement

The main objective of our **outreach strategy** and related activities is to create the necessary synergy to **engage** key stakeholders in FAIR data research and development. This is also to be achieved in a vertical or domain approach to Health research stakeholders, which includes not only researchers and funders but also infrastructures and research performing organizations (RPOs).

FAIR4Health addresses the recommendations of the [HLEG Report on FAIR data](https://ec.europa.eu/info/sites/info/files/turning_fair_into_reality_1.pdf)⁷ (European Commission, 2018), issued on November 23, 2018 during the EOSC launch event in Vienna, just before this project started. This report makes the case to create the **FAIR data ecosystem**. In creating such a technical ecosystem, we are tacitly creating a FAIR-data-projects ecosystem, dealing with all the technical challenges to create the FAIR data objects. *Community fora and collaborative projects that bring together data experts, domain scientists, interdisciplinary researchers and industry to advance dialogue about technical solutions have an important role to play for FAIR and its implementation in EOSC* (European Commission, 2018). FAIR4Health is one of these collaborative projects, and its

⁷ https://ec.europa.eu/info/sites/info/files/turning_fair_into_reality_1.pdf

outreach and open engagements strategies are aligned to build such a community that creates the technical ecosystem for FAIR data. Therefore, all the dissemination and outreach activities follow the principle of “community building and engagement” in order to tackle the HLEG Report recommendation “Develop FAIR components to meet research needs”, particularly in the field of Health research, engaging the necessary stakeholders and experts.

For example, we can see the implementation of this principle in the following actions:

- ❖ Organization of **joint actions for scientific communication and involvement** of different stakeholders in the FAIR data ecosystem. Five particular cases already confirmed in the context of FAIR4Health outreach are:
 - The **BoF** (birds-of-a-feather) session approved for the next **RDA Plenary** in Philadelphia, “BoF - Assessing FAIR Data Policy Implementation in Health Research - [RDA 13th Plenary meeting](#)⁸”.
 - A **Special Issue on FAIR data** in the journal *Methods of Information in Medicine* with guest editors from FAIR4Health Project (Carlos Parra), FAIRPlus project (Ferrán Sanz) and FAIR community (Mark Wilkinson).
 - The participation in the [GO FAIR PHT Implementation Network German Chapter](#)⁹ with a **project presentation** by Matthias Loebe (IMISE) and following a discussion with representatives of other FAIR data initiatives in EU and beyond about the need to establish synergies in future developments.
 - An **oral communication** of FAIR4Health in the [INFORSALUD 2019](#)¹⁰ congress organized by the Spanish Society of Health Informatics (SEIS) to be held in Madrid during March 2019.
 - The **organization of a workshop** in the [EFMI STC 2019](#)¹¹ conference to be presented in April 2019.
 - The **organization of a workshop** in the EFMI STC 2021¹² conference to be presented in November 2021.
 - Presentations and organizations of workshops in other events (see update of FAIR4Health deliverable D7.4^{13,14}).
- ❖ FAIR4Health as an **explicit agent** for community building and **interaction and harmonization** of FAIR data projects and initiatives. This has been initiated by these specific actions:
 - Contacting **concrete projects** (FAIRPlus and EOSCLife) in order to align actions and commitments.
 - 2 partners of FAIR4Health consortium (UEDIN-DCC, UC3M) serve as liaison between FAIR4Health and **FAIRsFAIR** (starting mid-March 2019).

⁸ <https://www.rd-alliance.org/bof-assessing-fair-data-policy-implementation-health-research-rda-13th-plenary-meeting>

⁹ <https://www.go-fair.org/events/go-fair-pht-implementation-network-german-chapter-workshop/>

¹⁰ <https://seis.es/inforsalud-2019/>

¹¹ <https://stc2019.plri.de/program/workshop-1>

¹² <https://efmi.org/2021/06/05/efmi-stc-2021/>

¹³ <https://osf.io/7rq3y/>

¹⁴ <https://osf.io/bsv8d/>

- Formalizing the membership of several partners of FAIR4Health to the **RDA Health Data interest group (IG)**, as well as formalizing contact and interaction with this IG (first joint teleconference are at the beginning of March 2019).
- ❖ Creation of [Korsakow films¹⁵](http://korsakow.tv/formats/korsakow-film) gathering different approaches from researchers in a video recording and creating from them a generative film. Generative means, that the connections of the elements of the film are calculated while a viewer is navigating the film. The connections are usually not random but based on rules (they can be random as well, as random is just a rule). The idea is to interview and record several stakeholders in the context of their main conferences or workshops (e.g. at RDA plenaries or medical informatics conferences). These videos convey the Smallest Narrative Units (SNU) needed to make a narrative set of testimonies on different issues addressed in FAIR4Health (ethics, standards, etc.). Korsakow is a method of arguing, a tool to make sense of the world. Watching these narrative short films/videos is an exercise making different connections, to find new patterns in things, and a way to reach different communities of health research data management. We want to engage the community by involving them in the production and consumption of this audiovisual experiment.

To summarize, FAIR4Health principles and attitudes on community building nurture outreach outcomes, **leading outreach to engagement**.

4. Dissemination responsibilities (WHO)

Unless it goes against their legitimate or preferred interests, **each partner** must disseminate their results as soon as possible by disclosing them to the public by appropriate means, including the FAIR4Health website and to the Virtual Research Environment (VRE) to manage the project (OSF, Open Science Framework). These approaches do not contradict the obligations to protect results, confidentiality, security, personal data or any other obligation, when needed.

The consortium has gathered complementary members that address and target distinct communities, mainly: health informatics, clinical research, data scientists and research data management. The **FAIR4Health Dissemination team** for Social media has been constituted with researchers from SAS and UC3M in order to better control and guarantee external communications, particularly in the social web environment. However, **all the consortium members** and their involved institutions are committed to disseminate the project through different materials, including scientific publications, training videos and multimedia material, tweets, blog posts, press releases, etc.

¹⁵ <http://korsakow.tv/formats/korsakow-film>

5. Target audiences (To WHOM)

During the Kick-off Meeting (KoM) key stakeholders and audiences were identified. These are the intended audiences to whom to address not only the project results (dissemination) but also the progress throughout the project lifespan. The outreach strategy aims to reach not only clinical profiles (users, re-users and sometimes producers of the FAIR datasets) or technical people, but also hospital managers, mainstream media and citizens/patients interested in chronic diseases and/or comorbid patients (our two use cases). We try to engage these audiences not only to make known our results, tools as well as the benefits of a culture of sharing FAIR data, but also to gather feedback from them.

1. **Researchers in the area of FAIR data.** There are a lot of ongoing projects about FAIR data and it is necessary to take into account any development in this area as well as communicate and share our own advances.
2. **Researchers, medical doctors and students** in the area of health. There's a need to educate and train medical doctors about the benefits of sharing data in a FAIR way.
3. **General public.** Mainstream media, as necessary stakeholders to spread the message we want to send: facilitate and encourage the European Union Health Research community to FAIRify, share and reuse their datasets. Medical newspapers, newsletters and non-scientific journals also are targets of our actions.
4. **Patients' associations**, as special interest groups among citizens, acutely aware of the need of data as a means to advance faster progress in medical science.
5. **Research Funding Organizations (RFOs), Research Performing Organizations (RPO)** and policy makers, from government agencies to universities and health research institutions or scientific journal publishers.
6. **Biomedical institutions and hospital managers**, because they can directly benefit from the results of FAIR4Health particular use cases.

Researchers in the area of FAIR data

This target group encompasses EU funded projects and other international initiatives. A clear liaison with RDA, one of our main target audiences, is going to be established, but also with GO FAIR Initiative, FAIRPlus project, Fairsharing or FAIRsFAIR, among others.

Since this group represents those that have already adopted or are in the process of adopting a FAIR data ecosystem, the communication strategy is followed their progress and be actively engaged in their actions and proposals in order to learn and build needed synergies.

Researchers, medical doctors and students in the area of health

This is a target group where it is necessary to raise awareness about the importance of sharing FAIR data. From senior researchers to students, people in the health sector are

reluctant to share data and reuse shared data, for different reasons (reliability about the provenance of the data, fear of misuse of the data shared, etc.)

The communication and dissemination strategies for them are numerous and varied. For all of them, we open in our website an area (resources) with a selection of open articles published in high impact journals that demand sharing data for publication about health. We build up a collection of use cases that serve as exemplars of FAIR data sharing. For researchers, it may inspire them to FAIRify and share some of the data they already have or, at least, to reuse data that they can find in this collection. For medical doctors and students, less involved in the research process we provide some MOOC-like material (Massive Online Open Course) and some "audiovisual pills" (Korsakow film) with the aim of raising awareness about FAIR data.

General Public, through mass media and medical specialized newspapers and magazines (print and online)

FAIR4Health is a SwafS project, so it is important to impact and engage not only researchers but also citizens, patients and public at large. To fulfil this, we approach journalists that are increasingly seeking news on the health sector, both in the general press and in specialized newspapers. We have already started to implement this strategy by sending press releases and giving interviews to some newspapers.

The strategy for this target group needs to be supported by the press offices of the consortium institutions. They help us to reach these media. Approximately, every six months we prepare a piece of news with the progress of the project, for distribution with the name of some people involved in the project to contact. The same news are adapted for every country involved in the project and translated to the local language, underlining the role of the partner in that country. An example of this mainstream external communication can be seen in the news issue by *Diario Medico* in Spain («"FAIR4Health" abre la puerta a la reutilización de datos en investigación biomédica», 2019) (FAIR4Health: building up knowledge from data).

Patients' associations

This target group may be considered part of the general public, or the kind of citizen scientists with extreme motivation. Patients and curious citizens are very aware of the need to advance faster medical science and they are usually very open to all news about patient safety. They are also a target audience for some of the MOOC-like material, training contents and "audiovisual pills" (Korsakow film) that the project produces (see section 6).

Communication strategies to reach this group are via direct communication, their social media accounts, their websites and, most importantly, our website with channels to let them know our project objectives, our progress and our educational value. We encourage them to also follow our social media accounts.

Research Funding Organizations (RFO), Research Performing Organizations (RPO) and policy makers

Along with scientific journals, RFOs and policy makers have a key role in popularizing the creation, deposit and sharing of FAIR data, by requiring or recommending such deposit,

hopefully following RDA standards and FAIR data principles. On the other hand, RPOs (universities, research centers, etc.) also have the crucial role of facilitating FAIR research data performance among their individual researchers and research teams.

The main strategy to reach this audience is inviting them to participate in face-to-face workshops and seminars as well as providing them with clear information via the FAIR4Health website about goals to achieve, steps to pursue, and best practices and exemplary policy cases.

Biomedical institutions and hospital managers

The audience of this group is economic and organizationally oriented. They are very influential and, indirectly, they can benefit from the results of, at least, FAIR4Health pathfinder use cases: supporting the discovery of disease onset triggers and disease association patterns in comorbid patients, and a prediction service for 30-days readmission risk in complex chronic patients.

This is a special group, very busy in the daily management of their institutions and difficult to give us part of their time. Therefore, we only address a select group of them once we have achieved the goals of these two case studies. The best strategy in these cases is the presentation of results in the form of a scientific article demonstrating the benefits of the project, or organizing face-to-face presentations via seminars, webinars and other training materials.

6. Tools and Channels (WHERE)

The figure below (Fig. 10) shows an overview of the key dissemination channels chosen by FAIR4Health to address dissemination and outreach initiatives.




























































































Target Groups	Dissemination Channels
Researchers (Fair Data)	            
Researchers (Health)	            
Medical Doctors & Students (Health)	            
General Public	            
Patient Associations	            
Funding agencies & Policy makers	            
Biomedical Institutions – Hospitals (Managers)	            

Figure 10. Channels of communication

6.1. Project Website

The website of the FAIR4Health Project is located within the domain **www.fair4health.eu**. Being the main source to view results, this channel targets all audiences. Figure 11 represents a layout of the front page of the website that begins with a navigation bar with the main logo of the project and several sections that make up the site, described here below.

- ❖ **Home:** Overview of the FAIR4Health project, partners and activities.
- ❖ **Project:** Page dedicated to the definition and explanation of the project.
- ❖ **News:** Section collecting all news related to FAIR4Health.
- ❖ **Events:** It includes a brief description of the events in which FAIR4Health participates.
- ❖ **Polls:** This is an important section to point to the next surveys and results of those that have already been completed.
- ❖ **Resources:** Public content generated within the project (Public deliverables, Reports, Open Access articles, Flyers, Posters, etc.)
- ❖ **Partners:** This section displays information about the members participating in the FAIR4Health project.
- ❖ **Contact:** Contact page that enables the communication with the team by different means.
- ❖ **Newsletter:** This section includes the newsletters as soon as they are released, highlighting the newest one. It also allows web users and visitors to subscribe to the newsletter.

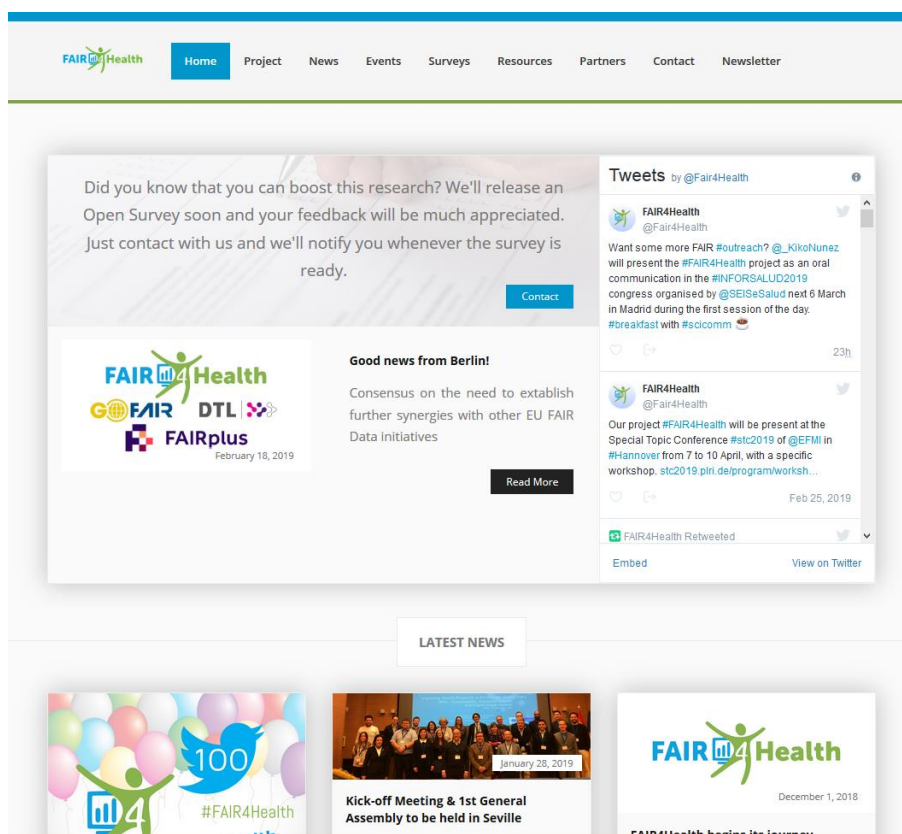


Figure 11. Homepage of FAIR4Health (www.fair4health.eu)

The first section just after the navigation bar is devoted to highlight the most recent event/news/poll along with the latest tweets from the FAIR4Health account. The following section includes the latest news related to FAIR4Health shown in chronological order. Next, on the main page, the latest and upcoming events are also displayed along with a calendar. Finally, a footer is shown including the EU emblem and the acknowledgement of funding source, privacy and data protection policies, and the links to the social networks in which the FAIR4Health project has representation.

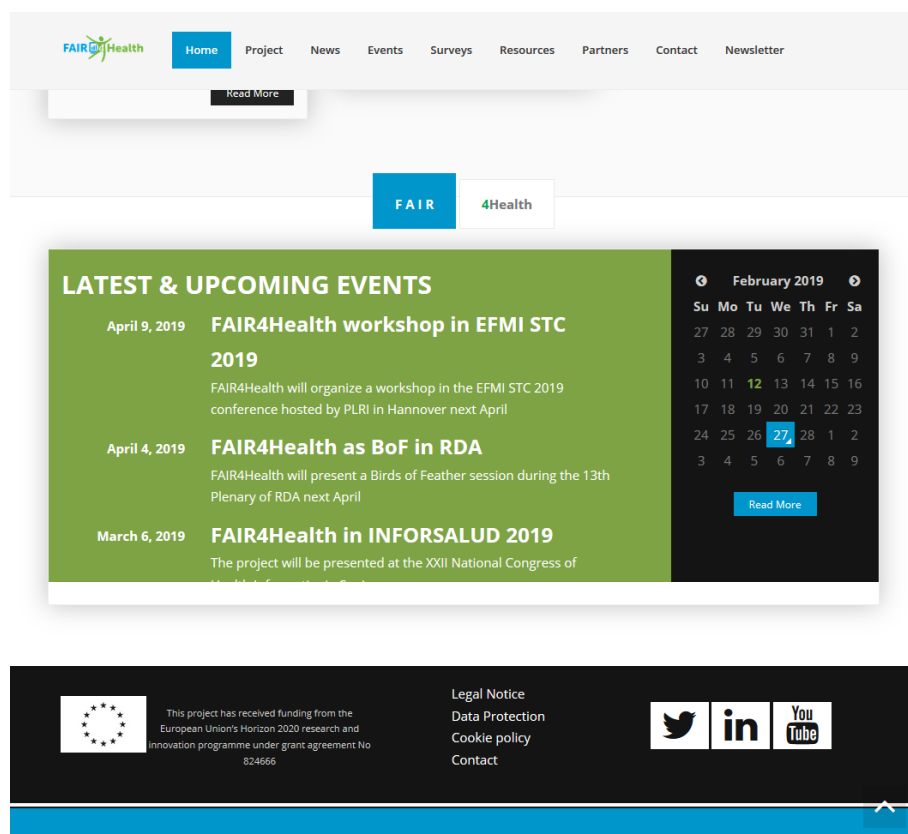


Figure 12. Homepage of FAIR4Health (cont.)

6.2. VRE: Open Science Framework (OSF)

OSF is the **Virtual Research Environment** that FAIR4Health has chosen to coordinate the transparency and openness through the project lifecycle. It is also the tool of communication within the project but also allows the principle *as open as possible, as closed as necessary* to the processes and outcomes of the project.

OSF serves as **scholarly commons** to **connect** the entire research cycle. It matches with FAIR4Health principles for dissemination, described above, particularly principle 2. OSF is also aligned with the philosophy of sharing the research process and the spirit of collaboration. Therefore, we have chosen OSF as a coherent means to focus in on one of the main challenges and pillars of Open Science: FAIR data.

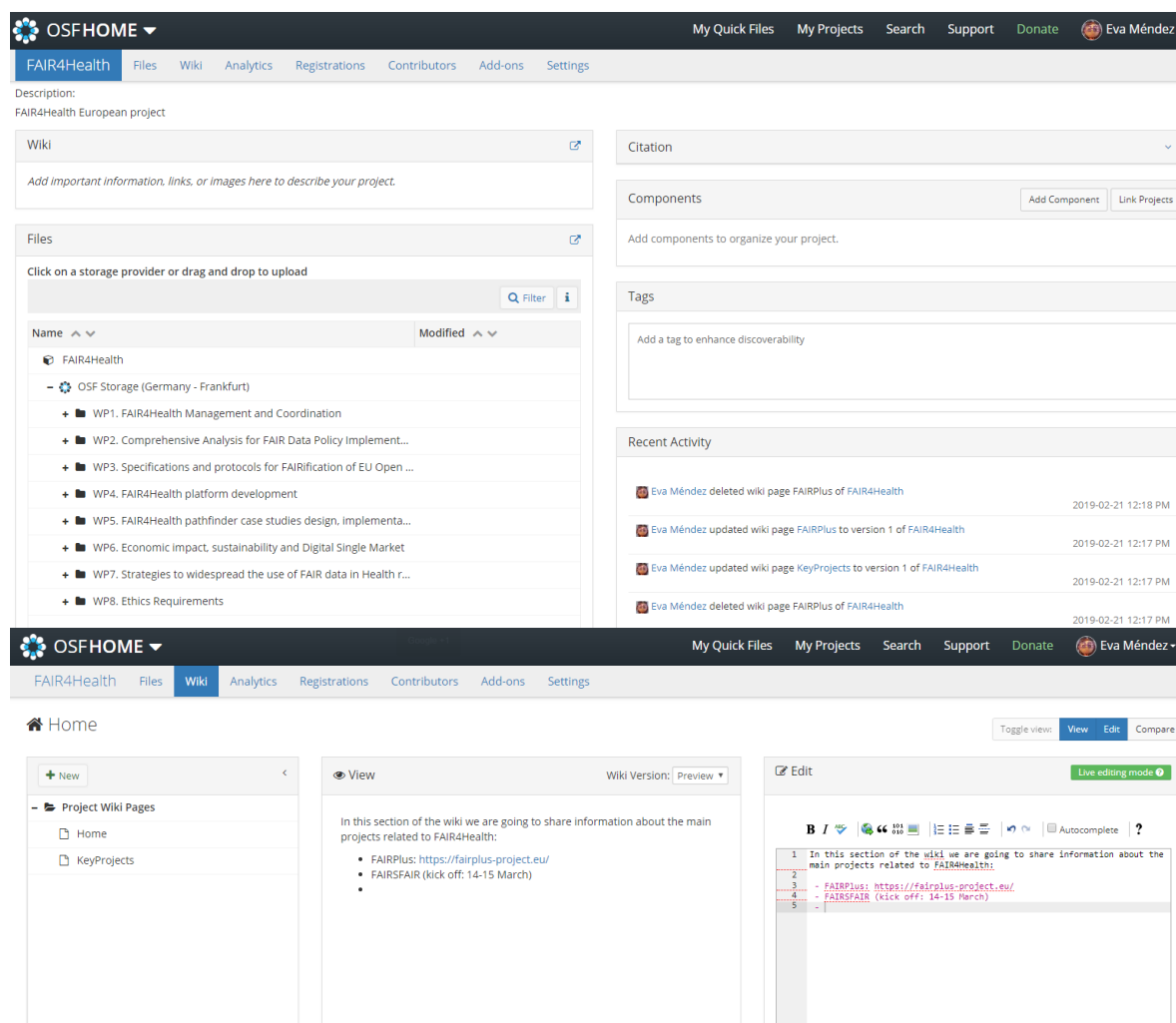


Figure 13. FAIR4Health Project in OSF Home and Wiki

6.3. Social web (networks and media)

One of the pillars on which the dissemination strategy of FAIR4Health is based is **social networks**, since they allow us to reach a wider audience and adapt the content to each group of end users. In this way, it is intended to promote the creation of the FAIR4Health community by keeping all members informed of the progress of the project.

To carry out the strategy, we first established FAIR4Health's presence on Twitter and then on LinkedIn, as well as YouTube. Twitter is used for any kind of communication to the public at large (from FAIR4Health participations in events, to retweets of content related to any of the project's research lines). Given the nature of LinkedIn, we use it to elaborate releases with a broader extension and encourage the debate within LinkedIn groups with researchers and companies dedicated to Open Data and medical sciences. Finally, YouTube is intended to be used as a social network but also as a repository of videos of the project, training material, Korsakow films, presentations, and any other multimedia communication.

6.3.1. Twitter

[FAIR4Health's Twitter account](#)¹⁶ (Figure 14) was launched in July 2018, although it has been active since the beginning of the project (December 1, 2018). The handle chosen is the name of the project **@FAIR4Health** with the same hashtag (**#FAIR4Health**). Only the dissemination team for social media can post tweets on behalf of the project, but all the members are invited to send messages with the #FAIR4Health hashtag. The hashtag is registered and all the tweets including it appears in the project homepage. #FAIR4Health is used to monitor when other users tweet about the project.

At the time of this first version of the deliverable (M3: February 2019), FAIR4Health has been tweeting news and retweeting about FAIR data and project partners. On February 15, 2019 we reached the first goal of **100 followers** on our Twitter account (Figure 15). It currently has more than 400 followers.



Figure 14. Twitter account of the project (Photo: KoM, 28/01/19)



Figure 15. Twitter message - 100 followers (15/02/2019)

6.3.2. LinkedIn

On February 18, 2019, the [LinkedIn account of FAIR4Health](#)¹⁷ was launched with the aim of reaching a more specific audience than we can find on Twitter. It is a social network widely

¹⁶ <https://twitter.com/fair4health>

¹⁷ <http://www.linkedin.com/company/fair4health>

used at European level, which also allows us to publish news and post without limit of characters.

In addition, a [LinkedIn group](#)¹⁸ has been created with the aim of consolidating a working community in this social professional network.

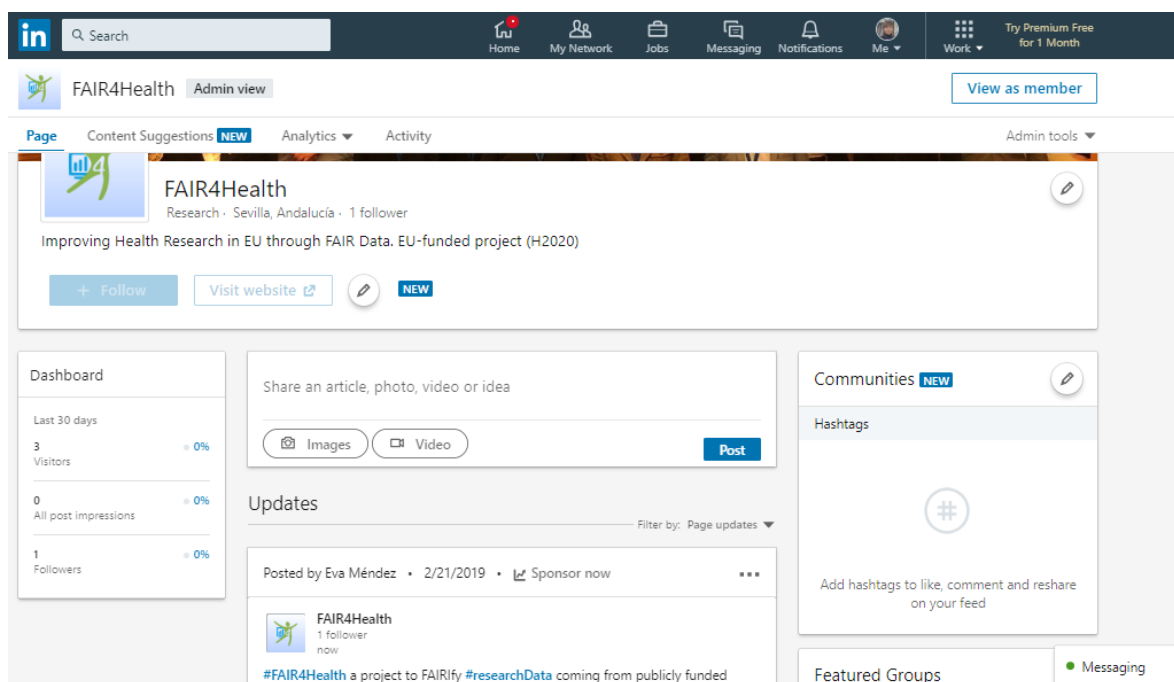


Figure 16. LinkedIn FAIR4Health group.

6.3.3. YouTube

The project has opened a FAIR4Health channel in this social network and audiovisual content repository. YouTube is used as the platform to deliver audiovisual material (e.g. Korsakow films and video-tutorials, training material, recordings of events, etc.). We have chosen YouTube instead of Vimeo, or other similar services, since it is often the case that **early career researchers** are frequently there as users (whether accessing training materials or producing it as youtubers). This group are a particularly important target that FAIR4Health would like to embrace through its outcomes and best practices.

Some of the contents that we envisage to share in our YouTube channel include:

- ❖ **Training material:** over the project lifespan almost all the partners produce training materials, which in most of the cases are MOOC-like, i.e. including videos (webinars, recorded lessons, or even a series of videos describing FAIR data best practices, etc.)
- ❖ **Scientific dissemination:** materials produced specifically to raise awareness and to explain technical or ethical aspects about research data. Most of the partners contribute via interviews. These dissemination videos are included in the YouTube channel but promoted and linked or embedded in the project website.

¹⁸ <https://www.linkedin.com/groups/8722390/>

- ❖ **Korsakow films:** short videos with interviews and testimonies about research data in a nonlinear way that we produce as a communication and lateral engagement initiative.



Figure 17. YouTube FAIR4Health channel

Coherent with our principle 2 for outreach, all the videos in the YouTube Channel feed other communication channels and it provides multimedia content to both, the website and messages sent via Twitter or LinkedIn.

6.4. Project printed material (leaflets, poster, stickers)

The project was preparing appropriate printed materials such as brochures, leaflets and stickers to promote and disclose the project. The brochure and poster could be used for presentations, events and conferences. For the 13th RDA Meeting Plenary to be held in Philadelphia (April 2019), a series of stickers have been designed with the aim of bringing the FAIR4Health brand closer to the attendees. Fig. 18 shows a draft design for FAIR4Health stickers. A poster and flyer were developed along March 2019. Later, during 2020, the flyer was translated and disseminated in other languages.



Figure 18. Draft designs for FAIR4Health stickers

6.5. Academic/Scientific communication

Every research project, and a Research and Innovation Action (**RIA**) in particular, generates typical **academic outcomes** to communicate the main results and developments to its peers. Scientific papers in peer reviewed journals and presentations in conferences, congress and workshops are the most common ways for this kind of scientific communication. We describe here below the FAIR4Health strategy to get the most of the scientific communication, opening and promoting it in an integrated performance, as we have defined in principles 2 and 3 of this outreach plan¹⁹.

6.5.1. Scientific papers

Several peer reviewed scientific papers are going to be published within the project lifetime and after. All the papers, whoever the authors are from the consortium, ensure **Open Access** of all the publications published as a result of the project. All these papers follow the terms of the Grant Agreement (GA) and **after 2020**, as much as possible, the [Plan S](#)²⁰ **principles** and implementation.

At least the publications must be Open:

- ❖ **As soon as possible** and at the latest on publication, deposit a machine-readable electronic copy of the published version or final peer-reviewed manuscript accepted for publication in a repository for scientific publications. Moreover, the beneficiary must aim to deposit at the same time the research data needed to validate the results presented in the deposited scientific publications.
- ❖ **Ensure OA** to the deposited **publication** in an institutional or thematic repository (e. g. Europe PubMed Central) at the latest:
 - on publication, if an electronic version is available for free via the publisher (that might be the case for 6 papers),
 - or within six months of publication (12 months for publications in the social sciences and humanities) in any other case.
- ❖ **Ensure the OA**, in an institutional or domain repository, to the bibliographic **metadata** that identify the deposited publication. The metadata are in a standard format and include all of the following in the right metadata element: European Union (EU), Horizon 2020; RIA, FAIR4Health, Grant agreement number 824666, the publication date, and length of embargo period if applicable. The metadata also include a persistent identifier (DOI issued by the publisher or handle issued by the repository).

Members of the consortium have identified the Journals here below as candidates to submit FAIR4Health papers, in order to guarantee the maximum impact in a maximum number of related areas. Some of them are gold Open Access and others hybrid with the possibility of OA via APC (Author Processing Charge). Their conditions on OA are going to be carefully evaluated before submission.

- ❖ *Acta Informática Médica*: <https://actainformmed.org>
- ❖ *Annual Database issue of NAR*: <https://academic.oup.com/nar>
- ❖ *Annals of Internal Medicine*: <https://annals.org/aim>

¹⁹ Cfr. Example included in 3.2 when explaining our principle “always, here and there” we use the case of a scientific paper to explain a natural dissemination workflow in FAIR4Health.

²⁰ <https://www.coalition-s.org/>

- ❖ *Data Science Journal*: <http://www.codata.org/publications/data-science-journal>
- ❖ *F1000 Research*: <https://f1000research.com>
- ❖ *Frontiers in Medicine*: <https://www.frontiersin.org/journals/medicine>
- ❖ *Journal of Medical Internet Research*: <https://www.jmir.org>
- ❖ *Journal of the Association for Information Science and Technology*:
<https://onlinelibrary.wiley.com/journal/23301643>
- ❖ *Methods of Information in Medicine*: <https://www.thieme.com/books-main/clinical-informatics/product/4439-methods-of-information-in-medicine>
- ❖ *Plos One*: <https://journals.plos.org/plosone>
- ❖ *Scientific Data*: <https://www.nature.com/sdata/publish/submission-guidelines>
- ❖ *Yearbook of Medical Informatics*: <https://imia-medinfo.org/wp/imia-2018-yearbook-now-available-online>
- ❖ *Journal of Medical Internet Research*: <https://www.jmir.org/>
- ❖ *Digital Health*: <https://journals.sagepub.com/home/dhja>

6.5.2. Underlying research data

All the underlying research data accompanying a paper are deposit in trusted repositories following FAIR principles. All the other data generated within the project are treated as it is stated in *FAIR4Health Data Management Plan (D1.1)*.

6.5.3. Events (conferences, workshops, etc.)

Members of the consortium are encouraged to attend and present the progress of the project. This section reflects the first **identified conferences and seminars** of interest to which at least one member of the project plans to attend in the short term. This section was updated through the section Events of the website (<https://www.fair4health.eu/en/events>), asking participant members for conferences and workshops they are planning to attend or organize.

All activities of this kind should be communicated, reported and stored in the appropriate space of the VRE-OSF.

2019

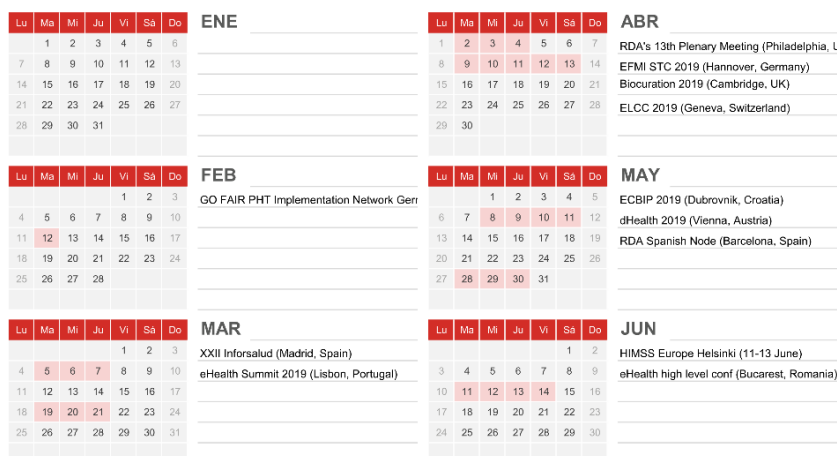


Figure 19. Calendar of identified interesting events for FAIR4Health. Jan - Jun 2019

2019

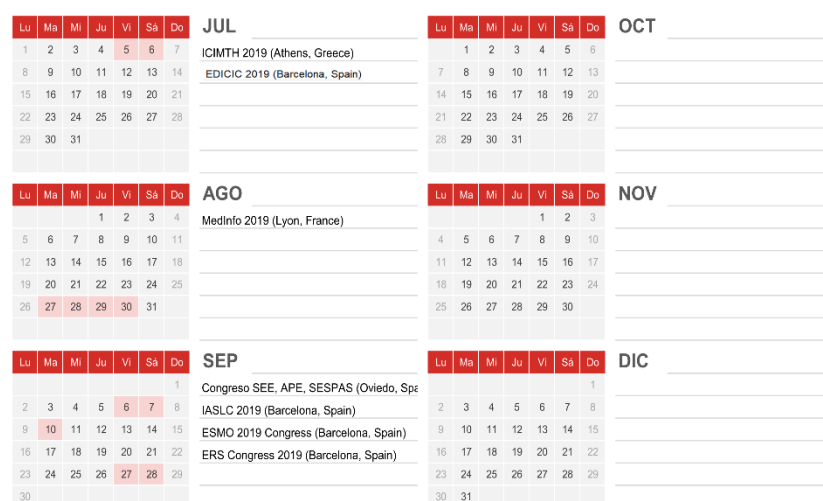


Figure 20. Calendar of identified interesting events for FAIR4Health. Jul - Dic 2019

This calendar is so far a preliminary approach by the consortium members of potential interesting events to present FAIR4Health during the first year of the project. The section Events of the website (<https://www.fair4health.eu/en/events>) was updated periodically.

6.6. Training materials

Most of the partners organized and developed different training materials that might include different contents, approaches, models and platforms, ranging from face-to-face training to MOOC-like (based in an instructional design for video and multimedia performance) content.

All these training materials was announced in a timely manner, described and promoted in the project website, as well as in other channels.

We are creating **a matrix with the training activities** to be performed by each partner, including: focused content, target audience, training model (face-to-face, blended learning, online), format, etc. and all these materials were conceived as Open Educational Resources (OER), re-usable (CC-by licensed) so other members of the project and outside of the consortium can re-use them as OER.

7. Dissemination timeline (WHEN)

We have just defined how often we should post as a consortium, i.e. formal communication from the project. As we have already mentioned, the project website and social network accounts are the key components to boost the activity of the consortium. In this way, the project can benefit from the individual impact of each of its members, thus achieving a multiplier effect on the published contents.

FAIR4Health distinguishes two different kinds of approaches:

- a) **Channels** that must be active throughout the whole **project lifespan**.
- b) **Channels** and dissemination products that are **active only in a particular moment** of the project. Examples include:
 - The newsletters (5 over the Project lifespan), planned to be published after each of the main project milestones on months 6, 12, 24, 30 and 36.
 - Scientific publications (papers) where the publication time does not depend directly on the members of the consortium.

However, the figure below (Fig. 21) foresees the potential impact by channel and averaged frequency. A real table were developed along with the performance indicators defined in section 8 to monitor outreach.

Channel	Number	Frequency	Total	Observations
Website Posts	2	Monthly	72	
Twitter	1	Weekly	156	
Linkedin company page	2	Monthly	72	
Linkedin discussion group	6	Yearly	18	
Mass media	2	Yearly	66	11 countries
Newsletter	2	Yearly	5	1 per milestone
Articles in Scientific Journals	2	Yearly	6	
Posters & Communications	4	Yearly	12	
YouTube videos	1	Yearly	3	
Workshops & Seminars	2	Yearly	6	
Total direct impacts			417	

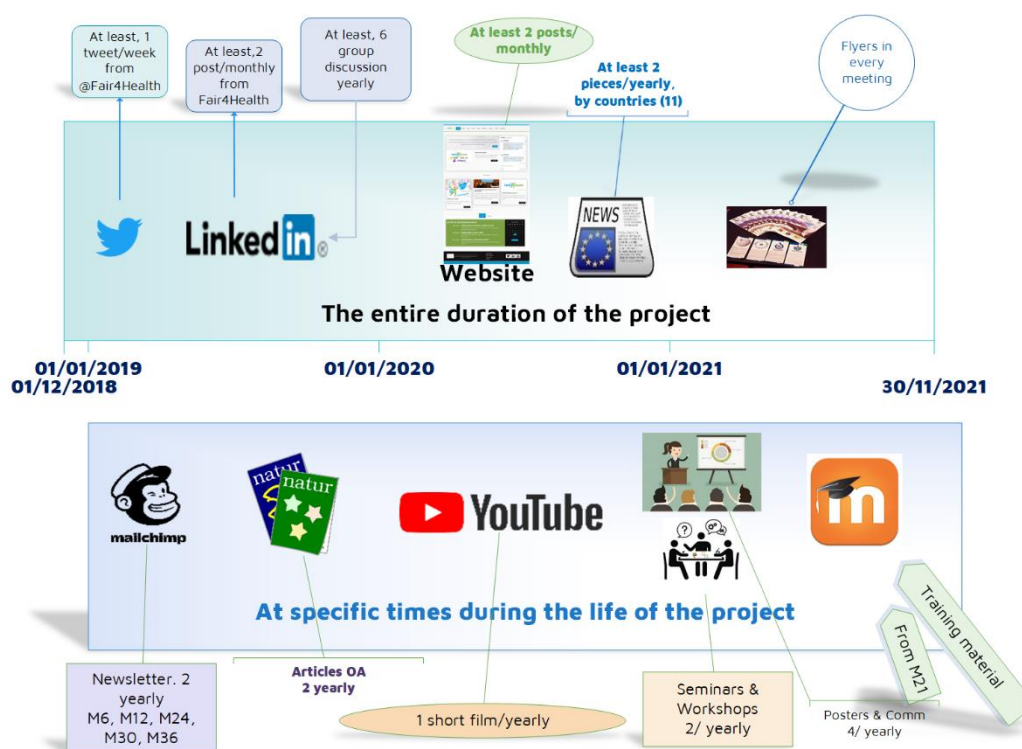


Figure 21. Dissemination timeline and expected impacts

8. Monitoring of dissemination and outreach activities: KPIs (HOW MUCH)

FAIR4Health outreach and dissemination activities follow the KPI S-M-A-R-T Rule: *if you cannot measure it, it does not count*. SMART is the acronym of the five appealed conditions of good Key Performance Indicators (KPIs):

- **Specific:** It has to be clear what the KPI exactly measures.
- **Measurable:** The KPI has to be measurable to define a standard.
- **Achievable:** Every indicator has to be measurable and truly achievable.
- **Relevant:** The KPI must give more insight in the performance of the strategy.
- **Time phased:** which means, in this case, that we measure in the three years of life span of the project.

As explained before, we use different channels to reach different audiences. That is the reason why we also need to define different KPIs for every channel and different measuring instruments.

The website is at the heart of our communication and dissemination activities. It means, for example, that when a researcher or a group of researchers from the consortium publishes an article in a scientific journal, the website collects and links it as a new item that was disseminated by Twitter, from the consortium account, but also from personal accounts. It is replicated also in the LinkedIn account and open a possible discussion in the LinkedIn group page and, if possible, disseminated via a YouTube video explaining the outcome, as stated in 3.2 (Principle 2: Always, here and there). It is the same with communications and posters presented at national or international conferences or when some of the members of the consortium participate or organize some workshop or seminar. These should be informed to the project coordinator to announce and publish on the website and populated through, at least, the consortium accounts.

Channel	Metric	KPI			Measuring instrument
		Poor	Good	Excellent	
Website	Website views	< 5K	5K – 10K	> 10K	Google Analytics
Twitter	Followers	< 100	100 – 200	> 200	Twitter Analytics
LinkedIn Page	Connections	< 100	100 – 200	> 200	LinkedIn Analytics
LinkedIn Group	Discussions	< 25	25 – 35	> 35	LinkedIn Analytics
YouTube videos	Views	< 100	100 – 200	> 200	YouTube analytics
YouTube Channel	Subscribers	< 50	50 – 100	> 100	YouTube analytics
Newsletter	Subscribers	< 50	50 – 100	> 100	Mailing list

Mass Media	Number of pieces	< 50	50 - 60	> 60	Manual
Training materials	Students enrolled	< 50	50 - 100	> 100	EdX Analytics
Scientific Journals	Open Access Publications	< 5	5 - 6	> 6	Web of Science
Conferences	Posters & Communications	< 6	6 - 12	> 12	Google Scholar
Meetings	Meetings with managers	< 4	4 - 5	> 5	Google docs

Figure 22. Key Performance Indicators (outreach activities)

Although it is not the purpose of this deliverable to make a timeline of the project so far, we report here that our Twitter account, our most active outreach channel, has sent 1981 unique tweets, with 411 followers and following to 151 accounts.

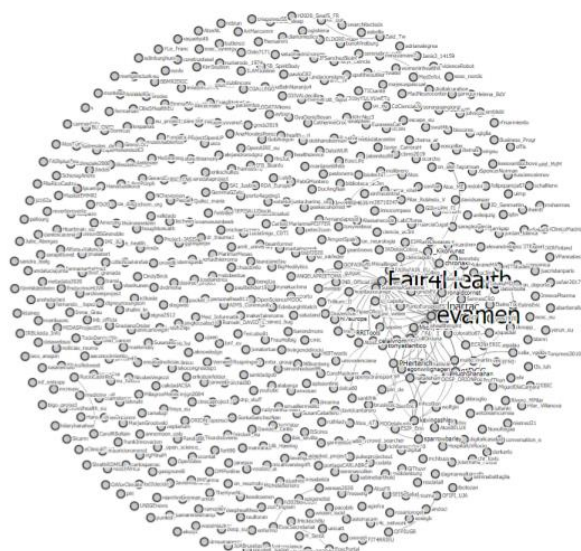


Figure 23. Twitter network of #FAIR4Health (18/11/2021). Powered by TagsExplore

9. Conclusion and further work (TOWARDS)

In this deliverable, we presented a **preliminary approach** to the Dissemination and Outreach strategy for FAIR4Health project (M3). The project started in December 1st, 2018 and the KoM was in January 28-29, 2019, so it is very early to take many decisions and commitments about the specific actions. However, we have defined a **clear approach** of what are our objectives in terms of outreach, and what are the **principles**. Channels, tools, journals, conferences, events, could change, and they were completed for sure during the project performance and needs. Other communication and dissemination activities were also included.

The update (M12, M24 and M36) and follow up of this document includes these actions:

- ❖ A **live version** of the document, updated every 2-3 months, is openly available through the VRE of the Project (Open Science Framework).
- ❖ We plan a **monographic consortium teleconference** focusing **on outreach** after RDA plenary. The consortium has plenary teleconferences on the 2nd Wednesday of each month.
- ❖ **Evolution reports** on outreach performance. FAIR4Health envisaged three monitoring reports on the defined outreach indicators: M6, M21 and M36: *Report on the evolution of FAIR4Health outreach indicators I, II and III*, (D7.5a, b and c).

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[Update of D7.3. Outreach strategy design and development]

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Document Information

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Project Officer	Pepa Krasteva		
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Report	Update of D7.3. Outreach strategy design and development		
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UPDATE M12

FAIR4Health Deliverable 7.3: Outreach strategy design and development is still a valuable deliverable at the term of Year1 of the project since it is the guide to complete our outreach strategy and spread the word of the project.

D7.3 was a very early deliverable (M3) but it gathers all the envisaged activities at the beginning of the project, which, on the evolution of the project have been pursued, but also pinned down. For example, we have already several analytics that help us to refine our strategy. It is not worth it to make another version of this document since it shows perfectly our strategy, still valid and sound. We have only reviewed deeply the foreseen evolution of the document (D7.3, Section 9: Conclusions and further work):

- It was said: *A **live version** of the document, updated every 2-3 months, will be openly available through the VRE of the Project (Open Science Framework).*
 - We have preferred to keep D7.3 stable and measure against it in order to do not confuse the partners and keep the KPI and strategies. Those are going to be corrected or adapted over the follow-up of the project.
- It was said: *We will plan a **monographic consortium teleconference** focusing on **outreach** after RDA plenary. The consortium has plenary teleconferences on the 2nd Wednesday of each month, so this might be on April 10th 2019, or we will look for an extra meeting-call.*
 - We have done a monographic discussion after every RDA plenary so far (13P- Philadelphia, 14P- Helsinki) and we also plan to have a discussion with all the partners after 15P- Melbourne, where we plan to officially established the WG on
- It was sad: ***Evolution reports** on outreach performance. FAIR4Health envisaged three monitoring reports on the defined outreach indicators: M6, M21 and M36: Report on the evolution of FAIR4Health outreach indicators I, II and III, (D7.5a, b and c).*
 - In the GA, the review of the KPI about dissemination and outreach (D7.5) is due in M21, and an update, is also envisaged at the end of the project (M36). So, no needed 3 different versions of the deliverable as we had planned in M3 about this deliverable that we are reviewing here (D.7.3)

Although there is still room for improvement, after one year of performance of the project, we are pretty happy with our dissemination activities. FAIR4Health partners are very much aware of all the FAIR and EOSC projects ecosystem and we take advantage of this reality to: 1) keep our identity as a valuable SWAFS RIA in the landscape of the eInfras projects 2) Take advantage of other projects to spread the word of ours (ex. FAIRsFAIR, FAIRplus, EOSClife and ORION).

UPDATE M36

In March 2109 we started our M12 update of Deliverable 7.3: Outreach strategy design and development stating that, after the first year, "the defined strategy was still valid". As we also said in that update, one of the decisions made throughout the first year was to keep the strategy defined in D7.3 stable and measure against it in order to do not confuse the partners and keep the KPI and strategies. And **we kept the strategy stable until the end of the project**. At M24, as planned, the FAIR4Health partners reviewed the description of deliverable D7.3 and the M12 update. It was agreed that it was not necessary to update D7.3 because in line with this task the project KPIs (Scientific, Dissemination and Outreach Key Performance Indicators) were updated every 6 months. Therefore, this deliverable has been updated at M36.

All partners have been aware of the importance about the strategy and the KPIs to be achieved. We used a shared spreadsheet as an instrument in our Virtual Research Environment (VRE), Open Science Framework, (OSF.io) in order to get that the partners were updating their contributions to the strategy and those results (Project Continuous Report) were presented on monthly basis in the project meetings with a simple "traffic light" system where the progress status of the KPIs was indicated in red, yellow or green. This simple instrument allowed partners to quickly see where they should focus their efforts to improve the project's dissemination strategy and the status of every KPI.

A simple Google Search of the project title (fair4health) already returns more than 5,610 search results. All partners have known how to assume their dissemination responsibilities, have contributed to the achievement of the objectives and KPIs and have used all the tools and channels that the project made available to them and even **an unforeseen channel was opened github.com/fair4health** as a repository for software developments.

We are very satisfied with the global results, explained in D7.5, and with respect for the four principles defined in the first version of this deliverable:

- the partners have disseminated **Open and Loud**
- they have used all channels (**Always here and there**)
- they have managed to **build and strengthen the identity of the project** using the brand image, the logo, and the recommendations for the constant use of the same hashtag (# fair4health) and something of which the project partners are especially proud:
- they have been able to **build community and engagement** as evidenced by participating and being active and recognized members in RDA working groups, probably the most important international research data community.

We believe that the project has been a success in terms of the main achievements:

- ✓ the fairification of 9 datasets of thousands of patients from five different centers in pandemic conditions.

- ✓ the definition of the fairification process²¹ in the field of health for reusing research data and the guidelines and recommendations to health research performing organizations to define a clear policy about data research sharing.
- ✓ the development of open software²² (data curation tool and data privacy tool) to help preserve privacy and content curation.
- ✓ the implementation of a multicenter platform for the FAIRification and reuse of health data sets by Privacy Preserving Data Mining (PPDM) algorithms that may serve public organizations and private companies as a basis for its development.
- ✓ the drive to monetize some of the developments carried out during the project.
- ✓ the involvement of project partners as active members in the Research Data Alliance.

They are all perceptible achievements of a project to which the visibility strategy of this deliverable has successfully contributed.

²¹ FAIR4Health FAIRification workflow, open access paper: <https://pubmed.ncbi.nlm.nih.gov/32620019/>

²² FAIR4Health GitHub: <https://github.com/fair4health>