



Healthy Children

Healthy Children in Healthy Families

Dissemination Plan

Updated September 2011

Henriette Hansen, SDEO

Objective for dissemination

The objective of the dissemination work package (WP 2) is to disseminate the project and its results on local, regional, national and European level, as to ensure the success and the sustainability of the project and its results. Cooperation between the project partners is an important factor to achieve the goal of disseminating the results from the partners to their relevant networks in their respective academic spheres, local communities and on national level within the participating countries.

Strategy

Dissemination activities will be the overall responsibility of the international project co-ordinator (SDEO), who will make sure that all partners follow the dissemination strategy.

The dissemination strategy works on two levels; a) the European level and b) territorial level. SDEO will have the responsibility of dissemination on a European level, in order to disseminate knowledge and results from the project to relevant European institutions and other EU funded projects, who can learn and benefit from our work. Each local partner will make sure that dissemination of the project and its results are made on local, regional and national level, and SDEO will support each local partner in their dissemination work.

The main instruments for dissemination are 1) A project website and 2 annual newsletters, 2) Articles in health oriented scientific magazines and in national and local press, 3) regional seminars, 4) local based virtual communities, where the resource persons exchange experiences and invite children and young people to participate in discussions taking into account any ethical and parental issues, 5) a final European conference, which will be held in Brussels and 6) promotional brochures and printout of material, which will be distributed during the final conference and within relevant networks of regional and local authorities.

Dissemination of the Healthy Children project can be both project oriented and process oriented, and depending on the two themes, there are different channels:

- Project oriented
 - Through the participating local and regional authorities (partners) and to the participating local communities and civil society organisations
- Product oriented
 - Other local and regional authorities
 - In the participating countries
 - In other countries
 - (Policy and practice)
 - Other education institutions
 - National policy oriented organizations
 - European organizations
 - Policy oriented
 - National Contact Points
 - Other projects and professional organizations on European level
 - European institutions

Target groups

As discussed and decided upon during the kick-off meeting, the dissemination activities for the Healthy Children project have the following main target groups:

Primary Target Group

- Local and regional authorities within the partnership
 - Awareness raising and strategic partnerships
- Administrative Staff and health professionals working in the local and regional authorities
 - Awareness raising and tools to create partnerships
 - How to provide training to resource persons

Secondary Target Group

- Civil Society Organisations
 - Benefits for their organizations through a stronger focus on health and well-being.
- Resource Persons
 - Knowledge and action competences (Health, communication, empowerment)

Third Target Group

- Children and Young people
 - Action competences and empowerment regarding health
 - Living healthier lives
- Their parents
 - Living healthier lives

Fourth Target Group

- Other local and regional authorities outside the partnership
- Dissemination of final products through website and conferences (regional and European)

Main messages for the dissemination of the Healthy Children Project

As discussed and agreed upon during the kick-off meeting, there are 4 main messages for four different target groups that the partnership wants to communicate for the Healthy Children project, and they are the following. All messages are described on the basic question; **“What’s in it for me”**

On a European policy level

On a European level, it is important to reach policy makers working with health within DG Sanco, but also policy makers within DG Employment and Social affairs will be relevant for the Healthy Children project, working with social inclusion, volunteerism and third sector perspectives.

Message: Europeans will become healthier. Standards in relation to health promotion for all countries around Europe can be raised through strategic partnerships and competence development on regional and local level. It does not have to cost a lot of money to obtain a better effect of health promoting activities – it is a question of working smarter and together on regional and local level, having the same objective.

Politicians on regional and local level

The level depends on where the responsibility for health promotion lies in the individual country

Message: A better way to reach the citizens with special needs. A closer strategic collaboration between regional or local authorities and civil society organizations on a regional and local level, together with a focused competence development of community based resource persons, can improve the effect of health promoting activities. As activities in this way, can be implemented close to the citizens, and in safe and known surroundings,, the local or regional authorities will be able to prevent citizens from leading an unhealthy lifestyle in a better way, preventing the level of lifestyle diseases to grow and save money on public budgets.

Health promotion and disease prevention should be seen as a longterm investment.

Civil society organizations and health ambassadors

With civil society organizations, the healthy children project understands organizations working on community level in a formal or informal way, such as local schools, youth clubs, sports clubs, churches and other religious associations, citizen associations, libraries etc. That is to say; organizations and associations, which are being used by the citizens in their daily lives, and which have an important role to play in relation to the maintenance of the cultural and social life and cohesion.

Resource persons, as we understand the word in the Healthy Children project, are people working –or being attached to these organizations – in an official or voluntary way.

Message: A chance to make a difference and provide an extra service to citizens. Civil society organizations, and resource persons connected to these, can play an important role to improve health and well-being in the local community. Through local partnerships with other civil society organizations and the local or public authority, a stronger local common “healthy” identity can be created. Being a voluntary resource person, and receive training and working with health towards the citizens, will contribute to the general competence development of the resource person, improving their individual CV.

Children, young people and their families

The healthy children project focuses on reaching families through activities with children and young people. This will happen through the trial out period of the project, where the resource persons will apply their newly obtained competences through the development and implementation of health promoting activities towards children and young people.

Message: A chance to become healthier. Bring the knowledge you receive about how to live a healthy life back to your families, and help your parents to become more healthy, ensuring a healthy future for you!

Potential barriers for dissemination

The project faces a challenge in motivating local communities, civil society organisations and recourse persons to take part in the project and find the project idea interesting.

The partners are aware that one of the first important activities in the project is to promote the idea towards the civil society organizations and engage the resource persons to participate in the training activities that the project proposes.

An important aspect in relation to the communication towards the civil society organizations and the resource persons is therefore to describe how a participation in the project and receiving training can create a “win – win” situation for them and underline, that the training will bring them overall competence development, meaning that it will not only focus on health promotion, but also e.g. communication skills, social marketing, conflict solutions or other aspects, which are relevant for the resource persons in their daily work.

Local dissemination strategies and activities

Each country prepares their own local dissemination strategy. Within this strategy it is important to stress the following aspects:

- Try to link your activities to already existing projects and initiatives in your region / local authority in order to join forces and have a larger effect with the activities
- Remember to distinguish between the different target groups mentioned above. You need to consider all those on local level.
 - Do not forget the political and the strategic level. These levels are very important for the sustainability of the project.
 - The Healthy Children project is not only a project about providing training to volunteers. It is in a longer perspective a strategic project that tries to change processes in local administration through a closer collaboration with civil society organizations and local authorities.
 - How do we get politicians and administrators to see this idea?
- Try to make a close link between the dissemination strategy and the recruitment strategy
- One of our deliverables is to reach 100 families in each local community. This can seem to be a high number, but please bear in mind that events on local level; e.g. sport events, festivals etc. also count. Remember to make participants lists that can be used as documentation for reporting.

Each country has a budget for dissemination material. Please remember to upload all material as pdf files on the dialogue forum under WP 2. File name: community name_file name_date of publication. A concrete example could be Vejle_brochure_august2011

Dissemination Channels

Moreover, the channels are also divided on two levels, namely the European level and the territorial level, where different channels are available and where the partners are differently responsible.

Dissemination channels at the European level

Based in Brussels, South Denmark European Office will be responsible for the communication of results on a European level, and dissemination will be provided to e.g. the following actors; The European Commission, Committee of Regions, The European Parliament, The European Platform for Action of Diet, Physical Activity and Health, Assembly of European Regions, The EuroHealthNet, The Determine Project, Health ClusterNet, ERRIN, EUREGHA, ENRICH and the European Public Health Alliance.

SDEO participates in many networks, conferences and seminars and is regularly invited to present projects, hence there will be many possibilities to disseminate information about the project.

Within the budget an amount has been set aside, for the project co-ordinator to participate in two seminars or conferences on European level, in order to be able to disseminate the project and its results in other relevant forums.

As the lead partner and the project co-ordinator are Danish, we intent to use the Danish presidency during the first 6 months of 2012 to promote the Healthy Children project in different ways.

SDEO will also be responsible of organizing the final conference which will take place in Brussels.

Dissemination channels and tools at the territorial level

- Regional and local networks
- Local, regional and national press
- Trial out periods
- Information activities on an organizational and individual level

Within each country of participation, the associated partners will make sure that dissemination activities take place, and an amount has been allocated to each participating territory to host a local or regional seminar. Associated partners will make sure that articles are written and published in relevant magazines and news papers and local seminars will also be arranged

The trial out periods will become a very important part of the dissemination strategy. The reason for this is that the project wants to “conceptualise” methods and tools, and therefore it is important that the project process becomes part of the dissemination where good and bad implementation processes are described and can inspire other regional or local authorities to plan development processes within the area.

As the trial out period will be carried out in local communities there is a good opportunity to put forward stories in local newspapers, radios etc. and thereby make the results visible for citizens. The partners will be responsible for translation of relevant dissemination material from English, which is the official project language, and a budget has been set aside to do this.

Methods and instruments

Web based dissemination

The web-site, was created in the very beginning of the project, and will be an important instrument for dissemination. External partners will be able to follow the project through a bi-annual newsletter that will be published on the web-site. By the end of the project, the website, will function as an electronic archive, where other regions, local communities, municipalities, schools or other actors can download inspiration material.

Through the website and electronic distribution, a bi-annual newsletter will be distributed. The objective of the newsletter is to give an overall picture of the progress within the project, and present results of the project to external actors, inviting them to visit the website and learn more. Besides appearing on the website, the newsletter will also be distributed through e-mails to a wide range of people know from other relevant (EU) projects, European, national and local networks.

Articles

Each national partnership are engaged to produce and release at least 3 articles in local, regional or national media during the project, as follows:

- 1 article will be released at a moment (app after one year), where the local partners can use the article as a tool to recruit health ambassadors to the project.
- 1 article in the middle of the project, when the trial out takes place, and finally;
- 1 article in the end of the project, when we have a final product to present

SDEO is engaged to release 2 articles, but at European level;

- 1 article in the middle of the project, when the trial out takes place
- 1 article in the end of the project, when we have a final product to present

Regional activities and trial out phase

For each participating country, a specific overview will be produced, introducing main local / regional challenges, dissemination channels and tools. These overviews are available on the dialogue forum.

It is important that each country make an active choice of organizations and actors, with whom they want to collaborate in relation to dissemination. These organizations could be; NGO's on local, regional or national level, volunteer networks, regional EU offices and their networks and newsletters. Creating networks is one of the objectives of the project, so dissemination and project results will go "hand in hand".

We anticipate that a lot of face to face communication is necessary in order to create motivation and recruit the civil society organizations and resource persons to the training activities, which will probably be the main challenge on local and regional level for all partners. The level of the challenge probably depends on how volunteerism is rooted in the culture and structure of the country.

An amount has been set aside for each region to host a regional seminar. It is up to the individual region to decide when it is relevant to carry through this seminar

The trial out phase is an independent work package in the project, which is of great importance to the dissemination plan. The primary reason for this is that while implementing this work package the partners have the opportunity to reach all the target groups of the project by disseminating information about the training activities towards the resource persons and the community based activities towards children and young people.

Final conference

A European conference is foreseen in the end of the project, and will be held in Brussels because of SDEO's good network with other regional offices and accessibility to other relevant European networks and other actors. The aim of the conference will be to disseminate the results of the project.

The final conference aims at presenting results and the final website to a broad range of audiences such as EU officials and politicians, European based networks and regional politicians, policy makers and

practitioners. The actors that we find relevant to invite to the conference are e.g. representatives from the regional offices in Brussels, representatives from DG Employment and Social Affairs, DG Health and Consumer Protection and DG Regional Affairs, representatives from Committee of Regions (CoR) and European Parliament (EP), representatives from WHO and OECD and other professional organizations. The conference will be announced on the project website, and personal invitations will also be distributed. We count on sending out approximately 300 invitations, ending up with 100 participants at the conference.

European Visibility

All publications and deliverables from the healthy children project (website/publication/dissemination material, etc.) shall include a support statements, disclosure and EU logos on the frontpage.

Please, ensure that the following statement is **always** enclosed: ***"This publication arises from the project "Healthy Children in Healthy Families" which has received funding from the European Union in the framework of the Health Programme."***; as it is stated in the grant agreement (please refer to the Art.I.11.3).

When we publish reports etc. we have to introduce the following disclaimer: The contents of this document reflect the views of the author. The European Commission is not responsible for any use that may be made thereof.

With regard to the logos, available at <http://ec.europa.eu/eahc/management/manage.html>, it is recommended to add at least the EU flag. The Health Programme logo can be added at our discretion as well as the EAHC logo (but only if the other two logos are already enclosed).

Internal communication

As for the internal communication and exchange of experiences, the healthy children project will apply three main instruments being;

- 1) Internal dialogue forum (intranet)
- 2) Partner meetings
- 3) Telephone conferences

The internal dialogue forum has been created and is accessible only for partners and is a forum where all formal documents are uploaded, making it easy for the partners to find relevant formulars in relation to the administration and implementation of the project.

The dialogue forum has been designed to follow the development and progress of the project, so that all work in progress is related to the specific work package. Partners therefore have the possibility to see the work of each other and exchange experiences.

In order for us to keep an overview of the documents on the dialogue forum, a certain structure and file names should be given to the documents, and only the most recent version should be present in the dialogue forum.

Please give your documents the following names: Coomunity name_file name_version number. A concrete example could be: sagene_recruitment strategy_V2

As for templates that we are all working within the different work packages, the following file name structure shall be used: WP number_template name_version number. A concrete example could be: WP 5_TNA template_V2

6 partner meetings have been planned in the course of the project and will serve as fora for mutual learning and progress. As the healthy children project is a action research project, where the participating regions / local communities are supposed to work simultaneously with training, tools and challenges, the partner meetings will be used to exchange experiences about processes and implementation, and all partners are expected to present their local and regional progress during the meetings.

As the healthy children project is very process oriented, it is important to hold track of progress between the partner meetings. Hence, in order to maintain motivation, learning and progress, telephone conferences will be organized between the partner meetings. Dates for the meetings will be agreed upon during the partner meetings, so that the telephone conferences can serve as deadline and milestones.

Overall milestones and deliverables

<i>Date</i>	<i>Milestone</i>
M1	Opening up of the Healthy Children website (D12)
M6	Clear dissemination plan (D1)
M12	Brochure (D15)
M6 M12, M18, M24, M30, M36	2 annual news letters (D15)
M34	Information about results of pilot projects and invitation to final conference (D13)
M35	Final conference – official launch of web-site (D14)