Minutes of the Kick Off meeting held on the 30th and 31st of January 2013 of the Specific Action A2: “Personalized health management, starting with a Falls Prevention Initiative” of the European Innovation Partnership on Active and Healthy Ageing

07/02/2012
Kick Off Meeting - 30th and 31st of January

Place: Avenue de Beaulieu 25
Room 0 S/1
Brussels

Day 1 - 30th of January 2013

11.00 – 11.15 Opening and welcome
Bart Neerscholten explains briefly the planning and objectives for the meeting and indicates that there are 2 new commitments invited to the meeting, E-NO FALLS (Universitat Politècnica de Catalunya) and Northern Ireland South Eastern Trust.

A short “Tour de table” in which each participant presents itself, as apart from the new commitments, also some new people are present representing existing commitments CHT/OULU joins through videoconferencing (VTT is present part of the time).

A full list of the participants is included in Annex II.

11.15 – 11.30 Meeting objectives
Nick Guldemond explains in more detail the objectives of the meeting, using as a guideline the agenda (as included in Annex I).

The main objective and foreseen outcome are to define the tasks and objectives in a more concrete and detailed manner. At this stage the Action Plan indicates what the Action Group wants to do but there is a need for further subdivision of tasks and activities, and a need to define timing and related responsibilities.

With respect to the Memorandum of Understanding (MoU), this is a formal document on the code of conduct of the functioning of the Action Group, and current status and signature process will be discussed during day 2.

Some time is foreseen to dedicate to the open calls for proposals of the Health Programme and the CIP ICT-PSP.

11.30 – 12.00 Brief presentation of the Action Plan and current status by Action Areas/Deliverables, including roles (governance/action areas and deliverable leaders – incl. gaps)
The Action Area coordinators present briefly their Action Area as represented in the Action Plan (Slides available in Annex III).
**Action Area 1: Implementing an integrated and person centred service pathway, which is enhanced by ICT and other technologies.**

Ann Murray and Irene O’Byrne Maguire introduce Action Area 1 and explain the structure of the deliverables and tasks, indicating who is coordinating each deliverable in the Action Area:

- **Deliverable 1.1** - Develop a centralised repository of examples (emerging and validated) of:
  - Supporting self-management,
  - Operational falls prevention and management programmes and approaches,
  - Integrated care pathway models.

Deliverable leaders: Ann Murray (NHS) and Irene O’Byrne Maguire (EHS)

- **Deliverable 1.2**: Develop a support system (toolkit) for implementing tools and technologies for screening, assessment, intervention (training and exercise, possibly in a gaming context) and monitoring of risk factors for falling.
  Deliverable leader: Emilia Ambrosini (IRCCS)

- **Deliverable 1.3**: Evaluation and development of ICT solutions, devices and technologies for the home and institutional environment (including a roadmap for the future development).
  Deliverable leader: Ruud van de Bilt (SPRINTS)

Action Area coordinators indicate that they have received good feedback especially on D1.1 and D1.2, and a response rate of 50% for D1.3.

**Action area 2: Data and evidence to support the implementation of an integrated and person-centred pathway.**

Nick Guldemond (Medical Delta) as coordinator for Action Area 2 presents the overview of deliverables and tasks of this Action Area on Data and evidence to support the implementation of an integrated and person-centred pathway.

**Action area 3: Awareness, information and education to underpin the implementation of an integrated and person-centred pathway.**

Action Area 3: Awareness, information and education to underpin the implementation of an integrated and person-centred pathway, is introduced by Chris Todd (PROFOUND) who as Action Area coordinator and coordinator of the PROFOUND thematic network, indicates that the activities and deliverables of this Action Area have a close link with the thematic network.

**Action area 4: Governance: innovation, sustainability and scaling-up.**

Ruud van de Bilt (SPRINTS) as coordinator of Action Area 4 (Governance: innovation, sustainability and scaling-up) presents the activities and deliverables and indicates that the Deliverable templates created were sent out for deliverable 4.1 (Provide tools for measuring cost effectiveness, affordability and sustainability of service configurations/re-design in view of fall prevention) and deliverable 4.2 (Ensure that the A2-(outcome) objectives are achieved by involving citizens and other stakeholders and decision makers at regional, national and international level, into the process of developing and implementing A2 actions). However not much feedback has been received up to date.
Ben Krose (Healthlab) poses a question on the inclusion of business models in the work and activities foreseen, Irene O’ Byrne Maguire (EHS) indicates that the issue is addressed as part of Action Area 1 as part of the work on probing the system, Ruud van de Bilt (SPRINTS) indicates that he considers it also to be part of activities of Action Area 4, for example in task 4.3.4 (Promote the online marketplace and innovation platform among potential partners and encourage pilot projects implementing promising business models and sharing of good practices).

Bart reviews the Deliverable Matrix (Annex IV), explaining those commitments who did not sign up to one or more deliverables (marked in grey in Annex IV), and those that although they did sign up, due to last minutes problems were not able to make it to the Kick Off meeting.

A question is raised by Patrick Eklund (Ageing Well) on the mapping of the Deliverables Matrix against deliverables from running projects. Bart Neerscholten explains that deliverables of running and funded projects should not be considered in the same manner as the deliverables mentioned in the Action Plan. As such a deliverable of the Action Plan should not be considered a deliverable of a project, as the focus of the action plan is much wider and more focussed on implementing in practice, on knowledge exchange and cooperation, and less on specific advancement in R&D (focus of the FP7 funded projects).

However to take full advantage of the cooperation opportunities with existing projects Bart Neerscholten said that if the Action Group considers it relevant, a meeting can be organised with related ICT projects. The invitation for (new) commitments was also sent to these projects, however there might be alternative ways to tap into their knowledge and input. The added value to being involved as participants in the Action Group is to be reviewed by projects themselves. A similar situation might occur with respect to nationally funded projects.

**12.00 – 12.20 Presentation Thematic Network (EU-funded) PROFOUND & links with Action Plan**

Chris Todd, coordinator of the PROFOUND thematic network (currently under negotiation), presents the project, which should be seen as an important aggregator of knowledge for the Action Group, however the project has a stronger ICT focus as it funded under DG CONNECT.

The project has agreed to align wherever possible the activities with the action plan, but it should not be considered as a network taking over concrete activities of the action plan.

The presentation focussed on the direct connection between PROFOUND and the Action Plan, the slides (Annex V) indicate marked in red the areas where a component of PROFOUND has a clear link with the Action Plan.

Based upon the presentation a question is raised by Pauline Mulholland (Northern Ireland), on the issue of nutrition, which is a topic of Action Group A3, and proposes to take advantage of the work in that Action Group and create spill over.

**12.20 – 12.40 Presentation Thematic Network (EU-funded) E-NO-FALLS & links with Action Plan**
Presentation by Andreu Catala, coordinator of the E-NO FALLS thematic network (slides included in Annex VI).

Both thematic networks (PROFOUND and E-NO FALLS) have been invited to the action plan. PROFOUND is further as their network has been involved from the start in the definition and planning of the Action Group and Action Plan. E-NO FALLS has just responded to the current invitation for commitments and is now exploring how it can commit and contribute to the action plan and its activities.

12.40 - 12.50 Presentation Public Health Programme 2013 & ICT-PSP Call 7, theme 3, objectives 3.1/3.2/3.3
Bart Neerscholten and Marianne van den Berg briefly present the calls open in the Health Programme and CIP ICT-PSP which provide links to the activities and themes of the Action Group. For the Health Programme the deadline is the 22nd of March 2013, for the CIP ICT-PSP, the deadline is the 14th of May 2013 (for the latter information on the session during the information day of the programme is also available on-line).

12.50 - 13.00 Briefing on afternoon session (method/purpose)
Nick Guldemond, as coordination team coordinator, and Manon van Leeuwen, as facilitator, present the methodology and process for the afternoon sessions for the different Action Areas.

The presentations used for the afternoon session are included in Annex VII. The slides refer on some occasions to partner numbers, but from now on the partner short names (as provided in the updated Action plan should be used). Action Area and Deliverable leaders in charge of making the adjustments.

14.00 – 15.30 Action Area 1 – Deliverables 1.1, 1.2 and 1.3
Ann Murray and Irene O’ Byrne Maguire provide an overview of the current status per deliverable. A Deliverable template has been sent out, and filled in by the Deliverable leaders in cooperation with the contributing commitments.

Deliverable 1.1 - Develop a centralised repository of examples: Ann Murray and Irene O’ Byrne Maguire explain that the template feedback has been used to define further the tasks related to the deliverables of Action Area.

Two data collection tools have been created: one to capture ‘what’ partners are doing in terms of pathway development, and a second one to capture ‘how’ these activities are being implemented. The first one, the “What Matrix” is going to be resend to capture any changes occurred since the work started, and to integrate additional information. The second one, the “How Tool” will be send out to all Action Group participants, as up to now it was only sent for feedback and information to those commitments that indicated contributions to the deliverable.

A set of subgroups working on each of the tasks related to the deliverable have been identified, based upon the type of activities included in the tasks (reflected in the slides).

Deliverable 1.2: Develop a support system (toolkit): Deliverable leader Emilia Ambrosini presents the progress. For tasks 1.2.1 and 1.2.2 a template was circulated and the majority of the partners that signed up for the deliverable have responded, although
some information is still missing. The template will be resend after the meeting (as some partners did not seem to have received the template).

For task 1.2.1 (Create an inventory of existing technologies and state of the art for screening, assessment, intervention and monitoring; & evaluation studies and implementation on falls risk assessment, fall prevention and management technologies) the proposal for the literature review is to circulate a set of predefined topics and then ask partners to sign in on a specific topic, it is then on this particular topic that they will conduct a literature review. A first topic list to be provided by Emilia Ambrosini to be circulated and feedback will be asked for by the contributing partners. At the same time she requests any contributing partner to take the lead on this task, if not IRCCS will take on the task leadership.

For tasks 1.2.2 (Define essential requirements and specifications for a support system for implementing tools and technologies for screening, assessment, intervention and monitoring for different settings) a question is raised on why the proposed questionnaire focuses only on clinical partners and not includes other relevant professionals that play an important role in fall prevention. Action Group agrees that the questionnaire needs to be opened up to all relevant professionals that are part of the integrated pathway: health, social and medical care, as the reference to clinicians is considered to be too narrow, however, ICT developers in turn should not to be included, as they are considered as receivers of the information gathered (and not providers). At the same time the questionnaire should also explore how the multidisciplinary teams are set up in the different countries and take into account where the support is provided. In summary, task 1.2.2 should be the task that provides a list of what the stakeholders are.

For task 1.2.4 the Deliverable leader considers it a prototype, but signals that there is an overlap with D1.3, and proposes to assess this task and evaluate a potential merger with D1.3 and the related tasks.

Ruud van de Bilt presents progress on deliverable 1.3: Evaluation and development of ICT solutions, devices and technologies, again some indicate not to have received the template. It is recognised that there is an overlap with task 1.2.4, and a potential merger will be explored by both Deliverable leaders.

With respect to task 1.3.1 (Inventory of new developments and implementations of ICT solutions), it is agreed that existing solutions in this case do not only refer to training solutions. Due to the potential confusion, some rephrasing should be done using bullet points to clarify (1, assistive devices; 2 tools etc.).

The Farseeing project, of which some partners are involved in the Action Group, has been doing a review on this topic, and that all the mentioned terms are used in different ways by many people, resulting on one ending up with a large set of unclassified data. The project has been working on a taxonomy which could be used as a basis for the classification of the information of the task. Farseeing will be able to produce their review in a year time. Task 1.3.1 will eliminate the reference to skip pubmed.

However the work on the tasks of the deliverable is not only about literature but the question is what other sources are there and what can be included, as literature normally does not reflect latest developments, so there is a need to additionally scan through EU and nationally funded projects and commercial products already in the market.
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Ruud van de Bilt will send out an email asking for feedback on possible information sources for the review and construct a list of the resources will be used. This will be done by using as a basis the “How Tool” of D1.1 and adapt it for the current task. Bev Reategui (Ageing Well Wales) offers to help with adapting the tool. It is important to take into account that focus on new developments that have been proven in a real life setting and not only in a laboratory setting.

15.45 – 17.15 Action Area 2 – Deliverable 2.1 and 2.2 (parallel session)
Both deliverables are foreseen for finalisation in 2013, and one more analytical and one more process oriented. Although tasks have been defined for each of the 2 deliverables there is not yet a Deliverable template available.

Task 2.1.1 (Interview a range of stakeholders to identify the common gaps and challenges with existing falls datasets, understand how data could and should be analysed and utilised), is foreseen a survey on the data sets that are currently being collected, it is a cross sectional view of who is recording which data. The acknowledgement of falls definition is important for the work, and this occurs also for the underlying risk factors. PROFOUND has identified a minimum data set for a randomised trial and offers this for comparison, and even though there is slight difference in the use but it can be used as basis for the work. All agree that for the task a set of definitions as published and accepted are to be used.

The aim is to see what is measured in each of the countries. One of the first activities is interviews about what kind of data are collected, e.g. in nursing homes, primary care institutions, etc., i.e. ask those that collect data: how do they collect these data and which data they collect. Additionally, there is a need to identify what kind of data the professionals would like to collect (but currently is not).

It is agreed that the activities for tasks 2.1.1 and 2.1.2 (Complete an inventory of current practices for collecting falls data) will be realised in a more integrated matter, and that all those contributing to the deliverable need to provide input and information.

Deliverable leader for 2.1 will be TRIL, who will take the lead for designing the on-line survey for collecting the information on the current datasets. The following subtasks are identified and responsibilities assigned:
- Design the questions,
- TRIL will provide a preliminary set of questions,
- rest of the contributors will feedback,
- on this basis TRIL puts together final questions to be used by all contributors and then
- put survey online.

Main participants are the Action Group participants that signed up for the Action Area and deliverable, but it is open to others to provide contribution and participate on some of the surveys, the survey will be opened up to all Action Group participants.

Selecting the possible survey respondents is done by the partners, as they know the key people in their areas, and how to best address them.

For deliverable 2.2 Specification of a minimum falls dataset, Patrik Eklund (Ageing Will) will be the deliverable leader, PROFOUND will provide support in the elaboration of the deliverable.
When elaborating D2.1 & 2.2 one needs to be bear into account how Deliverable 2.3 (Strategy on how to establish a European-wide central repository for publicly available falls data) will be developed and what it would look like, as D2.3 is foreseen as a powerful political tool.

All agree that a unified minimum data set for all is not possible, so depending on the condition of the patient you have different type of datasets, so the proposed core data set should not include too much levels. How far you can go with the implementation of the min data set depends on the specific local circumstances and the legal environment.

The repository of the Farseeing project is slightly different than the repository mentioned in D2.3, it has defined the necessary datasets in terms of the devices (accelerometers) but also the clinical data which need to be gathered next to it. It is agreed that it is necessary to join forces with D1.3 and define an activity which connects between D1.3 and D2.3. the Action Area coordinator, with support from Chris Todd and Seamus (TRIL) will explore how to establish the connection.

The current gaps with respect to D2.1 and D2.2 which need to be addressed are:
- Survey 2.1 might be used to integrate some questions about barriers from 2.2
- Task 2.2.2 - How to qualify adherence? Over total population or only patients?

Part of the work on this task is define adherence and how to quality it.

Deliverable coordinator of 2.1 will confirm with Ageing@Coinbra and EVV their possible roles.

15.45 – 17.15 Action Area 4 – Deliverable 4.1 and 4.2 (parallel session)

In December 2012 an invitation to look at the Deliverable template for Deliverables 4.1 (Assessment model (based upon available practices)) and 4.2 (D4.2 Resource repository) was sent out to those that signed up for the deliverables. The communication on templates not maximum due to vacations, so now time to discuss tasks and methods.

For Deliverable 4.1 Assessment model (based upon available practices) up to now none of the commitments signed up has responded. It is agreed that the Action Group should not be too ambitious to develop models on cost effectiveness, as part of the knowledge could be collected by e.g. Profound and other EU work. Marianne van den Berg indicates that the Monitoring Group is preparing a questionnaire about evidence on commitment, and could be relevant when talking about cost effectiveness.

It is agreed that work can start on Task 4.1.1 (Inventory of available assessment and monitoring tools among the action group participants) by all involved in the deliverable sending examples to Ruud van de Bilt (D4.1 coordinator) on what has been done in ICT solutions concerning action area 2. It also agreed that in the next Action Group meeting Deliverable 4.1 will be further developed.

The objective of Deliverable 4.2 (Resource repository on: relevant stakeholders, professionals and stakeholders, their potential roles in implementing fall prevention strategies, their needs and demands for support, funding and other resource streams, products) should help all Action Group members and give a better view on which stakeholders are relevant and how to link in to them, to ensure maximum reach out to all relevant stakeholders. “You think you know your stakeholders in your area but there are more than you think”.

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The benefit of inventory is: benchmark and better view on main actors EU levels and address them to get more involved and committed in to falls prevention.

In Wales a mapping exercise was already done, where organizations were asked to tell what they are doing and who they are connected to. This exercise can potentially be transferred to Action Area 4. Scotland has a health board level repository of stakeholders.

General consent is to learn from local approaches and develop an EU level repository and template guidelines for those at local level. It is important for actors in the field to communicate at EU level, and stakeholders can scale up and pass on relevant information to other parties. The repository can also act as a sounding board if one wants to develop something; i.e. use it as a market development tool. Those working on the repository need to bear in mind that you do need to keep it up to date.

In conclusion, D4.2 is about developing an online repository of national and European stakeholders. Goal is to develop and strengthen (local) networks and identify opportunities. The following persons are responsible for this deliverable: Ann Murray, Bev Reategui; Andreu Catala (E-NO FALLS) and Wim Rogmans (Deliverable leader) (EPAF). The PROFOUND project can help on providing the tools.

During the sessions the participants briefly addressed two of the other deliverables of the Action Area:

- D4.3 Promotional events and publications: annual (EU- and national level) gatherings of stakeholders and decision-makers, and promotional brochures presenting practices and implementation activities with potential for replication and transferability across regions of Europe.
  Bev Reategui will take on the lead on a possible EU wide conference, as Wales wants to to organize a conference in 2014 and wants to make a proposal for the related Health Call, closing in March. The conference theme is falls and fractures, the subject is broad, so there is enough substance to make it a 2-3 day event and link it to EIP AHA. Maybe EIP AHA could co-sponsor this. Frequency could be bi-annual. General consent to go ahead with this.
  Fracture part on continent is clinical part, so must be clear that you are focusing on prevention (main is primary prevention). Falls and fractures overseas not the same language as on the continent.
- D4.4 Online marketplace and innovation platform for falls prevention services and products, which provides matchmaking between technology providers and potential partners with a view to trial, deploy and roll out novel technologies.
  D4.4 can be done without doing having to finalise D4.1. Possible deliverable leader Helena Fernandez (GRADIANT), pending confirmation.

Day 2 – 31st of January 2013

9.00 – 10.30 Action Area 3 – Deliverable 3.1/3.2/3.3/3.4
D3.1 (Raise awareness and drive attitude change with respect to falls and falls prevention and improve access to information on falls prevention) should focus on falls prevention AND the use of innovation and ICT for the prevention of falls. Overall the tasks and activities are very connected to PROFOUND.
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Task 3.1.1 (Identify best practices and gather information on methods and tools to apply to public health and social marketing campaigns) needs to be clear about what we want with respect to: Attitudes towards falls and falls prevention and Push falls prevention on the policy agenda. As a result form the discussion on how to connect the thematic networks with the task, the following was indicated:

- Profound identifies best practices, these will be identified through looking at the scientific evidence (literature) and additionally the partners will recollect information on what is being done locally and what works in practice. The Action Group could be part of the bringing together the evidence.
- Profound will develop materials aimed at different groups, and specific materials for the specific stakeholders.
- E NO-FALLS – Inventory of best practices, questionnaire to the different partners in the network about the stakeholders in ICT based solutions, solutions addressed, etc. But focus is mainly on ICT solutions.

The work in the coming months should focus on answering the question on how you want to focus the campaign (bottom-up, joint approach or individual activities) and also which type of best practices need to be selected (what) or on how to select the best practices (how). Focus for the work on D3.1 should be to formulate a strategy on how to upfront such a campaign.

Bart Neerscholten indicates an interest from the EC to contribute actively to the organization of EU wide campaign(s), and although there are no specific details at this stage, fall prevention is on the agenda as a showcase.

Some partners foresee to organise a public event, smaller or larger scale, during 2013.

It is agreed to adjust the planning and focus of the work on D3.1 during 2013 on the recollection of best practices and examples, and the organisation of the campaign itself will be addressed in 2014. Tasks 3.1.1 to 3.1.5 would actually be the activities to be developed for 2013 and the toolkit is the result of this work. The work should link with the repository of actors and stakeholders of Action Area 4.

All Action Group participants will participate in Tasks 3.1.1 to 3.1.5 by providing information. Subsequently in 2014 the opportunities that are already planned are identified and used as target for the campaign.

Chris Todd as deliverable leader, will matrix with the different tasks and include a planning in which of the partners indicate their commitment, and will also prepare some kind of survey which all can use the get the information on what kind of campaigns to take on, with the aim of doing a mapping exercise.

Even partners that have not signed up formally are expected to provide input and information and to participate in identifying relevant experiences and champions.

With respect to Task 3.1.10 (Create website, populate website, maintain website) both PROFOUND and E-NO FALLS have deliverables with are websites and these are planned early on in the process. Both networks will have the website up and running very soon (coming months). Aim in the future is to have regional and local authorities to build their own web site resources and connect it to the overall website. One part of the activity on D.3.1 should be to define how all these websites will be connected and how these all will be made visible. Marketplace might also be an opportunity to function as centralised entry point, liaise can be created with the DG CNECT & DG
SANCO. E-NO FALLS will take the lead on the task, and explore how to connect the different websites, and will work together with PROFOUND on proposal on the website and how to move forward.

The tasks foreseen for D3.2 (Increase knowledge skills and competencies of the workforce working with older people) are the same as the tasks for D3.1, except for the inventory task. The tasks will thus be developed jointly, however taking into account that D3.2 focusses more on strategy and progress, and making the inventory for the campaigns to use in the time to come, while D3.1 focusses on what is there already. Henriette Hansen (Region of Southern Denmark) is deliverable leader.

D3.4 (To contribute to the education of social and health care professionals and others working with older people, and develop multi-professional/agency working): PROFOUND has it in the workplan, but support from other partners is needed. Bart Neerscholten indicates that the EC will have a meeting shortly with EIT ICT health and wellbeing action line. If there are questions or issues people want the EC to flag during the meeting, they can be taken into account.

**11.00 – 11.45 Governance, roles, responsibilities (action areas/deliverables/tasks)**

Bart Neerscholten explains the Action Group Governance structure:

![Action Plan Falls Prevention: Governance](image)

The coordination team is built up of the Action Area Coordinators:
- Action Area 1: Ann Murray and Irene O’Byrne Maguire
- Action Area 2: Nick Guldemond, Chris Todd and Mayte Moreno
- Action Area 3: Chris Todd
- Action Area 4: Ruud van de Bilt; Andreu Catalá and Helena Fernandez

Coordination team chair is Nick Guldemond.
For both Action Area 3 and Action Area 4 the current coordinators request for an additional Action Area coordination. After discussion, it was agreed that Andreu Catalá of E-NO FALLS would join Ruud as Action Area Coordinator (mainly due to the ICT related aspects of the Action Area) and Helena Fernandez would support them.

Chris Todd indicates that PROFOUND will be able to provide the Action Area Coordinator for Action Area 3 in the near future, and that he will take over the coordination of Action Area 2 of Nick Guldemond. Until this happens, Chris will support Action Area 2 coordinators, and take on coordination of Action Area 3.

With respect to renewal for the Coordination Team, it is agreed (no objections made and formal approval of all participants) that the current members take on the lead for the first year of the Action Group, and by the end of 2013, the Coordination Team consults with the Action Group members if changes are to be made, or the status maintained.

A question is posed with respect to the roles of the Thematic Networks and how the connections are established within the structure, all agreed that the roles should be clarified in the Action Plan and related workplan, more than in the governance structure.

11.45 – 12.00 EC support/role
The EC will be less visible, and take on more a facilitating role. Monitoring progress of the deliverables, activities and Action Plan etc., as well as organisations of meetings, and agenda, would be managed by the coordination team. The role of the EC in the marketplace and the overall monitoring of the EIP on AHA will continue as is.

Coordination group requests support in the management for the Action Group in a similar setting as up to this moment.

Bart Neerscholten explains that two action groups are managed by DG SANCO, two by DG CNECT and two by DG SANCO and CNECT jointly. The 4 action groups in which DG CNECT is involved have the possibility to get support through an external contractor, and the decision to use this or not is taken by each Action Group.

The Coordination team needs to report back asap to DG CNECT on the profile and type of support needed. Foreseen start date is in April and the contracting procedure to be launched in February. It is not foreseen that anyone belonging to a commitment can obtain the contract, due to transparency, and need for an external and third party.

Initial comments from the coordination team are that more support is needed on the management side, and not so much expertise is needed on the topic of fall prevention. But at the same time the person should have some knowledge on the topic. Some members indicated that knowledge of Spanish would be an asset.

Wednesday 6th February the Coordination team should send a text to Bart Neerscholten on the profile needed, expected tasks to be executed and how many hours needed.

12.00 – 12.45 Presentation of the MoU, discussion, vote and signature process
Nick Guldemond present the MoU, and explains the comments as received up to date. The specific improvements and agreed modifications are to be included in the next version of the document. The main corrections relate to the following issues:
- P8 & P12 and onwards - Observers vs. full members - roles distinguished are knowledge contributors and active deliverable contributors, but all are members and are investing time. Proposal is to have only members and no observers and all members participate actively. So if you do not contribute you are not considered member. All agree only full members will be used.

- What do you with 5 that have signed up but did not indicate to which deliverables they contribute? Proposal is to put a deadline for those and also the reference sites, give a deadline for formally sign up, and indicate to which deliverable they contribute, and explain that if no information is received and one has not signed up before the deadline, their considered out of the Action Group. However if they sign up can come back in. At this momento three reference sites have already indicated in which deliverables of the action plan they will be active (although more detailed information about their reference sites/commitments as such is not available yet)but commitment as such missing

- P12 & 13 need to be fully rewritten

- Who is actually signing in name of a commitment, especially when it concerns a commitment that itself is not a legal entity, e.g. Ageing Well in Wales (multiagency strategic programme), University of Deusto and Bizacay government (joint commitment). This is a decision individually per commitment and as long as one entity from the commitment takes the lead, and its then the decision if they allow one signature or they want their partners in their own commitment sign. When one entity signs in the name of a commitment, it has no legal consequences, it is more like a letter of intent.

The validity of the MoU should be three years, coinciding with the timeline of the Action Plan, and the duration should be specified in the MoU.

Signing is foreseen for the end of March (planned), and early February the last version integrating the comments received up to date will be send out. Action Group members can then provide comments until mid February.

13.30 – 14.00 Action Group enlargement / status current commitments and reference sites

Bart Neerscholten indicates that six commitments that have not signed up for deliverables, and he will send out email and ask them for feedback, considering that in case of no response, they are not members of the Action Group anymore. The role of the reference sites is still under discussion with the EC and this a pending issue.

With respect to enlargement of the Action Group, some new commitments have come in, and are present at the meeting, they still need to provide the information concerning the commitment and sign up for the specific deliverables (a first approximation has been done during the meeting but full signing up needed).

Any new commitment proposals are provided to the Action Group who then formally has to approve their incorporation, and check the new commitment against activities of the action group. A next step is then to integrate them in deliverables, tasks etc.

It is agreed that the decision on acceptance of new commitments is delegated to the coordination team.
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12.40 - 12.50 Discussion participating in Public Health Programme 2013 & ICT-PSP Call 7, theme 3, objectives 3.1/3.2/3.3
The proposal is not to apply as an Action Group, not only because the calls do not fit completely the call topics, but also because the focus is not to present a proposal as the action group as a whole and present the action plan as such as a proposal to be funded. However actions included in the Action Group can be used as a basis for a proposal, and the calls do refer to the EIP.

If there are specific questions Marianne van den Berg (Health Programme) and Bart Neerscholten (3.2.b ICT-PSP) can be contacted, and they can provide additional information on the content. Bart Neerscholten recommends to use the pre-proposal check services, which exists for the ICT-PSP. Geert Vancraeynest will serve as follow-up contact point following Bart’s departure.

Some of the partners indicate that they are thinking about presenting a proposal in the coming calls. It is agreed that partners thinking about proposing could send out an email to others from Action Group and try and join together for a specific proposal.

14.00 – 14.15 Monitoring framework: current status and next steps
Marianne van den Berg asks who did not receive the questionnaire of the monitoring framework, but all did. She request that for replying all should use the IPM tool as it makes the analysis easier.

The second questionnaire on output and outcome indicators will be based on the framework with the green blocks. This questionnaire is being prepared now, and the commitments will be asked which specific variables they are gathering, what is the starting value of each variable, what is the target value, what kind of evidence is gathered and so on. As a result, this questionnaire might be time-consuming in the first round, but there is a need to know exactly what is being gathered. This information will be used to see what all are gathering, and how (definition). In the next round, the commitments then only have to report the changes and the new values. Of course, the results of both questionnaires can be used by the people working in area 2 about evidence.

The monitoring process of the EIP on AHA is guided by an expert group including two representatives of each action group. A2 is represented by Chris Todd and Wim Rogmans.

Only one questionnaire should be filled in per commitment.

14.15 – 14.30 Ehealth week
The eHealth week will take place during the 2nd of week of May Dublin

Coordination group has already spoken about participation during the audioconference, and indicates that there is a specific slot with the EC on the EIP, and a meeting can be organised.

One of the questions raised is that if you present, how do you address the issue of additional partners. EC indicates that the eHealth week should focus on the EIP and the Action Plan and should be used to look for engagement with stakeholders and other groups and exploring cooperation in the future, e.g. industry, and see how you can
Specific Action A2: “Personalized health management, starting with a Falls Prevention Initiative

match offer and demand, explore barriers for roll out of ICT solutions. And thus not on integrating additional commitments, but on how to collaborate with other groups, without formal partnership, because the second call for commitment is already closed in May.

The session available has a duration of 1 hour, and is on fall prevention in general terms, however it is necessary to focus on a specific topic. The coordination team to send 50 word description and set up a small team who will shape and organise the session.

It is also possible to have which will be done at a later stage).

Focus is not to showcase products, however these could be included as examples of what goes on in the action plan and showcase the connection of ICT of the work with the action plan, but it should be within this framework. Not so much in the booth but in the session.

Irene O’ Byrne Maguire indicates interest in having structured conversations between the health systems and the ICT providers.

It is agreed to create a session where the action plan is provided and especially D1.3 and in the end formulate questions or provide statements which form the basis for the discussion afterwards with industry/technology.

A question is raised on the registration fee. A reduced fee has not been negotiated, and the idea is to take advantage of people coming anyway. For the moment only the following persons indicated plans to attend: Nick Guldemond, Anna Sachinopoulo (CHT/OULU), Bart Verkerke (SPRINTS) and Seamus (TRIL).

Bart Neerscholten to check if special rates could be negotiated for the conference. Following investigation this is not the case (EIP partners will not be treated differently).

14.30 – 14.45 Virtual collaboration
Nick Guldemond and Manon van Leeuwen present briefly some ideas for virtual collaboration:

1. Email lists – create mailings lists through free tools. Separate emails lists for different activities, deliverables and/or tasks.
2. Google docs: to be used for working on joint documents and collaborative writing. Agreement is to start using this tool and in case there are problems search for an alternative. NB: The EC isn’t allowed to use this tool.
3. Dropbox to be used for repository purposes.

Manon van Leeuwen will create an excel with potential mailings lists and persons, in cooperation with Action Area and Deliverable leaders, and will provide a short guideline on how to use Google Docs and Dropbox.

NING is mentioned as a social network that can be used as forum space, Mayte Moreno (ISCIII) to send information to Manon van Leeuwen.

14.45 – 16.00 Discussion on the implementation of the Action Plan: Planning the next steps (incl. dates and focus of next meetings)

NEXT DATES
Specific Action A2: “Personalized health management, starting with a Falls Prevention Initiative

14th/15th May session in eHealth week
May/june – Madrid meeting – Preferred date 28th and 29th of May, a doodle will be opened with possible dates. Another option might be the first week of June. Topic of the meeting is to be defined by coordination group and part of the meeting should focus on the synergies with other action groups/plans.
Sept/October – next meeting, Chris sent out information on the 9th of Sept falls conference, and if there is interest it might be an option to combine with a meeting
25th of November – EIP conference of partners

Summary of the main actions to be taken by Action Group Members
This table provide an overview of the main actions to be taken, for specific Action Area and Deliverable activities, please check the corresponding section in the minutes,

<table>
<thead>
<tr>
<th>To Do</th>
<th>Who is responsible</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send 50 word description for eHealth week</td>
<td>Nick Guldemond</td>
<td>06/02/2013</td>
</tr>
<tr>
<td>Sent information on type of support needed</td>
<td>Nick Guldemond</td>
<td>06/02/2013</td>
</tr>
<tr>
<td>Integrate agreed comments in MoU</td>
<td>Nick Guldemond &amp; Manon van Leeuwen</td>
<td>08/02/2013</td>
</tr>
<tr>
<td>Set up Doodle for next meeting</td>
<td>Manon van Leeuwen</td>
<td>08/02/2013</td>
</tr>
<tr>
<td>Resend templates of the deliverables for D2.1; D2.2; D3.1; D3.2; D4.1 and D4.2</td>
<td>Action Area 2 coordinator: Nick Guldemond for D2.1 &amp; D2.2</td>
<td>10/02/2013</td>
</tr>
<tr>
<td></td>
<td>Action Area 3 coordinator: Chris Todd for D3.1 &amp; D3.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Action Area 4 coordinator: Ruud van de Bilt for D4.1 &amp; D4.2</td>
<td></td>
</tr>
<tr>
<td>Set up mailing lists, create google doc and dropbox and provide indications on use</td>
<td>Nick Guldemond &amp; Manon van Leeuwen</td>
<td>15/02/2013</td>
</tr>
<tr>
<td>Feedback on the final version of the MoU (only minor adjustments allowed)</td>
<td>ALL A2 members</td>
<td>15/02/2013</td>
</tr>
<tr>
<td>Adapt the deliverable templates for the results of the discussion and substitute the participant numbers for their short names</td>
<td>Action Area and Deliverable leaders: D1.1 – Ann Murray &amp; Irene O’Byrne</td>
<td>15/02/2013</td>
</tr>
<tr>
<td></td>
<td>D1.2 – Emilia Ambrosini</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D1.3 – Ruud van de Bilt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D2.1 – TRIL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D2.2 – Patrick Eklund</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D3.1 – Chriss Todd</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D3.2 – Henriette Hansen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D4.1 – Ruud van de Bilt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D4.2 – Wim Rogmans</td>
<td></td>
</tr>
<tr>
<td>Adapt “How Tool” D1.1 for the purpose of Task 1.3.1</td>
<td>Ruud van de Bilt &amp; Bev Reategui</td>
<td>28/02/2013</td>
</tr>
</tbody>
</table>
Specific Action A2: “Personalized health management, starting with a Falls Prevention Initiative

<table>
<thead>
<tr>
<th>Action Description</th>
<th>Responsible</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm deliverable leadership D4.4</td>
<td>Helena Fernandez</td>
<td>28/02/2013</td>
</tr>
<tr>
<td>Agree activities and process for eHealth week</td>
<td>Ni Nick Guldemond, Anna Sachinopoulos (CHT/OU), Bart Verkerke (SPRINTS), Seamus (TRIL), Geert Vancraeynest</td>
<td>28/02/2013</td>
</tr>
<tr>
<td>D2.1 &amp; D2.2 – Set up online Survey</td>
<td>TRIL</td>
<td>?</td>
</tr>
<tr>
<td>Start MoU signature process</td>
<td>Nick Guldemond with support from all A2 members</td>
<td>30/03/2013</td>
</tr>
</tbody>
</table>

Summary of the actions to be taken by EC members

<table>
<thead>
<tr>
<th>To Do</th>
<th>Who is responsible</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send out email with commitments that have not signed up for</td>
<td>Marianne van den Berg / Geert Vancraeynest</td>
<td>ASAP</td>
</tr>
<tr>
<td>Deliverables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update masterfile with contacts Numbering to be sorted</td>
<td>Bart Neerscholten – done update – uploaded in CIRCABC</td>
<td>08/02/2013</td>
</tr>
<tr>
<td>eHealth week: Check possibility of special rate for A2 members</td>
<td>Bart Neerscholten - done</td>
<td>asap</td>
</tr>
<tr>
<td></td>
<td>Marianne van den Berg / Geert Vancraeynest to find solution for numbering I(also of those not yet committed including RS)</td>
<td></td>
</tr>
</tbody>
</table>
ANNEX I – AGENDA

EUROPEAN COMMISSION

Agenda Action Group A2: Falls Prevention

Date: 30th and 31st of January 2012

Place: Avenue de Beaulieu 25
Room 0 S/1
Brussels

Day 1

10.30  Registration and coffee

11.00 – 11.15  Opening and welcome
Bart Neerscholten & Marianne van den Berg

11.15 – 11.30  Meeting objectives
Nick Guldemond

11.30 – 12.00  Brief presentation of the Action Plan and current status by
Action Areas/Deliverables, including roles
(governance/action areas and deliverable leaders – incl.
gaps)
Action Area leaders

12.00 – 12.20  Presentation Thematic Network (EU-funded) PROFOUND
& links with Action Plan
Chris Todd

12.20 – 12.40  Presentation Thematic Network (EU-funded) E-NO-FALLS
& links with Action Plan
Andreu Catala

12.40 - 12.50  Presentation Public Health Programme 2013 &
ICT-PSP Call 7, theme 3, objectives 3.1/3.2/3.3
Marianne van den Berg & Bart Neerscholten

12.50 - 13.00  Briefing on afternoon session (method/purpose)
Further define the detail of the A2 work plan for 2013 to include:
Specific Action A2: “Personalized health management, starting with a Falls Prevention Initiative

- Clarification deliverable, goal/objective, verification and further identification of tasks for each deliverable to be completed/deliver results for 2013
- Verification of timescales for delivery of tasks/activities
- Agreeing which A2 members will co-ordinate and contribute to the delivery of the different tasks / sub-activities with what efforts/resources – make operational plan

Nick Guldemond / Manon van Leeuwen

13.00 – 14.00 Lunch

14.00 – 15.30 Action Area 1 – Deliverable 1.1 and 1.2
Ann Murray/Irene O’Byrne Maguire

15.30 – 15.45 Coffee break

15.45 – 17.15 Action Area 2 – Deliverable 2.1 and 2.2
Chris Todd/Nick Guldemond

15.45 – 17.15 Action Area 4 – Deliverable 4.1 and 4.2
Ruud van de Bilt / Wim Rogmans

17.15 – 18.00 Action Area 3 – Deliverable 3.1 and 3.2
Nick Guldemond/ Chris Todd

18.00 Closing of day 1

20.00 Networking dinner: [www.kokob.be](http://www.kokob.be)
Rue des Grands Carmes 10, 1000 Brussels

**Day 2**

08.30 Coffee

9.00 – 10.30 Action Area 3 – Deliverable 3.1/3.2/3.3/3.4 (and recap/other sessions if needed)
Chris Todd/Nick Guldemond

10.30 – 11.00 Coffee break

11.00 – 11.45 Governance, roles, responsibilities (action areas/deliverables/tasks)
Bart Neerscholten & Marianne van den Berg

11.45 – 12.00 EC support/role
### Specific Action A2: “Personalized health management, starting with a Falls Prevention Initiative”

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.00 – 12.45</td>
<td>Presentation of the MoU, discussion, vote and signature</td>
<td>Nick Guldemond</td>
</tr>
<tr>
<td>12.45 – 13.30</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13.30 – 14.00</td>
<td>Action Group enlargement / status current commitments and reference sites</td>
<td>Bart Neerscholten &amp; Marianne van den Berg</td>
</tr>
<tr>
<td>14.00 – 14.15</td>
<td>Monitoring framework: current status and next steps</td>
<td>Marianne van den Berg</td>
</tr>
<tr>
<td>14.15 – 14.30</td>
<td>Ehealth week</td>
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</tr>
<tr>
<td>14.30 – 14.45</td>
<td>Virtual collaboration</td>
<td></td>
</tr>
<tr>
<td>14.45 – 16.00</td>
<td>Discussion on the implementation of the Action Plan: Planning the next steps (incl. dates and focus of next meetings)</td>
<td></td>
</tr>
<tr>
<td>16.00</td>
<td>End of the meeting</td>
<td></td>
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</table>
## ANNEX II - LIST OF PARTICIPANTS

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANISATION</th>
<th>COMMITMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICK GULDEMOND</td>
<td>MEDICAL DELTA</td>
<td>MEDICAL DELTA</td>
</tr>
<tr>
<td>ELISA VAN POELGEEST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMAIA MENDEZ ZORRILLA</td>
<td>UNIVERSITY OF DEUSTO / PROVINCIAL GOVERNMENT OF BISCAY</td>
<td>PREFALLS BISCAY - FALL PREVENTION FOR THE ELDERLY IN BISCAY</td>
</tr>
<tr>
<td>JOÃO MALVA</td>
<td>UNIVERSITY OF COIMBRA</td>
<td>AGEING@COIMBRA</td>
</tr>
<tr>
<td>ANN HEVER</td>
<td>TRIL CENTRE - TRINITY COLLEGE DUBLIN</td>
<td>EUROPEAN RCT ON FALLS RISK ASSESSMENT</td>
</tr>
<tr>
<td>IGONE VELEZ</td>
<td>IK4 RESEARCH ALLIANCE</td>
<td>EMPATH - EUROPEAN ACTION FOR PERSONALISED HEALTH MANAGEMENT</td>
</tr>
<tr>
<td>BART VERKERKE</td>
<td>UNIVERSITY MEDICAL CENTER GRONINGEN</td>
<td>SPRINTS</td>
</tr>
<tr>
<td>RUUD VAN DE BILT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMILIA AMBROSINI</td>
<td>IRCCS SALVATORE MAUGERI</td>
<td>TELEHEALTH INTERVENTION TO REDUCE FALLS AMONG ELDERLY DISCHARGED FROM HOSPITAL</td>
</tr>
<tr>
<td>SANNA SIHVONEN</td>
<td>JAMK UNIVERSITY OF APPLIED SCIENCES</td>
<td>NEVER FALL NETWORK - REGIONAL NETWORK FOR FALLS PREVENTION IN JYVÄSKYLÄ REGION</td>
</tr>
<tr>
<td>ANNA SACHINOPOULO (THROUGH VIDEO-CONFERENCE)</td>
<td>CENTRE FOR HEALTH &amp; TECHNOLOGY, UNIVERSITY OF OULU</td>
<td>PREFALL - INITIATIVE ON PREVENTION OF FALLS</td>
</tr>
<tr>
<td>BEN KROSE</td>
<td>HEALTH-LAB</td>
<td></td>
</tr>
<tr>
<td>HENRIETTE HANSEN</td>
<td>REGION OF SOUTHERN DENMARK</td>
<td>CROSS SECTORAL COLLABORATION ON HEALTH AND PREVENTION</td>
</tr>
<tr>
<td>FABIO LA PORTA</td>
<td>ASSR - REGIONE EMILIA ROMAGNA</td>
<td>PROFITER - PREVENTION OF FALLS INITIATIVE IN EMILIA-ROMAGNA</td>
</tr>
<tr>
<td>HELENA FERNANDEZ</td>
<td>GRADIANT - GALICIAN R&amp;D CENTER IN ADVANCED TELECOMMUNICATIONS</td>
<td>CONFIDENCE - EXERCISING FOR FALL PREVENTION AND HEALTH STATUS IMPROVEMENT</td>
</tr>
<tr>
<td>IRENE O’ BYRNE MAGUIRE</td>
<td>HEALTH SERVICE EXECUTIVE</td>
<td>AFFINITY - ACTIVATING FALLS &amp; FRACTURE PREVENTION IN IRELAND TOGETHER</td>
</tr>
<tr>
<td>CHRISTOPHER TODD</td>
<td>UNIVERSITY OF</td>
<td>PROFOUND - PREVENTION OF FALLS NETWORK</td>
</tr>
</tbody>
</table>
Specific Action A2: “Personalized health management, starting with a Falls Prevention Initiative

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Initiative/Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRISTINA ALONSO BOZÓN</td>
<td>SERMAS-HOSPITAL UNIVERSITARIO DE GETAFE</td>
<td>FALLNET - FALLS AND FRACTURES EUROPEAN NETWORK</td>
</tr>
<tr>
<td>ANN MURRAY</td>
<td>NHS SCOTLAND, NHS 24</td>
<td>UP AND ABOUT PLUS – TAKING A NATIONAL FALLS PREVENTION PROGRAMME TO SCALE</td>
</tr>
<tr>
<td>KATERINA GIANNIOU</td>
<td>RTEL SA</td>
<td>AGEING WELL AND FALL PREVENTIONS</td>
</tr>
<tr>
<td>PATRICK EKLUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TERESA MORENO CASBAS</td>
<td>INVESTÉN-ISCIII - INSTITUTO DE SALUD CALOS III</td>
<td>BPCC FALLS - USE OF BEST PRACTICES TO PREVENT FALLS</td>
</tr>
<tr>
<td>ESTHER GONZÁLEZ-MARIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIM ROGMANS</td>
<td>EUROSAFE</td>
<td>EUROPEAN PARTNERSHIP FOR ACTIVE AGEING AND FALL PREVENTION (EPAF)</td>
</tr>
<tr>
<td>BEV REATEGUI</td>
<td></td>
<td>AGEING WELL IN WALES</td>
</tr>
<tr>
<td>MICHAEL OBACH</td>
<td>TECNALIA</td>
<td>COPEFALLS</td>
</tr>
<tr>
<td>MIKAELA NORDENFELT</td>
<td>REGION SKÅNE</td>
<td>(REFERENCE SITE)</td>
</tr>
<tr>
<td>PAULINE MULHOLLAND</td>
<td>NORTHERN IRELAND - SOUTH EASTERN TRUST</td>
<td>(new commitment)</td>
</tr>
<tr>
<td>MARINA LUPAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANDREU CATALÀ</td>
<td>UNIVERSITAT POLITÈCNICA DE CATALUNYA</td>
<td>E-NO-FALLS (new commitment)</td>
</tr>
<tr>
<td>BART NEERSCHOLTEN</td>
<td>EUROPEAN COMMISSION</td>
<td></td>
</tr>
<tr>
<td>MARIANNE VAN DEN BERG</td>
<td>EUROPEAN COMMISSION</td>
<td></td>
</tr>
<tr>
<td>MANON VAN LEEUWEN</td>
<td>EOLAS S.L.</td>
<td></td>
</tr>
</tbody>
</table>

MANCHESTER DISSEMINATION
Specific Action A2: “Personalized health management, starting with a Falls Prevention Initiative

ANNEX III - BRIEF PRESENTATION OF THE ACTION PLAN AND CURRENT STATUS BY ACTION AREAS/DELIVERABLES

See separate file: ANNEX III – Action Area Overview
## ANNEX IV – DELIVERABLE MATRIX

| Number of deliverables participated | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 |
| Total number of participants       | 16 | 19 | 15 | 16 | 13 | 5 | 14 | 14 | 14 | 11 | 9 | 11 | 13 | 7 | 9 | 4 | 6 | 8 | 5 |

### NOTE: The matrix reflects the final matrix as a result from the discussions and agreements during the meeting
ANNEX V: PRESENTATION THEMATIC NETWORK (EU-FUNDED) PROFOUND & LINKS WITH ACTION PLAN

See separate file: ANNEX V

ANNEX VI: PRESENTATION THEMATIC NETWORK (EU-FUNDED) E-NO-FALLS & LINKS WITH ACTION PLAN

See separate file: ANNEX VI

ANNEX VII: PRESENTATIONS OF THE ACTION AREA SESSIONS

See separate file: ANNEX VII – BREAKOUT_SESSIONS