

ALFRED

Personal Interactive Assistant for Independent Living and Active Ageing



WP9 – Impact

D9.2.2: Advisory Board Summary Feedback Report

Deliverable Lead: IESE

Contributing Partners: CHA, ASC

Delivery Date: 03/2015

Dissemination Level: Public

Version 1.0

The purpose of this deliverable is to describe the communication of the ALFRED Consortium with the Advisory Board (AB) members, the 2nd AB meeting and the diverse interactions between the ALFRED project and the AB members during the last six months.



Document Status	
Deliverable Lead	Esther Vizcaino, IESE
Internal Reviewer 1	Michael Krummen, ASC
Internal Reviewer 2	
Type	Deliverable
Work Package	W9: Impact
ID	D9.2.2: Advisory Board Summary Feedback Report
Due Date	31.03.2015
Delivery Date	27.03.2015
Status	For Approval

Document History	
Contributions	V1.0, IESE, 27.03.2015
Final Version	V1.0, 27.03.2015

Note

This deliverable is subject to final acceptance by the European Commission.

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2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 2 / 28
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Project Partners

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 <p>Worldline, Spain</p>	 <p>Charité - Universitätsmedizin Berlin - Department of Geriatrics, Germany</p>
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Executive Summary

Besides the communication within the ALFRED Consortium, it is very important to convey ideas, research and outcomes of the ALFRED project to the relevant stakeholders, to receive their feedback, and make sure that final results of the project are aligned with the vision of industrial partners, user associations, research institutions and public bodies.

In order to achieve this, the ALFRED project has set up, as part of the WP9, the task of establishing an Advisory board (AB) which is following and guiding the project with recommendations and neutral feedback.

This is the second Advisory Board Summary Feedback Report, of five foreseen reports by the project as part of the task 9.2 “Advisory Board Coordination and Interaction”. The first year activity was covered in deliverable D9.2.1, which included the selection of the AB members and the first interactions with the ALFRED project.

The main objective of this deliverable is to update on the communication with the ALFRED AB members, report on the second AB meeting, summarize AB recommendations and describe the diverse interactions between the ALFRED project and the AB members during the last six months.

The second ALFRED AB meeting was a success; the AB members highlighted the potential in the research being developed by the ALFRED project and provided valuable comments to help further improvement of the ALFRED results. AB identified possible threats affecting the deployment of ALFRED in the market and suggested specific actions to overcome it.

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 4 / 28
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Table of Contents

1	Introduction	7
1.1	ALFRED Project Overview	7
1.2	Deliverable Purpose, Scope and Context.....	8
1.3	Document Status and Target Audience.....	8
1.4	Document Structure.....	8
2	ALFRED Advisory Board Committee	9
2.1	Advisory Board Recommendations on First Year of ALFRED	10
2.2	Communication with the Advisory Board Members	10
3	Second ALFRED Advisory Board Meeting.....	11
3.1	Agenda and Presentations by the Consortium	11
3.2	Minutes and remarks from the second AB meeting.....	13
4	Second AB feedback Form	15
4.1	AB Members Replies.....	16

List of Figures and Tables

List of Figures

Figure 1: Presentation of Pillar II during the AB meeting	11
Figure 2: Agenda of the second AB meeting	12
Figure 3: ALFRED Second AB Feedback form	15

List of Tables

Table 1: ALFRED Advisory Board Committee and AB Meeting Attendance	9
Table 2: The Members of the ALFRED Advisory Board and AB meeting attendance	23

1 Introduction

ALFRED – Personal Interactive Assistant for Independent Living and Active Ageing – is a project funded by the Seventh Framework Programme of the European Commission under Grant Agreement No. 611218. It will allow older people to live longer at their own homes with the possibility to act independently and to actively participate in society by providing the technological foundation for an ecosystem consisting of four pillars:

- **User-Driven Interaction Assistant** to allow older people to talk to ALFRED and to ask questions or define commands in order to solve day-to-day problems.
- **Personalized Social Inclusion** by suggesting social events to older people, taking into account their interests and their social environment.
- A more **Effective & Personalized Care** by allowing medical staff and caretakers to access the vital signs of older people monitored by (wearable) sensors.
- **Physical & Cognitive Impairments Prevention** by way of serious games that help the users to maintain and possibly even improve their physical and cognitive capabilities.

The purpose of this deliverable is to describe the communication of the ALFRED Consortium with the Advisory Board (AB) members, the 2nd AB meeting and the diverse interactions between the ALFRED project and the AB members during the last six months.

1.1 ALFRED Project Overview

One of the main problems of western societies is the increasing isolation of older people, who do not actively participate in society either because of missing social interactions or because of age-related impairments (physical or cognitive). The outcomes of the ALFRED project will help to overcome this problem with an interactive virtual butler (a smartphone application also called ALFRED) for older people, which is fully voice controlled.

The ALFRED project is wrapped around the following main objectives:

- To empower older people to live independently for longer by delivering a virtual butler with seamless support for tasks in and outside the home. This virtual butler (the ALFRED app) aims for a very high end-user acceptance by using a fully voice controlled and non-technical user interface.
- To prevent age-related physical and cognitive impairments with the help of personalized serious games.
- To foster active participation in society for the ageing population by suggesting and managing events and social contacts.
- And finally, to improve caring by offering direct access to vital signs for carers and other medical staff as well as alerting in case of emergencies. The data is collected by unobtrusive wearable sensors monitoring the vital signs of ALFRED's users.

To achieve its goals, the project ALFRED conducts original research from a user centred perspective and applies technologies from the fields of Ubiquitous Computing, Big Data, Serious Gaming, the Semantic Web, Cyber Physical Systems, the Internet of Things, the

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Internet of Services, and Human-Computer Interaction. For more information, please refer to the project website at <http://www.alfred.eu>.

1.2 Deliverable Purpose, Scope and Context

The purpose of this deliverable is to describe the communication of the ALFRED scientific consortium with the Advisory Board (AB) members, the 2nd AB meeting and the diverse interactions between the ALFRED project and the AB members. This deliverable 9.2 Advisory Board Summary Feedback Report, is the second of five deliverables as part of the task 9.2 Advisory Board Coordination and Interaction. Next versions are due at months 24, 30 and 36.

1.3 Document Status and Target Audience

This document is listed in the Description-of-Work (DoW) as “public”, as it provides a summary feedback form from the Advisory Board Committee.

1.4 Document Structure

This deliverable is broken down into the following sections:

- **Chapter 1** introduces briefly the project and outlines the purpose, scope, context, status and target audience.
- **Chapter 2** lists the members of the ALFRED Advisory Board, provides the AB meeting attendance and updates on the maintained communication with AB members during last months.
- **Chapter 3** describes the second AB meeting in Paris, the agenda and the most relevant inputs from the AB in this session.
- **Chapter 4** provides the feedback form used to get information from AB members and their responses.

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 8 / 28
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2 ALFRED Advisory Board Committee

The ALFRED Advisory Board committee consists of a group of excellent professionals who represent stakeholders from industry and the scientific community interested in new technologies as a tool for independent living and active aging. Table 1 shows the final Advisory Board and their attendance to the ALFRED AB meetings.

Table 1: ALFRED Advisory Board Committee and AB Meeting Attendance

Name	Institution	Profile	Institution type	Country	Attending 1st AB meeting	Attending 2nd AB meeting
Oliver Heckmann	Youtube	Engineering director at YouTube	ICT, Computer networking	Switzerland	No	No
Diane Whitehouse	The Castlegate Consultancy/ EHTEL	Director	EU eHealth specialist	United Kingdom	Yes	Yes
Petra Wilson	International Diabetes Foundation	Director	Public sector healthcare	Belgium	No	No
Jaume Raventós and Jordi Rovira	Telefónica Spain	eHealth Department	ICT, eHealth, mobile solutions	Spain	Yes	No
Koen van Os	Philips Research	Senior Scientist Intelligent Textiles	Big company innovations in healthcare, lifestyle, lighting	Netherlands	Yes	Yes
Albert Alonso	Hospital Clinic Barcelona	ICT healthcare management director	Hospital. Public body	Spain	Yes	Yes
Heidrun Mollenkopf	BAGSO	Academic, age researcher and politician	Age researcher specialist	Germany	No	No

2.1 Advisory Board Recommendations on First Year of ALFRED

During the first year of ALFRED project a continuous and fluent communication with the AB committee was kept. The first AB meeting was held in Barcelona on the 13th March 2014 and after the meeting they received the first AB feedback form, for further details see D9.1.1. The main recommendations provided in the first AB meeting and the first AB feedback form were gathered and prepared in a brief document describing how all the AB recommendations were addressed (Annex I).

2.2 Communication with the Advisory Board Members

Last November, AB members were invited for the second ALFRED advisory board meeting. In addition, AB members received:

- An update on work developed (Annex II);
- Deliverables submitted until the moment – including the first Advisory Board summary feedback report;
- A brief summary of how we are addressing AB comments and recommendations from the first feedback form and AB meeting (Annex I).

It is very important for the ALFRED project to keep a constant communication with the AB members, update them in the progress of the project and get their assistance and recommendations for the continuous improvement of the project.

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 10 / 28
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3 Second ALFRED Advisory Board Meeting

This section gives a summary of the second AB meeting and the feedback received from the AB members. The second ALFRED AB Meeting was held on the 12th March, in Paris, at Espace Réunion, alongside the 3rd ALFRED Scientific Committee meeting hosted by E-Seniors. Unfortunately due to agenda constraints not all the ALFRED AB members could join the meeting – Oliver Heckmann, Petra Wilson, Heidrun Mollenkopf and Jordi Rovira were not present at the meeting. Nevertheless, they were updated with all the presentations, as well as the minutes of the meeting and the feedback form once the meeting was finished.

3.1 Agenda and Presentations by the Consortium

The scope of this second AB meeting (Figure 1) was to update the AB members on the ALFRED project progress and obtain their feedback. The AB meeting agenda (Figure 2) covered an update of the project, organized by the 4 ALFRED pillars, including the end-users perspective and discussions about exploitation and dissemination strategies. Short presentations were given by partners of the Consortium for each topic, leaving enough time for discussing results with the AB members and collect their comments and recommendations.



Figure 1: Presentation of Pillar II during the AB meeting

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 11 / 28
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2nd Advisory Board Meeting ALFRED12th March

Paris

Venue:

Espace Réunion

43 rue de Dunkerque

75010 Paris

**AGENDA**

14:00-14:15	Welcome of Advisory Board and Introduction	IESE/ESE
14:15-14:30	Update of ALFRED Project	ASC
14:30-14:50	First iterative testing	CHA/NFE/ESE
14:50-15:10	ALFRED Core	ASC
15:10-15:30	Pillar I: User-Driven Interaction Assistant	TALK
15:30-15:50	Pillar II: Personalized Social Inclusion	TIE
15:50-16:20	Coffee Break	
16:20-16:40	Pillar III: Effective & Personalized Care	AITEX
16:40-17:00	Pillar IV: Serious Games for Physical & Cognitive Activity	TUDA
17:00-17:20	Exploitation and Standards	IESE
17:20-17:40	Dissemination	TUDA
17:40-18:00	Final remarks	ASC
20:30	Dinner (Restaurant to be confirmed)	

Figure 2: Agenda of the second AB meeting

3.2 Minutes and remarks from the second AB meeting

The Second ALFRED AB meeting was very fruitful, several intensive hours of analysis and dialog happened, ideas were exchanged and new suggestions were proposed. The minutes of the second AB meeting can be found in Annex III. The main remarks from the AB session are summarised as follows:

- Since you are targeting 60+, if you want to collect for instance, pressure, you have chances to get into the **medical device framework**.
- In terms of the voice speech recogniser, **there is not a substantial difference between the voice of young and older adults** as long as they do not have important health impairments.
- **It is important to take into account informal carers for the ALFRED architecture**. This is going to be an important point in terms of services of ALFRED. You need to consider the role of informal carers.
- Who is going to acquire apps or the whole package? Who is the consumer? This is very important **because it will determine regulations and services**. It should be designed in a different way depending on the buyer.
- The profile will be created by the informal caregiver. It would be interesting to enable older users to make their own profile, they can decide what information is available for others to see and what they want to use. Older adults will generate the profile with the help of the carer. But what is the level of professionalism required to do this? Are they able to share this information? **Different layers of privacy could be created to allow different levels of customization**.
- One important issue to consider it will be “ **the safety network around the older user**” connecting for example the grocery guy, people from library, include these type of contacts in “ALFRED network”
- Normally wearables are developed independently of the core of the system. **This is a unique case which makes ALFRED very interesting**.
- **Switching tasks** (observer, customer and member) of the workbook is a very good idea in order **to assess usability** with the end-users (pilot studies).
- ALFRED would benefit from **focusing in a very specific service**. For instance, ALFRED could provide a “respite care” for the informal caregivers. You need to think how you can combine all this services. There might be some benefits in trying to narrow down the services.
- In order to get the maximum benefit, **ALFRED needs to be offered by community services**, for instance in the community pharmacy. You need to put some services behind to exploit potential of ALFRED like some type of telemedicine services.
- You need to think **of different customer segments**. A simple Venn diagram can be useful. Also, it would be worth sitting together 1 or 2 days and discuss around the business model canvas and explore opportunities collectively. Inside the consortium there are three grouping type of clients. They would be closer than anyone to tell you what the needs of older users are.
- It is important to have **very specific dissemination channels** but to be also present everywhere (relevant conferences on the field, place materials in Business summer schools etc...).

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 13 / 28
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- **Liaison with key identified external stakeholders** (e.g.: EIT-health or EIP-AHA) in order to get very specific information about older user needs, requests and activities, use it as focus groups.
- To define a **very specific dissemination goal**, perfectly achievable.

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 14 / 28
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4 Second AB feedback Form

The AB feedback form is an excellent opportunity to get an expert opinion on very specific issues of the ALFRED project. Based on the different interest of the consortium the second Advisory Board Feedback form (Figure 3) was created. This form was provided to all the AB members.

ALFRED Project 2nd Advisory Board Feedback form

Advisory Board member name and email

Please rate the 2nd ALFRED Advisory Board meeting, held in Paris, March 12th, 2015

from 1 insufficient, to 5 excelent

- Agenda (topics covered, timing, etc) 1 2 3 4 5
- Presentation of the ALFRED project 1 2 3 4 5
- Discussion created on different topics 1 2 3 4 5

Comments & Suggestions

Please provide us with your opinion

Can the strategy for addressing each of ALFRED's Pillars be improved? How?

How shall the impact in the pilot users be measured? What specific tools should be used?

How to best evaluate the socio-economic details in WP8 - Piloting and Validation?

How can the weaknesses and threats of ALFRED exploitation strategy be better addressed?

How can the dissemination of ALFRED be maximized?

Additional Comments

please provide any additional comments you consider suitable

After filling the form, please send it to Marta Ribeiro, mribeiro@iesee.edu

Thank you for your contribution to the ALFRED project

Figure 3: ALFRED Second AB Feedback form

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 15 / 28
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4.1 AB Members Replies

The comments from the AB members are very constructive and valuable; they will be considered in the future for further improvement of the ALFRED results. Below the replies of the three AB members present during the meeting can be found. They are grouped by question. At the date of the submission of the deliverable, not all replies from the AB members were received.

Please rate the 2nd ALFRED Advisory Board meeting, held in Paris, March 12th, 2015

Koen van Os:

Agenda | Presentation | Discussion: 5 | 5 | 5

Comments: Very nice progress. I am curious to see final results! Planning, Implementation and Validation of >20 apps will be challenging. Maybe, you should narrow down to less. Good Team!

Diane Whitehouse:

Agenda | Presentation | Discussion: 4 | 3 | 4

Comments: none

Question 1: Can the strategy for addressing each of ALFRED's Pillars be improved? How?

Koen van Os: ALFRED as a wellness device should be defined it a bit more. Quality seal certification is key.

Diane Whitehouse: In my personal opinion, ALFRED should be treated as e.g., 4 X 4-5 apps, i.e., as individual bundles, and not as a single bundle of 20 apps.

Question 2: How shall the impact in the pilot users be measured? What specific tools should be used?

Koen van Os: KPI of voice context is a good example

Diane Whitehouse: Have you considered working with the mechanisms/instruments suggested by EIP AHA?

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 16 / 28
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Question 3: How to best evaluate the socio-economic details in WP8? Piloting and Validation?

Koen van Os: Focus on specific target group

Diane Whitehouse: No current opinion; I will need to re-read the deliverable itself in order to offer you commentary. MAST is one of the mechanisms that is commonly used. The MOMENTUM project on telemedicine services recently (summer 2013) showed evidence that initiatives use a wide range of instruments: http://telemedicine-momentum.eu/wp-content/uploads/2012/06/D4-1_v12_MOMENTUM_SIG1_strategy_final.pdf (see pages 23-34).

Question 4: How can the weaknesses and threats of ALFRED exploitation strategy be better addressed?

Koen van Os: Use competitor solutions (Apple healthkit)

Diane Whitehouse: By e.g., doing an in-house "business models" workshop with relevant consortium members present (perhaps also the advisory board members). Use Osterwalder's "business canvas model" with **all** the consortium members so as to cross the project "pillars"/silos.

Question 5: How can the dissemination of ALFRED be maximized?

Koen van Os: Make movie(s) of ALFRED. For wearables, you could make colourful, fashionable T-shirt and photo shoot with a nice environment. You could try kickstarter is a good experiment.

Diane Whitehouse: Consider easy-to-do approaches rather than focusing on academic journal issues. Focus on news releases based around actual workshops/events. Get the consortium members to all use social media whenever there is an event/activity. Have a plan for quarterly dissemination assignments (and record the achievements each three months).

Additional comments

Koen van Os: To try to estimate the value of subscription of ALFRED. You might benefit of focusing in a very specific market segment. Also, I do not recommend to try to get a patent out of the project. It might be better to spend it in networking or partnership with established companies.

Diane Whitehouse: I will send you independently comments on each of the current deliverables during the next weeks.

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 17 / 28
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Annex I – Brief Summary of Actions on AB Recommendations



How are we addressing Advisory Board committee recommendations? Work in progress

This text summarizes the comments from 1st Advisory Board meeting and 1st Feedback form. The feedback from the ALFRED AB is mainly categorized in 6 points:

➤ **Alfred architecture**

- Alfred's architecture is very complex which might raise issues of technical interoperability

We have paid special attention to the interoperability issues in the *Architecture Definition and Functional Specification* deliverable (D2.4). After the 1st AB meeting, the D2.4 draft was reviewed and its final version includes a simplified architecture structure in order to reduce the risk of technical interoperability.

➤ **Business model and implementation plan**

- Market forecasts. To follow hardware and software, Medical devices vs non-medical devices, the role of related emerging technologies: wearable sensors (smart watches, etc). Which technology will become dominant?

-To consider how ALFRED is positioning in the market in relation to BIG Players (platforms as Apple health Kit or google Fit)

-Business model analysis. It is key to business success to evaluate among different possibilities which would be the best

-To define Customers

These topics are being addressed in the *Market and Applicability Watch* (T2.2 – a total of 4 reports to be delivered during project months 6, 12, 24, 36) and in the *Exploitation Plan* (T9.1 – 2 reports to be delivered at months 18 and 30).

The last version of the D2.2, submitted in September, included a market analysis and a section on the recently launched Apple Health.

In T9.1, we also are working in developing different exploitation strategies to bring Alfred into the market. We are developing a scenario analysis of the most suitable implementation plans. We will be evaluating the Strengths, Weakness, Opportunities and Threats involved in the different scenarios. This analysis would allow us to define the

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 18 / 28
http://www.alfred.eu/		Copyright © ALFRED Project Consortium. All Rights Reserved. Grant Agreement No.: 611218		

challenges of the project and identifying the internal and external factors that are favorable and unfavorable to achieve those challenges. A significant part of the business analysis is a clear definition of the customer: in ALFRED is likely that the customer is not the ALFRED end user. Public and private payers, including insurance companies, are some of the customers that are being analyzed.

➤ Stakeholders

- To involve homecare organizations to get feedback during the project development
- To contact insurance companies
- To consider regional initiatives of marketplaces and different health systems within country partners
- To include younger groups of adults and monitor changes related to user's ICT level of knowledge

We are currently working in the *Exploitation plan* (Task 9.1; D9.1.1 and D9.1.2). We plan to perform research on insurance companies which already offer mHealth services within pilot/partner countries as part of the exploitation plan. We plan to identify the main networks of homecare organizations per pilot/partner country since could be potential payers. E-Seniors in France, the National Foundation for Elderly in Netherlands and Charité Department of Geriatrics in Germany will play a key role in this task. We are also investigating regional markets and local initiatives in order to define very precisely our customers within pilot/partner countries.

One of the strengths of Alfred is to involve end-users by means of the focus groups and the pilot studies, in all the phases of the project in order to be adaptable to individual needs and resources. It has been defined that participants in the pilot studies will be older persons (>60) interested in socializing and ICT tools, with different levels of ICT knowledge and without any serious health impairment.

➤ Standardization, ethic and legal aspects

- Data privacy in the project. To incorporate legislation/ certification/CE-approvals into the strategy

This task is being developed in Task 9.6 *Standardization, policy and ethical issues* (a total of 3 reports to be delivered month 12, 24, 36). In September, we completed a first analysis on the standards, legal and ethical aspects that exist and would be related to ALFRED (D9.6.1). For the next deliverable, we intent to perform a match and identification of which from all those standards would ALFRED need to include in its development.

➤ Dissemination

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 19 / 28
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-To be present in relevant events

-To apply for AAL Awards or European Awards

-To publish results in high impact peer reviewed journals and newsletters of senior organizations

The ALFRED project has established during its first year several collaborations with different initiatives, networks and projects in order to increase its visibility. We have become members of the Ageing Well and the Haivisio community and we are looking to expand the collaboration with the EIP AHA community. ALFRED is also in liaison with the Network 2020 Network.

Besides promoting ALFRED among general public through general dissemination activities (ALFRED website, brochures, newsletter, social media channels etc...), we have been planning and selecting (D9.4.1) a list of potential conferences and journals to which future submissions might be applied.

We will consider presenting Alfred to appropriated awards once the ALFRED prototype is at a more advanced stage of development.

➤ **Text editing and Proofreading**

We are devoted to deliver very well structured documents, avoiding spelling mistakes and bad grammar, making correct use of abbreviations while providing consistency in the style through the documents. In order to achieve this, the deliverable writing process is accompanied by an internal quality assurance process. We have defined 2 internal reviewers (within the committee) per deliverable for peer reviewing.

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 20 / 28
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Annex II – ALFRED Project Update sent to AB members



Project progress summary

During these last months the project has been working in their strategy descriptions and requirements, definition of the global architecture, the core component specifications and developing the first prototypes in form of mock-ups. We have been also preparing the exploitation, creating wide dissemination and coordinating the standardization of the project results.

Seven new deliverables were prepared and submitted by end of September 2014 (month 12) to the EC reflecting the results achieved during this period. A brief summary of each follows:

D2.2.2 Market and Applicability Watch Report This deliverable provides a characterization of the market of independent and healthy living tools for elderly. The Market and Applicability Watch is a continuous task of the Project, covering the whole duration of it. This is the second deliverable of the Market and Applicability Watch from a total of 4 (project months 6, 12, 24, 36).

D2.5 Technical Specification This deliverable provides an in-depth technical definition of all ALFRED software components and their subcomponents, including the technical specification of the provided interfaces. Furthermore, it documents the defined app and service data models as well as the technologies chosen as foundation for the implementations of the ALFRED software components.

D8.1.1 Piloting Definitions This deliverable describes plans and defines how the use cases and user stories from D2.3 will be tested in the different pilots - T8.2 Individual Usability; T8.3 Hospital and T8.4 Association. The document will be delivered in two different versions. The currently available first version of D8.1 describes the iterative evaluations and the evaluation process starting at m12. It also gives a first overview of the pilot. The second version of this document will be available at m18 and will provide the results of the iterative evaluations and will detail the pilot evaluations in the different countries.

D9.2.1 Advisory Board Summary Feedback Report This deliverable reports on the selection of the ALFRED Advisory Board (AB) members, the first AB meeting and the diverse interactions between the ALFRED project and the AB members. This document gathers the first assessment and recommendations of the highly knowledgeable AB Committee on the development of the ALFRED project.

D9.4.1 Dissemination Report This deliverable details the project committee's dissemination efforts made within the first twelve project months and also elaborates on the project's general dissemination strategy. Four more of these reports will follow biannually until the end of the project in September 2016. The subsequent dissemination reports will build upon and extend this document.

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 21 / 28
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D9.6.1 Standardization, Policy and Ethical Issues Report This report summarizes the standards, ethical and policy issues that are relevant for the development of ALFRED project and commercialization of ALFRED products.

D9.7.1 Collaboration Report This report details the ALFRED project's collaboration and clustering activities with EU events and with other research projects. This report is the first one of three collaboration reports for the ALFRED project that are due in the following projects months m12 (D9.7.1), m24 (D9.7.2) and m36 (D9.7.3).

Dissemination and plenary meetings

The ALFRED project organized a workshop as a side event of the Ambient Assisted Living Forum (**The AAL Forum**) the 9th September in Bucharest, Romania. The workshop entitled "mobile apps for independent living"- focused on the ALFRED project- was a success with more than 70 participants. It also included some additional presentations from different AAL related RTD projects in order to exchange best practices from different perspectives.

The 2nd Alfred Scientific Committee Meeting took also place from 10-12 September in Bucharest during the AAL Forum. ALFRED architecture, implementation and dissemination formed the key items on the agenda. The next scientific committee meeting will be held in Paris the 12-13 March 2015, alongside the 2nd Advisory Board meeting.

We have prepared the first ALFRED newsletter and now is ready for release. Those interested can subscribe via the project's homepage.

1st ALFRED review meeting

The 1st ALFRED review meeting was held in Brussels, 21st November. The panel of reviewers was composed by Birgitte Lonvig, Thomas Hempel and Sofia Moreno Perez. The review was overall quite positive and a full report will be received within one month.

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 22 / 28
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Annex III – Second Advisory Board Meeting Minutes

Second ALFRED Advisory Board Meeting

@Espace Réunion, Paris , 12th of March 2015

1. The Members of the ALFRED Advisory Board

The **Table 2** defines the members of the advisory board that were invited to take part of the second advisory board meeting and those that were able to attend the meeting.

Table 2: The Members of the ALFRED Advisory Board and AB meeting attendance

Name	Institution	Profile	Institution type	Country	Attending 1 st AB meeting	Attending 2 nd AB meeting
Oliver Heckmann	Youtube	Engineering director at YouTube	ICT, Computer networking	Switzerland	No	No
Diane Whitehouse	The Castlegate Consultancy/ EHTEL	Director	EU eHealth specialist	United Kingdom	Yes	Yes
Petra Wilson	International Diabetes Foundation	Director	Public sector healthcare	Belgium	No	No
Jaume Raventós and Jordi Rovira	Telefónica Spain	eHealth Department	ICT, eHealth, mobile solutions	Spain	Yes	No
Koen van Os	Philips Research	Senior Scientist Intelligent Textiles	Big company innovations in healthcare, lifestyle, lighting	Netherlands	Yes	Yes
Albert Alonso	Hospital Clinic Barcelona	ICT healthcare management director	Hospital. Public body	Spain	Yes	Yes
Heidrun Mollenkopf	BAGSO	Academic, age researcher and politician	Age researcher specialist	Germany	No	No

2. About the Second Advisory Board Meeting in Paris

All the presentations given for the advisory board (AB) members are available in the ALFRED Dropbox Folder (ALFRED/Meetings/2015 03 Paris/1. AB PPTs). The AB meeting covered an update of the project, organized by the 4 ALFRED pillars, an update on the end-users perspective and discussions about exploitation and dissemination strategies. This document compiles the questions, comments and feedback of the AB members, who attended the meeting.

3. Questions, Remarks and Precisions Discussed with the AB Members

Pillar I - User-Driven Interaction Assistant

Albert Alonso: You don't mean to be a medical device but there is a part for storing data and a healthcare data component in the ALFRED architecture. Where is the frontier between Medical and Wellness device?

Regulation framework in EU for medical vs wellness devices is not very well defined and the medical device market is highly regulated. Because we lack resources and it would be very time consuming, we have decided not to define ALFRED as a medical device. Apart from regulatory framework, the type of products or/and services that ALFRED wants to provide, fits better on what is a wellness device, focusing on prevention and providing services for independent living.

Notice from Albert Alonso: You are targeting 60+, if you want to collect for instance, pressure, you have chances to get into medical device framework.

Diane Whitehouse. You plan to deliver 20 apps within the 4 pillars, do you see ALFRED as a super device or like "individual pills"? What can consumers expect? What is the strategy? What services would you expect for providing independent living?

We are thinking of going for a single package and a single system.

Koen Van Os. It is a good idea to give up the medical device idea. Do you have any guidelines or safety rules to consider?

This is a grey area; there is not a clear distinction between medical and wellness devices. We have included the available information in our 9.6.1 Deliverable on Standards, Ethics and Legal. EC are not sending any very clear message although they have promised to deliver it soon. We plan to check what is working in the market and take lessons from it.

Diane Whitehouse: In terms of the voice speech recogniser, there is not a substantial difference between the voice of young and older adults as long as they do not have

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important health impairments.

To AB members: In the first technical review report we were asked to evaluate current performance of selected building blocks when possible (like ASR). Do you have any suggestion for this?

Albert Alonso. Air control systems check how they can recognise voice message within critical environment, you could check on it.

Koen Van Os, Why do you do plan to deliver and Open-source version of TDM?
It is good for promotion among app developers; we can go wider, reach more people.

Comment from the AB: do you take into account also informal carers for the Alfred architecture? This is going to be an important point in terms of services of Alfred. Which is the role of informal carers? You need to consider them. Who is going to acquire apps or the whole package? Who is the consumer? This is very important because it will determine regulations and services. It should be designed in a different way depending on the buyer.

Pillar II - Personalized Social Inclusion

Koen Van Os. Who is going to pay for the events? Could you integrate a shopping basket?

We will provide information about if it is free / paid and link to the website. We won't integrate a shopping basket, but since ALFRED will allow access to third party apps, someone could create an app for payment system.

One important issue to consider it will be " the safety network around the older user" connecting for example the grocery guy, people from library, include these type of contacts in "ALFRED network"

Somehow Alfred is maintaining this network since it is able to send messages. An app could be designed in order to detect connections between them.

Diane Whitehouse. The profile will be created by the informal caregiver. It would be interesting to enable older users to make their own profile, they can decide what is available and what they want to use. Older adults will generate the profile with the help of the carer. But what is the level of professionalism required to do this? Are they able to share this information? Different layers of privacy could be created to allow different levels of customization.

We think that in the ALFRED profile, the information is not so private/confidential, that it cannot be shared. But yes, we should check that.

Diane Whitehouse. What about the apps? Who is paying apps or device? Who is paying for the services and the phone bill?

Smartphone penetration rate is very high; it will be saturated very soon. Also, the tendency is that internet is getting cheaper and broad band access across Europe is much better. Apps developed by the project will be given for free and we can assume that end-users might not be the payers. Because the complexity of the stakeholders, we know this is going to be an issue, different prices in different countries etc...

Koen Van Os. Do you have any idea of the value of the product? What should be the price?

We still don't know, also because it varies to who we are selling it to. We consider it is a bit early to define pricing strategy since we are still developing prototypes. We hope to achieve this by the m30 in the 9.1.2 deliverable.

Pillar III - Effective & Personalized Care

Koen Van Os. Normally All wearables are developed independently of the core of the system. This is an unique case which makes ALFRED very interesting

Pillar IV- Physical & Cognitive Impairments Prevention

Koen Van Os. Why did you not use a real ball for the game?

Because when it was developed it was tested by different levels of ability (wheelchair, etc...) and the ball was too sensitive.

Diane Whitehouse. Have you spotted some of these games appealing to be more attractive for any gender?

Not really.

End-Users Perspective

Albert Alonso. How do you assess usability? I had the feeling that you were relying on reactions

We are using a protocol.

Albert Alonso. Switching tasks (observer, customer and member) of the workbook is a very good idea in order to assess usability. Also change the order of the different tasks

AB Recommendations for the KPIs:

It is very difficult to extract results. There are a lot of confounding factors for the defined KPI.

Exploitation and Dissemination strategies

Koen Van Os. Business model Canvas. Informal carers are not included in the key partners, and I think they should. There are some associations of informal caregivers that you could study/approach.

Albert Alonso: ALFRED would benefit from focusing in a very specific service. For instance, ALFRED could provide a “respite care” for the informal caregivers. You need to think how you can combine all this services. There might be some benefits in trying to narrow down the services.

Diane Whitehouse. It would be very interesting if ALFRED could help in filling the gap between the person who normally does and someone else that has to replace these tasks.

Albert Alonso. In order to get the maximum benefit, I have the feeling that ALFRED needs to be offered by community services, for instance in the community pharmacy. I think you need to put some services behind to exploit potential of ALFRED like some type of telemedicine services

Diane Whitehouse. There is a need of prioritizing distribution channels. I would suggest focusing on family support services. Make a list of all the opportunities, and then list the priority companies to contact.

Albert Alonso. It would be a very good approach to team up with an INTEGRATED system. From a primary care perspective, you have a lot of potential. Charité would be a good partner, if you plan to sell a package of rehabilitation.

Diane Whitehouse. You need to think of different customer segments. A simple Venn diagram can be useful. Also, it would be worth sitting together 1 or 2 days and discuss around the business model canvas and explore opportunities collectively. Inside the consortium you have three grouping type of clients. They would be closer than anyone to tell you what the needs of older users are.

Diane Whitehouse. To consider in next steps of Dissemination:

-AAL. Submitting a new proposal and identify all streams of revenues, and how much from your own country (Germany and France are specially good at this)

-EIT-HEALTH. To think of summer schools of business creation, ALFRED can be used as example of research project which can go to the market. Include ALFRED into the kick (25% of funding)

-EIP-AHA group of fall prevention. Use them as focus group

AB Recommendations for the dissemination strategy:

- To have very specific dissemination channels, but to be also present everywhere
- To make movies
- To plan what you intend to do
- To have multidisciplinary papers
- To define a very specific goal, perfectly achievable.
- To try to be present in the e-health week
- To try to place some materials in PhD summer schools (i.e. Diane is the director of a summer school program in Edinburgh)
- **Koen Van Os** will recommend organizers to consider ALFRED for the “ICT 2015 - Innovate, Connect, Transform” to be held this October in Lisbon
- To investigate if is there any cluster in the call where we were selected (although it is very unlikely since we did not get any invitation)
- To get consultant members, AB members, experts in the field to speak on behalf of the project in interviews, workshops etc...

2 nd Advisory Board Summary Feedback Report	Document Version: 1.0	Date: 2015-03-27	Status: For Approval	Page: 28 / 28
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