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Social Media Plan



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Executive summary

CAREGIVERSPRO-MMD (C-MMD) is a digital platform, integrating a broader diagnostic approach, incorporating the *live-in family caregiver - people with mild cognitive impairment or mild to moderate dementia* dyad and considering this dyad as the unit of care.

In May 2017, the C-MMD team plans to start the pilots of C-MMD platform in France, United Kingdom, Spain and Italy. A sufficient number of active users need to be recruited and maintained in the C-MMD platform, in order to reach the mutual assistance communities benefits. The Social Media Plan (SMP) supports the consortium in building these communities, documenting a top down Social Media Strategy.

The SMP will include: goals, target audience, core topics, editorial calendar, stakeholders' engagement, forecast, and measurement in each community for each experiments' country.

Even though Social Media and online communities can serve educational functions and seem to be an effective means of communicating medical resources, it is associated with important challenges. Misuse of social networks can have consequences, ranging from seemingly simple issues such as affecting the reputation to serious legal disputes. Maintaining professionalism and preserving the concepts of confidentiality and privacy is essential.

In this document, we will also analyse some of the dilemmas that have been brought about by the use of social networks in the healthcare environment¹ and provide some support to the C-MMD team in building such communities.

¹ Social networks in medical practice - B.E. Ibarra-Yruegas, C.R. Camara-Lemarroy, L.E. Loredo-Díaz, O. Kawas-Valle

List of Acronyms

Acronym	Title
AB	Advisory Board
C1	C-MMD public communities (Facebook and Twitter) to increase awareness and prevention on cognitive impairment symptoms and support. This includes awareness raising campaigns on PLWDs' needs and caregivers' needs and on available ICT-based tools and their benefits;
C2	C-MMD private secure online community to share experiences and tacit knowledge between caregivers on health management and to find support
C3	C-MMD private secure online community to coordinate and manage care at the point of care in the community, equipped with a number of services that help the C3 community to manage the PLWD and care more effectively. C3's members are trusted people. Doctors and social caregivers can connect to this trusted and private community. A C3 community is also named <i>circle</i> .
C4	C-MMD private secure online community to share experiences and tacit knowledge between PLWDs on health management and to find support
C5	C-MMD private secure online community devoted to the pure and genuine 'health' dimension of cognitive impairment where GP, Specialist, Psychologist, etc. have access to the platform, accessing contents, evaluating data, providing their professional contents.
C-MMD	CAREGIVERSPRO-MMD
CTA	Call to action
HON	Health On Net
KPI	Key performance indicator
PDA	Personal digital assistant
PLWD	People living with dementia
SEO	Search Engine Optimization – Optimize the C-MMD platform to appear higher in search engine results, plus pay per click advertising such as Google AdWords
SMP	Social Media Plan
SN	Social Network
SNS	Social Networking Sites

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1 Introduction

The CAREGIVERS-MMD consortium will explore the links between socialization, ICT-supported community living, and effective dementia care services. The growing popularity of online social networking has raised the question of *how* social connectedness can impact a person's health and whether it plays any role in improving medication adherence².

The major goal of the social media plan is to build an online social organization such that the vast amount of *social energy* is funnelled back in order to serve them.

As more people will require dementia care while workforce declines, it is even more important that an approach such as the C-MMD social network model makes the best and *smartest* use of the available resources.

Fast-developing social networking sites (SNS) have become the major media by which people develop their personal network online in recent years. SNS, by definition, provide a new method of communication, employing computers as a collaborative tool to accelerate group formation and to escalate group scope and influence. SNS are currently the world's fastest developing personal networking tool³.

SNS allow the individual to construct his/her profile, sharing text, images, and photos, and to link other members of the site by applications and groups provided on the Internet. Hence, SNS enable users to introduce themselves, connect to a social network, and develop and maintain relationships with others.

Online community sites are sometimes considered as social network sites, though in a broader sense, social network sites usually provide an individual-centered service whereas online community services are group-centered, bounded together by a common interest or topic⁴. C-MMD is as an online community and more specifically an online health community.

The importance of online health communities is evidenced by their popularity⁵ (*PatientsLikeMe*, *PatientPower*, *MedHelp*, *WebMD*, etc.) as well as the significant impact they may have on the lives of their members. Despite limited research on health benefits, there are many situations where online health communities appear to aid patients and caregivers.

Their benefits include improved quality of life, better decision-making, and patients who feel less alone and more empowered. Indeed, individuals especially appreciate the availability of online health communities with impaired mobility, potentially embarrassing medical conditions, or caretaker responsibilities that may prohibit them from receiving adequate face-to-face medical and emotional support⁶.

This **D4.5 Social Media Plan** provides an explanation of how the C-MMD Social Media Plan (SMP) supports the consortium in building, sharing with the team, and documenting a top down social media strategy and contributes to user recruitment.

² Niteesh K. Choudhry MD, PhD, associate physician, Division of Pharmacoepidemiology and Pharmacoeconomics, Brigham and Women's Hospital and associate professor, Harvard Medical School.

³ Kuan-Yu Lin - Why people use social networking sites: An empirical study integrating network externalities and motivation theory

⁴ https://en.wikipedia.org/wiki/Social_networking_service

⁵ CHI EA '06 CHI '06 Extended Abstracts on Human Factors in Computing Systems

⁶ https://en.wikipedia.org/wiki/Online_health_communities

1.1 Structure of the D4.5 deliverable

Deliverable D4.5 is broken down into 9 main chapters:

- **Chapter 1 constitutes the introduction of the document.** It defines the roles and responsibilities needed to develop the SMP during the project.
- **Chapter 2 defines the audience of the C-MMD online community**
- **Chapter 3 proposes some details about the brands management.**
- **Chapter 4 explain how the team will manage the content** as based for the C-MMD content strategy marketing.
- **Chapter 5 define the way the content will be published.**
- **Chapter 6 describes how the team will measure** the impact of the content marketing strategy.
- **Chapter 7 provides some information about competitor practices in term of SM.**
- **Chapter 8 lists social Media best practices.**
- **Chapter 9 concludes** the deliverable.

1.2 Security and privacy in social networks

Social network security and privacy issues result from the amounts of information processed each day. Features that invite users to participate in sharing messages, invitations, photos, *etc.*, are often the venues for others to gain access to a user's private information⁷.

A detailed documentation has been provided in previous deliverables about security and privacy rules in social network. The **D3.1 Detailed System Architecture** develops a full chapter (Chapter 4) dedicated to identify design constraints related to data confidentiality, privacy, security and regulatory uncertainties. The **D7.3 Data Management Plan** develops a chapter related to the privacy impact assessment (Chapter 4) and a chapter dedicated to the access and use of information (Chapter 6).

In the study *“Social Network Security: A Brief Overview of Risks and Solutions”*, Edward Wang summarizes relevant security studies related to social network use⁸. Some of them, listed below, will be integrated in the design of the C-MMD platform:

- Users should have greater control in assigning viewing privileges of personal information; the methodology should be more user-friendly and streamlined.
- The ability of users to view other users' information should be limited.
- Users should be given the authority to censor
- Control commented information should only be viewable up to a number of degrees away.

However, social network user education seems to still being the best countermeasure. Social network users need to be aware of the consequences of publishing detailed personal information.

⁷ https://en.wikipedia.org/wiki/Privacy_concerns_with_social_networking_services

⁸ <http://www.cse.wustl.edu/~jain/cse571-09/ftp/social.pdf>

2 Target Audience of the C-MMD online community

2.1 C-MMD Stakeholders

The C-MMD measurable social and clinical outcomes with linked economic impacts providing added value will be communicated to stakeholder and buyers as a part of the SMP. Table 1 shows how C-MMD addresses stakeholders' needs:

Stakeholders	Priorities	C-MMD benefits
PLWD	Care that works for them	Personalised care plan optimised to their personal needs. Constantly available route to indicate changes in well-being, allowing fast adjustment care plan.
Caregivers	Reduced burden of care and improved well-being, reduce cost.	Continuous and easy monitoring of PLWDs reduces informal caregivers time spent. Support by professional to manage carer's own mental / physical well-being. Personalised care plan optimised to their personal needs.
Social worker professionals	Increased PLWD-facing time at equal or reduced required time / money	Better understanding on elderly user evolution, behavioural changes and social participation. Affordable intervention that facilitates monitoring, interaction and PLWD engagement in society.
Dyad (PLWD + caregiver)	Good influence of the dyadic relationship on the physical and mental health outcomes of both PLWD and caregiver.	Identifying areas of difficulty and guide interventions to improve outcomes for both members of the dyad.
Healthcare professionals	Increased PLWD-facing time at equal or reduced required time / money	Less time spent on administration, including data collection on PLWDs and caregivers well-being. Better understanding of advantages and disadvantages of treatment options, correlations with behavioural changes and association with medical, psychological and social changes, allowing future improvement in care plans and preventive interventions. By fusion of clinical and social self-evaluation results at the point of care in the community for PLWD and their caregivers, the treatment adherence level of both PLWD and caregivers and sharing clinical data with social carers and medical staff, there is a potential improvement decision making among formal, informal caregivers and patients.
Caregivers professionals	Increased PLWD-facing time at equal or reduced required time / money	Facilitates their work, reduces the stress and have a positive impact against the phenomenon of "burn-out".
Overall health care system	Reduced costs without loss of service quality	Reduces hospitalisations of PLWDs and caregivers. Delayed need for PLWD to enter care homes. Reduces wastage due to unused medications
Overall social system	Reduced costs, improved quality of life, well being	Reduces institutionalization and improve awareness, quality of life and well being of its users (PLWDs and carers). Better integration with health services, due to the introduction of social report in EHR, for a real user centred, tailored, personalised and holistic service. Caregiver enabled to "act" with a pro-active role in the care provision, being full part of the system.
Research Community	Source of data	The continual monitoring of symptoms of both PLWD and informal caregivers in the community at the point of care (the screening service will address the identification and the progression of

Stakeholders	Priorities	C-MMD benefits
		dementia and psychiatric co-morbidity symptoms), the C-MMD treatment adherence service and the monitoring of their activity provides an invaluable source of research data. The anonymised data can be analysed to extract meaningful knowledge and compare it to state-of-the-art knowledge on dementia progression, caregiver intervention and medication adherence patterns associated with the co-morbidity chronic conditions.

Table 1: Benefits for different stakeholders

2.2 C-MMD Lead

In this document, a lead is a C-MMD user. The C-MMD platform provides support for interactions between the following users:

Users	Description
PLWD	People living with Mild Cognitive Impairment and with Mild to Moderate Neurocognitive Disorders.
Caregivers	People providing support and assistance to the PLWD, with or without a professional and formal background (e.g. informal or formal caregiver). Those are family members, neighbours, friends as well as paid assistant.
Health Professionals	People with healthcare background, managing the health plan of the dyad; they combine and manage health data for clinical assessment, diagnosis and treatment plans.
Social Professionals	People with Social background, managing the social support of the dyad; they deal with the social component of the intervention, in order to improve outcomes in dyad's lives and relationships, with special focus on their social status.

Table 2: C-MMD types of users

2.3 Online health community

C-MMD platform provides support for online health communities. Online health communities have emerged as a practical approach for nurturing, encouraging and enabling PLWD engagement.

An online community is an online social network of individuals who interact with one another to pursue common goals and/or interests. Conceptually, an online community seems to be an ideal mechanism for achieving higher PLWD engagement and the benefits thereof⁹.

2.4 Online health community actors

The C-MMD online health community's participants as any other online community can be grouped in 3 categories: super users, contributors and lurkers.

⁹ https://blog.demandmetric.com/wp-content/uploads/2014/10/online_communities_benchmark_report.pdf

Actor	Role description
Super user	A user who frequently generates content and facilitates discussions, they are the most dedicated and passionate members of the C-MMD communities. They create the vast majority of new content, posts and comments. Motivations and posting patterns includes introductions, greetings, general supportive statements, suggested strategies, success stories, and discussion of difficulties. The number of super user is the real added value of an online community.
Contributor	A user who contributes occasionally.
Lurker	Lurking is used to refer to online observation without engaging with others in the community. Lurking is the most common behavior. Conversely, lurkers generate limited or no network value . Although Lurkers may benefit from observing interactions between Super users and Contributors, they do not generate network effects; they do not participate to the mutual assistance community nor do contribute to the community growth.

Table 3: Online community type of actors

2.5 Roles and Responsibilities

Table 4 defines the C-MMD SMP roles and responsibilities within the Consortium. This matrix also serves as the list of points of contact for issues and concerns.

Partner	Name	Role	Email
CHU	Isabelle Landrin Dutot	C-MMD FR leads manager	Isabelle.Landrin@chu-rouen.fr
COOS	Francesca Scocchera	C-MMD IT leads manager	ricerca4@cooss.marche.it
FUB	Xavier Gironès García	C-MMD ES leads manager	xgirones@umanresa.cat
HULL	Paraskevi Zafeiridi	C-MMD UK leads manager	P.Zafeiridi@hull.ac.uk
MDA	Frédéric TETARD	C-MMD leads manager	ftetard@mobilesdynamics.com
QPLAN	Dimitrios A. Daskalakis	C-MMD Stakeholder manager	daskalakis@qplan.gr

Table 4: C-MMD SMP Roles

The lead manager works with the C-MMD communities' members to understand, support, and engage them. The main responsibility of the lead manager is to reach leads objectives. Other responsibilities include:

1. Moderate and animate the public social networks (Facebook and Twitter);
2. Moderate and animate the **C2** and **C4** C-MMD communities;
3. Publish content (**5-10 post per week in Facebook, 3-5 per day in twitter**);
4. Respond to messages/tweets/comments as appropriate with a reply or a Like or retweet, etc.;
5. Review any scheduled content for relevance;
6. Review paid promotion response and adjust as necessary;
7. Review and respond to any comments or replies on **paid ads**;
8. Manage off line leads acquisition programmes;
9. Manage Google AdWords campaigns;
10. Participate to the redaction of the C-MMD monthly newsletter;
11. Welcome new members, answer questions, respond to feedback;

12. Give feedback about C-MMD platform improvements;
13. Participate to SMP monthly follow-up meeting led by MDA;

2.6 General architecture of the C-MMD communities

The figure 1 below shows the C-MMD communities' model:

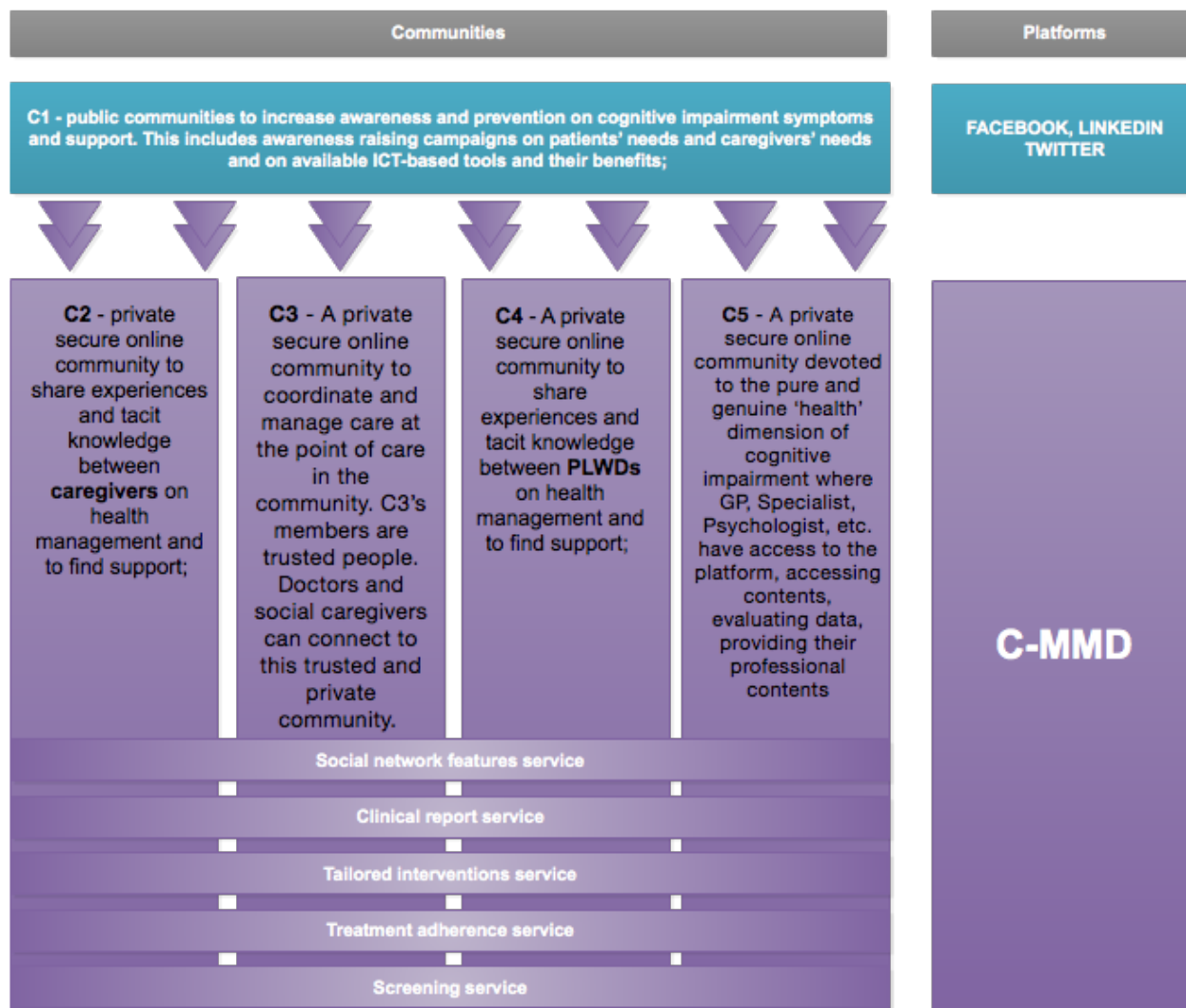


Figure 1: C-MMD communities' architecture

2.7 C-MMD public online health communities

The C-MMD team will create public online communities using major active social networking websites like Facebook or Twitter. In this document, these communities are named public communities or "C1" communities. The main objectives of these online communities are:

Communities C1 Public communities using Facebook and twitter platform, in Spain, UK, France and Italy	Increase awareness and prevention on cognitive impairment symptoms and support. This includes awareness raising campaigns on PLWDs' needs and caregivers' needs and on available ICT-based tools and their benefits; Generate leads;
C1 Level of privacy and security	End-user education, alongside documented policies and procedures, is the most fundamental protection that exists in the public social network platform. Not all

privacy settings are created equal for FACEBOOK, LINKEDIN and TWITTER. For each channel, we will provide to members best practices. (Some of them are described in **Annex VII**)

2.8 C-MMD private online health communities

The C-MMD platform will provide support for communities of caregivers and PLWD. In this document, these communities are named *private communities*. These communities (“C2”, “C3”, “C4” and “C5”) are private secure online communities to share experiences and tacit knowledge between caregivers, PLWD, social worker and health providers and to find support.

C2 Communities Caregivers private community	<p>A private secure online community to share experiences and tacit knowledge between caregivers on health management and to find support;</p> <p>This community is supported by a role-based access control.</p> <ul style="list-style-type: none"> - Types of users that can access to the C2 community: <ul style="list-style-type: none"> o Admin, caregivers, health and social professionals - Types of actions: <ul style="list-style-type: none"> o caregivers, health and social professional can post content and comment contents, following the policy (<i>Annex IV: C-MMD Communities Comment policy</i>) o local lead manager moderates the local C2 community o New posts are systematically moderated (e.g. a moderator approval is needed before published) o Comments do not require previous approval from a moderator to be published. However, moderator can delete comments if needed. - Information shared: public profile of C2 users, posts and posts’ comments information.
C3 Communities Circles private community	<p>A private secure online community to coordinate and provide assistance at the point of care in the community, equipped with a number of services that help the C3 community to manage the PLWD and care more effectively. C3’s members are trusted people. Doctors and social caregivers can connect to this trusted and private community.</p> <p>This community (or circle) is supported by a role-based access control and self-moderated by main (primary) caregivers. The primary caregiver is responsible to create the circle, manage circle members (invite) and moderate the circle member interactions.</p> <ul style="list-style-type: none"> - Types of users that can access to the C3 community: <ul style="list-style-type: none"> o Admin, caregivers, PLWD, authorised health and social professionals - invitation only - Types of actions: <ul style="list-style-type: none"> o C3 users can post content and comment contents, following the policy (<i>Annex IV: C-MMD Communities Comment policy</i>) o Primary caregiver moderates the C3 community o Moderator approval is not needed for new posts or comments - Information shared among C3 members: <ul style="list-style-type: none"> o Public or semi-public profiles, posts and posts’ comments information. o Primary caregiver can update PLWD information, execute PLWD assessments and share result with other C3 members. o Tailored interventions for PLWD and main caregiver. o Treatment adherence reminders

C4 Communities PLWDs private community	<p>A private secure online community to share experiences and tacit knowledge between PLWDs on health management and to find support;</p> <p>This community is supported by a role-based access control.</p> <ul style="list-style-type: none"> - Types of users that can access to the C4 community: <ul style="list-style-type: none"> o Admin, PLWD, health and social professionals - Types of actions: <ul style="list-style-type: none"> o PLWD, health and social professional can post content and comment contents, following the policy (<i>Annex IV: C-MMD Communities Comment policy</i>) o Local lead manager moderates the local C4 community o New posts are systematically moderated (e.g. a moderator approval is needed before published) o Comments do not require previous approval from a moderator to be published. However, moderator can delete comments if needed. - Information shared: public profile of C4 users, posts and posts' comments information.
C5 Communities Health and social professionals private community	<p>A private secure online community devoted to the pure and genuine 'health' dimension of cognitive impairment where GP, Specialist, Psychologist, etc., have access to the platform, accessing contents, evaluating data, providing their professional contents</p> <p>This community is supported by a role-based access control.</p> <ul style="list-style-type: none"> - Types of users that can access to the C5 community: <ul style="list-style-type: none"> o Admin, health and social professionals - Types of actions: <ul style="list-style-type: none"> o C5 users can post content and comment contents, following the policy (<i>Annex IV: C-MMD Communities Comment policy</i>) o Local lead manager moderates the local C5 community o Moderator approval is not needed for new posts or comments - Information shared: public profile of C5 users, posts and posts' comments information.

The communities **C2**, **C3** and **C4** need moderation from local lead manager team. The communities **C3** (or circles) are *self-moderated*.

2.9 The Jakob Nielsen's 90-9-1 rule

In most online communities, 90% of users are lurkers who never contribute, 9% of users contribute a little, and 1% of users account for almost all the action¹⁰.

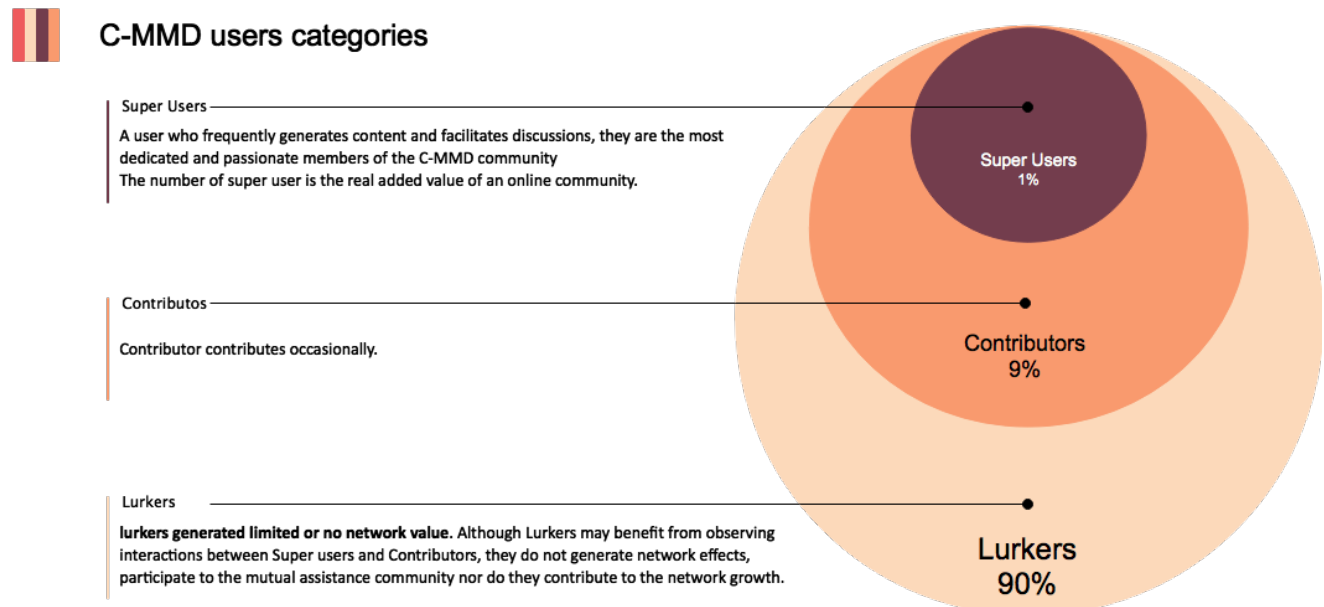


Figure 2: C-MMD user's categories

This rule shows that participation in communities is highly skewed and unequal, and there is a small fraction of hyper-contributors (super users) who produce a substantial amount of the community contents¹¹.

The 1% rule or 90-9-1 principle explains participatory patterns and network effects within Internet communities. The rule states that 90% of actors observe and do not participate, 9% contribute sparingly, and 1% of actors create the vast majority of new content. This 90%, 9%, and 1% are also known as lurkers, contributors, and super users, respectively.

In a 2014 study published in the Journal of Medical Internet Research by Trevor van Mierlo¹², descriptive data were extracted from four long-standing health communities: the Alcohol Help Center, Depression Center, Panic Center, and Stop Smoking Center sites. The 1% rule was consistent across the four communities.

2.10 Overcome the participation inequality

The repartition rule exists in every online community. One of the lead manager objectives is to achieve a more equitable distribution: 80-16-4 (80% lurkers, 16% contributing some and 4% contributing the most).

¹⁰ <https://www.nngroup.com/articles/participation-inequality/>

¹¹ <https://community.lithium.com/t5/Science-of-Social-blog/The-90-9-1-Rule-in-Reality/ba-p/5463>

¹² Van Mierlo T- The 1% Rule in Four Digital Health Social Networks: An Observational Study J Med Internet Res 2014;16(2):e3

Jakob Nielsen proposes several ideas to better equalize it, including¹³:

Make it easier to contribute	Let users rate C-MMD content by clicking a star rating instead of writing a comment
Let users participate with zero effort or zero friction by making their contributions	For example, Amazon's "people who bought this book, bought these other books" recommendations are a side effect of people buying books.
Reward	Rewarding people for contributing will help motivate.
Promote quality contributors	Reward contributions from people who've proven their value, as indicated by their reputation ranking.

The C-MMD team will draw several implications from the study of Kuan-Lin¹⁴ based on factors affecting the behaviour of SNS users.

Enjoyment is the most powerful factor affecting continued intention to use SNS for both men and women. Among the reasons for attracting users to continue to use SNS, the ability to arouse inner pleasure is the crucial one.

Factor	Actions
Enjoyment	By enhancing users' posting photos, videos, and weblogs, and sharing links on their profiles, C-MMD platform will be able to make users and their friends feel interested and have fun. Develop a pleasure-oriented information system.
The number of peers and perceived complementarity effectively reinforce SNS usefulness and enjoyment	A user's friends and relatives influence the level of user's perceived enjoyment in C-MMD platform. Constantly incorporate and develop various activities or useful applications to allow people to reach out to each other, to reinforce user's enjoyment, increase social connections, and further intensify user's intention to use.
Gender	The influences of different factors on continued use of information technology vary due to gender difference. We will develop specific applications for the demands of different genders

Table 5: Factors influencing use of SM

Although the C-MMD team will try to achieve a more equitable distribution, the number of super users' needs to be sufficient to generate a benefit for our mutual assistance communities.

2.11 mHealth engagement

mHealth is an abbreviation for mobile health, a term used for the practice of medicine and public health supported by mobile devices. The term is most commonly used in reference to using mobile communication devices, such as mobile phones, tablet computers and PDAs, for health services and information¹⁵.

Social media seem ideally suited for mHealth users' engagement. Research by the Pew Internet Project¹⁶ indicated that as of January 2014, nearly 75% of those accessing the Internet also use social media, and a

¹³ <https://www.nngroup.com/articles/participation-inequality/>

¹⁴ Why people use social networking sites: An empirical study integrating network externalities and motivation theory

¹⁵ <https://en.wikipedia.org/wiki/MHealth>

¹⁶ <http://www.pewinternet.org/>

PwC-Health study showed that nearly one-third of those surveyed would be interested in having their social media conversations monitored if it would help them improve their health or better coordinate care¹⁷.

Even at its lowest levels of adoption, approximately 65% of individuals between the ages of 50-65 use some form of social media (compared to nearly 90% in younger population).

Therefore, age does not seem to be a limiting factor for integrating social media into health¹⁸. In the fields of psychology and mental health, social support has been viewed as one of the major social influences on health behaviors.

There has been a consensus in the literature of five major types of social support: emotional, financial or material, informational, instrumental, and social. Emotional support, conceptualized as imparting a sense of belonging, esteem or being valued, has been emphasized in the literature¹⁹.

Social support may also include informational support of communications about health issues, including perceived risk and coping assistance, as well as modelling of how to address effectively health issues.

The literature on informal caregiving has examined attributes of network relationships that may impede and or foster the provision of social support.

2.12 Content marketing

Content marketing is a strategic marketing approach, the one C-MMD chooses, focused on creating and sharing free valuable, relevant, and consistent content to attract and retain users. It generally consists in 3 steps:

1. Define the content (see section 4 *C-MMD SM Content preparation*)
2. Distribute the content (see section 5 *C-MMD SM Content Publication*)
3. Measurement (see section 6 *C-MMD SM Measurement*)

Before providing detailed information about these 3 steps, the consortium needs first to define the brand.

¹⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4446515/>

¹⁸ JMIR mHealth uHealth 2015;3(2):e40

¹⁹ Social Network Assessments and Interventions for Health Behavior Change: A Critical Review Carl A. Latkin, PhD1 and Amy R. Knowlton, ScD2

3 Branding the C-MMD platforms

The branding objective is to improve C-MMD brand awareness to gain recommendations through social channels and generate leads; Instead of using www.caregiverspro-mmd.eu, the consortium may decide to create specific brands. Two options:

1) Brand name per country:

	Name	Domain	Facebook	Twitter
UK	CAREGIVERSPRO	www.caregiverspro.co.uk	Caregiverspro	Caregiverspro
FR	AIDANTSPRO	www.aidants.pro	Aidantspro	Aidantspro
ES	CUIDADORESPRO	www.cuidadores.pro	Cuidadorespro	Cuidadorespro
IT	ASSISTENTEPRO	www.assistente.pro	Assistentepro	Assistentepro

Table 6: brand's name per country

2) Generic brand name:

A generic brand name will be used and will be the same for the 4 countries

	Name	Domain	Facebook	Twitter
UK	XXXX	xxxxx.co.uk	XXXX UK	XXXX UK
FR	XXXX	xxxx.fr	XXXX FR	XXXX FR
ES	XXXX	xxxx.es	XXXX ES	XXXX ES
IT	XXXX	xxxx.it	XXXX IT	XXXX IT

Table 7: Unique brand strategy

The consortium will choose the most appropriate option during the following month to be ready to start the execution of the SMP the **1st of January 2017**.

3.1 Brand logo

The logo of the CAREGIVERPSRO-MMD.EU project will be used, with small adaptation (e.g. including the brand name, country)

3.2 Brand Engagement and value

3.2.1 Value

C-MMD platform improves the quality of life for PLWD and their caregivers.

3.2.2 Appropriate messages

The C-MMD will try to share messages of help and hope for caregivers and PLWD. Therefore, families also need education (educational material) about dementia and access to dementia-capable services in their community. Most families are not aware of how dementia affects caregivers or the various services that may be available in the community to help them. Raising awareness about dementia and raising care for families may empower caregivers and PLWD to make better and informed choices about the most appropriate care. Dementia Friend may be a good example of the kind of information the team will share in the social media. (<https://www.dementiafriends.org.uk/>).

Alzheimer's Society's Dementia Friends programme is the initiative to change people's perceptions of dementia. *"It aims to transform the way the nation thinks, acts and talks about the condition".*

4 C-MMD SM Content preparation

4.1 Target audience

For the purposes of content preparation, our target audience is divided in two main groups:

1. **General audience:**
People interested in dementia information, caregivers, early-stage Individuals, etc.
2. **Specialized audience:**
Audience identified in the **D7.2 Dissemination plan**, which includes:
 - Scientific community (engaged with R&D activities related to neurocognitive disorders);
 - Dementia and Alzheimer's disease associations, networks and social media websites and communities;
 - Healthcare professionals related to neuro-cognitive disorders;
 - Policy makers in the field of health and social care;
 - Similar EU collaborative initiatives.

4.2 General audience

Caregivers: The caregiver is defined as any relative, partner or friend, man or woman, who has significant personal relationship with the PLWD, and provides a broad range of assistance. He/she may live with or separately from the person receiving the care.

Caregiver statistics (*General demographic data*)²⁰:

Women, 45-65 years old, living with the loved one (80% in Spain), providing such cares (examples)²⁰	<ul style="list-style-type: none"> ▪ provide practical help such as preparing meals, doing laundry or shopping ▪ keep an eye on the person they care for ▪ keep them company ▪ take the person they care for out ▪ help the person they care for with financial matters ▪ help the person they care for deal with care services and benefits ▪ help with aspects of personal care ▪ provide physical help
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Note: statistically most caregivers are women but we don't exclude male caregivers.

The table 9 (source **D4.4 Target group definition**) shows the proportion of different types of caregivers.

Level	France	UK	Italy	Spain
Partner	44	42	25	28
Adult children	37	46	65	55
Other	13	12	10	17
References	[Association Française des Aidants, 2016]	Local Memory Clinic data of University of Hull	[Spadin, 2007]	[Rivera, 2009] [España, 2008]

Table 8: Proportion of different types of caregivers

²⁰ <https://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2015>

PLWD^{21 22}:

- Worldwide, nearly 44 million people have Alzheimer's or a related dementia. (Alzheimer's Disease International)
- Only 1-in-4 people with Alzheimer's disease have been diagnosed. (Alzheimer's Disease International)
- Alzheimer's and dementia is most common in Western Europe (North America is close behind).
- Alzheimer's and other dementias are the top cause for disabilities in later life. (Alzheimer's Disease International)

Table 9 shows the prevalence of dementia (%) per gender.

Male - Age Range	Prevalence	Female - Age Range	Prevalence
60-64	0.2	60-64	0.9
65-69	1.8	65-69	1.4
70-74	3.2	70-74	3.8
75-79	7.0	75-79	7.6
80-84	14,5	80-84	16.4
85-89	20,9	85-89	28.5
90-94	29,2	90-94	44.4
>95	32,4	>95	48.8

Table 9: Prevalence of dementia per gender

According to a 2014 study, people with Alzheimer's disease can experience long-lasting states of emotion that persist beyond the PLWDs' memory for the events that caused it. Referring to this kind of 'emotional memory', the British Alzheimer's Society recently emphasized how important it is for people with dementia to feel connected, and that 'spending time with loved ones and taking part in meaningful activities can have a powerful and positive impact' on them, even if they do not remember the event itself²³.

Geographical location

For each pilot country, the audience location includes all the countries where the official language of the pilot country is used (as official or as common used language).

For example, for Spain, the audience location includes all the countries where Spanish is official language or national language or common used languages: Mexico, Colombia, Spain, Argentina, Peru, Venezuela, USA, etc.

Core topics for general audience

C-MMD team will develop content in three areas in order to cover the need of caregivers and PLWD: **social** (including legal), **health**, and **assistive**. For each one of the 4 pilots, clinical experts and social partner will be responsible for the preparation of the contents of C-MMD that will back up the quality and adequacy of the educational contents. This includes the content shared in the public communities. The **T4.1– Define the intervention strategy and contents** describes this action. These contents will be prepared in the form of multimedia content, guidelines, newsletters, tricks and tips, testimonials conveniently localized for the different countries participating in the pilot. Some core topics or categories related to social media will be

²¹ <http://www.alzheimer-europe.org/Research/European-Collaboration-on-Dementia/Prevalence-of-dementia/Prevalence-of-dementia-in-Europe>

²² <http://www.alzheimers.net/resources/alzheimers-statistics/>

²³ [http://www.europarl.europa.eu/RegData/etudes/BRIE/2016/577959/EPRS_BRI\(2016\)577959_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/BRIE/2016/577959/EPRS_BRI(2016)577959_EN.pdf)

merged with the content categories identified by the consortium as social media users particularly appreciate these topics.

Service related	Services related to dementia
People related	People related to dementia.
Questions	Questions and answers
Surveys	Online survey to engage social network users
Memes	A meme is a categorization of a cultural trend or truth, a unit for communicating and collectively sharing cultural ideas through words, symbols and pictures ²⁴
Emotional	Evoking awe, anger and anxiety ²⁵ - Content that is relevant to the user in terms of striking an emotional chord with the user attracts more visitors and comments. Note that positive content is more viral than negative content.
Funny	see Berger and Milkman, 2012
Controversy	Controversy content related to dementia. This category includes posts soliciting feedback, those addressing controversies or rumours about the C-MMD brand, product or service.
Educational	Educational content related to dementia
Entertaining	see Taylor 2009
Topical	Christmas, Halloween, Thanksgiving, <i>etc.</i>
User generated content	Tips and tricks

4.3 Specific audience

The C-MMD Dissemination Plan has been developed from the very early stages of the project outlining the approach to effectively communicate project results, assist consortium partners in planning their dissemination activities.

Specific dissemination actions will be deployed in order not only to demonstrate the benefits of using the C-MMD platform, but also how it contributes to better life management and reduction of the resources assigned to health.

The **D7.2 Dissemination Plan** gives more detail about how the C-MMD team will reach and communicate with this specific audience.

²⁴ <https://www.socialfresh.com/how-to-harness-the-marketing-power-of-the-meme/>

²⁵ <http://jonahberger.com/wp-content/uploads/2013/02/ViralityB.pdf>

5 C-MMD SM Content Publication

The objective of this section is to determine where and when the content will be published and who will receive the content.

5.1 Global key statistics

For everyone, social media is: connecting on a personal basis with the people we care about most²⁶.

The key statistics for digital, social, and mobile media in 2016 (versus 2015)	<ul style="list-style-type: none">3.42 billion internet users, equalling 46% global penetration;2.31 billion social media users, delivering 31% global penetration;3.79 billion unique mobile users, representing 51% global penetration;1.97 billion mobile social media users, equating to 27% global penetration.
Since January 2015	<ul style="list-style-type: none">The number of reported internet users is up by 10%, growing by 332 million;The number of reported social media users is also up by 10%, an increase of 219 million;Unique mobile users increased by 4% thanks to 141 million new users;Mobile social media users leapt 17%, adding 283 million new users.

5.2 Social Media use in France, UK, Spain and Italy

In January 2016, the new Digital report was published. This is comprehensive study of digital, social and mobile usage around the world. The reports show that nearly one-third of the world's population now uses social media, with the number of reported users around the world increase 10% in the past twelve months.

North America sees the highest levels of penetration at 59%, whilst more than half of the total population of South America uses Facebook each month.

Facebook continues to dominate the global social platform rankings with more than 1.5 billion active accounts. 85% of Facebook's audience now connects via mobile phones, with 83% accessing via smartphones.

This represents a significant change from just 9 months ago, when just 69% accessed through smartphones. Globally, just over half of all Facebook users are 'mobile only', meaning they never use a computer to access the platform.

The **Annex V - Social Media users in France, UK, Spain and Italy** details the social media use in France, UK, Spain and Italy.

Based on these statistics, we will target the general audience through Twitter and Facebook. Specific audience will also be targeted through LinkedIn.

²⁶ <http://wearesocial.com/special-reports/digital-in-2016>

5.3 Editorial calendar

The C-MMD editorial calendar tracks what content the leads manager is going to cover per channel and who's responsible. We will set up editorial calendars 12 months out for Spain, France, UK and Italy and then constantly change them based on the trends. Therefore, each leads manager is responsible to setup this **editorial calendar starting from the 1st of January**. They will manage an excel spreadsheet with the basic following information, in order **to comply with volume of 5-10 Facebook posts per week and 3-5 tweets per day** to cover 12 months (*basically the whole 2017*):

- The date the content will be published
- The headline of the content
- The author of the content
- The current status of the content (idea, created, published)
- The channels where the content will be published (Facebook or twitter)
- Content Format (blog post, video, podcast, infographic, original image, *etc.*)
- Content category
- Keywords or meta data
- link to the content
- Call to action

To design this calendar, the leads manager will use the social media content rule of thirds:

- $\frac{1}{3}$ of content promotes the C-MMD services
- $\frac{1}{3}$ of content is related to educational interventions
- $\frac{1}{3}$ of content is original brand content

6 C-MMD SM Measurement

6.1 C-MMD objectives for public communities

The objective is to develop **4 C-MMD public communities**, one in each of pilot's country. Due to language barrier, the C-MMD team does not expect user interaction among countries. In this section we will focus on general audience. The objectives for specific audience are defined in the **D7.2 Dissemination plan**.

Taking into account the "1% rule", the table 9 shows the expected super users, contributors and lurkers' number for each pilot country (without taking into account a possible **60% of pilot drop-out**):

Pilot country (a)	Pilot's users (b)	Super Users (c)	Contributors (d)	Lurkers (e)
UK	100	1	10	89
FR	100	1	10	89
ES	200	2	20	178
IT	200	2	20	178

Table 10: C-MMD expected super users, contributors and lurkers' number

Column (a): Communities - pilot country

Column (b): Number of people using the C-MMD platform during the pilot

Column (c): Number of super users - based on the 1% rule and without dropout

Column (d): Number of contributors - based on the 1% rule and without dropout

Column (e): Number of lurkers - based on the 1% rule and without dropout

The problem to solve is related to the low number of super user (1 or 2). **A minimum of 10 super users per community (PLWD and caregivers) and 100 contributors** should be a starting point to maintain and engage the community they pertain.

Due to the low number of super users and contributors generated only by the pilots' recruitment, the consortium has decided to engage more users through acquisition programmes.

Table 10 shows the objectives in terms of public community members and number of leads, in order to reach 10 super users per pilots' country and therefore the objectives of the mutual assistance communities.

Pilot country	Social networks Members	Leads	Super Users	Contributors	Lurkers
UK	10 000	1 000	10	100	890
FR	10 000	1 000	10	100	890
ES	10 000	1 000	10	100	890
IT	10 000	1 000	10	100	890
Total	40 000	4 000	40	800	3 560

Table 11: C-MMD Public Social Media objectives in terms of members

The social platforms integrated in the C-MMD media plan are **Facebook** and **Twitter**. In order to have 10 super users we need 1,000 users with an account in the C-MMD platform per pilot country. In order to have these 1,000 users, we need to reach 10,000 leads in our public social networks (e.g. with Twitter and Facebook).

Note: the Italian leads objective may be overestimated due to the size of the Italian audience (e.g. the total population of Italian speaking countries).

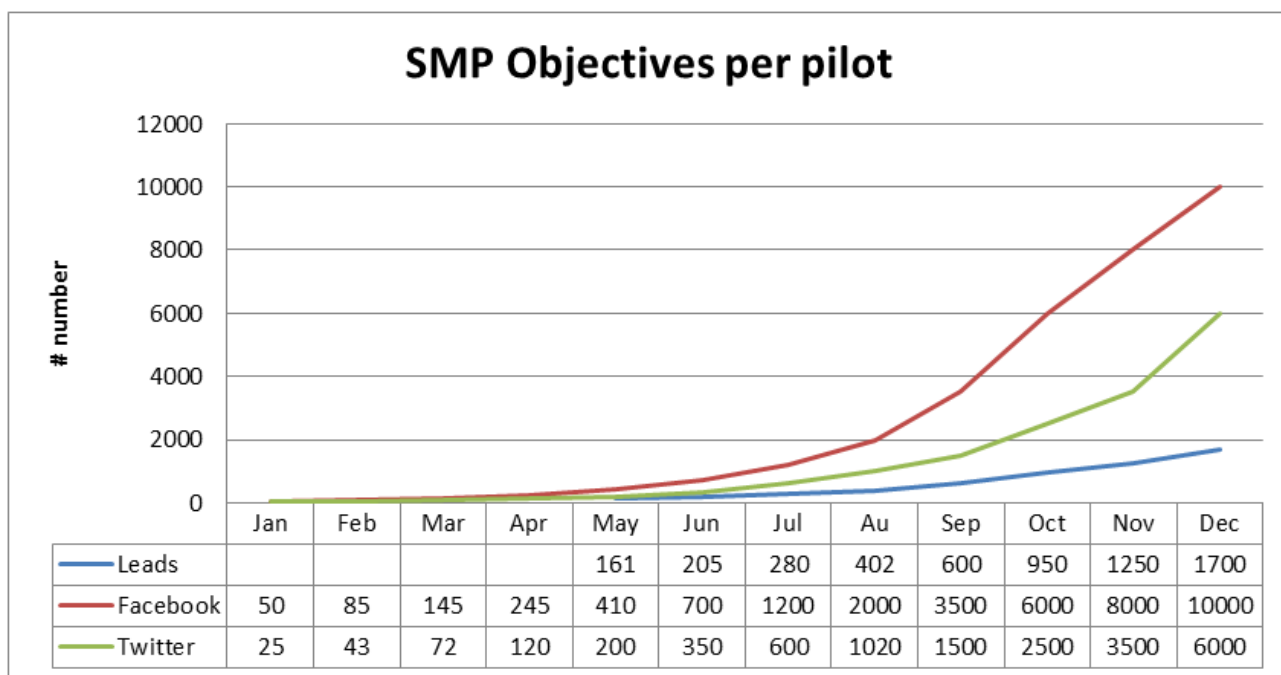


Figure 3: 2017 SMD objectives per pilot per month

6.2 C-MMD online Lead acquisition programs

Frequent updates, clear information, visualized messages and C-MMD end-user involvement are vital in creating end-user engagement²⁷.

For this project, the following channels are considered. Table 12 shows the expected average conversion rate (CR) from potential prospect or community member to lead.

Channel	Description	Average conversion rate CR
Public social network platform	Facebook, twitter	4%
Off line event	seminaries, presentation, workshop, etc.	2%
Emailing	The lowest conversion rate. It includes a call-to-action on the C-MMD platforms	1%
SEO (Search engine optimization)	Optimize the C-MMD platform to appear higher in search engine results, plus pay per click advertising such as Google AdWords	Depend on the ranking
Referral	Word to mouth is the highest acquisition channel for conversion rate.	11%

Table 12: C-MMD SMP channels

Note: C-MMD CR for social media rate is around 10%, with paid ads.

²⁷ <https://www.diva-portal.org/smash/get/diva2:530673/FULLTEXT01.pdf>

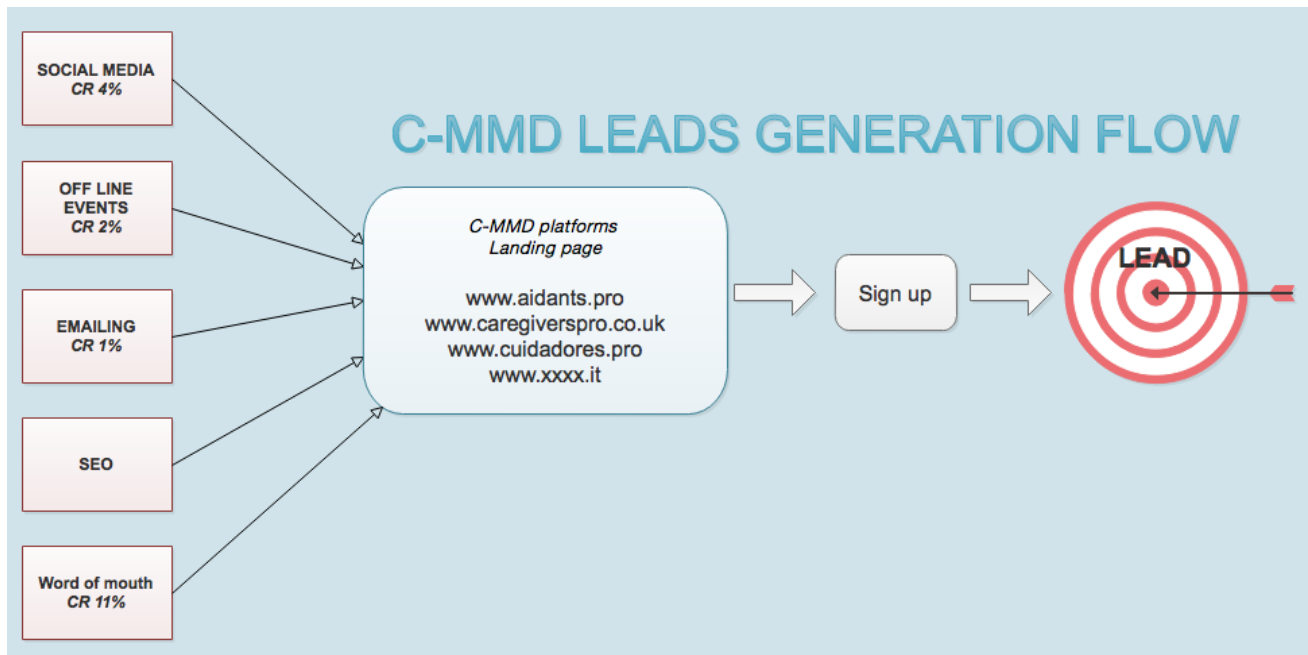


Figure 4: C-MMD leads generation flow

Figure 4 shows an example of lead attraction through content marketing strategy for the C-MMD UK platform.

Lead generation scenario:

In the C-MMD UK Facebook page, contents are posted in the C-MMD UK Facebook wall community. In order to see more details, C-MMD UK Facebook members need to click on the image and they are redirected to the C-MMD UK platform. In the C-MMD UK platform, users can see the detailed content and there is a call-to-action button to create their C-MMD profile in the C-MMD platform and therefore become lead.

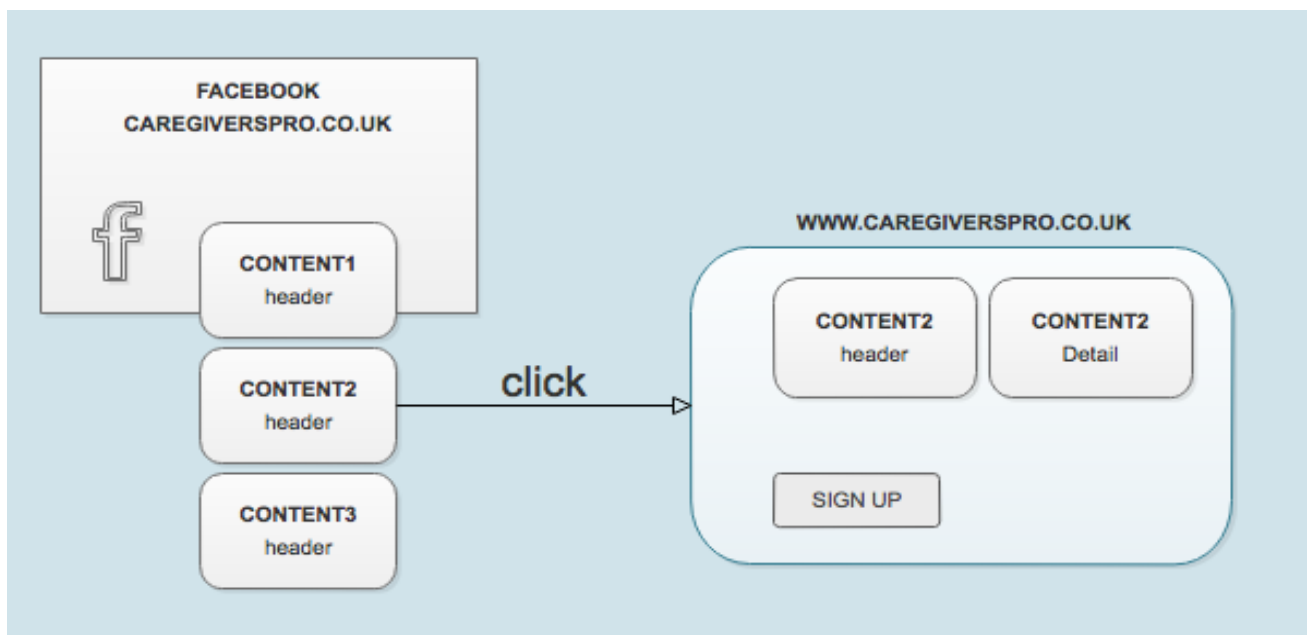


Figure 5: from Facebook to C-MMD platform

As the other teams, the C-MMD UK SM team will be responsible to publish the content following the social media calendar described in detail 5.3 *Editorial calendar*. Table 13 shows the post frequency expected for each pilots site and for Twitter and Facebook:

	Target	Type of Content	Post Frequency	Details
Facebook	Caregiver and PLWD	Quality	5-10 per week	Aim for 2 posts per day to keep audience increasing
Twitter	Caregiver and PLWD	Quantity	3-5 per day	One per hour is optimal

Table 13: Post Frequency per social media

The objectives in terms of lead have been presented in previous section. Lead manager will use web analytics tool such as Google analytics to track social media sources. The following **KPIs** will be elaborated for monthly review:

Facebook	Facebook fans, clicks, likes, shares, comments, metrics provided by Facebook
Twitter	Twitters followers, clicks, likes, shares, comments, metrics provided by twitter
C-MMD	Users, clicks, likes, shares, comments, metrics provided by C-MMD platform
Survey results	Using the survey (user satisfaction) results during the pilots
Conversational index	Measure the engagement : number of comments divided by number of posts
Ranking	Where does the C-MMD platforms rank?
Call-To-Action (CTA)	How many people actually answered to the CTAs?

Table 14: C-MMD SMP KPIs

7 Competitor benchmark

In the United Kingdom, dementia organizations, such as Alzheimer's Society, and companies promoting healthcare products promote their services or products through social media accounts. The most popular social networks used are Facebook and Twitter. Promotional posts, information about dementia and caregiving, as well as information about local events and resources is posted on a daily basis.

Other frequent posts concern on-going research to participate, and results from completed studies. Through Facebook and Twitter, dementia organizations and companies promoting healthcare products are able to reach a bigger audience, since caregivers and health professionals are likely to follow this online activity more frequently than other sources, such as conferences and seminars organized from companies to promote products.

Therefore, social media accounts will be used to engage people interested in dementia with the platform. Facebook and Twitter accounts will promote the pilot and the platform and its potential benefits for participants. In addition, educational material, such as articles about dementia, and information about local events and sources, as well as about CAREGIVERSPRO-MMD research activity will be published on a daily basis.

General findings about our competitors (*Annex III: Top health online communities*) SM strategies show that:

- They are active in Facebook and Twitter;
- Due to the fact they address several diseases, they reach more people;
- They are less focus on PLWD and older adults, caregivers;
- They provide content that “resonates” like scientific information about dementia and caregiving, event and local sources, research studies;

For our main competitors, we will identify early in the beginning of the operation (during the month of January 2017), how they are doing better in terms of:

- Content value: is their content better than C-MMD content? (more practical, more interesting, etc.)
- Shareability: Shareable content or interactions are better so the competitor gains more visibility and audience.

Based on this assessment, the C-MMD team will be able to work, changing or refining the C-MMD content strategy in those areas to overcome that competition.

8 C-MMD Social Media practices

8.1 HON Code of Conduct

We will follow some of the HON Code of Conduct best practices for medical and health Web sites (HONcode²⁸) to deliver content:

Authoritative	Indicate the qualifications of the authors	Any medical or health advice provided and hosted on this site will only be given by medically trained and qualified professionals unless a clear statement is made that a piece of advice offered is from a non-medically qualified individual or organisation.
Complementarity	Information should support, not replace, the doctor-PLWD relationship	The information provided on this site is designed to support, not replace, the relationship that exists between a PLWD/site visitor and his/her existing physician.
Privacy	Respect the privacy and confidentiality of personal data submitted to the site by the visitor	Confidentiality of data relating to individual PLWDs and visitors to a medical/health Web site, including their identity, is respected by this Web site. The Web site owners undertake to honour or exceed the legal requirements of medical/health information privacy that apply in the country and state where the Web site and mirror sites are located
Attribution	Cite the source(s) of published information, date medical and health pages	Where appropriate, information contained on this site will be supported by clear references to source data and, where possible, have specific HTML links to that data. The date when a clinical page was last modified will be clearly displayed (e.g. at the bottom of the page).
Advertising policy	Clearly distinguish advertising from editorial content	If advertising is a source of funding it will be clearly stated. A brief description of the advertising policy adopted by the Web site owners will be displayed on the site. Advertising and other promotional material will be presented to viewers in a manner and context that facilitates differentiation between it and the original material created by the institution operating the site.

8.2 Handling abusive/critical content

8.2.1 Written policy for comments

The annexe IV presents the C-MMD Communities Comment policy for all of the C-MMD private and public communities.

8.2.2 Comments moderation

C-MMD will moderate comments. Comments will be turned off/on for individual articles (or all of them).

8.2.3 Ignore hostile comments, but respond to legitimate concerns

Whether the C-MMD team decide to delete comments or not, UIC professor of communication Steve Jones recommends ignoring trolls. "If it is something that does not seem legitimate, that's very vitriolic, very angry, it is probably *best* to just ignore it," he says.

²⁸ <https://www.healthonnet.org/HONcode/Conduct.html>

“It depends on the type of post or comment that you’re looking at. If it seems legitimate, if there’s a complaint that can be addressed in some way, a good rule of thumb is to address it and stick to the topic and keep it short. So if someone’s complaining about a product or service, you can say, ‘I’m sorry to hear that. Can we help in some way remedy this? Thanks for your comment,’” and that’s it. Or ask them to message you directly, to try to keep it from becoming a dialogue that you’re constantly engaging in.”

8.2.4 Reacting and Responding to Complaints

There are a few factors to take into consideration when developing a reaction/response strategy. First, the C-MMD team has a standardized policy in place to elaborate appropriate responses to complaints (*Annex C-MMD Social network policy*). The response policy tries to balance legal policy and flexibility considering the essential aspect interaction in SNS, which allows responding to each complaint with a personal answer.

- A **generic response to complaint** will not work and can transform a one-time complainer into a repeat offender.
- If it is impossible to react to every complaint with a response that an angry user would consider helpful, the strategy is to funnel these malcontents into a more personal **“user service”** interaction either by phone or direct email.
- The C-MMD team needs to respond **to all of them**.

8.3 Spreading positivity

Responding to positive posts is just as important as reacting to negativity on our wall’s communities. When users “like” our page, they are not only opting to receive communications from C-MMD’s brand, they are also raising their hands and stating to the C-MMD community at large, “I am an advocate for Brand C-MMD”. Positive posts and comments from user’s don’t just live on your Wall – they are dispersed to the News Feeds of each user’s friends. Let the users know the C-MMD team is listening. It will only serve to reinforce their positive feelings.

8.4 Giving guidance and advice

Sometimes providing simple tidbits of information is not enough to satisfy a frustrated or confused user. When people have no place left to turn for guidance and advice, they head to the C-MMD Facebook Wall with increased frequency.

From a legal and ethical perspective, if the C-MMD users are reaching out of guidance and advice, C-MMD team needs to make sure that C-MMD brand is careful and vigilant. C-MMD team needs to respond to each request for guidance with an answer that proactively protects C-MMD from litigation, while also providing the user with a response that they will find valuable and actionable. The C-MMD team will contact the person in question directly, if there is any question in your mind about how to respond. This will limit the C-MMD exposure to negative comments and people with ulterior motives, who are just waiting to jump on a thread that will allow them to vent their negativity to the community at large.

8.5 Tempering frustration from technical issues

Technology can frustrate too many people but it fascinates others. Often times that frustration compounds and multiplies when customer service representatives enter the equation. People are looking for a quick

solution to their problem. As that rage builds, these users might head to C-MMD communities pages to vent the answer to their dilemma, which offers an opportunity to put out the fire and replace it with something truly valuable.

8.6 Managing threads of conversation

The C-MMD walls aim to be a community of brand. Online communities thrive as a result of the frequent conversations between liked-minded people who answer each other's questions and support each other's opinion. Obviously, there is no way to completely prohibit negativity on your wall – and as long as the negativity is not destructive or hateful, C-MMD moderation team should not have a problem with users contributing their honest feelings to a conversation²⁹.

Threads can then start as a small, controllable fire, but can quickly expand into a firestorm of profanity and negative sentiment.

So, how does the team stop a potentially dangerous thread before it starts to avalanche and gain negative momentum?

It is easy to say that constant vigilance will do the trick – but some brands do not have the resources or staff to police their Communities. The C-MMD team will reward our **“fan police”** (*i.e.* those users that go out of their way to maintain a positive atmosphere), by responding to their posts with complimentary comments³⁰.

Negative posts will be next addressed with comments that are sympathetic and personal. Finally as admin, the C-MMD locale lead manager has the right to delete any comments that might be offensive or destructive³¹.

8.7 Moderating posts: keeping profanity and negativity at bay

Moderation does not require a high-powered tool to monitor and manage an understanding stream of user generated messaging. The first step in a successful moderation strategy involves setting ground-rules for the communities like a code of conduct or comment policy. C-MMD Rules and Regulations will be visibility within each online community.

The next step in a successful moderation strategy is vigilance. The leads managers will commit to a **“moderation by communication”** strategy. Lead by example and show users that we are committed to building a safe community that thrives on positivity.

²⁹ <https://www.hashdoc.com/documents/3504/the-definitive-guide-to-facebook-publishing-and-moderation>

³⁰ <https://www.hashdoc.com/documents/3504/the-definitive-guide-to-facebook-publishing-and-moderation>

³¹ <https://christinastallings.files.wordpress.com/2011/01/definitive-guide-buddy-media-white-paper.pdf>

8.8 Reaction - Response examples

These are example of conversation that could be available publicly and some comments.

Tom	<i>Really poor support service by you guys, I am now looking into a new platform to help me to care for my mum ...</i>
C-MMD Admin	Hi, Tom, is there something we can assist with? Please send us your contact info at info@cmmd.com if you would like follow up communication.
Comment	Immediate, personal response includes contact information for follow up. The complaint is personally addressed – that reassures other users.

John	<i>I ordered a few things on the 20th in your C-MMD page and opted for next day shipping ... but UPS says expected delivery date is the 30th! ☹️ (Saturday)</i>
C-MMD Admin	Hi Jamie, unfortunately you ordered an item that needs to be shipped ground. We are terribly sorry that you were not notified in advance. (Monday)
Comment	A personal response, including the complaint's name. Humble explanation that resolves the problem. But the complaint is posted on Saturday and response is not posted until Monday afternoon. There is also a lack of direct contact information (email) does not provide consumer with the ability to follow-up on their complaint if there are further problems.

Eric	<i>C-MMD sucks!! I cannot print the clinical report. (Monday)</i>
C-MMD Admin	Hi Erik, this link should help you : www.link.com (Wednesday)
Eric	<i>At this point it does not help me. The error is in you software and I don't see how I can do this and I visit the doctor tomorrow with mum. (Wednesday)</i>
C-MMD Admin	Hi Erik, I will contact you directly to get more information. Thanks (Thursday)
Comment	Personal response includes guidance in the form of a direct link to the information the complainant needs to resolve the issue. A follow-up response reassures the complainant that C-MMD team is committed to resolving the issue in an amicable manner. Four days is too long for a "consumer" to wait for a response to a complaint. The complaint is not provided with any contact information to reach a customer service rep directly. Instead he must trust a C-MMD that he already has negative feelings about to get in touch with him.

John	<i>When is the new C-MMD Screening Service coming out? (Sunday)</i>
C-MMD Admin	Hi John, Please continue visiting our page for the latest news on services launch. Stay tuned! (Tuesday)
Comment	The Brand is assuming to the user that Facebook Fan will be the first to hear about the release date for a new product or service. Neglected to provide a rock-solid release date gives users a reason to return to the page frequently. But there is a lag on response time (3 days) gave other users the opportunity to answer the question with incorrect information. Cryptic response might engender feelings of resentment amongst fans eagerly awaiting news of a release date.

Erika	<i>Will the Screening service still working this weekend? (Monday)</i>
C-MMD Admin	Hi Erika, first of all, we are sorry for the issue. But we are happy to announce the screening service is now up and running. Our C-MMD screening services will work this weekend! (Monday)
Comment	Speedy response with accurate information that precisely answers the user's question. A missed opportunity to provide an even more valuable experience for the user. A link to the other C-MMD services or more details about screening services might have been better.

Michele	<i>What is the rule for using C-MMD platform and services? (Monday)</i>
C-MMD Admin	Dear Michele, this should help: http://www-link.com . If you want more information you can contact us at info@c-mmd.com . Thanks!
Comment	Speedy personal response offers a direct link to a blog post with the guidance and advice the user

	is looking for.
Michele	<i>So Sad! I have spent 2 hours trying to create my account in the C-MMD platform but I cannot 😞 (Monday)</i>
C-MMD Admin	Dear Michele, we are so glad you like our platform but sorry that you cannot create a new account. First of all, this should help: http://www-link.com . If you want more information, you can contact us at info@c-mmd.com . I will go back to you directly to get more information regarding your issue. Thanks!
Michele	<i>Thanks you so much! Ah, the power of social networks!! Thank you again!</i>
Comment	The brand reaches out to provide unsolicited advice to a user who shares her frustration about her inability to create an account. Reassuring and complimentary tone mixed with a wealth of information prompts the user to respond with a positive comment about her experience with the brand.

8.9 Ethical and professional dilemmas

C-MMD platforms don't give medical advice

All of the material provided on the C-MMD platform, such as text, treatments, dosages, outcomes, charts, PLWD profiles, graphics, photographs, images, advice, messages, forum postings, and any other material provided on the C-MMD platforms are for informational purposes only and are not a substitute for professional medical advice or treatment. C-MMD social network users shall always seek the advice of their physician or other qualified health provider with any questions they may have regarding their own health. This fact will be stated in the digital informed consent presented when a user signs up in the platform. If the C-MMD moderators identify a user request seeking medical advice or treatment modification they will redirect this user to the corresponding medical services.

The uses of electronic information tools, including the use of social networks, have led doctors to reconsider how to apply the code of ethics that govern the doctor-PLWD relationship and maintain their professional behaviour. Even though these mediums present interesting possibilities of beneficial interactions, they also bring with them different ethical and professional dilemmas.

Again, some of the main challenges are the preservation of confidentiality and privacy and maintaining the boundaries of the health or social professional--PLWD relationship, as well as reducing the possibility of disclosing information, which may be unprofessional, improper and even illegal^{32,33}

8.10 Benefits and challenges for health and social professionals

Nowadays SNs are considered a useful tool for medical teaching and practice⁹. Although its use brings benefits, it also confronts the social network actors with different challenges like preserving confidentiality, privacy, maintaining the boundaries in the doctor-PLWD relationship and maintaining professional behaviour. Below is a list of some areas where SNs present dangers in the medical practice³⁴:

- Loss of confidence in the doctor-PLWD relationship.

³² Farnan JM, Snyder Sulmasy L, Worster BK, et al

³³ Shore R, Halsey J, Shah K, et al

³⁴ <http://www.elsevier.es/es-revista-medicina-universitaria-304-articulo-social-networks-in-medical-practice-S1665579615000332>

- Divulgence of the PLWDs' confidential information, which may be punishable by law
- Publication of improper material that brings into doubts the professionalism and prestige of the doctor or institution where one works.
- Association with false information or fraudulent treatments.
- Disappearance of the distinction between professional and social behaviour, public and private, in the life of the doctor.

In a study where web pages from 132 accredited medical schools (in the USA) were being evaluated, only 10% had guidelines or policies which mentioned in a specific manner the proper way of utilizing SNs for their students³⁵. Summaries of some of these guidelines and recommendations can be found in Table 13³⁶ and will be followed by leads managers' team:

University of Vanderbilt (Taken from Landman et al., 2010)	<ul style="list-style-type: none"> ▪ Monitor their online reputation ▪ Understand the privacy measures of the social network they utilize ▪ Keep their audience in mind ▪ Be conscious of the permanency of online content
American College of Physicians (Taken from Farnan et al., 2013)	<ul style="list-style-type: none"> ▪ Apply ethical principles to preserve confidentiality, privacy, respect and the doctor–PLWD relationship ▪ Keep the professional sphere and the online social sphere separate ▪ E-mail and other electronic mediums should only be used by doctors in established doctor–PLWD relationships, and under informed consent ▪ Periodically review the information available online regarding your person
American Medical Association (Taken from Shore et al., 2011)	<ul style="list-style-type: none"> ▪ Do not make identifiable PLWD information available online, keeping strict standards of privacy and confidentiality Monitor their online presence and use the highest methods of privacy when using a social network ▪ Be guided by the same ethic professional principles in interactions with PLWDs online as those that apply to any other context ▪ Separate social and professional online content ▪ If a doctor finds inappropriate or unprofessional content made available by a colleague, he has the responsibility to bring it to his knowledge so that corrective action can be taken. If it is not taken, or the content violates professional norms, he has the obligation to report it to the correct authorities ▪ Doctors must be conscious that their actions and content online may affect their own reputations, as well as their PLWDs', and may affect their careers as well as their credibility as a medical professional

Table 15: Guidelines and recommendations for health and social professionals

8.11 Online vulnerabilities

The use of social network may increase the potential of experiencing psychological, reputational and physical vulnerability online. The study of A Sarah L. Buglass et al³⁷ indicates a positive association between Facebook network size and online vulnerability. In particular, the number of non-person contacts was predictive of vulnerability.

These findings carry implications for those designing social network and applications integrated with social network technology. To the extent that an automated recognition of types of contacts can be improved (Eagle, Pentland, & Lazer, 2009) and pseudonyms can be more reliably detected, a combination of indicators

³⁵ T. Kind, G. Genrich, A. Sodhi - Social media policies at US medical schools Med Educ Online, 15 (2010), pp. 15

³⁶ Social networks in medical practice B.E. Ibarra-Yruegas

³⁷ When 'friends' collide: Social heterogeneity and user vulnerability on social network sites

of social heterogeneity and non-standard profiles could be used to identify vulnerable users with the aim of offering them software settings and advice to better protect them.

Closely related to such interventions is the emergent and pervasive problem of maintaining any substantial level of data privacy on social media. As a continuous flow of news headlines suggest, the breakdown of online privacy has, in some cases, severe implication for individual wellbeing.

In a world that experiences a marked shift towards everyday online experiences and the use of virtual social spaces, experts and the general public need models that guide us in making these experiences and spaces psychologically safe and sound.

9 Conclusion of the deliverable

In this document, we have defined a social media plan based on content marketing strategy. We have identified audiences, channels and objectives in terms of leads for each pilot's country. The evaluation of the plan will be realized on a monthly basis and a new SMP will be built in December 2017 to cover SM actions in 2018.

Some backup plans to help the team to reach the objectives should include:

- Add more social networks like Instagram or Google+ during the 2017/2018 year;
- Increase offline events;
- Contact PLWD organizations.

Annexes

Annex I: The Code of Ethics for comments

As C-MMD staff engages in conversations on the Internet, the following code of ethics applies.

- C-MMD posts and comments will be accurate up and factual.
- C-MMD will acknowledge and correct mistakes promptly
- In order to maintain integrity, when corrections are made, C-MMD will try to preserve the original post, showing what corrections have been made.
- C-MMD will keep the right to delete spam or comments that are off topic
- C-MMD will reply to comment or emails when appropriate
- C-MMD will link directly to online references and original source material following the HONcode (and more) best practices.
- C-MMD staff will disclose conflicts of interest and will not attempt to conceal their identity or that they work for C-MMD project.

Annex II: Top Social networks

In January 2016, the growth in the number of active social media users is 10% since January 2015 (+219 million of people). The table below shows the active users per social platform, (<http://www.smartinsights.com/>)

Name	Country	DOC	MMAU	Description
Facebook	USA	2004	1650	Facebook is a social networking site that makes it easy for you to connect and share with your family and friends online. Today, Facebook is the world's largest social network, with more than 1 billion users worldwide.
Qzone	CI	2005	653	Qzone (Chinese: QQ 空间) is a social networking website, which was created by Tencent in 2005. It allows users to write blogs, keep diaries, send photos, listen to music, and watch videos.
TUMBLR	USA	2004	555	Tumblr is a microblogging and social networking website founded by David Karp in 2007, and owned by Yahoo! since 2013. The service allows users to post multimedia and other content to a short-form blog
INSTAGRAM	USA	2010	400	Instagram is an online mobile photo-sharing, video-sharing, and social networking service that enables its users to take pictures and videos, and share them either publicly or privately on the app, as well as through a variety of other social networking platforms, such as Facebook, Twitter, Tumblr.
TWITTER	USA	2006	320	Twitter is a service for friends, family, and coworkers to communicate and stay connected through the exchange of quick, frequent messages. People post Tweets, which may contain photos, videos, links and up to 140 characters of text.
BAIDU TIEBA	CI	2003	300	Baidu Tieba (Chinese: 百度贴吧; pinyin: bǎidù tiēbā; literally: "Baidu Paste Bar") is the largest Chinese communication platform provided by the Chinese search engine company, Baidu.
SINA WEIBO	CI	2009	222	Sina Weibo is a Chinese microblogging (weibo) website. Akin to a hybrid of Twitter and Facebook, it is one of the most popular sites in China, in use by well over 30% of Internet users, with a market penetration similar to the United States' Twitter.
VKONTAKTE	RU	2006	100	VK (VKontakte; Russian: ВКонтакте) is the largest European online social networking service, based in St. Petersburg. It is available in several languages, and is especially popular among Russian-speaking users. It is the most popular website in Russia.
PINTEREST	USA	2010	100	Pinterest is a social network that allows users to visually share, and discover new interests by posting (known as 'pinning' on Pinterest) images or videos to their own or others' boards (i.e. a collection of 'pins,' usually with a common theme) and browsing what other users have pinned
LINKEDIN	USA	2002	100	LinkedIn is a business and employment-oriented social networking service that operates via websites.

Table 16: Top Social Network in the world

DOC: Date of creation

MMAU: million monthly active users

Annex III: Top health online communities

Name	Country	DOC	Description
DailyStrength	USA	2007	DailyStrength serves as a social network centered on support groups, where users provide one another with emotional support by discussing their struggles and successes with each other.
HealthBoards	USA	1998	HealthBoards provides a support group community offering over 200 message boards on various diseases, conditions, and health topics.
MedHelp	USA	1994	MedHelp is pioneered the field of consumer health information and communities on the Internet, MedHelp partners with doctors from hospitals and medical research institutions to deliver online discussion boards on healthcare topics. The company's slogan is "Finding Cures Together."
MyHealthTeams	USA	2012	MyHealthTeams creates social networks for communities of people facing chronic conditions (everything from Lupus and multiple sclerosis, to autism, breast cancer, and COPD). MyHealthTeams has created and hosts 15 chronic condition social networks across the globe including myAlzhTeam dedicated to Alzheimer disease
PLWDPower	USA	2005	PLWD Power provides resources that support PLWDs and caregivers in building the confidence, knowledge and hope to live well with cancer. PLWD Power enables people to connect to an active community of medical experts, PLWD advocates and cancer PLWDs through our website, YouTube, Facebook and other means.
PLWDsLikeMe	USA	2004	PLWDsLikeMe is an online PLWD network with the goal of connecting PLWDs with one another, improving their outcomes, and enabling research
PeopleWho	ES	2012	PeopleWho is an online PLWD network with the goal of connecting PLWDs with one another, improving their outcomes, and enabling research
WebMD	USA	1996	WebMD publishes content regarding health and health care topics, including a symptom checklist, pharmacy information, drugs information, blogs of physicians with specific topics, and providing a place to store personal medical information. As of February 2016, WebMD has recorded an average of 206 million unique users per month, and 4.00 billion page views per quarter.

Table 17: Top health online communities

Annex IV: C-MMD Communities Comment policy

Here is the first version of the communities comment policy that will be improved during the following month and adapted.

“We encourage your comments on this C-MMD’s community, and hope you will join the discussions. We can’t respond to every comment, particularly those that deal with individual medical cases and issues.

We review comments before being posted, and those that are off-topic or clearly promoting a commercial product generally will not make the cut.

Please avoid inappropriate language.”

Annex V: Social Media users in France, UK, Spain and Italy

Social Media users in France

Total Population	64,53 million
Active internet User	55,43 million
Active social media users	32 million
Active social users as a percentage of the total population	50%
Growth in the number of active social media users	+7% since January 2015
Average daily user of internet	3h37min
Average daily user of social media	1h16min
User internet every day	82%
User internet at least once per week	13%

Top active social Platforms in France

Facebook	43%
Google+	11%
Twitter	11%
Instagram	7%
Linkedin	6%
Pinterest	5%

Facebook user profile in France

Age	Total	Female	Male
Total	32 million	52%	48%
13-19	14%	7%	7%
20-29	29%	14%	15%
30-39	21%	11%	10%
40-49	15%	8%	7%
50-59	10%	5%	4%
60+	8%	5%	4%

Social Media users in Italy

Total Population	59,80 million
Active internet User	37,67 million
Active social media users	28 million
Active social users as a percentage of the total population	47%
Growth in the number of active social media users	+0% since January 2015
Average daily user of internet	4h04min
Average daily user of social media	1h57min
User internet every day	79%
User internet at least once per week	15%

Top active social platforms in Italy

Facebook	33%
Google+	14%
Twitter	12%
Instagram	12%
Linkedin	9%
Pinterest	6%

Facebook user profile in Italy

Age	Total	Female	Male
Total	28 million	46%	54%
13-19	10%	5%	5%
20-29	26%	12%	14%
30-39	23%	11%	11%
40-49	21%	10%	11%
50-59	13%	6%	6%
60+	8%	3%	5%

Social Media users in Spain

Total Population	46,09 million
Active internet User	35,71 million
Active social media users	22 million
Active social users as a percentage of the total population	48%
Growth in the number of active social media users	+0% since January 2015
Average daily user of internet	3h47min
Average daily user of social media	1h36min
Use internet every day	86%
Use internet at least once per week	11%

Top active social platforms in Spain

Facebook	44%
Twitter	24%
Google+	21%
Instagram	15%
Linkedin	14%
Pinterest	9%

Facebook user profile in Spain

Age	Total	Female	Male
Total	22 million	50%	50%
13-19	6%	4%	3%
20-29	25%	12%	12%
30-39	26%	14%	13%
40-49	21%	11%	10%
50-59	13%	7%	6%
60+	7%	4%	4%

Social Media users in United Kingdom

Total Population	64,91 million
Active internet User	59,47 million
Active social media users	38 million
Active social users as a percentage of the total population	59%
Growth in the number of active social media users	+0% since January 2015
Average daily user of internet	3h47min
Average daily user of social media	1h29min
Use internet every day	85%
Use internet at least once per week	11%

Top active social platform in UK

Facebook	47%
Twitter	20%
Instagram	14%
Google+	10%
Linkedin	10%
Pinterest	8%

Facebook user profile in UK

Age	Total	Female	Male
Total	38 million	51%	49%
13-19	11%	6%	5%
20-29	28%	14%	14%
30-39	21%	11%	11%
40-49	17%	9%	8%
50-59	12%	7%	5%
60+	10%	6%	4%

Annex VI: Dementia Forums

Name	Dementia Care Central
Type	Forum/Blog/Info
Country	USA
Date of creation	2010
Description	Share advice, experiences, stories, suggestions, support and answers to caregiving questions
Language	English/Spanish
Audience	Caregivers/Relatives
Powered by	Clinical Tools, Inc. with funding from the National Institute on Aging. The site is under the management of the American Elder Care Research Organization.
Link	http://www.dementiacarecentral.com/

Name	Aging Care
Type	Forum/Info
Country	USA
Date of creation	2010
Description	Provide families with the necessary information and support to care for their parents or other elderly
Language	English/Spanish
Audience	Caregivers/Relatives
Powered by	AgingCare, LLC
Link	https://www.agingcare.com/

Name	Lewy Body Dementia Association
Type	Association's internet page that includes a forum
Country	USA
Date of creation	2004
Description	Community about Lewy body dementias (LBD). Support people with LBD, their families and caregivers and promoting scientific advances. The Association's purposes are charitable, educational, and scientific.
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	Lewy Body Dementia Association
Link	http://www.lbda.org/phpbbforum

Name	Alzheimer's Society
Type	Forum/Info/Research
Country	UK
Date of creation	1998
Description	Information and support, fund medical and social research, and campaign for people with dementia.
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	UK's leading dementia support and research charity
Link	https://www.alzheimers.org.uk/

Name	Asant Café
Type	Forum/Info/Research
Country	CANADA
Date of creation	1998
Description	An online gathering place that offers access to information, education and support for

	people with dementia and their cares in Alberta, Canada.
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	The Alzheimer Society of Alberta & Northwest Territories
Link	https://www.asantcafe.ca/

Name	Age Village
Type	Forum/Info/Research
Country	FRANCE
Date of creation	2000
Description	A web magazine with information on healthy aging, frailty, disability, family and institutional solidarity. It supports and advises elderly people and their family.
Language	French
Audience	PLWDs/Caregivers/Professionals
Powered by	Composed of journalists and consultants
Link	http://www.agevillage.com/

Name	AlzConnected
Type	Forum/Info/Research
Country	USA
Date of creation	2014
Description	A free online community for everyone affected by Alzheimer's or another dementia, including: <ul style="list-style-type: none"> -People with the disease - Caregivers -Family members -Friends - Individuals who have lost someone to Alzheimer's
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	Alzheimer's Association
Link	https://www.alzconnected.org

Name	Mental Health Forum - The Dementia Forum
Type	Forum/Info
Country	UK
Date of creation	2003
Description	A place to talk about issues relating to dementia.
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	Mental Health Foundation (UK)
Link	https://www.mentalhealthforum.net/

Name	Carers UK
Country	UK
Date of creation	2014
Description	Support for caregivers
Language	English
Audience	Caregivers/Professionals
Powered by	Carers UK (Organization)
Link	https://www.carersuk.org/

Name	Dementia Daily
Type	Forum/Info/Research
Country	Australia
Date of creation	2014
Description	Up to date research and news/support
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	Alzheimer's Australia NSW
Link	https://www.dementiadaily.org.au/

Name	Dementia Friendly Community Forums
Type	Forum/Info
Country	UK
Date of creation	2014
Description	Kent's local Dementia Friendly Community Forum
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	Kent Dementia Action Alliance
Link	https://www.dementiadaily.org.au/

Name	Help for Alzheimer's Families-Alzheimer's & Dementia Support
Type	Forum/Info
Country	USA
Date of creation	2014
Description	Dementia Support from Experts & Other Caregivers
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	Home Instead Senior Care dementia care services
Link	http://www.helpforalzheimersfamilies.com

Name	Alzheimer's Australia Younger Onset Dementia Forum
Type	Forum/Info
Country	Australia
Date of creation	2014
Description	Place where young people with dementia, their families, caregivers and friends can gather and share information.
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	Fightdementia.org.au
Link	http://www.talkdementia.org.au/

Name	PLWD (Dementia)
Type	Forum/Info
Country	UK
Date of creation	2000
Description	Web's leading independent health platform
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	PiP (PLWD information Publications)
Link	http://PLWD.info

Name	FTD Support Forum
Type	Forum/Info
Country	UK
Date of creation	2000
Description	The purpose of this forum is to provide a place for safe and secure communications for people who have been diagnosed with FTD and those who care for people with FTD.
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	
Link	http://ftdsupportforum.com

Name	Act to Dementia
Type	Project's site that includes a forum
Country	UK
Date of creation	2000
Description	A research project funded by the Centre for Assistive Healthcare (CATCH) at the University Technology and Connected of Sheffield and in collaboration with researchers at the Ontario Shores Centre for Mental Health Sciences.
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	(CATCH) University of Sheffield, Ontario Shores Centre for Mental Health Sciences
Link	http://www.actodementia.com/

Name	Here Now Dementia
Type	Site of a York-based non-profit company which develops projects to help people who have dementia to live well. Includes blog/forum.
Country	UK
Date of creation	2013
Description	Getting the voices of people with dementia heard ("Nothing about us without us!") Working with people who have dementia, not just for them The transformative power of the arts
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	Here Now Dementia (UK)
Link	http://www.herenow.org.uk/

Name	Dementia Engagement & Empowerment Project (DEEP)
Type	Forum/Info
Country	UK
Date of creation	2013
Description	Brings together groups of people with dementia from across the UK.
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	Collaboration between the Mental Health Foundation, Innovations in Dementia, supported by the Alzheimer's Society and funded by the Joseph Rowntree Foundation.
Link	http://dementiavoices.org.uk/

Name	The Lived Experienced Café
Type	Forum/Info
Country	CANADA
Date of creation	2013
Description	A place to engage older adults with dementia, mental health, or neurological disorders, their

	family, friends and cares from South Eastern Ontario to share their experiences and advice.
Language	English
Audience	PLWDs/Caregivers/Professionals
Powered by	The Lived Experience Café is hosted by Dementia Crossroads, the website of Behavioural Support Services, Providence Care Seniors Mental Health (Kingston, Ontario) working in partnership with the Alzheimer Societies of SE Ontario.
Link	http://dementiacrossroads.ca/

Annex VII: Public social network privacy and security best practices

This section will be part of our public communities' policies and provide support on user privacy and security settings, plus instructions for finding and updating these options to maintain control over their accounts³⁸.

Limits profile visibility

Facebook	Facebook's default privacy setting for new users is set to Friends Only. Settings > Privacy > Who can see your future posts? Will permit to review it.
LinkedIn	By default, your profile is public. Settings > Account > Helpful Links > Edit your public profile will permit to change it.
Twitter	By default, your posts are public. The privacy setting to limit the audience of your tweets is to set your profile to Protected, which means only followers you approve will see your tweets. Settings > Security and privacy > Privacy > Tweet Privacy > Protect my Tweets.

Control how people can search for you

Facebook	Facebook lets others find your profile by searching for your email address and phone number. To change this, visit Settings > Privacy > Who can look me up?
LinkedIn	Privacy & Settings > Profile > Privacy Controls > Manage who can discover you by your phone number.
Twitter	Settings > Security and privacy > Privacy > Discoverability. Check or uncheck the email address and phone number options, then click Save.

Control who can connect with you

Facebook	By default, anyone can add you as a friend on Facebook. To change this, visit Settings > Privacy > Who can contact me.
LinkedIn	Privacy & Settings > Communications > Member Communications > Select who can send you invitations.
Twitter	You cannot choose who can connect with you; anyone can follow your posts. If your profile is protected, you will have to approve users on an individual basis.

Control who can see your connections

Facebook	Profile > Friends tab > pencil icon and Find Friends. This set of options lets you choose who can see your friend list, people you follow and who follows you.
LinkedIn	Privacy & Settings > Profile > Privacy Controls > Select who can see your connections.
Twitter	You cannot change who can see your followers and people you follow.

Control who can see your photos

Facebook	Profile > Photos tab > Albums. Hover over the icon in the bottom-right of each album to adjust the privacy. Other albums will require that you change the setting for each individual picture. To do this, click the photo and hover over the icon next to the date.
LinkedIn	To change who can view your profile picture, hover over it and click Change Photo. Click the lock icon to change the audience.
Twitter	You cannot limit who can see your photos.

Block users

Facebook	Settings > Blocking > Block users. Then, add the user's name or email address and click Block.
LinkedIn	Visit the user's profile and select "Block or Report" from the drop-down menu at the top of the profile summary.
Twitter	Visit the user's profile, and then click the gear icon on their page. Select Block from the menu, and then click Block to confirm. You can view and manage the accounts you have blocked here: https://twitter.com/settings/blocked .

³⁸ <http://www.itworld.com/article/2915175/social-networking/how-the-top-social-networks-compare-on-privacy-in-one-handy-chart.html>