



CO-CAPTAIN

Cancer prevention among individuals with mental ill-health: CO-adapting and implementing patient navigation for primary cancer prevention

D6.7 COMMUNICATION ACTIVITIES AND MATERIALS

Laura Domínguez, Gabriela Munares, Juan Antonio Pavón.
KVC (Kveloce / Senior Europa S.L)

WP6 – Communication, awareness & sustainability

Submitted: 29/05/2026



Funded by the
European Union

CO-CAPTAIN has been funded by the European Union's Horizon Europe Programme under the Grant Agreement GA 101104784. The contents of this publication are the sole responsibility of Senior Europa SL – Kveloce (KVC) and do not necessarily reflect the opinion of the European Union.

- WP No.: 6 - Communication, awareness & sustainability
- Deliverable No.: D6.7 Communication Activities and Materials
- Authors: Laura Domínguez, Gabriela Munares, Juan Antonio Pavón.
- Level of Dissemination: PU

Versions:

Version No.	Person in charge	Partner (acronym)	Date	Specifications
1	Laura Domínguez & Gabriela Munares	KVC	21/05/2026	Ready for revision
2	Marta Pisano, Inés Rey, Cristina Fernández	FICYT/SES PA/CSPA	25/05/2026	Peer-review
3	Laura Domínguez	KVC	26/05/2026	Changes made
4	Magdalena Kostyla	MUL	26/05/2026	Peer-review
5	Laura Domínguez	KVC	27/05/2026	Modifications from peer-reviewers included
6	Igor Grabovac & Hanna Mües	MUW	29/05/2026	Coordinator final review and submission

LIST OF CONTENTS

1	Executive summary.....	9
2	Introduction.....	10
3	Methodology	11
3.1	Phases of dissemination and communication.....	12
3.2	Target groups	15
4	Means of evaluating the strategy	17
5	Dissemination and communication activities and materials	20
5.1	CO-CAPTAIN Project Brand	21
5.1.1	Logo and colours.....	22
5.1.2	Fonts.....	23
5.1.3	EU acknowledgement	24
5.1.4	Document template.....	25
5.1.5	Presentation template.....	26
5.1.6	Social Media templates	27
5.2	Materials	29
5.2.1	One Pager	30
5.2.2	Project brochure	30
5.2.3	Project roll-up	32
5.2.4	Videos	33
5.2.5	Project website	34
5.3	Social Media Channels.....	39
5.3.1	Hashtags.....	40
5.3.2	Audience	42
5.3.3	LinkedIn.....	43
5.3.4	Instagram.....	46

5.3.5	Twitter/X vs Bluesky	48
5.3.6	Facebook	50
5.3.7	YouTube	52
5.4	Scientific dissemination.....	54
5.4.1	Congresses and conferences.....	55
5.4.2	Publications	59
5.4.3	EU-funded projects and stakeholders networking	63
5.4.4	Workshops and webinars	66
5.5	Publications on partners' websites, newsletters and institutional channels .	69
5.6	Social Media activity conducted by partners	77
6	Conclusions.....	81
6.1	Lessons learned and areas for improvement.....	84
ANNEX 1. Partner Activity Register		87

LIST OF TABLES

Table 1. Phases of the dissemination and communication strategy.....	12
Table 2. Strategy review	17
Table 3. Dissemination and Communication: Key Performance Indicators.....	18
Table 4. Social Media hashtags	41
Table 5. Social Media audience	42
Table 6. Twitter/X vs Bluesky.....	49
Table 7. Congresses, conferences and event-related dissemination by type	56
Table 8. Scientific publications	59
Table 9. Publications on the partner's websites	72
Table 10. Social Media activity conducted by partners	78

LIST OF FIGURES

Figure 1. Corporate Identity Guide	21
Figure 2. CO-CAPTAIN Logo.....	22
Figure 3. Document template.....	25
Figure 4. PowerPoint template.....	26
Figure 5. Workshop presentation template.....	27
Figure 6. Social Media templates	28
Figure 7. One Pager.....	30
Figure 8. Brochures	30
Figure 9. Brochure in Greek	31
Figure 10. Infographic.....	31
Figure 11. Poland Pilot Brochure	31

Figure 12. Roll-up_Workshop at the University of Lodz.....	32
Figure 13. Use of the roll-up in video	32
Figure 14. CO-CAPTAIN Interviews.....	33
Figure 15. CO-CAPTAIN Website	34
Figure 16. Website_Blog subpage.....	35
Figure 17. Website_Pilot subpage	35
Figure 18. Website_Results subpage.....	36
Figure 19. Top 10 countries_Website	37
Figure 20. Linkedin profile (https://www.linkedin.com/company/co-captain-eu).....	43
Figure 21. The best-performing LinkedIn post.....	45
Figure 22. Instagram profile	46
Figure 23. Best-performing Instagram reel	48
Figure 24. Best-performing Instagram post.....	48
Figure 25. Bluesky profile	48
Figure 26. Bluesky_Community growth	50
Figure 27. YouTube Cannel	52
Figure 28. EU Cancer Mission Video.....	53
Figure 30. “Towards Equitable Cancer Journeys: Principles of Navigation” Webinar ..	67
Figure 31. Cluster webinar about Inequalities.....	68
Figure 32. WP5 Workshops	68
Figure 33. Online publications, newsletters and other media.....	70
Figure 34. MUW Website	71

LIST OF ABBREVIATIONS

- BÖP – Berufsverband Österreichischer Psychologinnen und Psychologen
- CSO/s – Civil Society Organisation/s
- CPW – (the research project acronym) Cancer Prevention at Work
- D&C – Dissemination and Communication
- DGSSIS – General Directorate of Social Services. Council of Family, Youth and Social Affairs. Community of Madrid
- EU – European Union
- EUHPP –EU Health Policy Platform
- FB – Facebook
- FICYT – Fundación para el Fomento en Asturias de la Investigación Científica Aplicada y la Tecnología
- GA – Grant Agreement
- GDPR – General Data Protection Regulation
- HE – Horizon Europe
- ICIC – International Conference on Integrated Care
- IFIC – International Foundation for Integrated Care
- IG – Instagram
- IUHPE – International Union for Health Promotion and Education
- KPI/s – Key Performance Indicator/s
- KVC – Kveloce
- FICYT – Fundación para el Fomento en Asturias de la Investigación Científica Aplicada y la Tecnología
- MHE – Mental Health Europe
- MUL (LODZ) – Medical University of Lodz
- MUW – Medical University of Vienna
- NGO/s – Non-Governmental Organisation/s
- ONCODIR –(the research project acronym) Evidence-based Participatory Decision Making for Cancer Prevention through Implementation
- PIECES –(the research project acronym) Towards Large-Scale Adaptation and Tailored Implementation of Evidence-Based Primary Cancer Prevention Programmes in Europe and Beyond
- PN – Patient Navigator
- PNM – Patient Navigator Model

- PREVENT – (the research project acronym) Empowering Childhood Health, Preventing Obesity – Go Healthy for a Bright Future
- PU – Public
- R&D - Research and Development
- R&I – Research and Innovation
- SERMAS - Servicio Madrileño de Salud
- SESPA/CSPA – Servicio y Consejería de Salud del Principado de Asturias
- UMHRI - University Mental Health Research Institute
- WP – Work Package
- 4P-CAN – (the research project acronym) Personalised CANcer Primary Prevention research through Citizen Participation and digitally enabled social innovation
- X – X/Twitter

1 EXECUTIVE SUMMARY

This deliverable compiles the communication and dissemination activities carried out and the materials produced during the CO-CAPTAIN project. It provides an overview of the actions implemented to promote the project, raise awareness, engage stakeholders and share progress and results with the identified target audiences.

It covers both online and offline activities, including the project website, social media channels, visual identity materials, communication templates, events, workshops, conferences, networking actions, scientific dissemination and publications through partners' channels. It also presents the strategic approach followed by the consortium, including communication phases, target groups, channels and evaluation mechanisms.

Overall, CO-CAPTAIN developed a coherent and sustained communication approach that evolved alongside the project. The website became the main public information hub and results repository, while social media supported visibility and engagement, with LinkedIn emerging as the strongest platform for professional, institutional and policy-oriented audiences. Partner-led communication further amplified the project's reach through websites, newsletters, institutional profiles and professional networks.

Scientific dissemination and stakeholder engagement were also central to the project's visibility and impact. CO-CAPTAIN was presented at congresses, conferences, workshops and webinars, and generated publications, abstracts, theses and planned scientific outputs that will support long-term use of the project's findings. Dissemination was most effective when connected to concrete milestones, such as pilot activities, stakeholder workshops, scientific outputs, awards, the Final Conference and final results.

This deliverable provides a structured record of CO-CAPTAIN's communication work and its contribution to maximising the project's visibility, stakeholder engagement, scientific credibility and sustainability beyond the funded period.

2 INTRODUCTION

This deliverable compiles the communication and dissemination activities carried out and the materials produced during the CO-CAPTAIN project. It provides an overview of the actions implemented to promote the project, raise awareness of its objectives, engage relevant stakeholders and share its progress and results with the identified target audiences.

It covers both online and offline activities, including the project website, social media channels, visual identity materials, communication templates, events, workshops, conferences, networking actions and publications through partners' channels. It also presents the strategic approach followed by the consortium, including the communication phases, target groups, channels used and evaluation mechanisms.

The objectives of this deliverable are to:

- document the dissemination and communication activities carried out during the project;
- compile the materials produced;
- describe the strategies and channels used to disseminate the project's objectives, activities and results;
- assess the effectiveness of these actions in terms of visibility, outreach and stakeholder engagement.

This deliverable provides a structured record of the communication work conducted within CO-CAPTAIN and its contribution to maximising the project's visibility and impact.

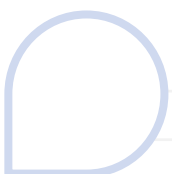
3 METHODOLOGY

The CO-CAPTAIN dissemination and communication strategy has been designed to support the visibility, understanding and uptake of the project's activities, outputs and results throughout its life cycle. The strategy responds to the project's main challenge: improving primary cancer prevention among individuals with mental ill-health by co-adapting and implementing a Patient Navigation Model able to support access to health, mental health and care services.

The communication and dissemination approach is closely linked to the project's implementation. Dissemination focuses on sharing the project's scientific, professional and policy-relevant outputs with those audiences able to use, replicate or build upon them, including researchers, healthcare and social care professionals, public authorities, civil society organisations and related European initiatives. Communication, in turn, supports awareness raising and engagement by making the project's messages accessible to broader audiences and by highlighting the relationship between mental health, health inequalities and cancer prevention.

The strategy has therefore combined scientific dissemination, professional outreach, stakeholder engagement and public communication. This integrated approach ensures that the knowledge generated by CO-CAPTAIN is not only made available, but also adapted to the needs, interests and capacities of different audiences. Particular attention has been paid to the use of sensitive, non-stigmatising and inclusive communication, given the specific vulnerabilities and social stigma often experienced by people with mental health conditions.

The methodology also follows a flexible and iterative logic. Communication and dissemination actions were planned according to the project phases, but adapted as the project progressed, taking into account emerging results, consortium needs, stakeholder feedback and opportunities for collaboration. This allowed the consortium to combine planned activities, such as the website, social media channels, communication materials



and scientific dissemination, with responsive actions linked to events, campaigns, publications and networking opportunities.

Overall, the methodology aims to maximise the project's scientific, social and institutional impact by ensuring that CO-CAPTAIN results are visible, understandable and useful for the audiences that can contribute to their uptake, sustainability and future transferability.

3.1 Phases of dissemination and communication

Throughout the development of CO-CAPTAIN, the dissemination and communication strategy has been structured according to the different phases of the project. As defined in the Dissemination and Communication Strategy, the project results are disseminated through different channels and tools depending on each stage of development, considering both the project implementation process and the progressive availability of outputs and results.

This phased approach has allowed the consortium to adapt its actions to the needs of each period: initial visibility and stakeholder engagement at the beginning of the project; support to implementation, recruitment and retention during the intervention phase; consolidation of stakeholder involvement and emerging results; and, finally, sustainability, maintenance and transferability of project outcomes.

The strategy is therefore not limited to the production of communication materials, but combines direct engagement, networking, scientific dissemination, online communication, participation in events, professional dissemination and communication campaigns. Each phase targets specific audiences and uses tailored means to maximise the visibility, understanding and potential uptake of CO-CAPTAIN results.

Table 1. Phases of the dissemination and communication strategy

PHASE 1	Initial Outreach: M1 – M6
---------	---------------------------

Objective/s:	To reach as many stakeholders as possible to enhance the outreach of the disseminated results. To disseminate the recruitment phase among people reached and potential multipliers.
Main target groups:	Service-users. Healthcare professionals. Social and community workers. Local communities. Regional administration. Platforms and alliances. Associations and NGOs working with people with mental health problems.
Dissemination & communication means:	Direct engagement of service-users through social and healthcare professionals, direct calls and snowball methods. Direct engagement through platforms and alliances. Scientific dissemination through attendance at events and conferences. Direct engagement of key persons.
PHASE 2 Implementation M7-M30	
Objective/s:	To reinforce the dissemination of outcomes. To strengthen the recruitment and retention of beneficiaries.
Main target groups:	Service-users. Health professionals. Social and community workers. CSOs in touch with beneficiaries. Local and regional administration. Platforms and alliances. Key institutional stakeholders. Scientific community. Other local stakeholders.
Dissemination & communication means:	Direct engagement supported by multipliers, companies and research entities. Direct engagement of service-users through social and healthcare practitioners, snowball peer-to-peer methods, community leaders and engaged CSOs. Direct networking with European networks, R&D projects and initiatives, and related EU-funded projects. Participation and attendance in events. Networking with CSOs. Scientific dissemination through attendance at events and conferences. Joint online strategy within the communication plan.
PHASE 3 Consolidation M22-M32	

Objective/s:	To engage multiplier groups and decision-making bodies in the project. To consolidate the engagement of beneficiaries.
Main target groups:	Service-users. Beneficiaries. Public Administration. Related EU-funded projects. Related nationally funded projects. European Commission.
Dissemination & communication means:	Direct engagement of service-users and beneficiaries by all partners and collaborating networked entities. Direct networking with European networks, R&D projects and initiatives, and related EU-funded projects. Media and forums. Scientific dissemination through national and international publications and events. Association and open dialogue.
PHASE 4 Closure and Maintenance: M32-M36	
Objective/s:	To design a sustainability strategy in line with the partners' organisational structures and managerial specificities, improving the long-term maintenance of research outcomes and results and ensuring an adequate use of public funds applied to research and innovation. To consolidate a strong and intersectoral network of stakeholders, including social and healthcare practitioners, institutions, administrations and CSOs, including associations of patients.
Main target groups:	All target groups.
Dissemination & communication means:	Scientific dissemination. Publication of articles in journals. Attendance and participation in national and international congresses and conferences. Organisation and/or attendance at fairs, events, workshops, etc. Professional dissemination. Communication campaigns.

Please note that phases 2 and 3 are overlapping, which is due to the differentiated actions, objectives and targets

3.2 Target groups

The CO-CAPTAIN dissemination and communication strategy identified three main categories of target groups: primary, secondary and tertiary audiences. This segmentation was maintained throughout the project, as the target groups defined at the beginning proved to be appropriate for the project's strategic objectives and for the implementation of communication and dissemination activities.

The identification of target groups was based on their relationship with the project, their communication needs and their potential role in supporting the uptake, transferability and sustainability of CO-CAPTAIN results. This approach allowed the consortium to adapt messages, formats and channels to different audiences, ranging from people directly affected by the project's topic to professionals, institutions, decision-makers and the wider public.

Primary target groups included the main beneficiaries of the project: people experiencing mental ill-health, as well as community leaderships within communities affected by mental health issues. These groups were central to the project because CO-CAPTAIN aimed to improve cancer prevention pathways for people experiencing mental ill-health. Communication with these audiences required accessible, sensitive and stigma-aware messages, as well as formats adapted to their needs and contexts. Their engagement was particularly relevant during the implementation of the pilots, recruitment and retention activities, and the dissemination of the Patient Navigation Model.

Secondary target groups included the actors directly involved in the implementation, support, adoption and future transferability of the project results. This category comprised health professionals, social and community workers, associations and CSOs working with people with mental health problems, health and social care administrations, advocacy groups, decision-makers, policy actors, and formal and informal caregivers. These audiences were essential for ensuring that the project's results could be understood, discussed and potentially integrated into health and social care systems. They were also key multipliers, able to facilitate access to beneficiaries, support local engagement, and contribute to the sustainability and scalability of CO-CAPTAIN outcomes.

Tertiary target groups included the general society, potential patients and European citizens. The European Commission was considered a tertiary target group, as an EU-level institutional and policy stakeholder with relevance for the visibility, policy alignment and long-term uptake of CO-CAPTAIN results. This group was addressed mainly through broader awareness-raising activities, social media, website content, campaigns, public communication materials and media-related actions. The objective was to increase general understanding of the links between mental health, cancer prevention, health inequalities and integrated care, while promoting a more inclusive and informed public conversation around the challenges faced by people with mental ill-health.

This segmentation supported a targeted and coherent communication approach. Primary groups required accessible and trust-building communication; secondary groups required evidence-based, practical and implementation-oriented information; and tertiary groups required clear, engaging and awareness-raising messages. The use of different channels, including direct engagement, partner networks, events, scientific dissemination, social media and the project website, made it possible to reach these groups through the most appropriate means.

Throughout the project, the target group structure remained valid. During the first year, it supported initial outreach, stakeholder identification and recruitment-related activities. During the second year, it helped guide implementation, engagement with professionals and CSOs, and the dissemination of emerging results. During the final stage, it supported the dissemination of project outcomes, stakeholder workshops, scientific outputs, policy-oriented messages, participant stories and sustainability-related materials.

The target group analysis confirms that CO-CAPTAIN's communication and dissemination activities were designed to address the different levels of influence required by the project: direct engagement with beneficiaries, professional and institutional uptake, and wider societal awareness. This structure contributed to maintaining coherence across the project's communication activities and helped ensure that project results were shared with the audiences most relevant for their understanding, use and long-term impact.

4 MEANS OF EVALUATING THE STRATEGY

The evaluation of the CO-CAPTAIN dissemination and communication strategy was based on a combination of quantitative indicators and qualitative assessment. This approach made it possible to monitor the level of activity, visibility and outreach achieved by the project, while also assessing the relevance and strategic value of the actions implemented.

The evaluation framework was aligned with the Dissemination and Communication Strategy and monitored through the periodic evaluation reports prepared during the project. These reports assessed the implementation of activities during the first, second and final project periods, allowing the consortium to identify achievements, limitations, lessons learned and areas for improvement.

The monitoring process covered both offline and online activities. Offline evaluation included participation in conferences, congresses, scientific workshops, stakeholder meetings, non-academic events, press and other media activities, publications, networking actions and direct engagement with relevant actors. Online evaluation focused on the project website, social media channels, digital campaigns, engagement rates, follower growth, partner amplification and the online dissemination of project materials.

The main categories used to evaluate the strategy were:

Table 2. Strategy review

Evaluation area	Means of evaluation	Examples of indicators
Project identity and materials	Monitoring of communication materials produced and used by the consortium	Brochure, roll-up, templates, posters, one-pager, videos, social media templates, multilingual materials
Website	Review of website activity and content updates	Visits, visitors, page views, most visited pages, country-level traffic, blog posts, results page, event pages

Social media	Monitoring of platform growth and engagement	Followers, posts, impressions, views, interactions, campaign performance, partner amplification
Scientific dissemination	Tracking of academic and professional outputs	Publications, abstracts, conference proceedings, posters, congresses and scientific events
Events and stakeholder engagement	Collection of partner reports and event evidence	Events attended or organised, participants reached, stakeholder meetings, workshops, webinars, Final Conference
Networking and synergies	Review of collaborations with external initiatives	EU-funded projects engaged, cluster activities, joint webinars, newsletters, cross-project communication
Media and partner channels	Collection of press, website and institutional communication evidence	Press releases, media appearances, partner website publications, newsletters, institutional posts

The table below summarises the main KPIs used to assess the performance of the dissemination and communication strategy. These indicators compare the expected results with the results achieved by the project, covering dissemination reach, offline activities and online communication performance.

Table 3. Dissemination and Communication: Key Performance Indicators

	Expected results	Project results
CO-CAPTAIN Dissemination: performance		
Lay persons directly reached	>8,000	>7,000
Non-experts, policy makers or decision makers	>200	>250
Related EU-funded projects	>15	30 EU-funded projects
Researchers reached (e.g., congresses, publications)	>5,000	>5,000
Decision-makers engaged	>20	>20
Offline dissemination and communication performance		
Attendance to non-academic fairs and events	>15	29
Attendance to non-academic workshops and seminars	>20	31
Attendance to EC events and info days	>4	5
Press releases, media articles and institutional news items published	>11	17
Non-peer reviewed articles in the specialised press published	>10	6

Peer-reviewed journal articles published or submitted	>10	8
Proceedings, conference abstracts or position papers published	>10	6
Attendance to conferences and congresses	>20	27
PhD or MSc Dissertations (ongoing or published)	1 PhD or 2 MSc	3 PhD and 3 MSc
Attendance to Scientific workshops or special sessions	10	14
Online communication performance		
General engagement rate / main social media channels	>4.5 - 5%	9%
Twitter/X engagement	4%	1,3%
Instagram engagement	5%	4,2%
Twitter/X followers	250	74
Instagram: followers	200	53
LinkedIn: followers	300	416
Website: visitors / unique visitors	200/month (mean)	290/month (mean)

Overall, the KPI results show that CO-CAPTAIN achieved or exceeded most of the expected targets. The project performed particularly strongly in relation to engagement with related EU-funded projects, non-academic events, workshops and seminars, press releases, conference participation, scientific workshops and dissertations. The project also exceeded the expected general engagement rate and LinkedIn follower target, confirming the relevance of LinkedIn as a key platform for reaching professional, scientific and institutional audiences.

Some indicators remained below the initial targets, particularly X/Twitter and Instagram follower numbers, as well as engagement on these platforms. This reflects changes in platform relevance and audience behaviour during the project lifetime, including the progressive shift from X/Twitter towards alternative channels such as Bluesky and the stronger prioritisation of LinkedIn for professional outreach. In the case of Instagram, the platform remained useful for visual and awareness-raising content, although its follower growth was lower than initially expected.

The website also remained an important communication tool, with an average of 290 unique visitors per month in the final reporting period, above the expected target of 200 unique visitors per month. This confirms the role of the website as the main public

access point for project information, results, events, communication materials and public deliverables.

In addition to quantitative monitoring, a qualitative review was carried out to assess the suitability and relevance of communication and dissemination activities. This review was based on internal checks by the communication team, feedback from consortium partners, review of partner reporting sheets, discussions during project meetings, and observations from dissemination activities, workshops and stakeholder engagement actions. Particular attention was paid to whether materials were accessible, inclusive and stigma-aware, especially when addressing people experiencing mental ill-health, caregivers, civil society organisations and non-specialist audiences. This qualitative dimension helped ensure that communication activities were aligned with CO-CAPTAIN's person-centred approach and did not reinforce stigma or exclusion.

Taken together, the evaluation shows that the strategy was effective in supporting project visibility, stakeholder engagement, scientific and professional dissemination, networking, public communication and the long-term availability of CO-CAPTAIN results. The comparison between expected and achieved results also provides useful lessons for future communication strategies, especially regarding the need to adapt channels over time and prioritise platforms according to audience behaviour and project objectives.

5 DISSEMINATION AND COMMUNICATION ACTIVITIES AND MATERIALS

Communication and dissemination activities accompanied CO-CAPTAIN from the first months of the project to its final stage. What began with the creation of a visual identity, basic materials and public channels progressively evolved into a broader set of actions aimed at supporting pilot implementation, engaging stakeholders, disseminating results and strengthening the future use of the project's outputs.

The work described in this section reflects both the common communication framework coordinated at project level and the active contribution of consortium partners through their own channels, events and networks. This combination was particularly relevant for CO-CAPTAIN, as the project needed to reach audiences operating at different levels: people with mental health problems and their communities, health and social care professionals, civil society organisations, researchers, public administrations, policy actors, EU-funded projects and the wider public.

The materials produced during the project served different purposes. Some ensured consistency and recognition, such as the logo, templates, visual identity and EU acknowledgement. Others supported outreach and engagement, including brochures, posters, roll-ups, videos, website content and social media visuals. A third group of outputs contributed to knowledge transfer and uptake, including scientific publications, event materials, policy-oriented content, stakeholder workshop outputs and communication linked to the Final Conference.

The following subsections bring together these activities and materials, showing how they were used across the project life cycle and how they contributed to visibility, engagement, dissemination of results and sustainability.

5.1 CO-CAPTAIN Project Brand

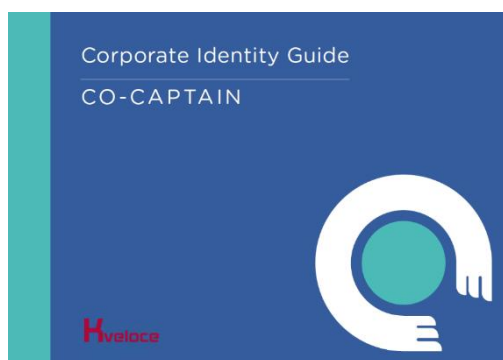


Figure 1. Corporate Identity Guide

From the beginning of the project, CO-CAPTAIN developed a coherent visual identity to ensure that all communication and dissemination materials were easily recognisable and professionally presented. This identity was formalised in a Corporate Identity Guide, which defined the main rules for the use of the logo, colour palette, typography and visual

applications across project materials.

The project brand included the logo, colour palette, fonts, document and presentation templates, social media layouts and the correct use of the EU funding acknowledgement. These elements provided a common framework for all partners, helping them produce materials that were visually aligned and compliant with Horizon Europe communication requirements.

As the project progressed, the CO-CAPTAIN brand was applied to a wide range of outputs, including brochures, posters, roll-ups, scientific presentations, social media campaigns, videos, website sections and event materials. Its consistent use strengthened the visibility of the project and supported the perception of CO-CAPTAIN as a reliable and recognisable European initiative in the fields of mental health, cancer prevention and patient navigation.

5.1.1 Logo and colours



Figure 2. CO-CAPTAIN Logo

The CO-CAPTAIN visual identity was designed to provide the project with a clear, professional and easily recognisable image across all communication and dissemination channels. As the first point of contact with many audiences, the logo played an important role in making the project identifiable and in supporting a coherent narrative around mental health, cancer prevention and patient navigation.

The logo combines a symbolic element with the project name, creating an imagotype that can be used consistently across different formats. The design seeks a balance between institutional credibility and accessibility: it is clean, modern and legible, while avoiding an overly clinical or distant appearance. This was particularly relevant for CO-

CAPTAIN, as the project addressed both professional audiences and communities affected by mental health problems.

The project's colour palette was built around two main colours: Pantone 7684 C, a deep blue, and Pantone 3255 C, a turquoise tone. The blue was used to convey trust, stability and scientific reliability, while the turquoise introduced a more human, approachable and health-oriented dimension. Together, they created a visual identity that was suitable for institutional communication, scientific dissemination and public-facing materials.

5.1.2 Fonts

Typography was also defined as part of the CO-CAPTAIN visual identity to ensure clarity, consistency and readability across all project materials. From a communication perspective, the choice of fonts was important because the project addressed diverse audiences, including researchers, healthcare and social care professionals, public administrations, civil society organisations and the general public.

The Corporate Identity Guide established Gotham Rounded Book as the primary typeface and Roboto as the secondary typeface. Gotham Rounded Book was selected for titles and key visual elements, providing a modern, approachable and distinctive tone. Roboto was used for body text and longer written content, supporting readability in documents, presentations, web content and communication materials.

This combination allowed CO-CAPTAIN to maintain a balance between a professional institutional image and an accessible visual style. The rounded character of the primary font helped avoid an overly rigid or clinical appearance, while the secondary font ensured that information remained clear and easy to read, especially in materials intended for wider audiences.

To facilitate use by all partners, the dissemination and communication strategy also allowed alternative fonts when the preferred typefaces were not available. In those cases, Corbel could be used as an alternative for titles, while Open Sans or Calibri could



be used for body text and tables. This ensured flexibility without compromising the overall coherence of the project identity.

The consistent use of typography across deliverables, presentations, brochures, posters, social media materials and website content contributed to a unified visual language and reinforced the recognisability of CO-CAPTAIN throughout the project lifecycle.

5.1.3 EU acknowledgement

As a Horizon Europe project, CO-CAPTAIN systematically included the European Union acknowledgement in its communication and dissemination materials. This was not treated as a purely administrative requirement, but as part of the project's transparency and accountability towards public funding.

The EU emblem and funding statement were incorporated into the project's visual materials, including deliverables, presentations, brochures, posters, roll-ups, website content, social media templates, videos and event materials. This ensured that the role of the European Union in supporting the project was clearly visible across the different formats and channels used by the consortium.

The dissemination and communication strategy established a conservative approach to EU acknowledgement, recommending the inclusion of the EU flag and disclaimer in press notes, magazine articles and scientific articles whenever possible. It also stressed that all texts should remain legible and that the acknowledgement should be applied consistently across project outputs.

The standard acknowledgement used by the project was:

CO-CAPTAIN has been funded by the European Union's Horizon Europe Programme under the Grant Agreement GA 101104784.

Where applicable, the following disclaimer was also included:

The contents of this publication are the sole responsibility of the consortium and do not necessarily reflect the opinion of the European Union.

Applying the EU acknowledgement consistently helped ensure compliance with Horizon Europe communication requirements and reinforced CO-CAPTAIN's positioning as a European collaborative initiative addressing mental health, cancer prevention and integrated care.

5.1.4 Document template

The CO-CAPTAIN document template was created to ensure a consistent and professional presentation of all project documents, particularly deliverables and formal



Figure 3. Document template

reports. Its use helped maintain visual coherence across the project while ensuring that key Horizon Europe requirements, such as the EU emblem, funding acknowledgement and disclaimer, were systematically included.

The template followed the project's visual identity, incorporating the CO-CAPTAIN logo, corporate colours, typography and standard layout elements. This provided partners with a common structure for preparing project documentation and reduced the risk of inconsistencies

between documents produced by different organisations.

Beyond visual consistency, the template also contributed to the clarity and credibility of project outputs. Deliverables, reports and internal documents followed a recognisable format, making them easier to identify as part of the same project and supporting a more unified presentation of CO-CAPTAIN's work.

During the project, the document template was used for the deliverables submitted to date and remained aligned with the communication standards defined in the Dissemination and Communication Strategy. In the final period, the template continued to be used as the official format for project documentation, with the required EU visual identity elements and formatting guidelines included.

5.1.5 Presentation template

The CO-CAPTAIN presentation template was developed to ensure that all project presentations shared a consistent and recognisable visual identity. It was used by partners in different contexts, including internal meetings, scientific congresses, workshops, public events, stakeholder meetings and dissemination activities.



Figure 4. PowerPoint template

The template incorporated the project logo, corporate colours, typography and EU acknowledgement elements, providing a common visual framework for presenting CO-CAPTAIN's objectives, methodology, progress and results. This was particularly important in a project involving multiple partners and countries, as it helped maintain coherence while allowing each partner to adapt the content to specific audiences and formats.

During the project, the presentation template was updated to reflect the changes in the consortium, including the revision of partner logos and institutional references. This ensured that all presentations remained accurate, up to date and aligned with the current composition of the consortium.

In addition to the general project template, adapted versions were created for specific activities, such as the stakeholder workshops carried out in the pilot countries. These tailored templates allowed partners to address local needs while keeping the overall CO-CAPTAIN identity intact.

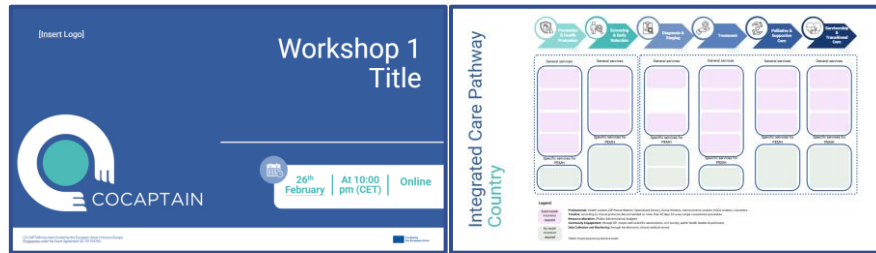


Figure 5. Workshop presentation template

From a communication perspective, the presentation template contributed to a more professional and unified project image. It helped ensure that CO-CAPTAIN was presented consistently in scientific, institutional and public-facing settings, strengthening recognition of the project and supporting the dissemination of its results.

5.1.6 Social Media templates

Social media templates were created to ensure that CO-CAPTAIN had a coherent and recognisable presence across its digital channels. These templates translated the project's visual identity into formats suitable for platforms such as LinkedIn, Instagram, X/Twitter, Bluesky, Facebook and YouTube, helping the consortium communicate with different audiences while maintaining a unified image.

The templates used the project logo, corporate colours, typography and visual style defined in the Corporate Identity Guide. They were designed to be flexible enough to support different types of content, including awareness campaigns, project updates, event promotion, scientific dissemination, pilot-related news, partner activities and final results.

Their use was especially important because social media activity was not limited to one single format or moment. Throughout the project, CO-CAPTAIN communicated around international awareness days, scientific and policy events, stakeholder workshops, publications, cluster activities, pilot implementation and the Final Conference. Having a common visual framework helped these messages remain identifiable as part of the same project, even when the content, platform or audience varied.

During the final stage of the project, specific visual templates were also developed for audiovisual content, including YouTube videos and other short video formats. These templates supported a consistent structure for opening and closing slides, titles, partner references and EU acknowledgement elements, reinforcing the professional presentation of CO-CAPTAIN's video materials.

From a communication perspective, the social media templates helped build recognition and continuity over time. They allowed the project to maintain a consistent digital identity, improve the visual quality of posts and support partner amplification through materials that were easy to adapt and share.



Figure 6. Social Media templates

5.2 Materials

A wide range of communication materials was developed during the CO-CAPTAIN project to support visibility, stakeholder engagement, recruitment, dissemination of results and long-term access to project information. These materials were designed to respond to different communication needs and audiences, from professional and institutional stakeholders to civil society organisations, people with mental health problems and the wider public.

The materials followed the CO-CAPTAIN visual identity and were adapted to different formats, including printed resources, digital materials, audiovisual outputs and website content. Some materials were created at the beginning of the project to introduce CO-CAPTAIN and explain its objectives, while others were developed or updated later to reflect the progress of the pilots, the Patient Navigation Model, stakeholder activities, scientific outputs and final results.

A key principle behind these materials was accessibility. CO-CAPTAIN addressed a sensitive public health challenge, so communication resources needed to be clear, visually coherent and understandable for non-specialist audiences, while still being credible and useful for professionals, researchers and decision-makers. Where relevant, materials were translated into the languages of the pilot countries to support local implementation and engagement.

All public communication materials were made available through the project website ([Results](#)), ensuring that they could be accessed, consulted and reused by stakeholders, professionals, civil society organisations and any interested audience beyond individual events or dissemination activities. This also contributed to the long-term visibility and sustainability of the project outputs.

The following subsections describe the main communication materials produced and used throughout the project, including the one-pager, brochure, posters, roll-up, videos and website.

5.2.1 One Pager

A CO-CAPTAIN one-pager was developed as a concise introductory material to present the project at a glance. It summarised the project rationale, objectives, target groups, expected contribution and consortium information in an accessible format.



Figure 7. One Pager

The one-pager was mainly used for initial outreach, stakeholder engagement, meetings, events and online dissemination. Its short format made it useful for introducing CO-CAPTAIN to audiences unfamiliar with the project, especially professionals, institutions, civil society organisations and related EU-funded initiatives.

The material followed the project's visual identity and EU acknowledgement requirements and was made available through the CO-CAPTAIN website to ensure public access and reuse.

5.2.2 Project brochure

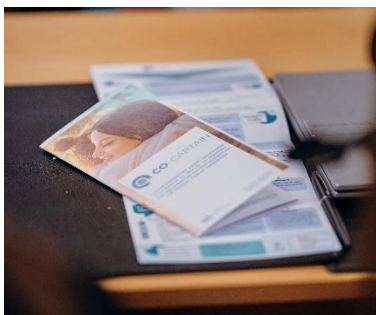


Figure 8. Brochures

The project brochure was developed during the first year of CO-CAPTAIN as one of the main introductory communication materials. It presents the project's objectives, the Patient Navigation Model, the pilot countries and the link between mental health and cancer prevention in a clear and accessible format.

The brochure was used throughout the project as a practical dissemination tool. It was distributed and displayed at in-person events,

meetings, workshops and stakeholder engagement activities, helping partners introduce the project to professional, institutional and community audiences. It also served as an informative resource for the pilot activities, supporting navigators and local teams when explaining CO-CAPTAIN to professionals, organisations and potential participants.

To improve accessibility, the brochure was translated into the languages of the pilot countries, including Spanish, German, Greek and Polish.

All versions were made available on the CO-CAPTAIN website, ensuring open access for stakeholders and the wider public beyond individual events or local dissemination actions.



Figure 9. Brochure in Greek

In the final stage of the project, an additional brochure in infographic format was created to present the CO-CAPTAIN Patient Navigation Model in a more visual and practical way. This material summarised the navigation pathway, target groups, key barriers and facilitators, intervention points, navigator profile, training needs and stakeholder involvement, making the model easier to understand for professionals, policymakers, civil society organisations and other stakeholders.

In addition to the general project brochure, some pilot sites

developed specific local brochures or flyers adapted to their implementation context. These materials provided

practical information on the local pilot, including who could participate, the benefits of joining the programme, what

participants could expect, contact details and access routes such as QR codes or registration forms. They were particularly useful for recruitment and local engagement, as they translated



Figure 10. Infographic



Figure 11. Poland Pilot Brochure

the general CO-CAPTAIN message into clear, practical and context-specific information for potential participants and local stakeholders.

5.2.3 Project roll-up

The CO-CAPTAIN roll-up was created as a visual support material for in-person dissemination activities. It provided a clear and recognisable presentation of the project and helped make CO-CAPTAIN visible in physical spaces.



Figure 12. Roll-up_Workshop at the University of Lodz

The roll-up was used in different contexts throughout the project, including events, workshops, conferences, stakeholder meetings and activities related to the pilots. It supported partners when presenting the project to professionals, institutions, civil society organisations and potential participants, contributing to a coherent and professional image.

To support local dissemination, the roll-up was translated into the languages of the pilot countries, including **Spanish, German, Greek and Polish**. It was

also

updated when needed to reflect changes in the consortium, ensuring that partner logos and institutional references remained accurate.

The roll-up was also used in audiovisual and photographic materials, appearing in project-related images and videos. This extended its value beyond in-person events and helped reinforce the CO-CAPTAIN visual identity across both offline and online communication channels.

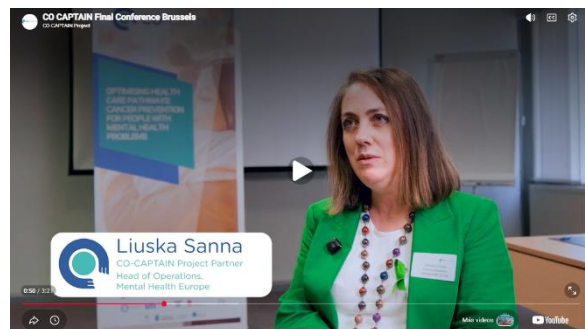


Figure 13. Use of the roll-up in video

5.2.4 Videos

Video became an important format during the final stage of CO-CAPTAIN, helping to communicate the project's results and key messages in a more accessible and engaging way. Audiovisual materials were used to explain the Patient Navigation Model, give visibility to pilot experiences and support the dissemination of the project's final outcomes.

A dedicated CO-CAPTAIN YouTube channel was created to host and centralise the project's audiovisual materials. This channel acts as a public repository where videos



Figure 14. CO-CAPTAIN Interviews

can remain accessible beyond individual campaigns, events or social media posts, supporting the long-term visibility and reuse of the project's communication outputs.

CO-CAPTAIN also produced videos for dissemination through social media and the project website. Specific

visual templates were developed for these materials to ensure consistency with the project identity, including opening and closing slides, titles, partner references and EU acknowledgement elements.

In addition, CO-CAPTAIN participated in a video produced by the EU Mission on Cancer and published on the EU Science & Innovation YouTube channel. This provided visibility through an official European Commission channel and helped present the project's contribution to cancer prevention and early detection at EU level.

A final video was also prepared in connection with the CO-CAPTAIN Final Conference. It brought together key reflections from the project, including the main lessons learned from the pilots, the value of Patient Navigation for inclusive cancer prevention and the relevance of the project's results beyond its formal closure.

These videos supported dissemination among both specialised and non-specialised audiences, making CO-CAPTAIN's work easier to understand, share and reuse across digital channels.

5.2.5 Project website

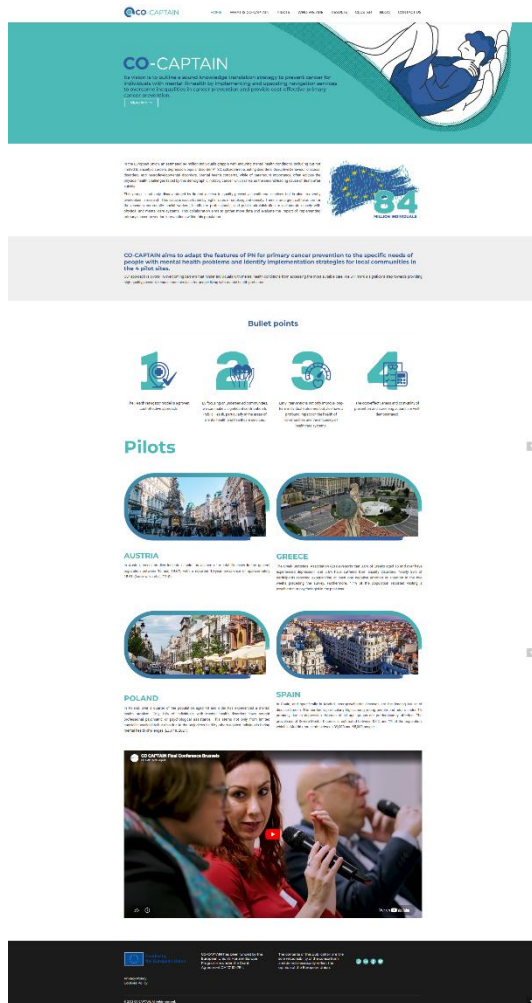


Figure 15. CO-CAPTAIN Website

The CO-CAPTAIN website, cocaptain.eu, was developed as the main public information hub of the project. It provided accessible information on the project objectives, partners, activities, communication materials and results, addressing a wide range of audiences including service users, health and social care professionals, civil society organisations, public administrations, researchers, institutional stakeholders and the general public.

Over the course of the project, the website evolved from an introductory platform into a dynamic dissemination tool. In the first phase, it supported basic project visibility, hosted initial communication materials and offered general information on CO-CAPTAIN. As implementation progressed, it was regularly updated with [blog posts](#), pilot information, scientific dissemination, cluster

activities and project news. In the final stage, it became especially relevant for promoting the Final Conference, publishing stakeholder workshop updates and centralising access to the project's main results and public outputs.



Figure 16. Website_Blog subpage



Figure 17. Website_Pilot subpage

A relevant feature of the website was its capacity to host different types of content. The blog became a space for project updates, storytelling, reflections, pilot experiences and articles related to mental health, cancer prevention, integrated care and health inequalities. The website also included a dedicated page for the [Prevention and Early Detection Cluster](#), helping to increase cross-project visibility and providing access to shared resources such as the cluster brochure and video.

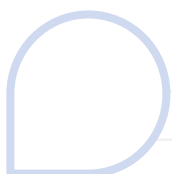
During the final stage, the website was further strengthened with dedicated subpages for the pilots and results. The pilots section explained how the Patient Navigation Model was implemented in Austria, Greece, Poland and Spain, including practical information on local adaptations, implementation sites and contact points. The [results section](#) was created as a central repository for the main public outputs of the project, including public deliverables, scientific publications, conference abstracts, communication materials, the project one-pager and brochures available in all project languages. This made the website not only a communication channel, but also a long-term access point for the knowledge, tools and materials produced by CO-CAPTAIN. It ensured that professionals,

policymakers, civil society organisations, researchers and other interested audiences could continue to access and reuse project outputs beyond the end of the funded period.



Website performance and analysis

The website analytics show that the platform gained relevance as the project advanced and as more substantial content became available. Across the project, the website recorded 4,497 sessions in the initial monitoring stage, later reached approximately 3,231 unique visitors over a 12-month monitoring period, and in the final measurement window recorded 6,654 views, 3,688 visits and 3,477 visitors. These figures show a clear consolidation of the website as a dissemination channel, especially when project results,



pilot information, stakeholder workshops and the Final Conference became central to communication.

The final website data are particularly relevant for assessing performance. The website achieved an average of approximately 290 unique visitors per month, exceeding the expected KPI target of 200 unique visitors per month. Views, visits and visitors more than doubled compared with the previous measurement, with increases of 114.44%, 114.05% and 119.79%, respectively. This confirms that the website became more effective when it was connected to concrete outputs, events and project results.

The distribution of page views suggests that the website was not used only as a basic awareness tool, but also as a space for deeper exploration of the project. While the homepage remained the main entry point, users also visited sections requiring a more specific interest, such as the consortium, the project description, the Final Conference, the blog, the pilots, the results and the contact page.

From a communication perspective, this shows that the website supported different levels of engagement: first contact through the homepage, institutional validation through the consortium section, event engagement through the Final Conference page, and knowledge transfer through the blog, pilots and results sections. The use of the contact page also suggests that the website functioned as a gateway for further interaction with the project.



Figure 19. Top 10 countries_Website

The geographical data show a combination of targeted European reach and wider international visibility. In the final reporting dataset, the website attracted users from countries directly linked to the consortium and pilot activities, particularly Spain, Austria, Poland and Greece, confirming its relevance in the project's main implementation and dissemination contexts.

At the same time, the website also reached audiences beyond the immediate consortium countries. The United States appeared as the country with the largest share of users in the available dataset, with 1,074 users and 21.71% of total traffic. This suggests that CO-CAPTAIN content was discoverable internationally, probably through search engines, open-access materials, social media dissemination and broader interest in topics such as patient navigation, cancer prevention, mental health and integrated care.

Other European countries also contributed significantly to the website's reach, including Ireland, the Netherlands, Belgium and Germany. The presence of Belgium is especially relevant from an EU policy and institutional perspective, while traffic from countries such as Ireland and the Netherlands reflects the broader European visibility of the project beyond the pilot sites. The inclusion of China among the top ten countries further suggests that the website reached audiences outside the European and North American context.

Traffic sources confirm that the website was strongly connected to the wider communication ecosystem of the project. Direct access represented 70.66% of visits, suggesting that many users reached the website through links shared in project materials, events, newsletters, partner communications or social media posts. Search traffic also contributed, with Google accounting for 12.57%. Other sources included Facebook, LinkedIn, New Medical Economics, Comunidad de Madrid and Bing. The presence of New Medical Economics as a source reflects the additional visibility generated by CO-CAPTAIN's recognition at the New Medical Economics Awards 2025.

From a monitoring perspective, CO-CAPTAIN did not use Google Analytics due to privacy concerns. Instead, website metrics were monitored through GreenHost, a Netherlands-based provider focused on environmentally sustainable hosting and GDPR compliance. In addition, **Metricool** was used to analyse the performance of the project's website and social media channels, providing complementary information on reach, engagement, audience behaviour and content performance. This approach was consistent with the project's commitment to responsible, ethical and privacy-conscious communication.

The CO-CAPTAIN website fulfilled three main communication functions: it increased the project's visibility, provided open access to materials and results, and preserved the project's outputs beyond individual dissemination actions. Its strongest performance was linked to concrete milestones such as the Final Conference, pilot updates, stakeholder workshops and publication of results, showing that the website was most effective when integrated with social media, partner amplification, newsletters, events and external visibility opportunities.

5.3 Social Media Channels

Social media was one of the main tools used to maintain CO-CAPTAIN's visibility throughout the project and to connect its messages with different audiences. The project used several platforms to share updates, promote events, disseminate materials, support awareness campaigns, communicate scientific and policy-related content, and give visibility to the work carried out by partners and pilot sites.

The social media strategy combined centrally managed CO-CAPTAIN channels with partner-led dissemination through institutional and professional accounts. This was particularly important because the project addressed audiences with different profiles: researchers, health and social care professionals, public administrations, civil society organisations, EU-funded projects, people with lived experience of mental ill-health and the wider public.

Each platform had a different role. LinkedIn became the most relevant channel for professional, scientific and institutional communication. Instagram supported visual storytelling and awareness-raising content. X/Twitter was initially used for networking with projects, researchers and institutions, although its relevance decreased over the project lifetime. Bluesky was later introduced as an alternative channel more aligned with the project's communication values. Facebook was mainly useful for broader public

communication and some partner-led outreach actions, while YouTube provided a space to host audiovisual materials and support the long-term availability of project videos.

5.3.1 Hashtags

The use of hashtags was included in the social media approach as a way to increase the visibility of CO-CAPTAIN content and connect the project with wider conversations on mental health, cancer prevention, EU-funded research and health inequalities. In line with the Dissemination and Communication Strategy, social media was intended not only to disseminate the project's objectives, outputs and results, but also to support networking with other funded projects, researchers, institutions, civil society organisations and wider public audiences.

The hashtag strategy combined project-specific, thematic and campaign-related hashtags. The project hashtag #COCAPTAIN was used to identify project content and ensure continuity across platforms. It was complemented by thematic hashtags linked to the project's core areas, such as cancer prevention, mental health, patient navigation, public health, integrated care, health equity and Horizon Europe. This made it possible to position CO-CAPTAIN both as a specific European project and as part of broader policy, scientific and public health conversations.

In practice, hashtags were adapted to the type of content and platform. Awareness-focused hashtags were used for campaigns linked to World Cancer Day, European Mental Health Week, World Mental Health Day, Breast Cancer Awareness Month and other public health observances. Scientific and professional hashtags were used in posts related to conferences, publications, integrated care, public health and EU project collaboration. EU-related hashtags helped connect CO-CAPTAIN with Horizon Europe, the EU Mission on Cancer and the Prevention and Early Detection Cluster.

The analysis confirmed that the strongest-performing hashtags were often linked to concrete events, campaigns or communities. On Instagram, hashtags such as #mentalhealthrights, #innovation, #eph2024, #healthconference,

#childhoodcancerawareness, #europeanmentalhealthweek, #newmedicaleconomics2025, #euprojects, #socialinnovation and #eucancerprevention generated some of the highest visibility. Other relevant hashtags included #integratedcare, #healthequity, #publichealth, #horizoneurope, #missioncancereu and #cancerprevention.

Table 4. Social Media hashtags

Type of hashtag	Purpose	Examples	Communication value
Project-specific	Identify CO-CAPTAIN content and ensure continuity across platforms	#COCAPTAIN	Built project recognition and grouped project-related content.
Thematic	Connect the project with its core topics	#CancerPrevention, #MentalHealth, #HealthEquity, #IntegratedCare, #PublicHealth	Positioned CO-CAPTAIN within broader public health and integrated care conversations.
EU and research-related	Link the project with Horizon Europe, EU Mission on Cancer and EU-funded research	#HorizonEurope, #MissionCancerEU, #EUProjects, #EUCancerPrevention	Supported visibility among EU, research and policy audiences.
Campaign-related	Join public awareness days and health campaigns	#WorldCancerDay, #EuropeanMentalHealthWeek, #WorldMentalHealthDay,	Helped connect project messages with

		#BreastCancerAwarenessMonth	wider public conversations.
Event-related	Increase visibility around conferences, awards and project milestones	#EPH2024, #HealthConference, #NewMedicalEconomics2025	Worked well when linked to concrete events and timely communication actions.

From a communication perspective, the results suggest that hashtags worked best when they were linked to specific moments or communities rather than used only as generic labels. Event-related hashtags helped CO-CAPTAIN enter professional conversations, while campaign hashtags connected the project with broader awareness initiatives. Thematic hashtags ensured continuity across the project's main messages, particularly around mental health, cancer prevention, health equity and integrated care. This combination supported both visibility and strategic positioning.

5.3.2 Audience

Table 5. Social Media audience

Platform	Main audience reached	Communication role
LinkedIn	Professional, scientific and institutional audiences, including researchers, health and social care professionals, public administrations, EU stakeholders, project managers and policy-related actors.	Main channel for professional dissemination, institutional visibility, event promotion, scientific outputs and policy-oriented communication.
Instagram	Broader and more visually oriented audiences, including non-specialist	Supported awareness-raising, visual storytelling, campaign

	publics, civil society actors and users interested in awareness campaigns and project stories.	content, project milestones and accessible communication.
Facebook	General public, community audiences and partner networks, especially where partners already had established local or institutional communities.	Useful for broader public communication, local outreach, partner-led dissemination and, in some cases, participant recruitment.
Bluesky	Alternative conversation-based audiences, including users moving away from X/Twitter and communities interested in open digital spaces.	Helped diversify the project's social media presence and maintain visibility outside traditional platforms.
YouTube	Audiences interested in audiovisual content, including stakeholders, professionals, event participants and users seeking project videos after publication.	Served mainly as an audiovisual repository for interviews, project videos and Final Conference materials.

5.3.3 LinkedIn

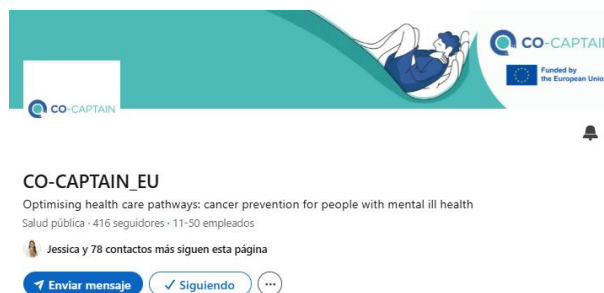


Figure 20. LinkedIn profile (<https://www.linkedin.com/company/co-captain-eu>)

LinkedIn was CO-CAPTAIN's strongest social media channel and the most effective platform for professional, scientific and institutional dissemination. Its performance confirms that the project succeeded in reaching audiences with a direct interest in cancer prevention, mental health, integrated care, public health, research and policy.

By the end of the project, the CO-CAPTAIN LinkedIn account had reached 416 followers, exceeding the initial target of 300 followers. The channel published 177 pieces of content, generating 55.78K impressions and 5,043 interactions. The engagement rate reached 9.29%, well above the expected general engagement benchmark of 4.5–5%, making LinkedIn the project's most successful social media platform in terms of visibility and interaction.

The quality of the audience was also highly relevant. The main follower locations included Spain, Belgium, Austria, Greece and Poland, reflecting both the project's pilot countries and its EU-level institutional outreach. At regional level, the strongest audiences included Brussels, Valencia, Madrid, Vienna, Athens and Łódź, which are directly connected to policy, consortium activity, implementation and dissemination contexts.

LinkedIn also reached the type of professional audience most relevant for the uptake and transferability of CO-CAPTAIN results. Followers were mainly connected to professional services, education, hospitals and health care, government administration and research, with relevant job functions including research, healthcare services, education, project management, community and social services, and media and communication.

The best-performing content was linked to concrete project milestones, especially the Final Conference, consortium meetings, recruitment and pilot-related updates, EUHPP activities, awards, scientific publications and cluster meetings. This shows that LinkedIn worked particularly well when messages were timely, professional and connected to visible project achievements.

From a communication perspective, LinkedIn was not only a visibility channel but also a credibility channel. It allowed CO-CAPTAIN to reach stakeholders able to understand, share and potentially use the project's results, including researchers, professionals,

public administrations, EU stakeholders and policy-related audiences. Its strong engagement and audience relevance make it one of the most valuable channels for supporting the long-term dissemination and uptake of CO-CAPTAIN outputs.



Figure 21. The best-performing LinkedIn post

engaging professional and institutional audiences.

LinkedIn also proved to be the most suitable platform for partner amplification. Many of CO-CAPTAIN's key messages, including scientific publications, event participation, cluster activities and Final Conference updates, were easily reshared by consortium members and institutional stakeholders. This helped extend the reach of the project beyond the central account and strengthened its credibility through professional networks already connected to health, research, policy and integrated care. The results suggest that, for projects addressing specialised public health topics, LinkedIn should

be prioritised as a core dissemination channel from the beginning, particularly when the objective is to reach professionals, institutions and decision-makers.

5.3.4 Instagram



Figure 22. Instagram profile

Instagram played a complementary role in CO-CAPTAIN's social media strategy, mainly supporting visual communication, awareness-raising and storytelling. Its value was not so much in reaching highly specialised professional audiences, but in translating the project's messages into more visual, accessible and engaging formats.

By the end of the project, the CO-CAPTAIN Instagram account had reached 53 followers and published 142 pieces of content, including posts, reels and stories. The platform generated 11.40K views, 548 interactions, 481 likes, 32 comments and 33 shares. Although follower growth remained limited, these figures show that Instagram contributed to visibility and engagement around specific content, especially when posts were linked to campaigns, events, interviews, pilot activities and human-centred messages.

The most effective Instagram format was Reels. Although only five reels were published, they achieved a much higher average reach than regular posts. The best-performing reel,

linked to a CO-CAPTAIN interview, reached 3,474 views and 3,206 reach, showing that short audiovisual content had strong potential to extend visibility beyond the existing follower base. This suggests that video content could have been introduced earlier and used more consistently to strengthen the project's public-facing communication.

The best-performing regular post in terms of reach was the post announcing a new CO-CAPTAIN publication, which reached 534 views and 335 reach. Other strong posts were linked to the CO-CAPTAIN Ambassadors, European Mental Health Week, the European Public Health Conference, consortium meetings, workshops and the Final Conference. This indicates that Instagram performed better when content combined visual clarity with concrete project milestones or awareness moments.

From a communication perspective, Instagram helped make CO-CAPTAIN more approachable. The platform was useful for awareness campaigns, visual storytelling, event coverage, pilot-related updates and messages on mental health, cancer prevention and health equity. Its visual nature made it easier to communicate complex topics in a more accessible way, particularly for non-specialist audiences.

However, the results also suggest that Instagram may not always be the most strategic core channel for European research projects with highly specialised audiences. In the case of CO-CAPTAIN, the platform contributed to visibility and engagement, but its limited follower growth shows that professional, institutional and policy-oriented audiences were more effectively reached through LinkedIn. Instagram was therefore more useful as a supporting channel than as the main space for technical dissemination or stakeholder engagement.

Instagram diversified CO-CAPTAIN's digital presence and helped communicate the project in a more human, visual and accessible way. Its strongest potential was linked to short videos, awareness campaigns and storytelling. For future projects, Instagram should be used selectively and strategically, with a focus on formats that fit the platform's strengths, especially Reels, visual campaigns, event highlights and participant-centred narratives.

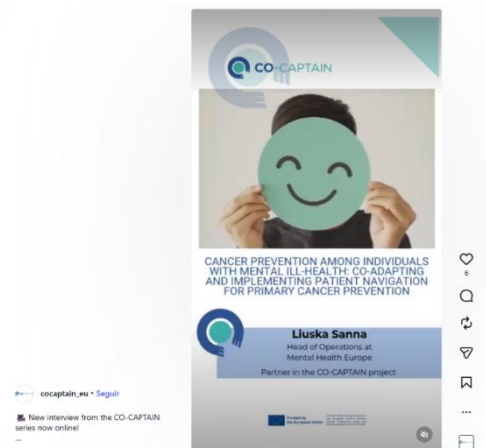


Figure 23. Best-performing Instagram reel

Best-performing Instagram post: the strongest regular post was the one published on 1 April 2026 announcing a new CO-CAPTAIN publication. It reached 534 views and 335 reach, making it the top-performing static post. This suggests that scientific outputs can perform well on Instagram when presented in a clear and visually accessible way.



Figure 24. Best-performing Instagram post

5.3.5 Twitter/X vs Bluesky



Figure 25. Bluesky profile

Twitter/X was originally included in the CO-CAPTAIN communication strategy as a relevant channel for microblogging, networking and dissemination. At the beginning of the project, the platform was considered useful for connecting with other EU-funded projects, researchers, institutions, health professionals, civil society organisations and wider public audiences. It was also identified as a suitable space for sharing project objectives, curated content on mental health and cancer prevention, and updates on project results.

However, as the project evolved, the role of X/Twitter became less strategic. Changes in the platform's environment, audience behaviour and ethical concerns around its use led CO-CAPTAIN to progressively reduce its reliance on X/Twitter and explore alternative channels. In this context, Bluesky was introduced as a complementary and more values-aligned space for short-form updates, project milestones and conversation-based dissemination.

The transition from X/Twitter to Bluesky should not be understood only as a technical change of platform, but as a communication decision. CO-CAPTAIN addressed sensitive issues related to mental health, stigma, cancer prevention and health inequalities, so the choice of channels had to be consistent with the project's tone, values and audience needs. Bluesky offered a more open and emerging environment, although its audience remained smaller and its performance more modest than other platforms.

Table 6. Twitter/X vs Bluesky

Channel	Role in the project	Main value	Limitations
Twitter/X	Initially used for microblogging, networking and dissemination with projects, researchers and institutions.	Useful during the early phase for EU project visibility and scientific/institutional networking.	Declining strategic relevance, changes in platform environment and weaker alignment with the project's communication values.
Bluesky	Introduced as an alternative short-form platform for project updates, events, results and Final Conference communication.	Supported channel diversification and offered a more values-aligned digital space.	Smaller audience and limited interaction compared with LinkedIn and Instagram.



Figure 26. Bluesky_Community growth

According to the Metricool analysis, the Bluesky account reached **23 followers**, published **83 posts** and generated **42 interactions**, including **36 likes** and **6 reposts**.

The content shared on Bluesky focused mainly on project milestones, pilot updates,

workshops, scientific publications, awareness days, the Final Conference and final project results.

Although Bluesky did not become a high-impact channel in quantitative terms, it played a useful supporting role. It allowed CO-CAPTAIN to maintain a presence in short-form social media while reducing dependence on X/Twitter. Its use was especially relevant for sharing concise updates and ensuring that project communication remained present across evolving digital spaces.

The comparison between X/Twitter and Bluesky illustrates the need to review social media choices throughout the life of a project. A platform that appears relevant at proposal stage may lose strategic value due to changes in its environment, audience behaviour or ethical considerations, while new platforms may become useful for specific audiences or communication values. In CO-CAPTAIN, short-form platforms played a secondary role compared with LinkedIn and Instagram, but they remained useful for visibility, channel diversification and timely updates. The move towards Bluesky reflected a flexible and responsible approach to digital communication, consistent with the project's values and audience needs.

5.3.6 Facebook

Facebook was used as a secondary channel within CO-CAPTAIN's social media strategy. The profile was created partly as a possible recruitment and outreach channel for the pilots, based on the assumption that some target audiences could be reached through Facebook more effectively than through more professional platforms. This was also informed by the experience of partners such as the Medical University of Lodz, which

already had visibility and community reach through Facebook and could use the platform to support local dissemination.

The rationale behind using Facebook was therefore different from LinkedIn. While LinkedIn was aimed at professional, scientific and institutional audiences, Facebook was considered a potentially useful space for broader public communication, local engagement, awareness-raising and participant recruitment, especially when messages were amplified through partner profiles or community networks.

According to the Metricool analysis, the central CO-CAPTAIN Facebook page reached 3 followers and published 56 pieces of content during the reporting period. The platform recorded 184 content views, 75 page views, 7 interactions and an engagement rate of 7.29% across published posts. These figures show that the central Facebook page had a very limited community and did not become a strong standalone channel for the project.

The best-performing Facebook posts were linked to concrete milestones, particularly the CO-CAPTAIN Final Conference, event promotion and project interviews. This follows the pattern observed across other platforms: content connected to visible project moments performed better than generic updates.

The experience with Facebook shows that the platform's value for CO-CAPTAIN was not in the performance of the central project account, but in its potential use through partner-led and local communication. For health-related projects involving recruitment, community engagement or local implementation, Facebook can still be useful when used by organisations that already have established audiences and trusted relationships with communities.

In this sense, Facebook should be understood as a support channel rather than a core dissemination platform. For CO-CAPTAIN, it offered an additional route for local visibility and possible recruitment, but its limited central performance confirmed that professional and institutional communication was better served by LinkedIn, while visual awareness-raising worked more effectively through Instagram.

5.3.7 YouTube

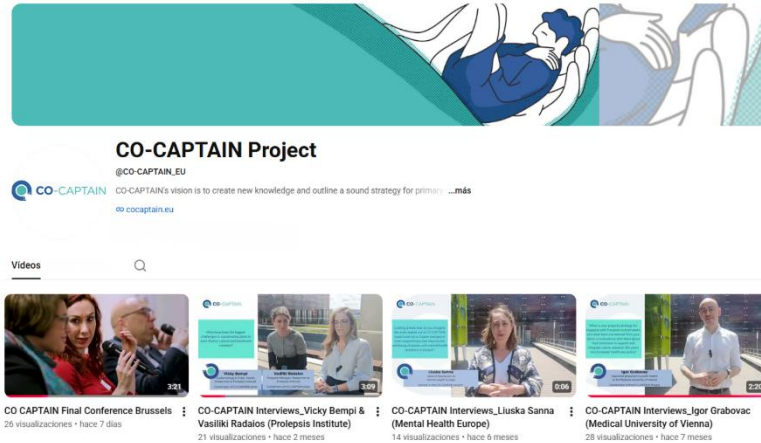


Figure 27. YouTube Channel

YouTube was used as CO-CAPTAIN’s audiovisual repository, rather than as a primary social media engagement channel. Its main purpose was to host project videos in a public and durable space, making audiovisual materials available beyond individual events, newsletters or social media posts.

A dedicated CO-CAPTAIN YouTube channel was created to centralise video content, including project interviews and the Final Conference video. This was particularly useful for preserving materials that explain the project’s objectives, the role of Patient Navigation, pilot-related experiences and final reflections in a more accessible format.

According to the Metricool analysis, the CO-CAPTAIN YouTube channel published 4 videos during the reporting period and recorded 49 video views. The strongest-performing video was the CO-CAPTAIN Final Conference Brussels video, with 24 views, 50 minutes of watch time and an average viewing time of 2 minutes and 7 seconds.

In addition to the project’s own channel, CO-CAPTAIN gained visibility through a video produced within the framework of the EU Mission on Cancer and published on the EU Science & Innovation YouTube channel (<https://www.youtube.com/watch?v=iLmIN0lgxyU&list=PLvpwljZTs-Lj1Q79Df660hXEV3yp6DX18&index=12>). This was strategically relevant because the

video was hosted on an official European Commission communication channel with around 28.9K subscribers, providing CO-CAPTAIN with access to a much larger institutional audience than the project's own channel. At the time of reporting, the video had recorded around 80 views.



Figure 28. EU Cancer Mission Video

Although the number of views was moderate, the value of this action lies in the quality and credibility of the channel. Being featured through EU Science & Innovation positioned CO-CAPTAIN within the wider EU Cancer Mission narrative and helped link the project to broader European efforts in cancer prevention, early detection and implementation research.

Traffic sources for the CO-CAPTAIN channel show that YouTube worked mainly as a destination for content shared elsewhere. Most visits came from external traffic, followed by direct or unknown sources, YouTube channels, other YouTube features and YouTube search. This confirms that the channel depended largely on cross-promotion through the project website, social media, newsletters and partner communication.

From a communication perspective, YouTube's value should not be assessed only through subscribers or native engagement. For CO-CAPTAIN, the platform served a different function: it ensured that audiovisual outputs could be embedded, linked, shared and consulted after publication. This was especially relevant for materials connected to the Final Conference and project interviews, which can continue to support dissemination after the end of the project.

YouTube therefore complemented the broader communication ecosystem. The project's own channel supported long-term access to audiovisual materials, while the EU Cancer Mission video provided additional institutional visibility through a high-credibility European channel.

5.4 Scientific dissemination

Scientific dissemination was a key component of the CO-CAPTAIN strategy, ensuring that the knowledge generated by the project reached academic, professional and policy-oriented audiences. While communication activities helped raise awareness and make the project accessible to broader publics, scientific dissemination focused on sharing evidence, methods, implementation experience and results with audiences able to assess, discuss, use or further develop the project's findings.

Throughout the project, scientific dissemination combined several types of activities: peer-reviewed publications, conference abstracts, congress and conference presentations, scientific posters, workshops, webinars, stakeholder events and networking with related EU-funded projects and organisations. These actions helped position CO-CAPTAIN within relevant fields such as cancer prevention, mental health, integrated care, patient navigation, implementation science, public health and health inequalities.

As the project progressed, the focus of scientific dissemination evolved from presenting the project concept and methodology to communicating pilot-related experience, stakeholder engagement, qualitative findings, policy-relevant messages and final results. This ensured that CO-CAPTAIN was not only visible as a European project, but also contributed to the broader scientific and professional discussion on how to make cancer prevention more inclusive for people experiencing mental ill-health.

The following subsections summarise the main scientific dissemination actions carried out during the project, including congresses and conferences, publications, networking with EU-funded projects and stakeholders, and workshops and webinars.

5.4.1 Congresses and conferences

CO-CAPTAIN was presented in a wide range of congresses, conferences, webinars, guest lectures, workshops, professional meetings and local implementation events throughout the project. These activities were essential to position the project within scientific, healthcare, social care, public health and policy-related spaces, while also supporting direct engagement with professionals, institutions, civil society organisations and other EU-funded initiatives.

According to the communication reporting records, the consortium reported more than 50 event-related dissemination actions, covering both high-level international conferences and smaller targeted activities linked to local implementation. The majority of these actions were held in person, confirming the importance of direct engagement for a project based on Patient Navigation, stakeholder dialogue and pilot implementation. Online activities also played a complementary role, especially for EU-level webinars and international exchanges.

Table 7. Congresses, conferences and event-related dissemination by type

Type of event/activity	Examples of CO-CAPTAIN participation	Main audiences reached	Communication/dissemination value
Scientific congresses and academic conferences	IUHPE European Conference on Health Promotion; European Public Health Conference; DGPs/ÖGP Conference; Conference of the Austrian Society of Psychology; International Conference on Integrated Care.	Researchers, academic community, public health experts, health promotion professionals, psychology and integrated care specialists.	Strengthened the scientific credibility of CO-CAPTAIN and allowed partners to present research findings, barriers and facilitators, the Patient Navigation concept and early implementation experiences.
Cancer policy and EU-level events	European Cancer Summit; EUHPP Live Webinar on EU Cancer Mission and cancer prevention; Mission Cancer Day; Horizon Europe National Information Day.	EU stakeholders, policy actors, public administrations, cancer organisations, implementation research projects, health policy audiences.	Positioned CO-CAPTAIN within broader European cancer prevention, early detection and implementation research agendas.
Professional healthcare and social care events	Master Class for Social Workers and Healthcare Services; presentations to healthcare workers; community health events in Madrid; nursing skills development session at Vienna General Hospital.	Healthcare professionals, social workers, community health professionals, service managers, practitioners and care providers.	Helped translate project knowledge into professional practice and supported awareness of the needs of people with mental ill-health in cancer prevention pathways.
Poster presentations and scientific abstracts	Posters at the European Public Health Conference and European Cancer Summit; abstracts submitted to IUHPE, EPH and psychology conferences.	Scientific community, conference participants, public health researchers, cancer prevention experts, mental health researchers.	Provided concise and visible formats to disseminate project results, qualitative findings and the co-designed Patient Navigation Model.
Workshops and local implementation activities	Healthy lifestyle workshops in Łódź; psychoeducation groups in Vienna; kick-off	Service users, potential participants, local professionals, students, community	Supported pilot implementation, recruitment, local engagement and trust-building with



	meetings with psychosocial services; self-help group meetings; local pilot-related meetings.	organisations, psychosocial services and NGOs.	communities and professionals directly involved in the project.
Guest lectures and educational activities	Guest lectures for medical students at Yonsei University/IES Vienna; lectures at Lodz Health Academy; seminars on barriers and facilitators to healthcare access.	Students, early-career professionals, academic audiences, health and psychology trainees.	Contributed to awareness-raising and capacity-building among future professionals in health, mental health and public health.
Webinars and online events	European Cancer Organisation webinar; EUHPP Live Webinar; Women Cancer Europe webinar “Cancer Care Realities: The Overlooked”; online guest lecture.	International audiences, EU project networks, cancer organisations, professionals unable to attend in-person events.	Extended the project’s reach beyond local contexts and enabled flexible participation in European and international discussions.
Mental health and civil society network events	Mental Health Europe Annual General Assembly; meetings and events involving NGOs such as Regenbogenhaus and Pro mente.	Mental health organisations, civil society organisations, advocacy groups, community stakeholders, service users.	Helped connect CO-CAPTAIN with organisations close to the target population and supported stigma-aware dissemination and community engagement.

The distribution of events shows that CO-CAPTAIN's dissemination strategy was deliberately multi-layered. Large international conferences and EU-level events increased visibility and scientific credibility, while smaller workshops, lectures and implementation meetings created opportunities for direct engagement with professionals, service users, students and local organisations. This balance was particularly relevant for a project focused on cancer prevention among people experiencing mental ill-health, where dissemination needed to combine evidence, practice, trust-building and policy relevance.

The strongest events in terms of strategic visibility included the IUHPE European Conference on Health Promotion, where CO-CAPTAIN organised a symposium and presented several talks; the European Public Health Conference, where project posters addressed cancer prevention, barriers and facilitators to healthcare access and the co-designed Patient Navigation concept; the European Cancer Summit, which connected the project with a high-level cancer policy audience; and the International Conference on Integrated Care, where CO-CAPTAIN contributed to discussions on integrated and person-centred care.

The participation of different partners also strengthened the geographical and thematic reach of the project. MUW played a leading role in scientific dissemination, especially through public health, psychology, cancer and implementation-related events. LODZ contributed through public health congresses, local workshops, Horizon Europe events and cancer-related webinars. SERMAS supported dissemination in Spain through communication and community health events during the period in which it was part of the consortium. After its departure, dissemination activities in Spain continued through the remaining Spanish partners and wider consortium communication channels. IFIC positioned the project in integrated care spaces, while MHE helped connect CO-CAPTAIN with European mental health networks. UPV contributed to the dissemination of findings at integrated care conferences.

These activities helped CO-CAPTAIN build credibility, share evidence, reach specialised and non-specialised audiences, and connect the project with wider debates on mental health, cancer prevention, integrated care and health inequalities. They also generated opportunities for networking and future uptake, particularly by engaging audiences with

the capacity to use, adapt or disseminate the project's results beyond the formal project lifetime.

5.4.2 Publications

Scientific publications were an important component of CO-CAPTAIN's dissemination strategy, as they allowed the project to share its findings with academic, professional and policy-oriented audiences. The publications produced, submitted or planned during the project reflect the main research areas of CO-CAPTAIN: cancer prevention among people experiencing mental ill-health, barriers and facilitators to healthcare access, diagnostic overshadowing, Patient Navigation, integrated care, self-efficacy, health behaviour change and sustainable implementation.

The project generated a combination of peer-reviewed journal articles, conference proceedings, workshop publications, theses and dissertations. This mix is relevant because it shows that CO-CAPTAIN contributed both to formal scientific literature and to wider academic knowledge production, including early-career research and future scientific exploitation beyond the funded period.

Table 8. Scientific publications

Date / status	Type of publication	Title / description	Media name	Link
17/07/2024	Article in journal	<i>Health Literacy und Empowerment für Menschen mit schweren psychischen Erkrankungen</i>	Springer Journal	https://link.springer.com/article/10.1007/s00739-024-01014-2
28/10/2024	Abstract / publication in conference proceeding / workshop	<i>Barriers and facilitators to healthcare services of people with mental ill-health in Europe</i>	European Journal of Public Health	https://academic.oup.com/eurpub/advance-article/doi/10.1093/eurpub/ckae144.2230



				/7843759?login=false
28/10/2024	Abstract / publication in conference proceeding / workshop	<i>Implementing patient navigation for cancer prevention among individuals with mentally ill-health</i>	European Journal of Public Health	https://academic.oup.com/eurpub/article/34/Supplement_3/kae144.1245/7843593?login=false
28/10/2024	Abstract / publication in conference proceeding / workshop	<i>Cancer Prevention in People Experiencing Mental Ill-Health: A co-designed Patient Navigation Concept</i>	European Journal of Public Health	https://academic.oup.com/eurpub/article/34/Supplement_3/kae144.1250/7843641?login=false
15/05/2025	Thesis / dissertation	<i>Master's Thesis: Disparities in Care: Stigma Experience and Healthcare Utilisation Among People With Lived Experience of Mental Ill-Health and the Possible Roles of Self-Efficacy and Perceived Practitioner Support</i>	—	—
27/07/2025	Abstract / publication in conference proceeding / workshop	<i>Selected posters in E-health and technology at the 2024' Congress of the Polish Public Health Society</i>	E-methodology	https://e-methodology.eu/index.php/e-methodology/article/view/1550
27/10/2025	Abstract / publication in conference proceeding / workshop	<i>Health behaviour and experiences in health care settings for people with mental-ill health</i>	European Journal of Public Health	https://pubmed.ncbi.nlm.nih.gov/articles/PMC12556658/



mar-25	Abstract / publication in conference proceeding / workshop	<i>Reducing barriers and improving facilitators to accessing cancer prevention services for people with mental ill-health in Europe: The CO-CAPTAIN project</i>	Science Direct	https://www.sciencedirect.com/science/article/abs/pii/S2213538324000821?via%3Dihub
31/03/2026	Article in journal	<i>"Although I'm mentally ill, that doesn't mean that I'm not also physically ill" – barriers, facilitators and diagnostic overshadowing in healthcare for individuals with lived experience of mental ill-health</i>	Frontiers in Public Health	https://doi.org/10.3389/fpubh.2026.1739409
Submitted; under review	Article in journal	<i>Integrated Cancer and Mental Health Care for People living with Severe Mental Illness: Systematic review and narrative synthesis</i>	—	—
Submitted; under review	Article in journal	<i>Operationalising integrated cancer-mental health care: a Delphi study to develop organisational standards for cross-sector integration</i>	—	—
In preparation, not yet submitted	Article in journal	<i>Working title: Co-design of a Patient Navigation Model for Primary Cancer Prevention in People with Experience of Mental ill-health from Four European countries: A Vision for better Health Care</i>	—	—
Planned	Article in journal	<i>Working title: Effects of the Patient Navigation Model on Self-Efficacy and other Health-Related Outcomes in People with Experiences of Mental ill-Health in Four European Countries</i>	—	—
Planned	Article in journal	<i>Working title: Capacity building for sustainable implementation of the Patient Navigation Model – experience from the Co-Captain project</i>	—	—
In preparation	Thesis / dissertation	<i>Diploma thesis: "Man braucht eine gewisse Sensibilität dafür" – Barrieren und fördernde Faktoren in Bezug auf Dienstleistungen im Rahmen der Krebsprävention für Menschen mit</i>	—	—

		<i>psychischer Erkrankungserfahrung in Österreich: eine qualitative Untersuchung</i> ["It takes a certain sensitivity to understand this" – Barriers and facilitating factors regarding cancer prevention services for people with a history of mental illness in Austria: a qualitative study]		
In preparation	Thesis / dissertation	<i>Diploma Thesis: Warum machst du mit? Eine qualitative Studie der Motivationen und Erwartungen von Menschen mit psychischer Krankheitserfahrung für ihre Teilnahme an einem Projekt zur primären Krebsprävention</i> [Why are you participating? A qualitative study of the motivations and expectations of people with experience of mental illness regarding their participation in a primary cancer prevention project]	–	–
In preparation	Thesis / dissertation	<i>Dissertation. Working title: Into the spotlight: Combating diagnostic overshadowing in primary cancer prevention in people with mental ill-health</i>	–	–
Planned	Article in journal	Working title: <i>An AI-based microsimulation for predicting health outcomes among people with mental health problems</i>	–	–
Planned	Article in journal	Working title: <i>Sex differences among people with mental health problems participating in a PN intervention: pre-post design</i>	–	–

The published outputs include journal articles and conference-related publications in platforms such as Springer, Frontiers in Public Health, European Journal of Public Health, ScienceDirect and E-methodology. These publications helped position CO-CAPTAIN within relevant scientific debates on public health, mental health, cancer prevention, integrated care and implementation research.

A particularly relevant publication was the article "*Although I'm mentally ill, that doesn't mean that I'm not also physically ill*", published in Frontiers in Public Health. This output

is closely aligned with the core rationale of CO-CAPTAIN, as it addresses diagnostic overshadowing and the risk that physical health needs may be overlooked in people experiencing mental ill-health.

The submitted, planned and in-preparation articles are also important from a sustainability perspective. They show that CO-CAPTAIN's scientific exploitation will continue beyond the formal end of the project, particularly through outputs on integrated cancer and mental health care, organisational standards, the co-design of the Patient Navigation Model, intervention outcomes, capacity building, AI-based microsimulation, sex differences and self-efficacy.

The inclusion of theses and dissertations adds another layer of value. These academic works allowed early-career researchers to explore key issues in depth, including stigma, diagnostic overshadowing, healthcare access, motivations for participation and perceived practitioner support. This strengthened the project's contribution to capacity building and helped generate more nuanced evidence on the lived experiences of people with mental ill-health.

From a dissemination perspective, the publication strategy strengthened CO-CAPTAIN's credibility, visibility and transferability. Journal articles and conference proceedings provided scientific legitimacy, while planned outputs and academic theses ensured continuity of knowledge production beyond the project lifetime. Together, these publications helped transform project activities into evidence that can be consulted, cited and used by researchers, professionals, policymakers and future initiatives working on inclusive cancer prevention.

5.4.3 EU-funded projects and stakeholders networking

Networking with EU-funded projects, professional organisations and key stakeholders was a central part of CO-CAPTAIN's dissemination and sustainability strategy. The Dissemination and Communication Strategy already identified networking as a key

dissemination instrument to build community, strengthen links with related initiatives and support the future uptake and scalability of the project results.

From the beginning, CO-CAPTAIN identified potential synergies with projects and initiatives working on related themes such as health inequalities, integrated care, patient navigation, co-creation, public engagement, vulnerable populations, chronic disease management, civil society engagement and digital health. These included, among others, HORUS, PALLIAKID, CANCERLESS, KHealth-In-Air, CO-SECUR, EFFICHRONIC, WELLBASED, HOME_EU, EUROSIDER-A, Weproject, IN-ADVANCE, VALUECARE, MICADO, VR HEALTH LEADERS and EU Navigate.

A particularly relevant framework for collaboration was the Prevention and Early Detection Cluster – Implementation Research, which brought together Horizon Europe projects working on cancer prevention and early detection. The cluster included CO-CAPTAIN, Cancer Prevention at Work, ONCODIR, PREVENT, 4P-CAN and PIECES, and aimed to coordinate efforts, exchange knowledge and increase the societal and policy impact of the participating projects.

CO-CAPTAIN played an active role in this cluster. The project hosted the first Annual Prevention and Early Detection Cluster meeting in Vienna, contributed to joint communication actions and supported the development of shared materials such as the cluster brochure and video. CO-CAPTAIN also led the Working Group on Inequalities, ensuring that social and health disparities remained visible within the cluster's agenda. This role was especially aligned with the project's focus on people experiencing mental ill-health and their unequal access to cancer prevention services.

Beyond formal EU-funded project collaboration, CO-CAPTAIN carried out targeted stakeholder networking through one-to-one meetings, exchanges with local NGOs, contacts with public authorities, meetings with healthcare and psychosocial services, and dialogue with international organisations and industry representatives. These actions were particularly relevant because they created concrete opportunities for recruitment, implementation, knowledge transfer and future sustainability.

At local implementation level, meetings were held with healthcare and psychosocial services, including a service manager at a potential recruitment clinic in Austria, labour and psychosocial centre managers in Spain, social services, health centres and psychosocial centres. These contacts helped bring the project closer to professionals and services directly connected to the target population.

In Poland, meetings with representatives of the Health Department of the City of Łódź and the coordinator of the Community Mental Health Centre in Łódź helped connect CO-CAPTAIN with local health and mental health structures. In Spain, exchanges with representatives of rural areas from the Valencia region and the General Director of Innovation from the Valencian Ministry of Innovation, Industry, Commerce and Tourism opened dialogue with actors relevant for territorial adaptation, innovation and future scalability.

Civil society and community-level networking also played an important role. Meetings with associations of mental health patients in Spain and with local NGOs in Austria helped build links with organisations close to beneficiaries. A particularly relevant example was the meeting with directors and managers of Regenbogenhaus and Pro mente in Vienna. This contact had a direct implementation effect: Patient Navigation was implemented at Regenbogenhaus three weeks after the meeting, while leaflets were distributed through Pro mente and further steps for implementation were discussed.

CO-CAPTAIN also engaged in wider international networking. A two-day stakeholder meeting in Brussels with international organisations and industry representatives provided a space to discuss collaboration and synergies beyond the consortium. Academic networking was also developed, including the introduction of CO-CAPTAIN to another research team at the University of Vienna and a meeting with Dr Kelly Irwin in the United States.

These networking actions show that CO-CAPTAIN's dissemination strategy was not limited to visibility or information sharing. The project actively built relationships with actors able to support implementation, recruitment, policy dialogue, professional uptake

and sustainability. Some contacts had direct operational consequences, while others contributed to institutional positioning, scientific exchange or future transferability.

The cluster collaboration gave CO-CAPTAIN a strong European platform to connect its specific perspective on mental health, cancer prevention, patient navigation and inequalities with wider EU research and policy priorities. This work also contributed to the project's dissemination performance: CO-CAPTAIN exceeded the expected target for related EU-funded projects, reaching 30 EU-funded projects compared with the initial target of more than 15. This confirms that networking was one of the strongest areas of the project's communication and dissemination strategy.

5.4.4 Workshops and webinars

Workshops and webinars were among the most interactive dissemination formats used by CO-CAPTAIN. Their main value was that they created spaces for discussion, feedback and exchange, rather than simply presenting information to an audience.

In the pilot countries, workshops supported the practical implementation of the project. In Poland, the Medical University of Lodz organised a series of sessions on healthy lifestyles and healthy habits, promoted by students of public health and physiotherapy. These activities helped translate cancer prevention messages into practical, accessible content for local audiences.

In Austria, smaller group sessions and implementation-related meetings were organised with healthcare, psychosocial and community-based actors. These included psychoeducation groups for young patients, meetings with psychosocial services, self-help group meetings for people with depression and anxiety, and activities with NGOs such as Regenbogenhaus and Pro mente. Their value was not mainly numerical, but relational: they helped build trust, support recruitment, explain the project and connect Patient Navigation with real service contexts.

At European level, CO-CAPTAIN participated in webinars and online exchanges that gave the project visibility beyond the pilot sites. Examples include the European Cancer

Organisation webinar on Patient Navigation, the EUHPP Live Webinar on the EU Cancer Mission and cancer prevention, the Women Cancer Europe webinar *Cancer Care Realities: The Overlooked*, and the CO-CAPTAIN webinar *Towards Equitable Cancer Journeys: Principles of Navigation*, hosted on the IFIC platform. These formats helped position CO-CAPTAIN within broader discussions on cancer prevention, inequalities, implementation research, integrated care and equitable access to services.



Figure 29. “Towards Equitable Cancer Journeys: Principles of Navigation” Webinar

A particularly relevant webinar was “Towards Equitable Cancer Journeys: Principles of Navigation”, organised by CO-CAPTAIN and hosted on the IFIC platform on 25 June 2024. The session presented the project’s approach to Patient Navigation as a way to improve access to cancer

prevention services for people living with mental ill-health. It included contributions on health inequalities, the co-designed Patient Navigation Model implemented in the pilot countries, and European approaches to navigation, including insights from the EU Navigate project. The webinar helped connect CO-CAPTAIN’s work with broader European discussions on equitable, person-centred cancer prevention and care, and the recording and presentations were made available online for continued dissemination.

CO-CAPTAIN also contributed to internal knowledge exchange within the Prevention and Early Detection Cluster – Implementation Research through a webinar on cancer inequalities in vulnerable populations in Europe, titled *Cancer Inequalities in Vulnerable Populations in Europe – Navigating Cancer Prevention*. The session involved the six cluster projects – CPW, PIECES, PREVENT, CO-CAPTAIN, 4P-CAN and ONCODIR – and brought CO-CAPTAIN’s perspective on mental health, cancer prevention, health inequalities and Patient Navigation into the cluster discussion.

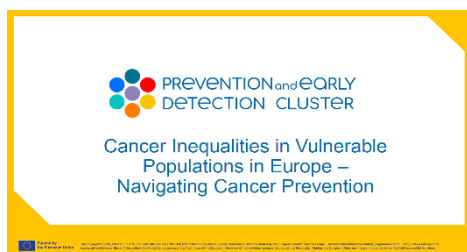


Figure 30. Cluster webinar about Inequalities

The webinar addressed structural health inequalities, intersectionality, health equity, meaningful participation and diagnostic overshadowing. It also invited cluster members to reflect on the populations at the centre of their projects, how communities were being involved, and how cancer prevention interventions could avoid reinforcing existing inequalities.

The project also used workshops as a bridge between implementation and policy reflection. During the final stage, stakeholder workshops were organised in the pilot countries to discuss the experience of the pilots, identify barriers and facilitators, and gather input for future recommendations (WP5). These workshops were particularly important because they brought together professionals, institutions and other relevant actors able to reflect on how the Patient Navigation Model could be adapted, sustained or transferred.

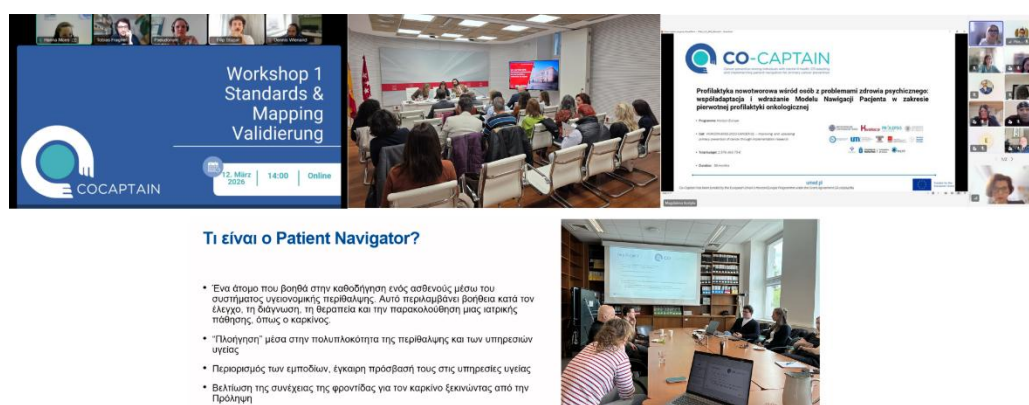


Figure 31. WP5 Workshops

A further layer of exchange took place through the Prevention and Early Detection Cluster – Implementation Research, where CO-CAPTAIN contributed to discussions with other EU-funded projects on inequalities, citizen engagement, communication, data management and policy recommendations. This helped connect the project's experience with wider European work on cancer prevention and early detection.

Where attendance data were available, workshops, webinars and implementation-related sessions reached at least 300 participants. This figure should be interpreted as a conservative estimate, as several activities did not report comparable audience numbers. The documented reach includes healthy lifestyle workshops in Łódź, psychoeducation groups and implementation meetings in Vienna, and EU-level online activities such as the EUHPP Live Webinar.

These activities show the added value of participatory formats in a project such as CO-CAPTAIN. Workshops and webinars allowed the consortium to listen, adapt messages, test the relevance of findings and involve stakeholders in the interpretation of results. For a project addressing cancer prevention among people experiencing mental ill-health, this dialogic approach was essential to ensure that dissemination remained sensitive, practical and connected to real-world needs.

5.5 Publications on partners' websites, newsletters and institutional channels

Publications on partners' websites, newsletters and institutional communication channels complemented the central CO-CAPTAIN website by extending the project's visibility through trusted organisations with established audiences. These actions allowed the project to reach professional, academic, institutional, public health, mental health and integrated care communities already connected to consortium partners.

This type of dissemination was particularly valuable because partner websites and newsletters provided credibility and contextual relevance. CO-CAPTAIN was not presented only through its own channels, but also through universities, research organisations, public administrations, professional associations, civil society networks and international platforms. This helped introduce the project, support recruitment, promote events, disseminate results and maintain visibility in national and European contexts.

Partner website publications were used for different purposes throughout the project. In the initial stages, they helped announce CO-CAPTAIN and explain its objectives through institutional pages such as those of the Medical University of Lodz, Medical University of Vienna, Comunidad de Madrid, Kveloce, FICYT/SESPA/CSPA and Prolepsis. Later, website publications became more closely linked to pilot implementation, recruitment, awareness campaigns, project milestones and final results. Examples include the City of Lodz's invitation to participate in the project, the Medical University of Lodz recruitment article, FICYT articles on awareness months and project milestones, Prolepsis articles on World Cancer Day and the Final Conference, and Kveloce's article on World Health Day and European projects' research impact.

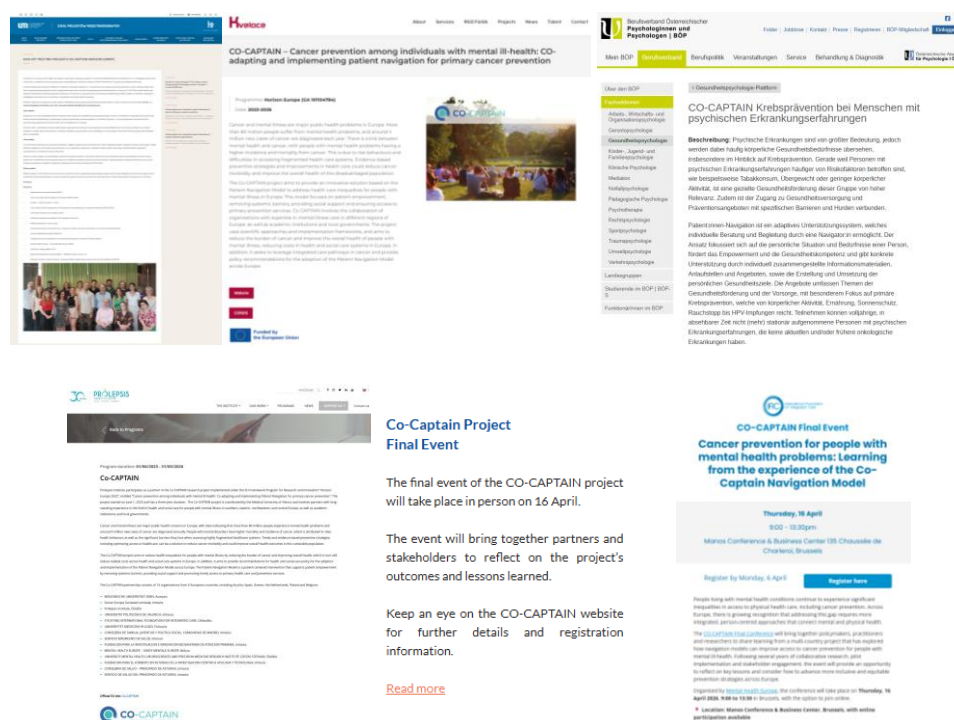


Figure 32. Online publications, newsletters and other media



Figure 33. MUW Website

A relevant example of partner-led website dissemination was the dedicated subpage created by the Medical University of Vienna on its Center for Public Health website to support recruitment for the Austrian pilot. The page provided information on participation in the CO-CAPTAIN study and was used as the landing page for a targeted Facebook and Instagram

advertising campaign. This action linked institutional website communication with recruitment-oriented digital outreach, helping to direct interested users to a trusted source of information about the pilot.

Newsletters were also used as a strategic dissemination channel. IFIC promoted CO-CAPTAIN through several newsletters in March 2026, mainly in relation to integrated care audiences and the promotion of CO-CAPTAIN-related events. These IFIC newsletters reached a combined distribution of 25,974 recipients. Mental Health Europe also included CO-CAPTAIN-related content in its monthly newsletters, reaching a combined audience of 27,758 recipients, with open rates ranging from 23% to 40% and click rates between 5% and 17%. Together, the reported IFIC and MHE newsletter actions represented a potential distribution of more than 53,700 recipients.

Table 9. Publications on the partner's websites

Partner	Date	Channel / media	Type of publication/action	Link
LODZ	19/12/2022	Medical University of Lodz website	Website article announcing Horizon Europe projects	https://umed.pl/umed-beneficjentem-dwoch-projektow-horizon-europe/
MUW	22/05/2023	Medical University of Vienna website	Website news on Horizon Europe grant	https://www.meduniwien.ac.at/web/en/about-us/news/2023/news-in-may-2023/igor-grabovac-and-his-project-team-receive-horizon-europe-grant/
MUW	22/05/2023	Medical University of Vienna website	Website news on Horizon Europe grant	https://www.meduniwien.ac.at/web/en/about-us/news/2023/news-in-may-2023/igor-grabovac-and-his-project-team-receive-horizon-europe-grant/
DGSSIS	01/06/2023	Comunidad de Madrid website	CO-CAPTAIN project page	https://www.comunidad.madrid/servicios/servicios-sociales/proyecto-co-captain
LODZ	01/06/2023	Medical University of Lodz international projects website	CO-CAPTAIN project page	https://projektymiedzynarodowe.umed.pl/realizowane-projekty/cancer-prevention-among-individuals-with-mental-ill-health-co-adapting-and-implementing-patient-navigation-for-primary-cancer-prevention/
LODZ	31/07/2023	Medical University of Lodz international projects website	Kick-off meeting article	https://projektymiedzynarodowe.umed.pl/kick-off-meeting-projektu-co-captain-horizon-europe/
KVC	21/08/2023	Kveloce website	CO-CAPTAIN project page	https://kveloce.com/project/co-captain-cancer-prevention-among-individuals-with-mental-ill-health-co-adapting-and-implementing-patient-navigation-for-primary-cancer-prevention/?lang=en
FICYT/SE SPA/CSPA	12/09/2023	FICYT website	CO-CAPTAIN project page	https://www.ficyt.es/progeur/cocaptain.php



SERMAS	28/10/2023	The Conversation	Article on mental health and cancer risk	https://theconversation.com/las-personas-con-problemas-de-salud-mental-corren-mas-riesgo-de-enfermar-y-morir-de-cancer-215912
PROLEP SIS	12/01/2024	Prolepsis website	CO-CAPTAIN project page/article	https://www.prolepsis.gr/en/programs/co-captain/
LODZ	24/01/2024	Pilot site website	Pilot site publication	https://www.centerko.org/2024/co-captain/
KVC	13/05/2024	Kveloce website	Article for European Mental Health Week	https://kveloce.com/addressing-the-challenges-in-cancer-and-mental-health-care-a-priority-for-europe/?lang=en
PROLEP SIS	13/05/2024	Prolepsis website	Website publication	https://t.ly/Xuptl
FICYT	27/05/2024	Newsletter / institutional publication	Piece of news in newsletter	https://umed.pl/pliki/2014/12/UMmagazyn_2024-nr-5.pdf
PROLEP SIS	08/07/2024	Prolepsis website	Website publication	https://t.ly/H4fe5
LODZ	23/10/2024	City of Lodz website	Invitation to participate in CO-CAPTAIN	https://uml.lodz.pl/aktualnosci/artikul/zaproszenie-do-udzialu-w-projekcie-co-captain-id98967/2024/10/23/
LODZ	06/11/2024	Medical University of Lodz website	Recruitment / participation article	https://umed.pl/wez-udzial-w-projekcie/
LODZ	Nov 2024	UM Magazyn	Interview with Magdalena Wrzesińska	https://umed.pl/pliki/2014/12/UMmagazyn_2024-nr-5.pdf

FICYT	01/04/2025	FICYT website	Esophageal Cancer Awareness Month article	https://ficyt.es/blog/abril-es-el-mes-de-la-concienciacion-sobre-el-cancer-de-esofago/
FICYT	22/05/2025	FICYT website	CO-CAPTAIN in European Mental Health Week 2025	https://ficyt.es/blog/co-capitan-en-la-semana-europea-de-la-salud-mental-2025/
MUW	2025	Medical University of Vienna – Center for Public Health website	Dedicated subpage for recruitment of participants in the Austrian pilot	https://public-health.meduniwien.ac.at/forschung/studienteilnahme-co-captain/
PROLEP SIS	30/05/2025	Prolepsis website	Article on partners' meeting in Valencia	https://www.prolepsis.gr/gr/news/15087/
MUW	29/09/2025	BÖP Health Psychology website	Project description on the Professional Association of Psychologists in Austria website	https://www.boep.or.at/berufsverband/fachsektionen/gesundheitspsychologie/projekte/co-captain
FICYT	26/09/2025	FICYT website	Breast Cancer Awareness Month article	https://ficyt.es/blog/octubre-es-el-mes-de-concienciacion-sobre-el-cancer-de-mama/
FICYT	01/10/2025	FICYT website	CO-CAPTAIN nominated for New Medical Economics Awards 2025	https://ficyt.es/blog/co-captain-nominado-a-los-premios-new-medical-economics-2025/
FICYT	14/10/2025	FICYT website	CO-CAPTAIN awarded at New Medical Economics Awards 2025	https://ficyt.es/blog/enhorabuena-al-proyecto-europeo-co-captain_eu/



PROLEP SIS	04/02/2026	Prolepsis website	World Cancer Day 2026 article	https://tinyurl.com/m49ewvuy
MHE	23/02/2026	Mental Health Europe website	Final Conference Save the Date news item	https://www.mentalhealtheurope.org/co-captain-final-conference-join-us-on-16-april/
MHE	—	Mental Health Europe website	CO-CAPTAIN project page	https://www.mentalhealtheurope.org/project/co-captain/
FICYT	02/03/2026	FICYT website	Final Conference Save the Date / event page	https://ficyt.es/blog/event/conferencia-final-de-co-captain/
LODZ	18/03/2026	Medical University of Lodz website	Final Conference online symposium article	https://umed.pl/symposium-online-zdrowie-psychiczne-a-prewencja-onkologiczna-co-captain-final-conference/
IFIC	18/03/2026	IFIC Ireland Newsletter	Newsletter advertising AICIC26; CO-CAPTAIN event included	https://integratedcarefoundation.activehosted.com/index.php?action=social&c=898&m=965
IFIC	23/03/2026	IFIC Canada Newsletter	Newsletter advertising CO- CAPTAIN event	https://integratedcarefoundation.activehosted.com/index.php?action=social&c=907&m=972
IFIC	24/03/2026	IFIC Newsletter	Newsletter sent to contacts in Belgium, Germany and the Netherlands	https://integratedcarefoundation.activehosted.com/index.php?action=social&c=908&m=973
IFIC	25/03/2026	IFIC Newsletter	Newsletter advertising ICIC26 and CO-CAPTAIN event	Not available



Funded by the
European Union



KVC	07/04/2026	Kveloce website	World Health Day article linked to European projects and research impact	https://kveloce.com/world-health-day-how-european-projects-turn-research-into-real-impact/?lang=en
FICYT	10/04/2026	FICYT website	Final Conference article	https://ficyt.es/blog/conferencia-final-de-co-captain-unase-a-nosotros-en-bruselas-para-explorar-el-futuro-de-la-prevencion-inclusiva-del-cancer/
PROLEP SIS	22/04/2026	Prolepsis website	CO-CAPTAIN Final Conference article	https://tinyurl.com/6xdu3erz
FICYT	14/05/2026	FICYT website	Final Conference video article	https://ficyt.es/blog/una-nueva-intervencion-para-mejorar-la-gestion-del-cuidado-de-personas-con-problemas-de-salud-mental-y-cancer/

These publications show the importance of using partner-owned channels to reinforce project communication. IFIC helped reach integrated care professionals and international health system audiences, while MHE provided access to a European mental health community with strong links to advocacy, policy and civil society. MUW, LODZ, FICYT, KVC, PROLEPSIS, DGSSIS and other partners contributed through institutional, academic, public administration and professional channels, increasing the project's visibility in national and regional contexts.

The main value of this approach was audience quality. Partner websites and newsletters reached communities already interested in the project's key themes: mental health, integrated care, public health, cancer prevention, professional practice and EU policy. These channels were therefore particularly useful for promoting events, supporting recruitment, disseminating results and maintaining the long-term visibility of CO-CAPTAIN beyond its own website and social media accounts.

5.6 Social Media activity conducted by partners

Partner-led social media activity significantly expanded the reach of CO-CAPTAIN beyond the project's central channels. Consortium members used their own institutional, professional and personal accounts to amplify project messages, promote events, support recruitment, share scientific outputs and increase the visibility of key milestones.

This decentralised communication approach was especially valuable because each partner had access to different audiences, languages and local or professional communities. Through partner channels, CO-CAPTAIN reached not only European and international stakeholders, but also national, regional and community-level audiences that were directly relevant for pilot implementation, recruitment and future uptake.

For the quantitative analysis, the Partner Activity Register was reviewed and filtered to distinguish social media actions from website publications, newsletters and other institutional communication activities. After excluding website publications, newsletter items, duplicated entries and incomplete records, 203 partner-led social media actions

were identified. LinkedIn was the most frequently used platform, followed by X/Twitter, Facebook, Bluesky and Instagram ([see annex 1](#))

Table 10. Social Media activity conducted by partners

Platform	Reported partner-led actions	Main communication function
LinkedIn	82	Professional dissemination, institutional visibility, scientific outputs, events, policy-oriented messages and partner amplification.
X/Twitter	72	Short-form dissemination, especially in the earlier stages of the project, conference visibility and scientific/professional networking.
Facebook	30	Local outreach, public-facing communication, community engagement and recruitment-related dissemination.
Bluesky	11	Alternative short-form dissemination and channel diversification in the later project stages.
Instagram	8	Visual communication, awareness campaigns and public-facing dissemination.
Total	203	Cross-platform amplification of CO-CAPTAIN messages through partner networks.

Where impressions were reported, partner-led posts generated at least 13,824 documented impressions. This figure should be interpreted as a conservative minimum, as most entries did not include performance data. The real reach of partner activity was therefore higher than the documented number.

The highest-performing reported posts were linked to clear communication moments. Prolepsis' Instagram post for World Cancer Day 2026 reached 1,981 impressions, while its Facebook post on the same campaign reached 998 impressions. Mental Health Europe's LinkedIn posts promoting the Final Conference performed particularly well, with several posts reaching between 877 and 1,181 impressions. Kveloce also generated

strong visibility through LinkedIn and Bluesky posts linked to World Cancer Day, the Final Conference, the Valencia consortium meeting and European Week Against Cancer.

From a qualitative perspective, the strongest partner-led content was associated with specific milestones, not generic updates. Posts about the Final Conference, World Cancer Day, European Week Against Cancer, consortium meetings, scientific publications, awards and pilot-related activities performed better because they offered a clear reason for audiences to engage. This confirms the importance of coordinating partner communication around moments with strong narrative value.

LinkedIn was the most effective partner amplification channel. It was widely used by MHE, Kveloce, IFIC, UPV, LODZ, FICYT and other partners to reach professional, institutional, research and policy audiences. Its performance was especially strong for the Final Conference, scientific publications, consortium meetings and EU-level activities. This confirms that LinkedIn was not only the strongest central CO-CAPTAIN channel, but also the most valuable platform for partner amplification.

Facebook and Instagram had a more specific function. They were less central for professional dissemination, but useful for public-facing communication, awareness days and local outreach. Prolepsis' World Cancer Day posts show that visual and campaign-based content can perform well when shared through partner accounts with established audiences. Facebook was also used by LODZ and other partners for local recruitment and community dissemination, which was particularly relevant for pilot implementation.

In Austria, the Medical University of Vienna also implemented a targeted paid campaign on Facebook and Instagram to support recruitment for the Austrian pilot. The campaign ran for seven days, from 8 to 14 September 2025, with a budget of €400 and a German-speaking target audience aged 18–69 located in Vienna. The campaign linked directly to the dedicated CO-CAPTAIN study participation subpage on the Medical University of Vienna website.

The campaign achieved strong recruitment-oriented performance: 45,946 people reached, 102,324 impressions, 1,651 link clicks, 1,778 post interactions, a CTR of 1.74%, a CPC of €0.24 and an engagement rate by reach of 3.86%. In addition to visibility metrics, the campaign generated direct expressions of interest: 12 people contacted the team after seeing the ad, of whom six completed the baseline assessment, two additional baseline assessments were planned, and eight additional participants were attributed to the campaign.

A similar recruitment-oriented social media action was also carried out in Poland, where partner channels were used to disseminate information about participation in the CO-CAPTAIN pilot and direct potential participants to local recruitment information.

These results should be interpreted as evidence of recruitment-oriented digital outreach, rather than as part of the general indicator for lay persons directly reached. The campaign demonstrates the value of paid social media when it is linked to a clear call to action, a trusted institutional landing page and a concrete implementation need. Its main relevance lies not only in the number of people reached, but in the conversion from visibility to expressions of interest and pilot participation.

X/Twitter was used actively in the earlier stages of the project, especially by MUW and other partners for scientific networking, event visibility and conference-related dissemination. However, as the project progressed, its strategic relevance decreased and some activity shifted towards Bluesky. Bluesky remained smaller in volume, but it helped diversify the project's digital presence and reflected the consortium's ability to adapt to changes in the social media environment.

The partner activity also had an important credibility effect. When CO-CAPTAIN messages were shared by universities, public administrations, professional associations, civil society organisations and research entities, the project benefited from the trust and authority of those organisations. This was particularly important for a project addressing sensitive topics such as mental health, stigma, cancer prevention and health inequalities.

The lower performance of some central social media channels was partly compensated by the use of partners' institutional websites and social media accounts, which provided access to larger and already established audiences. In Spain, for example, partner channels offered significant potential visibility: FICYT's website had an estimated reach of around **37,000 users**, while the CSPA-SESPA website reached around **20,000 users**. In social media, FICYT's X, Facebook and LinkedIn channels represented a potential reach of approximately **7,400 users**, while CSPA-SESPA channels reached around **61,900 users**. These figures should be interpreted as partner-channel reach rather than CO-CAPTAIN-specific engagement, but they show the strategic value of adapting, translating and disseminating project news through institutional platforms with consolidated audiences. This approach also aligns with the growing relevance of institutional communication channels in EU-funded projects, as they help maximise outreach through trusted and context-specific sources.

The main added value of partner-led social media was therefore not only additional reach, but contextualised reach. Partners adapted project messages to their own audiences, languages and institutional environments, making CO-CAPTAIN more visible and relevant across different countries and sectors. This contributed to a more distributed and resilient communication strategy, where the project's visibility did not depend exclusively on central channels.

6 CONCLUSIONS

The communication and dissemination activities carried out during CO-CAPTAIN supported the visibility, implementation and uptake of the project throughout its lifecycle. The strategy evolved from initial awareness-raising and stakeholder identification to a more mature dissemination approach focused on pilot implementation, scientific outputs, stakeholder engagement, policy reflection and long-term access to results.

One of the main achievements was the creation of a coherent and recognisable project identity. The logo, visual guidelines, templates, brochures, roll-up, social media materials and videos helped present CO-CAPTAIN as a professional and consistent European initiative. This visual and narrative coherence was particularly important in a multi-country project addressing sensitive topics such as mental health, stigma, cancer prevention and health inequalities.

The project website became the central public access point for CO-CAPTAIN. It hosted information on the project, partners, pilots, results, public deliverables, communication materials, blog posts and events. By the end of the project, the website had become a sustainable repository of project outputs, ensuring that materials remain accessible beyond individual dissemination actions and beyond the formal end of the funded period.

Social media activity also contributed to project visibility, although platform performance varied. LinkedIn was the strongest channel, both in terms of quantitative results and audience relevance. It proved particularly effective for professional, institutional, scientific and policy-oriented communication. Instagram, Facebook, Bluesky and YouTube played more complementary roles, supporting visual storytelling, awareness campaigns, local outreach, channel diversification and the preservation of audiovisual content.

Partner-led communication significantly amplified the project's reach. Consortium members used their own websites, newsletters, social media profiles and institutional channels to disseminate project messages in different languages, countries and professional contexts. This decentralised approach increased the credibility and contextual relevance of CO-CAPTAIN, helping the project reach audiences that the central channels alone would not have reached.

Scientific dissemination was another strong area of the project. CO-CAPTAIN was presented at congresses, conferences, webinars, workshops and professional events, and generated several journal articles, conference proceedings, theses and planned publications. These outputs strengthened the project's scientific credibility and ensured

that the knowledge generated can continue to be consulted, cited and used by researchers, professionals, policymakers and future initiatives.

The project also achieved significant progress in networking and stakeholder engagement. Collaboration with EU-funded projects, especially through the Prevention and Early Detection Cluster, helped position CO-CAPTAIN within the wider European cancer prevention and early detection ecosystem. One-to-one meetings, local stakeholder engagement, NGO collaboration and workshops in the pilot countries supported implementation, recruitment, trust-building and future transferability.

CO-CAPTAIN also made a strong contribution to the Prevention and Early Detection Cluster – Implementation Research, actively participating in all the joint actions proposed within the cluster. The project was involved in cluster meetings, webinars, working groups, joint communication activities, LinkedIn dissemination, newsletter contributions, the cluster video, shared materials and deliverables. This participation helped position CO-CAPTAIN within the broader European ecosystem of cancer prevention and early detection projects, while ensuring that the project's specific perspective on mental health, Patient Navigation, health inequalities and inclusive prevention was represented in collective discussions. CO-CAPTAIN's role was particularly relevant in the work on inequalities, where the project contributed its experience with people experiencing mental ill-health and helped highlight the importance of addressing vulnerable and underserved populations in cancer prevention and early detection. Through this sustained involvement, the project not only benefited from knowledge exchange with other EU-funded initiatives, but also contributed to shared outputs, cross-project visibility and the development of common messages for stakeholders, policymakers and professional audiences. This cluster participation strengthened the European dimension of CO-CAPTAIN's dissemination and increased the potential transferability and sustainability of its results beyond the individual project.

Importantly, the cluster will continue beyond the formal end of CO-CAPTAIN, ensuring that the collaboration, shared learning and joint dissemination efforts developed during the project can be maintained over time. CO-CAPTAIN has already contributed to the

final cluster deliverables included in its Grant Agreement, reinforcing its commitment to the continuity of this joint work and to the broader European agenda on cancer prevention and early detection. In addition, the project's materials, visual identity and communication outputs will remain available and will continue to be used and displayed alongside the cluster's materials, helping to preserve CO-CAPTAIN's visibility and contribution after the end of the funded period. This continuity is particularly relevant for maintaining the project's legacy, supporting the dissemination of its results and ensuring that its perspective on mental health, Patient Navigation and health inequalities remains connected to future cluster activities.

The communication results show that CO-CAPTAIN was most effective when communication was linked to concrete milestones: pilot activities, stakeholder workshops, scientific publications, awareness days, awards, the Final Conference and the dissemination of final results. These moments provided clear narratives, generated stronger engagement and helped translate the project's technical work into accessible and relevant messages.

6.1 Lessons learned and areas for improvement

The experience of CO-CAPTAIN confirms that communication channels should be selected according to audience relevance rather than platform presence. LinkedIn, partner newsletters and institutional websites proved more strategic for reaching professional, policy and scientific audiences, while platforms such as X/Twitter, Facebook and Instagram had more limited performance as central project channels. Future projects should prioritise the channels where their target audiences are already active and engaged.

Another lesson concerns the importance of partner amplification. Some of the most relevant communication impacts came from partners' own websites, newsletters, institutional profiles and professional networks. This shows that communication planning should not rely only on central project channels, but should include a clear

partner amplification strategy from the beginning, with ready-to-use materials, suggested messages and coordinated publication moments.

The project also showed that communication works best when linked to concrete milestones. Generic updates had lower value than content connected to events, publications, pilot activities, campaigns, awards or final results. Future communication strategies should therefore be organised around a strong editorial calendar connected to the project's technical and scientific milestones.

A further area for improvement is the early and systematic use of audiovisual content. Videos and short formats helped make the project more accessible, especially when explaining Patient Navigation, pilot experiences and final results. However, their strongest use came in the later stages of the project. Future projects could benefit from integrating video formats earlier, particularly for storytelling, participant-centred narratives and short explainers.

The project also highlighted the need to maintain and update communication materials throughout the project lifecycle. Templates, brochures, presentations, roll-ups, social media visuals and website sections had to be adapted as the project progressed and as changes occurred in the consortium. Communication materials should therefore be treated as living resources, not as final products created only at the beginning.

Finally, the evaluation process showed the importance of collecting comparable communication metrics across partners and channels. Some actions had detailed performance data, while others reported only the activity itself. For future projects, a more standardised reporting system would make it easier to assess reach, engagement, audience quality and impact across the whole consortium.

CO-CAPTAIN's communication and dissemination activities contributed to visibility, stakeholder engagement, scientific credibility, public awareness and sustainability. The project succeeded in making its key messages and outputs available to diverse audiences and in positioning Patient Navigation as a relevant approach for improving access to cancer prevention among people experiencing mental ill-health. The work

carried out provides a solid basis for the continued dissemination, exploitation and transferability of CO-CAPTAIN results after the end of the project.

ANNEX 1. PARTNER ACTIVITY REGISTER

Partner name	Date	Type of action (eg. Twitter, LinkedIn, Facebook...)	Link
IFIC		LinkedIn	https://www.linkedin.com/posts/congratulations-to-co-captaineu-we-share-7383794808689041408-Sdbs?utm_source=share&utm_medium=member_desktop&rcm=ACoAACR3NtkBmpcGLeywLWbINk34wPb1xV4Swzc
KVC	0/03/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7437161599796379649
MHE		Website	https://www.mentalhealtheurope.org/project/co-captain/
LODZ	19/12/2022	Website	https://umed.pl/umed-beneficjentem-dwoch-projektow-horizon-europe/
MUW	22/05/2023	Website	https://www.meduniwien.ac.at/web/en/about-us/news/2023/news-in-may-2023/igor-grabovac-and-his-project-team-receive-horizon-europe-grant/
DGSSIS	01/06/2023	Website	https://www.comunidad.madrid/servicios/servicios-sociales/proyecto-co-captain#:~:text=Proyecto%20CO-CAPTAIN.%20Escuchar.%20Tiene
LODZ	01/06/2023	Website	https://projektymiedzynarodowe.umed.pl/realizowane-projekty/cancer-prevention-among-individuals-with-mental-ill-health-co-adapting-and-implementing-patient-navigation-for-primary-cancer-prevention/
MUW	20/06/2023	Twitter	https://twitter.com/GrabovacGroup/status/1671068125087891460
IFIC	22/06/2023	Twitter	https://twitter.com/IFICInfo/status/1671818579996553218
MUW	22/06/2023	Twitter	https://twitter.com/GrabovaciIgor/status/1671609690885697537
IFIC	23/06/2023	Twitter	https://twitter.com/IFICInfo/status/1672184439944650752
MHE	23/06/2023	Post Twitter/X	https://x.com/MentalHealthEur/status/1672140229598142470
MHE	23/06/2023	Post Facebook	https://www.facebook.com/mentalhealtheurope/posts/pfbid0GshfXuQzWjhCsWgsFrbph5kB9asVcKniJmCHWizcBgK7zUAee3HqofV8pGUUsuQPvI
MHE	23/06/2023	Post Instagram	https://www.instagram.com/p/Ct0xYbxupdL/?fbclid=IwY2xjawH7EptleHRuA2FlbQlxMAABHUHikvZog7xJ_Vvp-n4bCAI50e4pPy-1qlaQGSxQpJvGUzNUWNipATi5Aw_aem_MPn-mT6bEE8-GSRaVnSuHA

MUW	23/06/2023	Twitter	https://twitter.com/Grabovaclgor/status/1672141516792381440
LODZ	01/07/2023	LinkedIn	https://www.linkedin.com/posts/aneta-andrzejczyk5702322_the-beauty-of-collaboration-and-project-management-activity-7079845789656637440-KLwW?utm_source=share&utm_medium=member_desktop
SERMAS	16/07/2023	Post LinkedIn	https://www.linkedin.com/company/cocaptain.eu/?viewAsMember=true
LODZ	31/07/2023	Website	https://projektymiedzynarodowe.umed.pl/kick-off-meeting-projektu-co-captain-horizon-europe/
KVC	21/08/2023	Website	https://kveloce.com/project/co-captain-cancer-prevention-among-individuals-with-mental-ill-health-co-adapting-and-implementing-patient-navigation-for-primary-cancer-prevention/?lang=en
MUW	21/08/2023	Twitter	https://twitter.com/Grabovaclgor/status/1693604071708446891
MUW	06/09/2023	Twitter	https://twitter.com/Grabovaclgor/status/1699357498732388673
FICYT/SESPA/CS PA	12/09/2023	Website	https://www.ficyt.es/progeur/cocaptain.php
KVC	10/10/2023	Twitter	https://twitter.com/Kveloce_I_D_i/status/1711727558868242654
KVC	10/10/2023	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7117489227155533825
MUW	10/10/2023	Twitter	https://twitter.com/Grabovaclgor/status/1711702079029366791
MUW	11/10/2023	Twitter	https://twitter.com/HannaMuees/status/1711991795226124483
SERMAS	28/10/2023	Las personas con problemas de salud mental corren más riesgo de enfermar (y morir) de cáncer	https://theconversation.com/las-personas-con-problemas-de-salud-mental-corren-mas-riesgo-de-enfermar-y-morir-de-cancer-215912
FICYT/SESPA/CS PA	30/10/2023	Twitter	https://twitter.com/FICYT/status/1718903660703273202
FICYT/SESPA/CS PA	30/10/2023	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7124663216999137280/
FICYT/SESPA/CS PA	31/10/2023	Facebook	https://www.facebook.com/FICYT/posts/633339925671872
FICYT/SESPA/CS PA	08/11/2023	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7125102916285181953/
MUW	08/11/2023	Twitter	https://twitter.com/Grabovaclgor/status/1722250529752187264
MUW	11/12/2023	Twitter	https://twitter.com/Grabovaclgor/status/1734184616888766914



PROLEPSIS	12/01/2024	Website	https://t.ly/tXcl-
PROLEPSIS	12/01/2024	Website	https://www.prolepsis.gr/en/programs/co-captain/
MUW	22/01/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/1749377689155215436
MUW	22/01/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/1749379974732148747
MUW	22/01/2024	Post Twitter/X	https://twitter.com/SchaeferKatri/status/1749395100432490864
MUW	22/01/2024	Post Twitter/X	https://twitter.com/SchaeferKatri/status/1752993500386185709
LODZ	24/01/2024	Post on the website of the pilot site	https://www.centerko.org/2024/co-captain/
MUW	27/01/2024	Post Twitter/X	https://twitter.com/Grabovaclgor/status/1751209420015403379
MUW	31/01/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/1752697295760658903
MUW	31/01/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/1752692127375544705
LODZ	04/02/2024	Facebook post	https://www.facebook.com/share/p/TLHTmg2BMCqokKbN/
MUW	04/02/2024	Post Twitter/X	https://twitter.com/Grabovaclgor/status/1754068634094223449
MUW	04/02/2024	Post Twitter/X	https://twitter.com/SchaeferKatri/status/175422731900449143
PROLEPSIS	04/02/2024	Facebook	https://t.ly/evteO
PROLEPSIS	04/02/2024	Instagram	https://www.instagram.com/p/C263dAONTfw/
MUW	14/03/2024	Post Twitter/X	https://twitter.com/Grabovaclgor/status/1768175901412409401
MUW	21/03/2024	Post Twitter/X	https://x.com/GrabovacGroup/status/1770873032346665062
MUW	27/03/2024	Post Twitter/X	https://x.com/GrabovacGroup/status/1773020184585855294
MUW	27/03/2024	Post Twitter/X	https://twitter.com/Grabovaclgor/status/1772949525742620866
MUW	23/04/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/1782830382317961491
MUW	23/04/2024	Post Twitter/X	https://x.com/GrabovacGroup/status/1782785118899192194
MUW	23/04/2024	Twitter / X	https://twitter.com/SchaeferKatri/status/1782781051275760019
LODZ	10/05/2024	Post LinkedIn	https://www.linkedin.com/posts/co-captain-eu_who-we-are-co-captain-activity-7198310086841143297-eCb-?utm_source=share&utm_medium=member_desktop
KVC	13/05/2024	Website post: European Mental Health Europe	https://kveloce.com/addressing-the-challenges-in-cancer-and-mental-health-care-a-priority-for-europe/?lang=en



MUW	13/05/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/1790011396664508500
PROLEPSIS	13/05/2024	Website	https://t.ly/Xuptl
EIPSI	16/05/2024	LinkedIn	https://www.linkedin.com/posts/thanos-gogos-6965aa60_home-co-captain-activity-7196900102555234304-hK6O?utm_source=share&utm_medium=member_desktop
PROLEPSIS	16/05/2024	Instagram	https://www.instagram.com/p/C7CeK4FrWII/
PROLEPSIS	16/05/2024	Facebook	https://t.ly/olyTD
PROLEPSIS	17/05/2024	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7197137694286602241
PROLEPSIS	31/05/2024	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7202233948955906051/
MUW	04/06/2024	Post Twitter/X	https://x.com/GrabovacGroup/status/1798109310683127836
MUW	10/06/2024	Post Twitter/X	https://twitter.com/GrabovacIgor/status/1800201457343635667
MUW	10/06/2024	Post Twitter/X	https://x.com/GrabovacGroup/status/1800176227753640303
MUW	18/06/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/1803073856308981800
MUW	18/06/2024	Post Twitter/X	https://x.com/GrabovacGroup/status/1803010377300541705
MUW	18/06/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/180307183637737849
MUW	18/06/2024	Post Twitter/X	https://twitter.com/GrabovacIgor/status/1803123062788755837
MUW	18/06/2024	Post Twitter/X	https://twitter.com/GrabovacIgor/status/1803140635903263098
MUW	18/06/2024	Post Twitter/X	https://x.com/SchaeferKatri/status/1803128421809267178
MUW	18/06/2024	Post Twitter/X	https://x.com/GrabovacGroup/status/1803122185139270098
FICYT/SESPA/CS PA	19/06/2024	Post LinkedIn	https://www.linkedin.com/posts/ficyt_sespa-sespa-activity-7209080623204913152--br?utm_source=share&utm_medium=member_desktop
FICYT/SESPA/CS PA	19/06/2024	Post on Facebook	https://www.facebook.com/FICYT/
FICYT/SESPA/CS PA	19/06/2024	Post LinkedIn	https://www.linkedin.com/posts/ficyt_sespa-activity-7209563395358941184-sR_k?utm_source=share&utm_medium=member_desktop
LODZ	19/06/2024	Post LinkedIn	https://www.linkedin.com/posts/magdalena-wrzesi%C5%84ska-4a898016a_mentalhealth-cancer-eubeatcancer-activity-7209247112876744704-fOnW?utm_source=share&utm_medium=member_desktop



MUW	19/06/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/1803519363045015621
MUW	19/06/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/1803524746459619768
MUW	19/06/2024	Post Twitter/X	https://twitter.com/Grabovaclgor/status/1803295538789396807
KVC	20/06/2024	Post LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7209872725442514944
MUW	20/06/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/1803808004715823126
MUW	20/06/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/1803812268125147600
FICYT/SESPA/CS PA	21/06/2024	Post X	https://x.com/FICYT/status/1804070647728943311
KVC	21/06/2024	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7209872725442514944/?actorCompanyId=1266176
MUW	21/06/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/1804150211041710309
UPV	21/06/2024	Twitter / X	https://x.com/BDSLlab_UPV/status/1804077869347287368
MUW	27/06/2024	Post Twitter/X	https://x.com/SchaeferKatri/status/1806341637271945479
LODZ	01/07/2024	Post FB	https://www.facebook.com/share/p/15ZMDYapEa/
MUW	04/07/2024	Post Twitter/X	https://twitter.com/Grabovaclgor/status/1808828361910648986
MUW	08/07/2024	Post Twitter/X	https://twitter.com/Grabovaclgor/status/1810385467986079763
MUW	08/07/2024	Post Twitter/X	https://x.com/GrabovacGroup/status/1810408135292862487
PROLEPSIS	08/07/2024	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7216007603795968002/
PROLEPSIS	08/07/2024	Website	https://t.ly/H4fe5
PROLEPSIS	08/07/2024	Facebook	https://t.ly/svGC9
PROLEPSIS	08/07/2024	Post LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7216007603795968002/
LODZ	10/07/2024	Post LinkedIn	https://www.linkedin.com/posts/magdalena-wrzesi%C5%84ska-4a898016a_mentalhealth-eubeatcancer-cancer-activity-7214693582446747649-OLFz?utm_source=share&utm_medium=member_desktop
MUW	23/07/2024	Post Twitter/X	https://twitter.com/HannaMuees/status/1815683591210197385
MUW	29/07/2024	Post Twitter/X	https://x.com/HannaMuees/status/1817929166823813593
MUW	01/08/2024	Post Twitter/X	https://x.com/Grabovaclgor/status/1819029995143962895
PROLEPSIS	01/08/2024	Repost LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7282680306048913409/



PROLEPSIS	02/08/2024	Repost LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7225067723901345792/
LODZ	10/09/2024	Post LinkedIn	https://www.linkedin.com/posts/magdalena-wrzesi%C5%84ska-4a898016a_who-we-are-co-captain-activity-7237489469061255170-RL2l/?utm_source=share&utm_medium=member_desktop
LODZ	10/09/2024	Post LinkedIn	https://www.linkedin.com/posts/magdalena-kosty%C5%82a-45140a296_who-we-are-co-captain-activity-7237153309462036480-m4ln?utm_source=share&utm_medium=member_desktop
FICYT/SESPA/CS PA	12/09/2024	Post X	https://x.com/COCAPTAIN_EU/status/1834154990677688822
MUW	16/09/2024	Post Twitter/X	https://x.com/Grabovaclgor/status/1835546548085587996
MUW	17/09/2024	Twitter/X post	https://x.com/SchaeferKatri/status/1836028540396904806
MUW	24/09/2024	Post Twitter/X	https://x.com/Grabovaclgor/status/1838494311530316032
MUW	26/09/2024	Post Twitter/X	https://x.com/Grabovaclgor/status/1839206010055000234
FICYT/SESPA/CS PA	08/10/2024	Post LinkedIn	https://www.linkedin.com/posts/ficyt_breastcan-cerawarenessmonth-gbci-cancerprevention-activity-7249355626915516416-6ZfH?utm_source=share&utm_medium=member_desktop
LODZ	23/10/2024	Post FB	https://www.facebook.com/story.php?story_fbid=951477733674468&id=100064367512323&rdid=sY99XuarclSaSgVY#
LODZ	23/10/2024	Post on the website of the City of Lodz	https://uml.lodz.pl/aktualnosci/artukul/zaproszenie-do-udzialu-w-projekcie-co-captain-id98967/2024/10/23/
LODZ	24/10/2024	Post FB	https://www.facebook.com/share/p/14aNbdU4fE/
LODZ	24/10/2024	Post FB	https://www.facebook.com/share/p/182aYpvApb/
LODZ	24/10/2024	Post FB	https://www.facebook.com/share/p/14rM5fhmk u/
LODZ	24/10/2024	Post FB	https://www.facebook.com/share/p/1BASyaqZrF/
LODZ	04/11/2024	Facebook	https://www.facebook.com/SzpitalKopernikLodz/posts/zesp%C3%B3%C5%82-zak%C5%82adu-rehabilitacji-psychospo%C5%82ecznej-universytetu-medycznego-w-%C5%82odzi-b%C4%99/1118491066946099/
LODZ	06/11/2024	Post FB	https://www.facebook.com/share/p/1EozWPgd6Z/
LODZ	06/11/2024	Post on the website of the Medical	https://umed.pl/wez-udzial-w-projekcie/



		University of Lodz	
LODZ	06/11/2024	Post LinkedIn	https://www.linkedin.com/posts/uniwersytet-medyczny-w-lodzi_cocaptain-activity-7259844350845599744-AlmS/?utm_source=share&utm_medium=member_android
MUW	11/11/2024	Post Twitter/X	https://x.com/GrabovacIgor/status/1855857405969506417
MUW	14/11/2024	Twitter/X post	https://x.com/HannaMuees/status/1857037443305734468
MUW	14/11/2024	Twitter/X post	https://publish.twitter.com/?url=https://twitter.com/SchaeferKatri/status/1857360222756491495#
FICYT	15/11/2024	Post LinkedIn	https://www.linkedin.com/posts/co-captain-eu_cocaptain-eph2024-publichealth-activity-7262826131605639168-w4JT?utm_source=share&utm_medium=member_desktop
MUW	15/11/2024	Twitter/X post	https://x.com/HannaMuees/status/1857363876632834418
MUW	15/11/2024	Twitter/X post	https://publish.twitter.com/?url=https://twitter.com/SchaeferKatri/status/1857360222756491495#
SESPA/CSPA	15/11/2024	Facebook	https://www.facebook.com/gobiernodeasturias/photos/consejodegobiernoel-ejecutivo-ha-dado-luz-verde-al-convenio-de-colaboraci%C3%B3n-entr/874226514881316/
MUW	20/11/2024	BlueSky post	https://bsky.app/profile/grabovacigor.bsky.social/post/3lbeig7vdl52p
MUW	20/11/2024	BlueSky post	https://bsky.app/profile/grabovacigor.bsky.social/post/3lbeqlqa4s2n
LODZ	20/12/2024	Post LinkedIn	https://www.linkedin.com/posts/magdalena-wrzesi%C5%84ska-4a898016a_co-navigation-cancerprevention-activity-7275150973759561730-JT9A?utm_source=share&utm_medium=member_android
LODZ	08/01/2025	LinkedIn	https://www.linkedin.com/posts/magdalena-wrzesi%C5%84ska-4a898016a_co-navigation-cancerprevention-activity-7275150973759561730-JT9A?utm_source=share&utm_medium=member_desktop&rcm=ACoAAEebIf0BOFgFAQAMRgm9EU96jVnuOlCJtU0
PROLEPSIS	10/01/2025	Repost LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7283487287387021314/
LODZ	10/01/2025	Facebook	https://www.facebook.com/story.php?story_fbid=9233572670039384&id=100001602291679&rid=zQ0cAUblPZg8KFKf#
LODZ	10/01/2025	LinkedIn	https://www.linkedin.com/posts/magdalena-wrzesi%C5%84ska-4a898016a_studenci-



			kierunku-fizjoterapia-i-zdrowie-activity-7283049908893306880-1av4?utm_source=share&utm_medium=member_desktop&rcm=ACoAAEebIf0BOFgFAQAMRgm9EU96jVnuOlcJtU0
LODZ	13/01/2025	LinkedIn	https://www.linkedin.com/posts/magdalena-kosty%25%82a-45140a296_fizjoterapia-%25%82%2C3%B3d%25%BA-on-instagram-w-dniu-13-activity-7290730777510580224-TPA7?utm_source=share&utm_medium=member_android&rcm=ACoAAEebIf0BOFgFAQAMRgm9EU96jVnuOlcJtU0
PROLEPSIS	20/01/2025	Repost LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7287076697957425153/
MUW	21/01/2025	Bluesky	https://bsky.app/profile/grabovacgroup.bsky.social/post/3lgacpxsek2r
MUW	03/02/2025	Bluesky	https://bsky.app/profile/grabovacgroup.bsky.social/post/3lhbwk7zdc2x
LODZ	03/02/2025	Facebook	https://www.facebook.com/story.php?story_fbid=1324338232098862&id=100035680921033&rid=BrdhUvF6Sae5wJ51#
KVC	04/02/2025	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7292484367447158785/?actorCompanyId=1266176
KVC	04/02/2025	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7292484367447158785
MUW	05/02/2025	Bluesky	https://bsky.app/profile/grabovacigor.bsky.social/post/3lhghqm4jbs2q
UPV	13/02/2025	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7295748418621079554
LODZ	14/02/2025	Facebook	https://www.facebook.com/groups/lodzwydarzenia/permalink/8329412863827832/?rid=jIAPWYhcqwTAovdl&share_url=https%3A%2F%2Fwww.facebook.com%2Fshare%2Fp%2F1LFdMrS3gm%2F#
LODZ	14/02/2025	Facebook	https://www.facebook.com/groups/241666039291829/permalink/7852091324915891/?rid=P5JR5sYRZOYRA4F5&share_url=https%3A%2F%2Fwww.facebook.com%2Fshare%2Fp%2F1J2f2dS8Ur%2F#
LODZ	17/02/2025	Facebook	https://www.facebook.com/groups/3701777186596765/permalink/9091359627638467/?rid=SwulsQgLQfVJAuf&share_url=https%3A%2F%2Fwww.facebook.com%2Fshare%2Fp%2F1GgsnavpeF%2F#
PROLEPSIS	20/02/2025	Repost LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7298269080665387008/
LODZ	24/02/2025	Facebook	https://www.facebook.com/story.php?story_fbid=10233010459499159&id=1097293961&rid=ao6CR19j56dEHKkc#



LODZ	24/02/2025	Facebook	https://www.facebook.com/story.php?story_fbid=29536112365987745&id=100000471158296&rid=DOdJT9frAenzX35U#
LODZ	27/02/2025	LinkedIn	https://www.linkedin.com/posts/magdalena-kosty%C5%82a-45140a296_cocaptain-activity-7300797855525478400-FGFQ/?utm_source=share&utm_medium=member_android&rcm=ACoAAEebf0BOFgFAQAMRgm9EU96jVnuOlcJtU0
KVC	04/03/2025	LinkedIn	https://www.linkedin.com/posts/laura-dom%C3%ADnguez-tanco-833168180_how-do-we-turn-data-into-real-impact-activity-7302632214805069824-DRqX?utm_source=share&utm_medium=member_desktop&rcm=ACoAACq87KcBz4cz-5mwLBgx5MWaWUNM7vFUfkQ
UPV	04/03/2025	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7302662587685441536
UPV	04/03/2025	Twitter / X	BDSLlab - Biomedical data Science Lab - ITACA en X: "En @COCAPTAIN_EU la #tecnología mejora la atención a los usuarios de la intervención en #salud 💰 #CIDMA digitaliza y centraliza datos del estudio piloto facilitando el trabajo de investigadores y profesionales @Vicent_BDSLlab & @ChoniDM lo explican aquí: https://t.co/EN7AyYbJWA " / X
LODZ	20/03/2025	Facebook	https://www.facebook.com/share/p/1CJSrJUNmx/
FICYT	01/04/2025	Website	https://ficyt.es/blog/abril-es-el-mes-de-la-concienciacion-sobre-el-cancer-de-esofago/
PROLEPSIS	11/04/2025	Repost LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7316372080176840705/
LODZ	14/04/2025	LinkedIn	https://www.linkedin.com/posts/magdalena-wrzesi%C5%84ska-4a898016a_studenci-fizjoterapii-i-zdrowia-publicznego-activity-7315734819156443136-yWb-?utm_source=share&utm_medium=member_desktop&rcm=ACoAAEebf0BOFgFAQAMRgm9EU96jVnuOlcJtU0
LODZ	16/04/2025	LinkedIn	https://www.linkedin.com/posts/magdalena-wrzesi%C5%84ska-4a898016a_cocaptain-sen-fizjoterapia-activity-7318358514685362176-0oe_?utm_source=share&utm_medium=member_desktop&rcm=ACoAAEebf0BOFgFAQAMRgm9EU96jVnuOlcJtU0
PROLEPSIS	24/04/2025	Repost LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7321162589076398080
KVC	25/04/2025	LinkedIn	https://www.linkedin.com/posts/laura-dom%C3%ADnguez-tanco-833168180_cocaptain-cancerpreventioneu-eucancerplan-activity-7321430096546791425-xzIW?utm_source=share&utm_medium=member_



			desktop&rcm=ACoAACq87KcBz4cz-5mwLBgx5MWaWUNM7vFUfkQ
PROLEPSIS	13/05/2025	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7327945715186339840
PROLEPSIS	19/05/2025	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7330155530327425024
FICYT	22/05/2025	Website	https://ficyt.es/blog/co-capitan-en-la-semana-europea-de-la-salud-mental-2025/
KVC	23/05/2025	LinkedIn	https://www.linkedin.com/posts/kveloce_cocaptain-mentalhealth-cancerprevention-activity-7331684533580251136-ZVzo?utm_source=share&utm_medium=member_desktop&rcm=ACoAACq87KcBz4cz-5mwLBgx5MWaWUNM7vFUfkQ
KVC	23/05/2025	LinkedIn	https://www.linkedin.com/posts/kveloce_cocaptain-mentalhealth-cancerprevention-activity-7331684533580251136-ZVzo?utm_source=share&utm_medium=member_desktop&rcm=ACoAACq87KcBz4cz-5mwLBgx5MWaWUNM7vFUfkQ
KVC	26/05/2025	LinkedIn	https://www.linkedin.com/posts/laura-dom%C3%ADnguez-tanco-833168180_cocaptain-mentalhealth-cancerprevention-activity-7332641877214519296-8EZ3?utm_source=share&utm_medium=member_desktop&rcm=ACoAACq87KcBz4cz-5mwLBgx5MWaWUNM7vFUfkQ
KVC	26/05/2025	LinkedIn	https://www.linkedin.com/posts/kveloce_home-co-captain-activity-7332677463640113154-pD94?utm_source=share&utm_medium=member_desktop&rcm=ACoAACq87KcBz4cz-5mwLBgx5MWaWUNM7vFUfkQ
KVC	26/05/2025	Bluesky	https://bsky.app/profile/kveloce.bsky.social/post/3lq2pilkwka2u
KVC	26/05/2025	LinkedIn	https://www.linkedin.com/posts/laura-dom%C3%ADnguez-tanco-833168180_cocaptain-mentalhealth-cancerprevention-activity-7332641877214519296-8EZ3?utm_source=share&utm_medium=member_desktop&rcm=ACoAACq87KcBz4cz-5mwLBgx5MWaWUNM7vFUfkQ
KVC	26/05/2025	LinkedIn	https://www.linkedin.com/posts/kveloce_home-co-captain-activity-7332677463640113154-pD94?utm_source=share&utm_medium=member_desktop&rcm=ACoAACq87KcBz4cz-5mwLBgx5MWaWUNM7vFUfkQ
KVC	26/05/2025	BlueSky	https://bsky.app/profile/kveloce.bsky.social/post/3lq2pilkwka2u
PROLEPSIS	30/05/2025	Website	https://www.prolepis.gr/gr/news/15087/
KVC	10/06/2025	LinkedIn	https://www.linkedin.com/posts/laura-dom%C3%ADnguez-tanco-833168180_cocaptain-ific-cancerpreventioneu-activity-7332641877214519296-8EZ3?utm_source=share&utm_medium=member_desktop&rcm=ACoAACq87KcBz4cz-5mwLBgx5MWaWUNM7vFUfkQ



			7338149271700975616-w9m?utm_source=share&utm_medium=member_desktop&rcm=ACoAACq87KcBz4cz-5mwLBgx5MWaWUNM7vFUfkQ
PROLEPSIS	12/06/2025	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7338925890896044032
PROLEPSIS	01/09/2025	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7368205880422596610
MUW	08/09/2025-14/09/2025	Instagram	https://www.instagram.com/p/DOIkCPgAJxd/?igsh=MWUxbWM4MXZ6eHlwNQ==
FICYT	26/09/2025	Website	https://ficyt.es/blog/octubre-es-el-mes-de-concienciacion-sobre-el-cancer-de-mama/
FICYT	26/09/2025	Twitter / X	https://x.com/FICYT/status/1971508455891488879
FICYT	01/10/2025	Website	https://ficyt.es/blog/co-captain-nominado-a-los-premios-new-medical-economics-2025/
KVC	01/10/2025	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7379047542489079808
FICYT	14/10/2025	Website	https://ficyt.es/blog/enhorabuena-al-proyecto-europeo-co-captain_eu/
FICYT	14/10/2025	Twitter / X	https://x.com/FICYT/status/1978091382850851144
FICYT	14/10/2025	Facebook	https://www.facebook.com/FICYT/posts/1111816207824239
FICYT	14/10/2025	LinkedIn	https://www.linkedin.com/posts/ficyt_sespa-activity-7383864097769074688-jBH/?utm_source=share&utm_medium=member_desktop&rcm=ACoAAFTRNalBzIQwa-Dp8MqgknYDVWFfhxm-tmY
FICYT	14/10/2025	Bluesky	Publicación por ficyt.bsky.social – Bluesky
FICYT	14/10/2025	Instagram	https://www.instagram.com/p/DPyprv7EW_E/?utm_source=ig_web_copy_link&igsh=MzRIODBiNWFIZA%3D%3D
PROLEPSIS	16/10/2025	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7384590963907829760
PROLEPSIS	19/10/2025	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7389273796962230272/
KVC	04/02/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7424731333920460800
KVC	04/02/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7424731333920460800
PROLEPSIS	04/02/2026	Website	https://tinyurl.com/m49ewvuy
PROLEPSIS	04/02/2026	Facebook	https://tinyurl.com/4jzmyrf5
PROLEPSIS	04/02/2026	Instagram	https://www.instagram.com/p/DUViZGDAPX5/
MHE	23/02/2026	Website	https://www.mentalhealth-europe.org/co-captain-final-conference-join-us-on-16-april/
FICYT	02/03/2026	Facebook	(20+) FICYT - Conferencia Final CO-CAPTAIN! Ya te puedes inscribir hasta... Facebook
FICYT	02/03/2026	Twitter / X	(2) FICYT en X: "Conferencia final de CO-CAPTAIN 📅 16 de abril ⏰ 9:00 CET - Presentación de las conclusiones principales del



			proyecto - Debates sobre el futuro de la prevención del cáncer adaptada a las personas con problemas de salud mental. @astursalud #SESPA @FICYT https://t.co/lyOnvxqDqg https://t.co/1hJmbKbwBC" / X
FICYT	02/03/2026	LinkedIn	(41) Publicación LinkedIn
FICYT	02/03/2026	Bluesky	Publicación por ficyt.bsky.social — Bluesky
FICYT	02/03/2026	Instagram	https://www.instagram.com/p/DVY66Avijpu/?utm_source=ig_web_copy_link&igsh=MzRIODBiNWFIZA%3D%3D
FICYT	02/03/2026	Website	https://ficyt.es/blog/event/conferencia-final-de-co-captain/
UPV	03/03/2026	LinkedIn	https://www.linkedin.com/posts/bdslab_fill-co-captain-final-conference-hybrid-activity-7441798801733902337-qCX8?utm_source=share&utm_medium=member_desktop&rcm=ACoAAEcmvvgBUa5owpRqFpuiBLtmQsPeQgjRxg
PROLEPSIS	08/03/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7440032891855663104
MHE	13/03/2026	LinkedIn	https://www.linkedin.com/posts/mentalhealth-euprojects-share-7437864238288814080-Co2-?utm_source=share&utm_medium=member_desktop&rcm=ACoAABfFiVoBuRk6qPM-rbOdArMv4lcUa2ogFqA
LODZ	18/03/2026	Website	https://umed.pl/sympozjum-online-zdrowie-psychiczne-a-prewencja-onkologiczna-co-captain-final-conference/
MHE	23/03/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7431647076226154496
IFIC	24/03/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7442180808183791617
KVC	26/03/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7442834880679399424
MHE	27/03/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7443285439303802881
DGSSIS	28/03/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:ugcPost:7443674664217890816
MHE	02/04/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7445435313105235969
KVC	07/04/2026	Website	https://kveloce.com/world-health-day-how-european-projects-turn-research-into-real-impact/?lang=en
KVC	07/04/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7447238910625095680
MUW	07/04/2026	LinkedIn	https://www.linkedin.com/posts/katrin-sch%C3%A4fer-bb2343368-frontiers-although-im-mentally-ill-that-activity-7447247969906614273-nve5?utm_source=share&utm_medium=member_



			desktop&rcm=ACoAAFsswvYBTMBcaaWmMA8QkpujuHD_5HO7cME
FICYT	10/04/2026	Website	https://ficyt.es/blog/conferencia-final-de-co-captain-unase-a-nosotros-en-bruselas-para-explorar-el-futuro-de-la-prevencion-inclusiva-del-cancer/
PROLEPSIS	16/04/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7450484825548812288
UPV	16/04/2026	LinkedIn	https://www.linkedin.com/posts/bdslab_today-our-team-is-attending-the-final-activity-7450515267568218112-yg_j?utm_source=share&utm_medium=member_desktop&rcm=ACoAAEcmvvgBUa5owpRqFpuiBLtmQsPeQgjRxg
FICYT	16/04/2026	Twitter / X	https://x.com/FICYT/status/2044799508425437581?s=20
FICYT	16/04/2026	Facebook	https://www.facebook.com/FICYT/posts/pfbid02xUsdHML319Fn6Ww3wLq7M5HX4jCmDkBWfqxpiWSwZz1DrHhYZZxbS2ckHp9NmBCil
FICYT	16/04/2026	LinkedIn	https://www.linkedin.com/posts/ficyt_sespa-cocaptain-saludmental-activity-7450563932454506496-4koL?utm_source=social_share_send&utm_medium=member_desktop_web&rcm=ACoAAAVCzDwB_ac4flt8T6hJR2mryFua0rdBkFw
FICYT	16/04/2026	Bluesky	https://bsky.app/profile/ficyt.bsky.social/post/3mjmtcbawf2m
KVC	16/04/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7450547712359464960
KVC	17/04/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7450901126192877568
PROLEPSIS	21/04/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7452262708948905985/
PROLEPSIS	22/04/2026	Website	https://tinyurl.com/6xdu3erz
DGSSIS	24/04/2026	LinkedIn	https://www.linkedin.com/posts/miguel-rico-varad%C3%A9_programa-jornada-activity-7453418583679877120-BM-b?utm_source=share&utm_medium=member_desktop&rcm=ACoAAAVkBP4BM7mH2eGUqiE_a3W5XkyD8dhe1Q
	05/05/		
UPV	06/05/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7457768257849163776/
FICYT	14/05/2026	Website	https://ficyt.es/blog/una-nueva-intervencion-para-mejorar-la-gestion-del-cuidado-de-personas-con-problemas-de-salud-mental-y-cancer/
FICYT	14/05/2026	Twitter / X	https://x.com/FICYT/status/2054853464354664628
FICYT	14/05/2026	LinkedIn	https://www.linkedin.com/feed/update/urn:li:activity:7460620616895729664
FICYT	14/05/2026	Instagram	https://www.instagram.com/p/DYUGAadijQv/



FICYT	14/05/2026	Facebook	https://www.facebook.com/FICYT/posts/pfbid034dzfOkZqNX68pvsA3YFt8s8WqVYJT1JeaLDEC AqSNzyRojk3hnXNwi2FTm91HJsFI
FICYT	14/05/2026	Bluesky	https://bsky.app/profile/ficyt.bsky.social/post/3mlsi6zofh32k
MUW	08/09/2025- 14/09/2026	Facebook	https://www.facebook.com/100064743786657/posts/pfbid02xcbtnYKLBW4Gs6YSxCfYratLZWzn1ZNcNTZn9SmWTRpPvz13JSPmCFgf6J1MPGqcI/?app=fbl



CO-CAPTAIN

Cancer prevention among individuals with mental ill-health: CO-adapting and implementing patient navigation for primary cancer prevention



Funded by the
European Union