CHAI 1 - Draft of Final Paper

Academic Community Engagement Model Grounded in Equity, Community Partnerships, and an Asset-Based Approach to Collaboration

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Abstract

Background. The University of Minnesota is home to the Center for Healthy Aging and Innovation (CHAI): a center developed to advance interdisciplinary aging science and promote healthy aging for Minnesotans and individuals nationwide. The Center's focus is to become community-centered and -informed; however, they lack a practice framework that collaborates with and supports their community network. Therefore, our master's project consisted of the following: (1) A literature review of existing community-academic engagement models; (2) a secondary data analysis on community interviews assessing community needs; and (3) an evaluation of resources from University of Minnesota centers. The project goal was to recommend a community-academic engagement model for CHAI.

Methods. To evaluate current community engagement models in academia, we used Ovid Medline and PubMed. Our search resulted in 39,290 sources which we narrowed down to 127 using more specific search terms (e.g. *aging*, *academic centers* (higher institution, and college), *community* (local and neighborhood)). To identify community needs, we conducted a secondary data analysis on 19 interviews with representatives from community organizations. To assess available resources at the University of Minnesota, we interviewed (1) The Office of Public Engagement and (2) The Clinical and Translational Science Institute's Community Engagement to Advance Research and Community Health (CEARCH). Both engage with community partners and provide oversight to community-based participatory research.

Results. *Literature Review* **-** The database search yielded 39,290 sources and 127 articles were screened for inclusion. Overall, 20 qualitative articles met our inclusion criteria, and informed themes associated with successful community-academic engagement models. *Community Needs.* The results of the secondary data analysis were categorized into seven themes that guided the feasibility of our model recommendation. *University of Minnesota Resources* - The Office of Public Engagement and the CEARCH team provided us with insights and resources that CHAI can leverage.

Discussion. Six community-academic engagement models at higher institutions were chosen because they (1) satisfied the themes identified in the literature review associated with successful community-academic engagement models, (2) satisfied the community needs as identified in the secondary data analysis, and (3) implemented initiatives comparable to those of CHAI and other University of Minnesota centers.

Conclusion. Our final recommendation for CHAI is an adaptable logic model that centers community needs, themes identified in current literature, and University of Minnesota resources. Adoption of this logic model will facilitate CHAI's ongoing efforts at community-centeredness.

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Secondly, we would like to thank the community members and organizations who agreed to be interviewed for the community needs assessment portion of our project. The collective work these organizations do daily to improve the lives of aging community members facing difficulties and health related disparities and injustices is admirable. Their work has helped us develop a deeper understanding of how organizations can work together with community members to understand their needs and how CHAI can meet their needs.

Lastly, we would like to thank the instructors and advisors of the School of Public Health at the University of Minnesota - Twin Cities for their insight and commitment to doing the work to advance and improve public health initiatives. Their patience and guidance to us throughout the entirety of our project is acknowledged and appreciated. We look forward to utilizing the skill set we have developed as we journey to become public health professionals committed to continuously standing up against racism and injustices to improve population health.

Introduction

"The University of Minnesota is home to the Center for Healthy Aging and Innovation (CHAI): a center developed to advance interdisciplinary aging science; create meaningful and immersive educational experiences in aging; build and sustain innovations in care and services; and establish vibrant community, governmental, business, and individual collaborations to promote healthy aging for Minnesotans and people across the country" (*Center for Healthy Aging and Innovation - Centers - School of Public Health - University of Minnesota*, n.d.) Originally founded as the Center on Aging from 1994-2017, CHAI was relaunched in the Fall of 2020. A major focus of this relaunched center is to become community-centered and informed. However, CHAI currently does not rely upon a practice framework for how to collaborate with and support their community network. Therefore, the goal of this project is to recommend a community-academic engagement model grounded in equity, and focused on community partnerships which also takes full advantage of the resources available at the University of Minnesota.

To achieve our project goal, we: (1) conducted a literature review on existing community academic engagement models; (2) assessed community needs based on interviews with 19 external stakeholders consisting of community members and community organizations; and (3) met with members of two University of Minnesota centers, The Clinical and Translational Science Institute's Community Engagement to Advance Research and Community Health (CEARCH) and The Office for Public Engagement to understand the resources available at the University of Minnesota that CHAI can leverage. Based on findings from this work, we developed recommendations for CHAI (as well as other similarly resourced university-based academic centers that wish to enhance their community engagement) to facilitate connections

and build value for the community and university through an asset-based approach. These recommendations allow CHAI to construct the necessary framework and strategy for a sustainable academic-community engagement model. All project components were critical to recommend the most comprehensive community academic engagement model that satisfies both the goals of the CHAI as well as the community members and organizations that they aim to serve.

Conduction of Research Through an Anti-Racist Lens

As students and researchers conducting this Master's Project, we want to highlight our commitment to conducting the entirety of this research project through an anti-racist lens. As Masters of Public Health students we are committed to standing against injustices and racism and believe researchers need to incorporate anti-racism into their practices. Therefore, we took an anti-racist lens when conducting our Master's Project by utilizing inclusive citation practices and exploring grey literature in our literature review, ensuring marginalized communities were included in the interview process, and ensuring an anti-racist lens is being applied in the work of the University of Minnesota centers.

History of Aging and CHAI - University of Minnesota

The University of Minnesota has a long history of aging scholarship, research, and advocacy. Recognizing the importance of research on aging in the university setting, an office dedicated to the study of aging, the All-University Council on Aging (AUCA), was formally appointed by Vice President Koffler in 1975 (Legler, 1982). The AUCA quickly grew and in three years had become a large university program, with members who were faculty, students, and community professionals working in the field of aging. By 1977, a center office was created and the University was awarded a federal grant to develop a center for gerontology, resulting in

increased staffing, conferences, seminars, and publications (Legler, 1982). The development of this center increased the visibility of aging scholarship on the University of Minnesota campus.

Initially limited to a thirty-member committee, by 1978 the AUCA had grown substantially larger. It required a change in organizational structure, which led to the creation of an Assembly on Aging open to all university faculty and students in degree programs, a Policy Committee which functioned as the governing board for the AUCA, and eight different standing committees: academic development, research, scholar development, publications and library, budget, community relations, special events, and nominations and elections (Legler, 1982). All of these committees aside from the nominations and elections committee included community members. By 1980, following a university wide call for members, the AUCA included 460 faculty and 30 students among its members (Legler, 1982). During this time, the AUCA offered a regular course "Multidisciplinary Perspectives on Aging" and had planned additional courses by 1982. However, in the early 1990s the AUCA ceased to function, with the Center on Aging, established in 1994, subsuming its activities (Gaugler, 2018).

In 1994, the Center on Aging (CoA) in the School of Public Health was established by Robert L. Kane, MD who led the CoA for nearly 20 years until his passing in 2017. The mission of the CoA was to aid the University of Minnesota's response to the issues of an aging population, to foster basic and applied research and education, and to inform public policy (Gaugler, 2018). Members of the CoA included faculty and students from 22 departments or schools across the University of Minnesota and was involved in a variety of activities. These activities included administering the interdisciplinary graduate minor in gerontology, publishing the newsletter *Old News*, offering a seminar series, and hosting lectures and visits with scholars of national recognition in aging (Gaugler, 2018). Following the passing of Robert L. Kane, MD,

the CoA no longer functioned and for several years the University of Minnesota was without university wide leadership in aging scholarship and education until the creation of the Center for Healthy Aging and Innovation in 2020.

Community engagement in academic research and scholarship

Community engagement refers to the collaboration between institutions of higher education and their communities (Baquet, 2012). In the context of community engagement, collaboration involves the exchange of knowledge that is responsive to, in alignment with the needs of, and enhances knowledge for communities. In addition, community engagement is an opportunity to leverage resources available at higher education institutions to improve the lives of communities (Baquet, 2012). Community-academic partnerships are associated with a multitude of successes and benefits to all those involved, including strengthening community trust and enhancing academic capacity to address community organization and member needs (Baquet, 2012).

There has been a considerable amount of national attention in recent years that has demonstrated the value of, and need for, meaningful community-academic partnerships (Moreno et al., 2009). Engaging community members with academia and implementing programs that support long-lasting, bidirectional partnerships can help to both accelerate research and advance public health. A collaboration between academia and community members, partners, organizations, and stakeholders in all efforts can help translate research findings into practice to achieve health equity, especially in communities that have been historically marginalized. Community stakeholders can help to provide relevant knowledge and insight to identify pressing public health concerns in need of attention (Stahmer et al., 2017). The level at which community stakeholders are involved can also help to design and implement meaningful research projects

(Sibbald et al., 2014). Lastly, pooling resources and leveraging the strengths of community members can aid in informing meaningful, lasting policy initiatives to achieve health equity. Community-academic engagement can be leveraged in a variety of disciplines, including but not limited to, women's studies, child development, social work, and aging.

Community engagement often involves a collaborative research component, specifically a community-based participatory research (CBPR) process, which is used to build community trust, advance and accelerate research, and continue to improve community health equity. Community-based participatory research helps academia understand public health needs and health policy research needs at a local level. Additionally, community members and partners benefit from CBPR. For one, it allows community members to participate directly in the entirety of the research process; from planning to conducting. Community-based participatory research also offers academia and researchers access to local data, and enhances the interpretation of research findings at a local context to foster meaningful policies to improve public health (O'Brien & Whitaker, 2011).

Several community-academic partnerships have developed models or frameworks that help to provide guidance in all stages of community involvement, including formation of community partnerships, execution of community programs and initiatives, and establishment of sustainable, lasting community partnerships. However, for community engagement to be successful and sustainable, academia needs to be conscious of and committed to the following: a shift from a culture of paternalism into a culture of understanding that communities know what they need to be healthy and what they need to close disparities; full inclusion of community members as equal players and equal decision makers; and creation of center relationships and trust building activities between academia and community partners in order to prevent harm.

Project Focus

To address the aforementioned issue, and to implement a sustainable, equitably-grounded community-academic engagement model at the University of Minnesota, we have broken our project down into three distinct problem components:

1. A literature review on existing community-academic engagement models. Our focus was to specifically review community academic engagement models developed in the aging sector and for the aging community. Additionally, a focus of our project was to identify gaps or areas for improvement regarding these models in the aging sector;
2. A secondary data analysis on community-focused interviews to evaluate community needs; and
3. Meetings with members of two University of Minnesota centers: The Clinical and Translational Science Institute's Community Engagement to Advance Research and Community Health (CEARCH) team and The Office for Public Engagement to understand community-engagement resources available at the University of Minnesota that CHAI can leverage

Public Health Relevance

Partnerships between communities and higher education is important because it can build trust and sustain relationships that curate public health efforts. We strongly believe that the logic model we propose will aid in both the reconciliation and facilitation of relationships between CHAI and the community organizations and members they serve. Additionally, this project represents a critical opportunity for the School of Public Health and the University as a whole to work towards building trust as well as influencing other institutions in their efforts to create similar models grounded in similar goals and mission driven focus as CHAI.

Methods

Literature Review

For the literature review, we used online libraries including Ovid Medline and PubMed. The keywords and synonyms used in these databases were: *aging*, *academic centers* (higher institution, university, and college), *community* (local and neighborhood), and *partnership* (relationship, collaboration, outreach, community based participatory research, and community institutional relationship). The research team utilized sources published within the last ten years. This is to ensure that the community academic engagement models chosen by the research team were current in the field of aging.

Following the completion of our preliminary search, we utilized more specific criteria that included the following Medical Subject Headings (MeSH) terms: ((communit* or local* or surrounding* or neighbor*) adj3 (partner* or relation* or collab* or outreach or cbpr or community-based participatory research)).mp. Using Ovid Medline, a * was used as a placeholder for the end of a word, allowing us to search for similar words with different endings such as community and communities. The abbreviation adj3 was used as a means of proximity searching, meaning that our search only included references with our chosen search terms within a certain proximity of each other within references, in this case a maximum of three words away from the other. Using MeSH terms was a way to control and narrow down a large library to exclude irrelevant articles. To ensure we excluded articles for non-relevance, we included only the aforementioned MeSH terms.

To identify common themes from the literature, we read and reviewed all selected articles individually. We then came together to discuss which themes were most relevant and which we felt should be included in the recommended logic model.

Academic Aging Centers

In addition to the systematic literature review that we conducted, we also performed a Google search to identify universities or institutions that have established community-academic engagement initiatives that are currently in place. (and to also identify "grey" literature). We chose this approach as we wanted to better understand the current landscape of community academic partnerships related to aging. Understanding what currently exists at academic institutions informed the feasibility of the model we were able to recommend for CHAI. It also helped inform our understanding of how academia and their centers were incorporating the themes identified in the literature review above. Many of the articles yielded via the literature review were more holistic and addressed community academic engagement at a more theoretical and conceptual level than focusing on specific academic aging centers and activities/initiatives, which is also why we chose to explore centers via a google search. Following our google search, we identified 109 R1 universities that had aging-focused centers which were analyzed and assessed. R1 universities were chosen as we sought to review models from similar/peer institutions as we felt these models would be more feasible for CHAI to implement. Our group assessed the R1 university centers based on how well they addressed the themes identified from the literature review, as well as CHAI's goals, and then chose the top six institutions we felt exhibited the themes.

Secondary Data Analysis - Community Needs

To understand the needs of community partners more proximal to CHAI and local to Minnesota, we conducted a secondary analysis of 19 previously conducted interviews with community members, providers, and organizations that currently have a relationship with CHAI. These interviews were conducted by Robbin Frazier, Associate Director of Equity and

Community Engagement of CHAI, and Elma Johnson, CHAI Project Coordinator using the CHAI CBO/Partner Interview Guide referenced in Appendix A. To analyze the interviews, we categorized responses based on the various themes that arose after reading them. As a group, we identified the needs expressed by each organization, documented by Robbin Frazier and Elma Johnson. We then bucketed these specific organizational needs into seven more general themes/categories (Table 1); (1) Assistance and guidance working with diverse communities, (2) Connecting the organization with student and research to help further organizational goals, (3) Workforce issues, (4) Diversity, Equity, and Inclusion (assistance with DEI planning/training), (5) Connect with UMN resources, (6) Funding (assistance identifying funding sources and with grant applications), and (7) Assistance aligning research priorities with community needs.

After aligning the community responses into their corresponding buckets, we were able to accurately interpret and summarize CBO's needs and to curate a framework that CHAI can utilize to best meet their community partners' needs. These results will help inform what resources and assets CHAI should provide to best support their community partners.

University of Minnesota - Resources and Assets

To best understand the available resources and assets at the University of Minnesota we met with the University of Minnesota Office of Public Engagement and the Clinical and Translational Science Institute's Community Engagement to Advance Research and Community Health (CEARCH) team. Both centers have extensive experience collaborating with community partners. These meetings helped our team assess what resources exist at the University of Minnesota and to identify their potential to collaborate with CHAI. These meetings also helped us identify what was needed for inclusion in our model that would benefit community members.

Results

Literature Review

The initial database search yielded 39,290 articles. No results were eliminated due to duplication, as OVID medline utilizes a deduplication feature to exclude duplicate articles in search results. The initial search was then narrowed to 127 using the MeSH terms described above. The titles and abstracts of these 127 articles were then screened for inclusion. We identified 25 potentially relevant articles, and the full text of each was retrieved for further evaluation to ensure the article met the inclusion criteria. The inclusion criteria were as follows: having a focus on community engagement, a reference to academia or an academic institution, and a focus on diverse aging communities and older populations. Overall, 20 articles met our inclusion criteria. All studies were qualitative (Table 2).

These qualitative studies informed our selection of six themes that make up a successful academic aging center that is community focused and engaged. The following are the six themes that were identified (see Table 1):

1. *Community Advisory Board/Executive board* - a community advisory board is usually composed of individuals from community organizations, local neighborhood organizations, universities, governmental agencies, and potentially even clinicians and patients themselves. The main objective of a community advisory board is to look to, and engage with the community in every stage of activity/initiative development. Additionally, the members can serve on various committees to aid in project development.
2. *Commitment to diversity, equity, and inclusion*: A successful community academic partnership centers diversity, equity, and inclusion in the various levels and areas of the

work that they do internally (or within academia) and externally (or with community partners).

3. *A strategic approach and/or guiding approach* - a detailed explanation stating the approach or guiding principles that will help to fulfill and achieve the mission of the community-academic partnership. The approaches and principles should be detailed enough for another academic institution to replicate and/or fully understand how the academic institution intended to carry out its mission.
4. *Specific initiatives and programs related to community needs* - In order to be considered community-centered and engaged, the academic aging center should have initiatives and/or programs established alongside community members and are the result of engaging their perspectives and voices. Additionally, the academic aging center should be evaluating the outcomes of their initiatives and programs and how they are working to meet the expressed needs of the community. These initiatives and programs should be detailed enough for other institutions to replicate and the academic aging center should welcome feedback regarding the programs.
5. *Ability to share academic resources with the greater community* - Many academic institutions are equipped with the resources to help address needs expressed by the community they serve. Therefore, successful community academic partnerships should capitalize on this and share these resources with the greater community to help them be successful.
6. *Engages with community organizations and partners to address community needs*- Successful community-academic aging partnerships should ensure that when developing solutions for community problems, community partners are centered in identifying the

problem and solution. Also, relationships between academia and community should be mutually beneficial. It is also important to note that one aspect of community engagement is relationship building, and that there are times in which academia may not immediately benefit in a tangible way.

Academic Aging Centers

After reviewing the 109 academic aging centers, we selected the following top six community-academic engagement models which incorporated the most themes as identified above. These aging centers also had aspects that satisfied the needs of our community members as identified in the secondary data analysis. The included academic aging centers can be found in Table 2.

1. *The Center for Aging Research and Education (CARE) at University of Wisconsin-Madison* - In conjunction with the Institute on Aging at the University of Wisconsin-Madison the Center for Aging and Education (CARE) was established in 2011 with goals to prepare healthcare professionals to work with older adults, foster professional and campus-community collaboration to improve quality of life for older adults, and to translate expertise to family, community organization, and housing and service providers (*Center for Aging Research and Education*, n.d.). The Center for Aging and Education is an institution that prioritizes coordinating research and the projects they adopt within the University of Wisconsin- Madison School of Nursing and the greater Wisconsin community.

    Aside from focusing their research on older adults, CARE also strives to include the wider academic and Wisconsin community to ensure that the research they conduct is not only evidence based but also predicated on community needs. This is evident through

their creation of the CARE affiliate program, which "promotes inter-professional collaboration and community engagement" (*CARE Affiliates*, n.d.). This program includes not only faculty researchers and clinical experts, but also other academic staff, students, and community affiliates from diverse backgrounds.

The Center for Aging and Education also highlights programs and resources on their website. The Healthy Aging in Rural Towns project ran from 2018 to 2021 and involved community coalitions who gathered information from older adults and caregivers that they believed would help them age in place (*Healthy Aging in Rural Towns*, n.d.). Additionally, the Dementia Friendly Toolkit was created as a response to community groups' request for training materials and included discussion guides, as well as setting and equipment suggestions (*Dementia Friendly Toolkit*, n.d.).

2. *Center for Social and Demographic Research on Aging at University of Massachusetts-Boston* - The Center for Social Demographic Research on Aging at the University of Massachusetts- Boston (CSDRA) exemplifies how centers on aging can best provide resources to support the surrounding aging communities and also engage aged community members in the work that their center does (*Center for Social and Demographic Research on Aging - University of Massachusetts Boston*, n.d.). One example is the Age Friendly Community movement at CSDRA. The Age Friendly Community movement's goal is to create environments where aged populations can have a better quality of life and independence in their respective communities. The Center for Social Demographic Research on Aging indicates that their Age Friendly Communities are informed by reports, recommendations, and needs assessments that they created in collaboration with various communities in Massachusetts and the City of Boston (*Age*

Friendly Projects | Center for Social and Demographic Research on Aging - University of Massachusetts Boston, n.d.).

3. *USC Edward R Roybal Institute on Aging* - The USC Edward R. Roybal Institute on Aging's mission is to "advance research, policy, and practice to improve the lives of older adults and their families from diverse communities locally, regionally, and globally" (*USC Edward R. Roybal Institute on Aging*, 2015). They focus their research on areas to improve the lives of vulnerable older adults and their families, with particular attention to diverse communities and sociocultural competencies. To accomplish this, they collaborate with leading experts to address community needs and focus on ways to support social relationships that positively influence mental and physical health.

   One outreach initiative unique to Edward R. Roybal Institute on Aging is the Advocates for African American Elders, an outreach and engagement partnership of various academic, government, nonprofit, and community groups who help African American seniors advocate for their physical and mental health needs ("Sociocultural Competencies," n.d.). Finally, the Roybal Institute also works to disseminate research to help inform policy and education to help address various community needs ("Community Partnerships," 2016).

4. *Center on Aging and Community Living at the University of New Hampshire* - The Center on Aging and Community Living (CACL) at the University of New Hampshire is a center whose goals include the provision of resources and assistance to surrounding older communities and the design and implementation of initiatives that work to address needs of aging populations in New Hampshire (*Innovating Community Living*, 2018). Their People-Centered Options Counseling certification was co-developed by local aging and

disability organizations, CACL, as well as the New Hampshire Department of Health and Human Services to create a certification that is available to the general public. In addition to the certification, CACL also offers a Person-Centered Toolkit that aims to educate medical professionals on the importance of providing person-centered care (*Person-Centered Approaches*, 2018). The toolkit is made up of a simple tip sheet as well as a short YouTube video that explains the importance of person-centered care (*Person-Centered Approaches*, 2018). The toolkit as well as certification are important resources that educate the greater community on how to better care for their aged populations.

5. *Partnerships in Aging Programs - University of North Carolina* - The Partnerships in Aging Program at the University of North Carolina (PiAP) is an academic aging center that recognizes that the population of older people is rapidly expanding and demands more creative solutions to ensure healthy aging (*Current Initiatives | Partnerships In Aging*, n.d.). They have committed themselves to establishing an intentional learning network focused on developing new skills and fostering flexible solutions. The Center's work is centered around the following:
    - Engaging students, faculty, community organizations, and older adults in innovative projects to provide bi-directional learning opportunities for both community elders and academia.
    - The Partnerships in Aging Program further integrates aging content into academic study through establishment of a certificate program, concentration, symposium, and/or classes related to aging (*Current Initiatives | Partnerships In Aging*, n.d.).

The Partnerships in Aging Program also has established initiatives that are community-centered and engaged. For example, the Linking Generations in Northside (LINK) and the Northside Residential Fellowship (NRF) initiatives are focused on "connecting UNC students from various disciplines with older residents in the Northside community" of Chapel Hill, North Carolina (*Current Initiatives | Partnerships In Aging*, n.d.).

6. *Rutgers - Institute for Health, Health Care, Policy, and Aging* - The Rutgers Institute for Health, Health Care, Policy, and Aging is a hub for multidisciplinary and translational research focused on improving population health (*Rutgers University | The State University of New Jersey*, n.d.). With an easy-to-navigate website, this aging center has a variety of resources easily accessible for community members, such as the Community Resource Hub. The Community Resource Hub allows community members to find educational resources and access relevant information related to the Institute. Screenshots of the Community Resource Hub are provided in Appendix B. Additionally, they have a focus on highlighting their projects and initiatives. One of their projects, Comparative Effectiveness of Home Care Environments for Diverse Elders' Outcomes seeks to understand who benefits the most from home healthcare and home hospice and under what conditions individuals benefit (*Comparative Effectiveness of Home Care Environments for Diverse Elders' Outcomes*, n.d.). Additionally, the Institute has also implemented an Asian Resource Center for Minority Aging Research (RCMAR) Pilot research project that relied on a trauma-informed approach to health services research to understand how birthplace, historical events, and resilience play a role in minority aging (*Community Health & Aging Outcomes Lab | Projects*, n.d.).

Community Needs

The interviews with community members and organizations were conducted by CHAI members, Robbin Fraizer and Elma Johnson. The community organizations and/or members who were interviewed, and the dates these interviews were conducted are provided in Table 3. Results of our secondary data analysis on these interviews are shown in Table 1. The themes identified from the secondary data analysis were bucketed into the following seven distinct themes:

1. *Assistance and guidance working with diverse communities*: The Center for Healthy Aging and Innovation's partners would like guidance with knowing how to best support communities that have been marginalized. This was the most expressed need, cited by 60% of the organizations interviewed.
2. *Connecting the organization with students and research to help further organizational goals*: The Center for Healthy Aging and Innovation's partners expressed interest in working with students and researchers to support students in gaining experience with working with communities, but also to support CHAI partners in reaching their own goals as an organization. Close to half (45%) of organizations interviewed expressed needing help connecting their organizations with students and research to help further organizational goals.
3. *Workforce issues*: Many of CHAI's partners expressed that they have been experiencing staff shortages partly due to the healthcare worker shortage. Close to half (45%) of organizations expressed needing help related to workforce issues and staff shortages.
4. *Diversity, Equity, and Inclusion (DEI) with specific focus on DEI planning and training*: Since many of CHAI's partners are not experts in DEI but would like their organization to grow in that aspect, they noted that they would like support with having DEI

workshops, training, and/or consultations. Assistance such as DEI planning/training was cited by 30% of organizations.

5. *Assistance connecting organizations with University of Minnesota resources*: The Center for Healthy Aging and Innovation's community partners understand that UMN has resources whether it be related to grant funding, research, or organizational support, and would like to collaborate with the university to utilize those resources. A quarter of organizations expressed a desire to connect with UMN such as existing education tools that they could use to help provide the community with clear, succinct information on topics of interest to their communities and organizations.
6. *Assistance identifying funding sources and with grant application*: Some organizations would like the technical support in finding grants that best fit their organization's goals, and assistance in successfully applying for and receiving those grants. Ten percent of organizations expressed a need for assistance with funding, either by identifying existing funding sources or with assistance in grant applications.
7. *Assistance aligning research priorities with community needs*: Many times research priorities do not necessarily address the needs of the greater community. The Center for Healthy Aging and Innovation's community partners want to ensure that community needs are being met while simultaneously progressing in the field of research. Five percent of organizations expressed a need for assistance aligning research priorities with community needs.

Resources at the University of Minnesota

The Office of Public Engagement. Following our hour-long meeting with the Office of Public Engagement on April 12th 2022 to discuss resources, programs, and initiatives, they offered

several resources that CHAI could leverage. We believe the following are the most relevant and important to helping CHAI utilize UMN resources in their community engagement efforts. The Office of Public Engagement at the University of Minnesota was created to institutionalize and support faculty scholarship including teaching and learning and engaging with the community (*Office for Public Engagement | Office for Public Engagement*, n.d.). The Office of Public Engagement is an umbrella office that oversees a variety of other centers.The following is a list of programs, resources, insights, etc., that The Office of Public Engagement has to offer that we found would be beneficial for CHAI to leverage in their work to strengthen their center to be more community engaged and more community focused:

1. *10 Point Plan for Institutionalizing Public Engagement at UMN* - this plan was developed by the Office of Public Engagement whose priority is to elevate the scholarly value of engagement. The focus is ultimately to help scholars conceptualize the work they do and ensure the work they do is done in ways that are mutually beneficial and can make a contribution to the discipline as well as the public (Furco & Kuhl, 2008).
2. *Center for Community Engaged Learning* - The Center for Community Engaged Learning, which is located in the Office of Public Engagement, helps prepare researchers and other centers prior to going into communities to help them reflect on their experiences with communities and to effectively conduct the work utilizing voices and perspectives of community members.
3. *Public Engagement Council* - The Office of Public Engagement also oversees the Public Engagement Council which is made up of decision makers at the Dean or Vice President levels from the University of Minnesota campuses to make policies related to community engagement.

4. *Footprint project* - The footprint project was created by The Office of Public Engagement in which people across the university report their community engagement activity which allows The Office of Public Engagement to understand the scope of these activities across campus (*The U of M Public Engagement Footprint | Office for Public Engagement*, n.d.). To exemplify this, there is a Hennepin-University partnership that hosts a mixer, in which community partners and faculty come together to express their issues and needs, and then meet people from the University who may be interested in partnering to address these community-centered needs.
5. *Connecting University of Minnesota Students to Community Organizations* - The Office of Public Engagement is also able to connect students to community organizations. For example, some evaluation studies classes offered through the University of Minnesota connect students with community organizations so that students can complete an evaluation as a part of their class as well as support a community partner.

The Clinical and Translational Science Institute's Community Engagement to Advance Research and Community Health (CEARCH) (Community Engagement, n.d.). We also had an hour-long meeting with the CEARCH team on April 19th, 2022 where we asked similar questions and had a similar conversation as we did with the Office of Public Engagement where we were better able to understand the resources and initiatives they have in place that CHAI could leverage to strengthen their community engagement. The following is a list of programs, resources, insights, etc., that CEARCH has to offer that we found would be beneficial for CHAI to leverage:

1. *Community engagement 101* - Community Engagement 101 is a video that CEARCH created for anyone that reaches out to them (University faculty, researchers, post-docs,

graduate students, etc) are required to view in order for them to receive any resources related to community engagement. This video ensures that they are equipped with the knowledge necessary to understand how to most appropriately engage community members and organizations (Yang, 2021).

2. *Community Based Participatory Research (CBPR) 101* - The Clinical and Translational Science Institute's Community Engagement to Advance Research and Community Health has developed training modules for faculty members, researchers, and/or students to ensure they are equipped with the knowledge of how academia works together with communities through shared collaboration and shared knowledge, and how academia utilizes the voices and lived experiences of community members to curate long-term, sustained, and transformative work that has buy in and community ownership. For example, CEARCH is currently working directly with Somali-Hmong community organizations to get their insight and perspectives on their needs. These individuals are subject matter experts who have had their research and insights stolen without being given credit and CEARCH is working to change that narrative.
3. *Community Engagement Studios* - The Clinical Translational Science Institute's Community Engagement to Advance Research and Community Health has created community engagement studios which they have called Community Health Authentic Talk. Although this project is currently only open to post-docs, it allows researchers the opportunity to run a community engagement project by community members to obtain their perspectives and insights in the earliest stages of project development. The Clinical and Translational Science Institute's Community Engagement to Advance Research and Community Health can convene 8-10 community experts who fit the target population

criteria along with the community facilitator and the researcher/their team. The role of researcher is to develop a few questions they want to ask and then take an active listening role to allow them to understand the community and their perspectives.

4. *Community Advisory Board* - The Clinical and Translational Science Institute's Community Engagement to Advance Research and Community Health has a community advisory board that is responsible for allowing the community to participate in consensus decision making and participatory engagement work. This council is a 40+ member group consisting of half community representatives and half University of Minnesota faculty and researchers. This community advisory board provides oversight in managing the narrative around community engagement and how to conduct appropriate and beneficial community engagement.
5. *Community Engagement Education* - The Clinical and Translational Science Institute's Community Engagement to Advance Research and Community Health overall is well equipped with the knowledge, insight, and resources to conduct proper community engagement. From conducting research through a DEI lens, to going out into the communities and talking with agencies to figure out what they need and in turn providing them those resources to align goals together, they have fostered exceptional relationships and trust with the community and are well-suited to help CHAI do the same.

Discussion

The results derived from: (1) the literature review evaluating existing community academic engagement models; (2) the assessment of community needs via a secondary analysis of community partner interviews, and; (3) meetings with individuals from centers at the University of Minnesota to leverage resources for community members offered key insights into

building and refining a community-academic engagement model for CHAI and similar centers in the School of Public Health and across the University of Minnesota.

When considering CHAI and its efforts to build and enhance upon its existing community engagement model, we returned to the six selected University-based centers as they include several key features that CHAI may emulate as it continues to develop a community-academic engagement framework.

Center for Aging Research and Education (CARE) at University of Wisconsin- Madison

We chose this center because of their commitment to connecting with community partners and implementation of programs and resources that community partners could benefit from, which fulfills two of the themes that we identified from the formal literature review. For example, by partnering with a varied group of individuals via their CARE affiliate program, CARE is able to better connect with community leaders and organizations and provide the community with opportunities to share and receive information related to issues within the greater Wisconsin community. We believe that this is an aspect CHAI should emulate in their efforts to better center community in all of the work that they do.

As mentioned in the results, two of CARE's projects that were of particular interest to us were the Healthy Aging in Rural Towns and the Dementia Friendly Toolkit. The Healthy Aging in Rural Towns project serves as an opportunity for the University of Wisconsin-Madison to improve the ability of the rural population to age in place by strengthening support networks for older community members and their caregivers. This project involved community coalitions, who gathered information from older adults and caregivers to help older adults age in place. The Dementia Toolkit was created as a response to community groups' request for training material which we believe helped better engage people living with dementia. We felt that aspects of both

these projects and resources would be beneficial for CHAI as the Center creates projects that focus on improving the needs expressed by the community. These projects also meet the *specific initiatives and programs related to community needs* and the *sharing resources with the greater community* themes as identified in our literature review results section of our paper. Implementing a project that focuses on improving needs for the community also addresses the *assistance connecting organizations with University of Minnesota resources* and *assistance aligning research priorities with community needs* themes as identified in the secondary analysis of community partner interviews.

Center for Social and Demographic Research on Aging at University of Massachusetts- Boston

The Center for Social Demographic Research on Aging at the University of Massachusetts- Boston exemplifies how centers on aging can best provide resources to support their surrounding communities of older adults and engage community members in the work that their center does. We recommend that CHAI implement programming similar to what The Center for Social and Demographic Research on Aging at the University of Massachusetts-Boston has and create programming that aged community members can be a part of. By providing programs that address community needs, CHAI can ensure that the relationship between them and their and surrounding communities is not extractive, but mutually beneficial. Creating programming that provides resources for the greater community also meets the *specific initiative and programs related to community needs* themes as identified in the literature review. It also meets the *assistance of aligning research priorities with community needs* because a CHAI and community co-developed program would allow CHAI to use their research to meet community needs as identified by community partners. This also meets the missions and goals of CHAI since one of CHAI's goals is to advance health equity for underserved aged communities.

Investing in the creation or implementation of programming that serves the surrounding communities would address that mission.

USC Edward R Roybal Institute on Aging

We selected this center because of the variety of and extensive research efforts to engage and improve the lives of the community they serve. In particular we were impressed by the Edward R. Roybal Institute's commitment to support social relationships that affect mental and physical health. We believe that having a vast social network and focusing on the mental health of older adults is critical to establishing an age-friendly community. Additionally, this aging center works to engage and infuse the lived experiences of diverse community members. This is critical as we have identified that including the voices of community members is critical when creating an equitable age-friendly community. By focusing on issues present in their community USC's Institute on Aging is best equipped to advocate for the physical and mental health and well-being of their community. Additionally, the Institute is able to strengthen their collaboration and trust with the greater community.Lastly, the way the Institute centers its research on community needs and experiences allows for more effective dissemination of research that informs policy and further education to help address various community needs.

We believe that CHAI should adopt several aspects of the USC Edward R. Roybal Institute on Aging for a variety of reasons. For one, this Institute meets a few of the themes as identified in our literature review. By tailoring their research to meet a variety of foci, CHAI would be able to meet the literature review theme of *engaging with community organizations and partners to address community needs.* Because communities present a variety of needs, tailoring research that meets these needs and including members throughout all facets would be critical for CHAI to implement. Secondly, adopting USC's Institute on Aging's ability to disseminate

research to help inform policy and education, CHAI will be able to meet the community needs identified in the secondary data analysis of *connecting with UMN resources.*

Center on Aging and Community Living at the University of New Hampshire

While there are a variety of aspects that makes CACL a model center on aging, the main component that this center has that we recommend CHAI to implement is the provision of educational resources that organizations and providers can use to better support aging communities. The Center's People-Centered Options Counseling certification and Person-Centered Toolkit are examples of how CHAI can work with community partners to create resources that meet community needs. Rather than solely conducting research, CACL goes beyond by using research to create resources that surrounding organizations and health providers can use to improve the lives of the communities they serve. By using CACL as a model, CHAI will be able to effectively use their research and work with community partners to develop resources that local organizations and providers can use to better meet the needs of aging communities here in Minnesota, thus meeting the *specific initiatives and programs related to community needs* and the *ability to share academic resources with the greater community* themes identified in the formal literature review section of this paper. Provision of educational resources by CHAI will also help meet the *assistance connecting organization with University of Minnesota resources* theme identified in the community needs secondary analysis, and also meet one of the goals of CHAI which is to create systems change by translating findings into actionable interventions and policy recommendations.

Partnerships in Aging Programs - University of North Carolina

By drawing on multiple disciplines, generations, and cultures, and together with local communities we recognize PiAP's commitment to leveraging the talents and expertise of faculty

and students to support their aging community in new and meaningful ways. Additionally, with their Linking Generations in Northside (LINK) and the Northside Residential Fellowship (NRF) initiatives, PiAP connects UNC students with community organizations where students and aging community members have the opportunity to share, learn, and grow together in a mutual partnership of social support. We believe that CHAI should also focus their efforts in connecting UMN students with community organizations. This would help satisfy the theme of *connecting the organization with students and research to help further organizational goals* as identified in our secondary data analysis of community needs.

Additionally, we felt PiAP adequately details both their strategic priorities and guiding approaches that highlight directly how they will achieve their mission and goals to create a successful community-academic partnership to foster an age-friendly community. Similarly, their guiding approaches cover a wide range of themes, from building relationships with local, state, national, and global partners to develop meaningful age-friendly policies, to creating opportunities to foster relationships with marginalized students, elders, communities, and organizations (people of color, first-generation students, LGBTQ, etc.), to sharing resources, education, and services when able. The extensive and vast priorities and approaches of PiAP stood out to us as an effective tool to implement, and we believe CHAI can emulate this to detail the ways they plan on creating and sustaining a successful community-academic partnership that also meets the literature review theme identified of, highlighting *a strategic approach and/or guiding approach*.

Lastly, PiAP nicely details their current initiatives. We were impressed by their initiative called FEAST: Folks of Every Age Sharing a Table initiative. This initiative offers an "intentional space where people of different generations can learn from one another and cultivate

age-embracing perspectives." This initiative stood out to us as an initiative CHAI should implement given the importance of intergenerational connections and how important sharing a meal and conversation is to aging community members. Fostering connections in this fashion would also meet the community need identified in the secondary analysis of *aligning research priorities with community needs*.

Rutgers - Institute for Health, Health Care, Policy, and Aging

Although we recognize that Rutgers' Institute for Health, Health Care, Policy, and Aging is much larger than CHAI, and is older, we believe that at a small scale, some of the aspects of the Institute could serve as a guide for CHAI in their efforts to become community-centered and -focused.

The first component from the Rutgers Institute for Health, Health Care, Policy, and Aging that CHAI should leverage, is their palatable, easy-to-navigate website. Their resources are easily accessible for community members, and their easy-to-navigate website described the purpose of their Institute, how the Institute intended to achieve their mission and Institute achievements and accomplishments to date. By implementing these important aspects of communication and dissemination, CHAI will be able to satisfy the literature theme identified as having *a strategic approach and/or guiding approach.*

Additionally, the Rutgers Institute's initiatives appear engaged with their community on an intimate, connected level. For example, their community health and aging outcomes laboratory has curated a plethora of projects for their community to engage with and participate in. The Comparative Effectiveness of Home Care Environments for Diverse Elders' Outcomes project helps the Rutgers Institute improve hospice-related inequities and disparities. Although CHAI may not be able to emulate this in its entirety, focusing initiatives and programs on

reduced health related inequities is imperative and will help meet the community need of assistance and guidance working with diverse communities. Additionally, their Asian RCMAR Pilot took a trauma-informed approach to health services research to understand how birthplace, historical events and resilience play a role in minority aging. This commitment of the Rutgers Institute to diversity and minority groups in their community is admirable and should also be the main focus of CHAI to satisfy the community need identified of *assistance and guidance working with diverse communities.*

Proposed Framework/Logic Model

After identifying the themes from the literature review and the interviews with community members, and understanding insights, resources, and programs from the University of Minnesota Centers that CHAI can leverage, our recommendation to CHAI is ultimately to implement the logic model presented in Appendix C. We believe this logic model is the most feasible for CHAI to adopt as it is adaptable to meet the needs of community members, particularly as these needs continue to evolve. Additionally, because there are many different themes identified in both the literature review and the secondary data analysis and many different aspects of the centers that CHAI can leverage, we believe the logic model is the most appropriate method to organize CHAI's ability to develop long-term, sustainable community partnerships.

The logic model we have curated consists of four separate sections that can be amended as CHAI refines their work and develops long-term community partnerships: Resources, Activities, Short-Term Outcomes, and Long-Term Outcomes. The Resources section consists of the known resources that CHAI and other university centers or offices have that could assist CHAI community partners. Currently, this section includes resources from the Office of Public Engagement such as the 10 Point Plan for Institutionalizing Public Engagement, the Office of

Public Engagement's Footprint Project, and their experience connecting students to community organizations. Also included in the Resources section of the current logic model are several resources provided by CEARCH, including the Community Engagement 101 webinar, CBPR 101 training modules, and several different tools that can be used to assist in community engagement such as Community Engagement Studios and Community Advisory Board.

The Activities section of the Logic Model shown in Appendix C includes actions that we believe CHAI should take to help facilitate and improve community engagement. The first action we believe would be beneficial to CHAI would be to establish a community advisory board that grants shared decision making to community members to help engage the community in every stage of development. CHAI has already established a community advisory board consisting of individuals members from BIPOC, LGBTQ, and underserved communities with the purpose of bringing lived experiences, needs, and priorities from the community and to act as a bridge between the University of Minnesota and culturally diverse communities. However, we believe that this board should be given shared decision-making power within CHAI, which would foster stronger and more impactful community engagement. The second activity would be for CHAI to develop a written statement affirming their commitment to diversity, equity, and inclusion, as well as a strategic approach to fulfilling this commitment and their mission to becoming community-centered. CHAI could also implement specific programs and/or initiatives identified by community partners or the community advisory board. Finally, CHAI can work to provide academic and university resources to the greater community, including providing assistance and guidance working with diverse communities, connecting organizations with students and research, assisting organizations with funding, and helping organizations align their priorities with community needs.

By utilizing the resources and activities shown in the logic model, we hope that CHAI could accomplish a number of short- and long-term outcomes. In the short-term, these activities would help CHAI with relationship building to strengthen ties and relations with community partners. They would also invite diverse community partners to take part in various projects or initiatives to address their communities needs and promote research goals. These activities would also connect community partners with University of Minnesota students and faculty conducting work or research in the aging sector, as well as with research opportunities that aid them in reaching their organizational goals. Finally, performing these activities would allow community members to more easily access academic resources.

By performing these activities, we hope that CHAI could also accomplish several long-term outcomes that would aid them in becoming a successful community engaged center. The first of these outcomes is having community partners participate and support in co-designing research or projects that address their community needs and promote health equity. Using this logic model would also allow community members to have an equal input and shared decision-making power within CHAI. Finally, we hope these activities would help CHAI build trust with community members and partners.

Conclusion

After exploring community academic engagement centers that exist in the literature, we identified six themes associated with successful community academic partnerships. After analyzing the needs of community members and organizations, we identified seven themes that communities identified as relevant and that CHAI should address. Following meetings with two University of Minnesota centers, The Office of Public Engagement, and CEARCH, we identified several insights, resources, and programs CHAI can leverage in their work to become more

community-centered. These findings are holistic and integral to informing the final logic model we recommend CHAI implement. This logic model is beneficial as it can be transformed and adapted to the changing needs of the community CHAI continues to serve.

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Table 1: Identified Community Needs		
Expressed Community Need	**Number of organizations that expressed a given community need**	**Percent of organizations that expressed a given community need**
Assistance and guidance working with diverse communities	12	60%
Connecting the organization with students and research to help further organizational goals	9	45%
Workforce issues	9	45%
Diversity, Equity, and Inclusion (assistance with DEI planning/training)	6	30%
Connect with UMN resources	5	25%
Assistance identifying funding sources and with grant application	2	10%
Assistance aligning research priorities with community needs	1	5%

Table 2: Characteristics of 20 studies and aging centers included in final analysis		
Study or Aging Center Included in Final Analysis	**Author(s), if applicable**	**Published Study/Article or Aging Center**
A Model for Bidirectional Community-Academic Engagement (CAE): Overview of Partnered Research, Capacity Enhancement, Systems Transformation, and Public Trust in Research	Baquet, Claudia R.	Published Study
Center for Social and Demographic Research on Aging - University of Massachusetts Boston		Aging Center
USC Edward R. Roybal Institute on Aging		Aging Center
Center for Aging Research and Education		Aging Center
Current Initiatives | Partnerships In Aging | UNC		Aging Center
Aging Science, Scholarship, Practice, and Engagement: A Proposal to Advance Aging at the University of Minnesota and in Public health	Gaugler, Joseph	Published Article
The Community-Academic Aging Research Network – A Pipeline for dissemination	Mahoney, Jane E.; Pinzon, Maria Mora; Myers, Shannon; Renken, Jill; Eggert, Erin; Palmer, Will	Published Study
Eight Years of Building Community Partnerships and Trust: The UCLA Family Medicine Community-Based Participatory Research Experience	Moreno, Gerardo; Rodriquez, Michael A.; Lopez, Glenn A.; Bholat, Michelle A.; Dowling, Patrick T.	Published Study

Innovating Community Living | UNH		Aging Center
The Healthy Aging Research Network: Modeling Collaboration for Community Impact	Belza, Basia; Altpeter, Mary; Smith, Matthew Lee	Published Study
Rutgers University | The State University of New Jersey		Aging Center
Center for Healthy Aging and Innovation - Centers - School of Public Health - University of Minnesota		Published Study
Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity	Wallerstein, Nina; Duran, Bonnie	Published Study
Down the Road With Aging	Legler, Donald L.	Published Article
Essential elements to “design for dissemination” within a research network—a modified Delphi study of the Community-Academic Aging Research Network (CAARN)	Mora Pinzon, Maria C.; Myers, Shannon; Renken, Jill; Eggert, Erin; Chewning, Betty; Mahoney, Jane E.	Published Study
Evaluating Community-Academic Partnerships of the South Carolina Healthy Brain Research Network Development and Evaluation of Partnerships	Solttani, Suzan Neda; Kannaley, Kristie; Tang, Weizhou;, Gibson, Andrea;, Olscamp, Kate;, Friedman, Daniela B.; Khan, Samira;, Houston, Julie, Wilcox, Sara;, Levkoff, Sue H.;, Hunter, Rebecca H.	Published Study
Forging successful academic-community partnerships with community health centers: The California statewide area health education center (AHEC) experience	Fowkes, Virginia; Blossom, H. John, Mitchell, Brenda; Herrera-Mata, Lydia	Published Study

Research funder required research partnerships: a qualitative inquiry	Sibbald, Shannon L.; Tetroe, Jacqueline; Graham, Ian D.	Published Study
The Role of Community-Based Participatory Research to Inform Local Health Policy: A Case Study	O'Brien, Matthew J.; Whitaker, Robert C.	Published Study
Toward a more collaborative research culture: Extending translational science from research to community and back again	Stahmer, Aubyn C.; Aranbarri, Aritz;, Drahota, Amy; Rieth, Sarah	Published Study

Table 3: Community Organizations/Members Interviewed with Dates		
Community Organization/ Member	**Primary Contact**	**Date of Interview**
Alzheimer's Association	Sherry Tibbets	
Arrowhead Regional Development Commission	Brenda Shafer Pellinen	
Care Providers of Minnesota	President/CEO	
Centro Tyrone Guzman	Yoli Chambers	
Minnesota Community Care	Cindy Kaigama	
Hallie Q Brown	Jonathan Palmer	
LeadingAge	Gayle Kvenvold	
Minnesota Department of Health	Patty Takawira	
MNLCOA	Adam Soumala	
Pathway Health	Peter Schuna	
Rainbow Health	Phil Duran	
ServeMN	Naomi Zuk	
SouthEast Seniors	Betsy Snyder	
Stratis Health	Jane C. Pederson, MD, MS Nicole Gackstetter Susan K Severson	
Trellis	Dawn Simonson	
Twin Cities Habitat for Humanity	Pat Lund	
VOA	Dorothea Harris	

WALKER West Music Academy	Tonya Gregory	
Amherst Wilder Foundation	Maureen Kenney	

Appendix A

CHAI CBO/Partner Interview Guide

Intro: brief about CHAI and our purpose in connecting with you.

35 minutes: Understanding the community needs and how the CBO addresses them:

Who do you serve? (demographic make-up: age/generation/ethnic background/etc)

- Are you reaching out to any new communities or new geographic areas?

What programs and services do you offer?

- How do these programs meet the needs of the community you serve?

What needs are most difficult to meet?

CBO's current partnerships

- Who are **your important partners** and collaborators as it relates to serving elders?
- Who are **other providers** that address community needs and offer similar programs and services?
- How is your organization unique or **different from mainstream providers or other cultural providers** who also serve olders adults in the community?

When you think about the people you serve and their families, what are the key strengths that they have? *(Probe: **MNLCOA report identifies**: culturally specific services, faith communities, and close knit families, as well as their cultural and historical knowledge, wisdom, experience, and resilience.)*

- Can you share the most important individual, family and **cultural views/values** about aging, the care of elders, and multigenerational homes?
- Can you share the most important individual, family and **cultural views/values about preventative care and managing chronic conditions** (e.g. diabetes, high blood pressure,

heart disease, memory loss, and dementia) that must be considered when working with the community?

In your experience, what would you **prioritize as the most pressing need**s, **challenges and barriers** facing older adults in the communities you serve? *Probe: **MNLCOA Equity report identifies:** (1) health (2) healthcare, (3) transportation, (4) housing, (5) education, (6) social support, (7) financial security, and (8) other*

Probe: Are there **any additional needs** you identify for the community?

Please share information about your organization's strategy around equity?

- How do you develop and revise strategy? (e.g. Board, community, staff, volunteers input)
- What criteria do you use to prioritize?
- Is your organization involved in any **policy and advocacy work**?
- Probe: What are the issues that you work on and who do you collaborate with?

What do you see as your greatest **strategic and/or longer-term opportunity** to increase your reach and impact in the community?

- What resources, capacity and partners would you need?
- What programming do you want to further develop?
- What challenges and barriers do you face in reaching your goals?

Has your organization and/or the people you serve ever - in the past or currently- **engaged with the UMN focusing on elders or aging services?**

- What was that experience like?
- What recommendations do you have for CHAI?
- **How do you recommend engaging** elders and their families from the community in our planning and program development?
- Does your organization use research/evidence-based practice in your service delivery?

- What value do you find in the work of academics? Is there a tangible benefit to you?
- How can the U do better in making sure the insights we gather are actionable to your organization? Do you have experience partnering with other academic institutions?

20 minutes: CHAI overview

Brief slide deck: (1) mission of CHAI and our goals for community engagement, (2) assets we can offer, (3) benefits to the CBO, (4) examples of collab/framework

20 minutes: Identify opportunities for collaboration and next steps

What are some intersections or possibilities for collaboration that you identify so with CHAI?

How do you envision CHAI supporting your great work and/or addressing your challenges?

- How can CHAI help you better serve the community?

Can you identify 2-3 other community leaders and organizations that can help us further expand our understanding of the needs of the community and how to improve our cultural sensitivity and responsiveness?

- Anyone who you think might be interested in joining CHAI?
- Can you do a warm introduction?

Questions for future meetings:

From the community's perspective, what would they describe as the most **trusted and valuable assets and resources** in the community to address the needs of older adults?

- Please think of all, not for profits, church, community centers, etc
- How does the community identify a trusted organization that will meet their specific cultural needs?

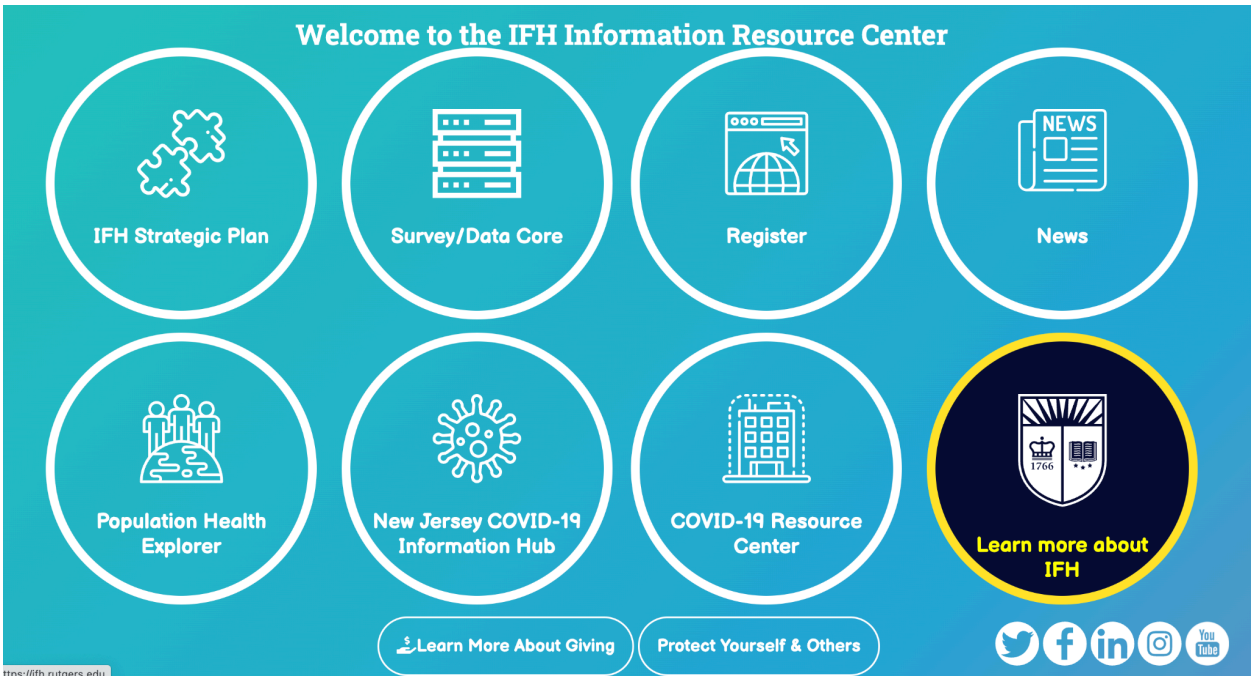
Who are the t**rusted healthcare organizations** and providers serving the community?

How do you reach new members of the community or communicate with current members?

- Probe: What **media options** have the greatest reach and impact- social media, radio, print, community and/or cable TV- in the community?
- Probe: What are the most trusted and popular media outlets?

Appendix B

Rutger's Institute - Community Resource Hub Screenshots



Appendix C

Final Logic Model Recommendation

University of Minnesota's Center for Healthy Aging and Innovation (CHAI) Logic Model

Resources	Activities	Short-Term Outcomes	Long-Term Outcomes
The Office of Public Engagement • 10 Point Plan for Institutionalizing Public Engagement • Center for Community Engaged Learning • Public Engagement Council • Footprint Project • Student connections to community organizations **CEARCH** • Community engagement 101 • Community based participatory research 101 • Community Engagement Studios • Community Advisory Board • Community Engagement Education	• CHAI should implement a community advisory board to look to and engage community in every stage of development • CHAI should develop a written statement stating their commitment to diversity, equity, and inclusion • CHAI needs to highlight their strategic approach to fulfilling their mission of becoming community-centered • CHAI needs to implement specific community engagement programs and/or initiatives • Academic resources shared with the greater community • Provide assistance and guidance working with diverse communities • Connect organizations with students and research • Help provide funding or identify funding sources to community organizations • Align research priorities with community needs	• CHAI works on relationship building to strengthen ties and relationships with community partners • Inviting diverse community partners to partake in various projects that address their community needs and promotes their research goals • CHAI will connect community partners with UMN students and research opportunities to support community partners with reaching their organizational goals • Community members will be able to easily access academic resources • Recruit and market towards undergraduate and graduate students	• Having community partners support in co-designing research that address their needs and promotes health equity • CHAI builds trust with community partners • Community members are equal players and share equal decision making power with CHAI •

Assumptions:

- CHAI and their community partners would like to partake in a long-term bidirectional and equally beneficial relationship
- The long-term bidirectional relationship is a working relationship that should be built over time