

WORK IN PROGRESS AND LESSONS LEARNED

A Process Evaluation of Developing Older Adult Research Advisory Boards in Long Term Care Settings

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ABSTRACT

Background: Enhancing the capacity of researchers, providers and older adults to collaborate in research is critical for promoting relevant, useful research findings.

Objectives: The Sages in Every Setting project aimed to disseminate a flexible model for developing research advisory boards (RABs) comprised of older adults receiving long term services and supports (LTSS) via partnerships between academic researchers and LTSS providers.

Methods: Process evaluation assessed the feasibility of using resources to develop RABs. Partners sought regular feedback from facilitators and RAB members, which was shared with the evaluator. The evaluator conducted regular debriefings with academic partners and observed some RAB meetings.

Lessons Learned: The development of RABs was impacted by pre-existing collaborations, characteristics of providers, flexible use of the resources, facilitator capacity, member capacity, and researcher capacity.

Conclusions: Developing RABs was feasible. Long-term partnerships between research institutions and LTSS providers that serve diverse populations could improve successful dissemination of this model.

KEYWORDS:

Community health partnerships, Power sharing, Process issues, Homebound Persons, Vulnerable Populations, Disabled Persons, Patients

Older adults residing in long-term care settings can contribute their lived experience to informing the development and implementation of programs, interventions, practices, and policies that affect their lives. Long-term services and supports (LTSS) would benefit from a greater understanding of the preferences and perspectives of those they serve, leading to opportunities for service innovations, improvements in how older adults experience LTSS, and outcomes that matter to them. Researchers and practitioners have an ethical obligation to elicit the contributions of older adults receiving LTSS, however there are few mechanisms in place to facilitate collaboration.

Stakeholder engagement can positively inform multiple phases of research,^{1 2 3} potentially increasing the value and relevance of findings for service recipients, patients, caregivers, providers, and policy makers,^{4 5 6 2 7 8} but patient engagement is not yet common in published studies.⁹ Researchers have succeeded in collaborating with older adults, including nursing home residents, to improve the relevance of research questions, make decisions about research processes, and design interventions.^{10 11 12 7 13 14 15} Yet, even in participatory approaches to research, older adults have limited involvement.¹⁶

Of the 6.5 million adults age 85 and older, projected to more than double by 2040, 21% need assistance with personal care.¹⁷ More than eight million people receive LTSS from various providers annually and 27 million are projected to use such care by 2050.¹⁸ Older adults' experiences with functional and cognitive or sensory impairments, disability, pain, fatigue and/or hospitalizations can pose barriers to involving them in research,¹⁹ as can care providers' intent to protect such older adults^{10 20} and turnover among staff who serve as liaisons to researchers.²¹

Such challenges can increase the time and resources it takes for researchers to actively engage older adults receiving LTSS, but may be overcome with targeted effort.

OBJECTIVES

The overall goal of the two-year Sages in Every Setting project was to disseminate a flexible model for creating standing research advisory boards (RABs) made up of older adults receiving LTSS. The Sage Model, based on the Bureau of Sages at CJE SeniorLife (CJE),¹¹ is grounded in principles of reciprocal relationships, trust, co-learning, feedback, and partnership.^{22,23} Core project objectives were to provide academic and provider partners with materials and technical support for creating new RABs in diverse settings, including rural settings and communities of color, and to support partnerships in that effort.

Project Partnerships

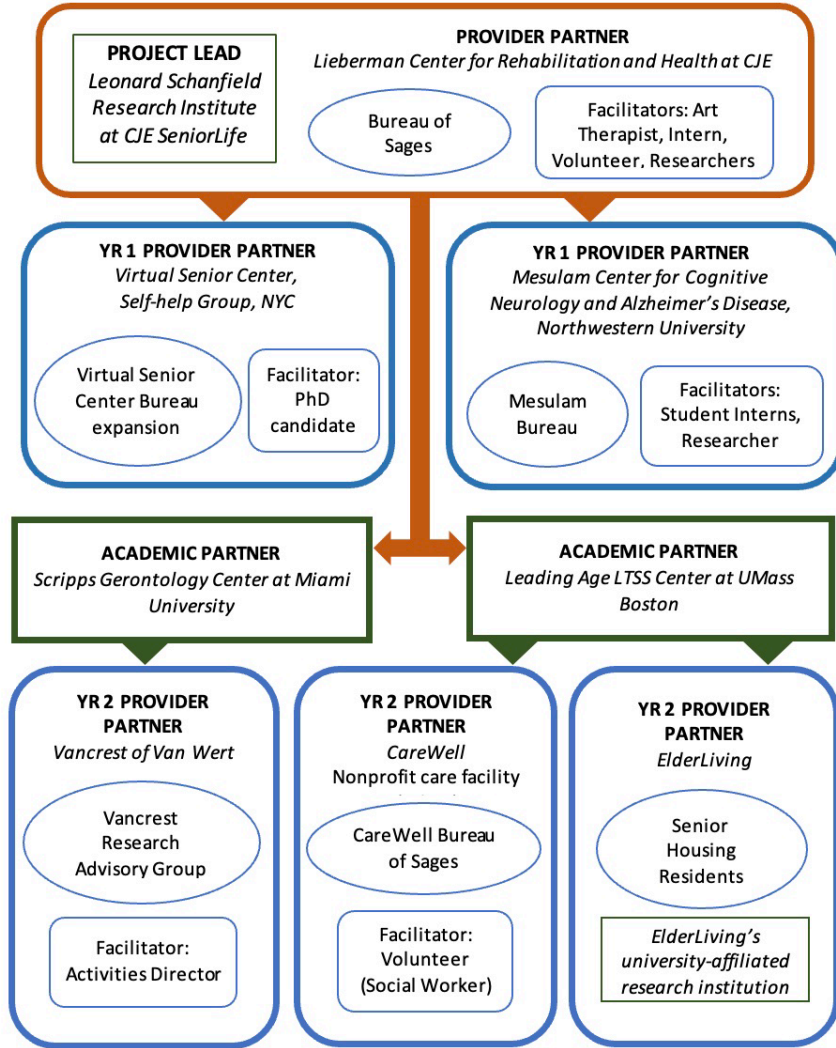


Figure 1 shows the structure of partnerships and key actors in the project.

CJE identified academic partners who had conducted LTSS research, interest in RABs, and existing connections with LTSS provider partners in diverse communities. Academic partners included two researchers each from Scripps Gerontology Center (Scripps) at Miami University

and LeadingAge LTSS Center @ UMass Boston (LTSSCenter). In Year 1, CJE partnered with the Virtual Senior Center of Selfhelp Group (VSC) to expand the original virtual Bureau of Sages in Chicago to include New York City residents (VirtualBureau). CJE also partnered with a researcher at Northwestern University who volunteered to create the Northwestern Mesulam Center Bureau (Mesulam), made up of persons living with dementia. In Year 2, Scripps partnered with Vancrest of Van Wert, a private rural provider of skilled care and assisted living, to create the Vancrest Research Advisory Board (Vancrest). LTSSCenter partnered with a nonprofit urban provider of skilled care and assisted living hereafter referred to to create the CareWell Bureau of Sages (pseudonym, hereafter CareWell), and also partnered with ElderLiving (pseudonym), a nonprofit provider of housing for a racially diverse population. In Year 2, CJE provided partners with stipends for older adults who agreed to serve on RABs (\$200 each) and for providers (\$1,000), who used funds for technology for virtual meetings, staff time for assisting RAB members, and/or snacks at meetings.

Provider partners, facilitators, and older adults were directly involved in the design of RABs. Academic and provider partners mutually determined their responsibilities. Provider administrators designated a facilitator and location for meetings. Facilitators recruited members, either participated in or led training, and facilitated RAB meetings. Members made decisions about their mission, vision and values, how often they would meet, and how researchers should interact with them.

All partners served as advisors to the project, along with two researchers with expertise in stakeholder engagement and six nursing home residents (members of the Bureau of Sages).

These advisors provided feedback on project strategies, activities and products, receiving a stipend of \$800.

RAB Development Process

CJE developed resources for developing RABs (hereafter resources), which included materials for orienting provider partners to the Sage Model, building partnerships, orienting and supporting meeting facilitators, recruiting and training members, supporting researchers' ability to engage with RABs, and evaluating RAB development (Table 1).

Using these resources, academic partners or CJE partnered with providers to develop RABs. Vancrest and CareWell were located several hours from their academic partners. Planning for RABs primarily took place by phone, video conferencing, and email exchanges. Scripps conducted four in-person site visits to Vancrest. LTSSCenter convened virtual planning meetings with a volunteer facilitator who had previously served in that role for the Bureau of Sages. Facilitators and/or academic partners provided RAB members with basic orientation to research concepts and processes via hands-on learning (e.g., discussing examples of research and interacting with researchers as co-learners). All but one member of the RABs were Caucasian; the VirtualBureau included one African American. RABs held a total of 18 meetings with over 20 researchers.

METHODS

Qualitative process evaluation was employed to assess the feasibility of using the Sage Model to develop RABs and to document factors influencing the development of RABs. Northwestern

University's Institutional Review Board determined that the project did not constitute human subjects research. As part of testing the feasibility of the model, partners used some of the tools in the resources to evaluate the RAB development process and assess RABs members' satisfaction. The evaluator conducted monthly debriefings with academic partners focusing on what was working or not working, how resources were used, and innovations. The evaluator provided partners with feedback by sharing learning across all partners for the purpose of continuous improvement. She also observed several RAB meetings and, near the end of the project, elicited feedback from academic partners and/or facilitators via email or phone conversations on their experience with using the resources. Process documentation included detailed notes from debriefings and observations, and documentation shared by partners (e.g., minutes of meetings, emails, and process notes from partners, which included facilitator and member feedback). All documentation was entered into a process log in Microsoft Excel to facilitate sorting and identifying lessons learned. Documentation was entered chronologically into rows on a spreadsheet. Topics related to conditions and strategies that affected the development of RABs were identified to develop a coding framework. The primary topics identified in the process log included relationships between academics and providers, provider characteristics, flexible use of the resources, facilitator capacity, member capacity, and researcher capacity.

LESSONS LEARNED

Qualitative analysis of the process log identified key lessons regarding conditions or strategies that affected RAB development. Overall, it was feasible to create new RABs using the

Sage Model but developing partnerships with providers in communities of color proved challenging.

Advantage of Pre-Existing Relationships

Prior relationships between academics and providers allowed partners to more quickly begin planning an RAB. For example, the VirtualBureau facilitator and CJE had an established relationship with VSC. The host researcher of Mesulam had a relationship with CJE and an existing group of persons living with dementia. CJE connected LTSSCenter with a former volunteer for the Bureau who was interested in starting an RAB. Such relationships fostered the development of mutual trust and shared understanding of roles and goals. In-person site visits with Vancrest were important for renewing prior relationships and building trust. Academic partners had difficulty establishing a partnership without prior relationships.

Provider Characteristics That Facilitate or Hinder RAB Development

Providers that agreed to partner had leaders that valued research and person-centered care and staff or volunteers who were interested in facilitating RABs. Similar organizational characteristics have impacted successful engagement in other projects.¹⁰ Stipends to providers were used to support members and RAB activities, aligning with best practices in other engagement projects.^{10 24}

Geographic distance posed a challenge, but partners found creative ways to work together via phone and virtually. Staff turnover at provider organizations was a significant barrier, as has been reported by other projects engaging stakeholders in similar settings.²⁵ Scripps had to

establish new contacts at provider organizations because people they were familiar with had left. A staff member at a provider organization that served persons of color expressed interest in facilitating an RAB but left the organization before planning was initiated.

LTSSCenter knew providers that served diverse communities but cultivating a partnership specifically for the purpose of developing an RAB took time. After repeated efforts by Scripps to contact six providers in communities of color, four did not respond and one explained that they did not have the staff resources or residents with the capacity to participate. While no potential providers stated discomfort with research, historically negative experiences with research in communities of color may have been a factor.

Some potential providers reported they did not have enough older adults with the capacity to participate in small group discussions and/or noted that they had difficulties sustaining resident councils due to residents' functional, physical, and cognitive limitations. To overcome this challenge, Vancrest included residents of both skilled nursing and assisted living.

Importance of Flexibility

Partners used the resources in a flexible manner to clarify roles and responsibilities, adapt the training for their RAB members, and allow facilitators and members to make joint decisions about meeting structures and procedures that fit the setting. Early on in the training, members reviewed the mission, vision, and values of the original Bureau, deciding to adopt or modify those documents. Flexibility allowed each RAB to create a unique safe space for member voices to be heard, understood and validated, key elements for successful community advisory boards identified in other projects.^{26 25 10}

Each RAB developed its own meeting procedures to accommodate the organizational setting and members' preferences. Mesulam met with researchers in person. All VirtualBureau participants (facilitators, members, researchers) logged into to the VSC portal. CareWell and Vancrest met in person as a group interacting virtually with researchers and also had two in person meetings with researchers. Facilitators or other provider staff set up hardware for virtual meetings and moderated discussion amongst members while academic partners arranged virtual meetings and provided online facilitation. Meeting frequency also varied. Mesulam and Vancrest met with researchers on an as-needed basis. The members of Vancrest also chose to review the researcher's materials with the facilitator prior to meeting with the researcher. In contrast, the VirtualBureau and CareWell met at a regular time, monthly or bi-monthly, to discuss research articles or topics in between meetings with researchers.

Facilitator Capacity

Facilitators were oriented to the concept of an RAB and the training materials, which included communication and facilitation tips and guides with talking points and examples and observed a meeting of the Bureau of Sages or the VirtualBureau. Mesulam facilitators received additional training about dementia. Facilitators also engaged in co-learning about research as they discussed the training content with members.

Facilitators successfully used the resources to recruit older adult members. Vancrest, Mesulam, CareWell, and the VirtualBureau relied on familiarity with potential members, who were personally invited. Identifying individuals with the capacity to participate in small group discussions was feasible. The Vancrest facilitator observed, "...some people were apprehensive.

I told them just have the courage to do it once and just allow yourself to try it. And I wouldn't ask you if I didn't think you can do it." Facilitators felt that the stipends for older adults served to motivate and validate the value of their participation, input, and expertise.

Facilitators played a vital role in translating between the lived experience of older adults' and research experiences, by rewording researchers' statements or questions and redirecting discussion away from personal concerns or complaints by relating the issue to the research topic being discussed. They likely contributed to members positive experiences related to learning, interacting with researchers, and socializing, benefits that are similar to those reported in other engagement projects.^{11 19 27} In instances where members took more time to formulate their thoughts, facilitators had to overcome the temptation to express their ideas for them. Having a skilled facilitator familiar with the setting and members may be especially important for standing RABs that give input on multiple projects, unlike participatory action research where researchers work closely with stakeholders throughout a project.^{10 13}

Member Capacity

Iterative, ongoing training introduced members to basic research concepts and processes (from design through implementation and dissemination) and included practice discussions with academic partners who presented examples of studies. Training content included a list of discussable questions related to research ethics. Accommodations were made for those with hearing, visual or other impairments, including opportunities for those with mild cognitive impairment to review key concepts or ask questions. To maximize the capacity of members to give input on research, researchers shared their presentation slides and a simple biosketch ahead

of time. Meetings were organized to include very brief presentations, followed by facilitated discussion with members structured around two to four open-ended questions about the study.

The evaluator's observations of RAB meetings and feedback from partners and researchers suggest that nearly all members were able to give input on issues that were relevant to their lived experience. Partners sought feedback from RAB members to assess their satisfaction, using tools included in the resources. Examples of feedback suggest that a majority of members felt comfortable with talking to researchers, believed they can learn about research, trusted that researchers can listen to them, and trusted that researchers can use their input. Most members would have preferred to interact with researchers in person, but they found meeting online to be "intriguing," almost like "magic." One member said she could tell that researchers were listening by looking at their face or body language on the screen. Another noted that other members would say something she was thinking, even though it "didn't come out of my mouth." Members also reported benefits such as personally interacting with researchers, learning about the research, and socializing with members.

Researchers noted the value of RAB input for making modifications to the delivery of a program, learning why older adults may be hesitant to participate in their study, coming up with ideas about how to talk about their project with older adults, and getting feedback on the appropriateness and value of their study. One commented on the important role of facilitators in preparing the members and keeping the discussion "moving." Among six researchers who completed a post-engagement satisfaction survey, five felt the input fully met their expectations and one felt it exceeded their expectations.

Researcher Capacity

Partners provided researchers with resources to guide them on how to present studies in plain language (e.g., presentation templates, with tips on communicating, and suggestions for presentation length, number of slides, and number of discussion questions). Facilitators modelled how to communicate with members during discussions. Researchers were able to present materials in a manner that allowed for two-way dialogue with RAB members as equals, a critical aspect of authentic engagement.⁹ The resources addressed an identified need of researchers to learn how to facilitate such engagement²⁸ while encouraging and supporting older adults' contributions.^{10 29}

FEASIBILITY OF DISSEMINATING THE BUREAU OF SAGES MODEL

Partners used the provided resources to successfully develop four RABs. Resources for explaining RABs were useful starting points for clarifying the purpose of an RAB, identifying roles, and determining criteria for recruiting members. Academic partners needed to develop additional materials for explaining the RAB's purpose, roles and responsibilities to providers and researchers. After establishing a partnership with ElderLiving, recruitment and training has been on hold since the beginning of the COVID-19 pandemic.

Partners used most, but not all, of the resources to recruit and train members. The training schedule was determined by members' preferences or needs and the availability of academic partners or facilitators. Training was accomplished in anywhere from five to eight sessions of one to two hours in length. Members continued to learn by revisiting key concepts and having

researchers explain their studies in plain language. Members and facilitators reported confidence in their ability to discuss research.

Partners used or adapted some of the evaluation tools in the resources. While it was feasible to use short satisfaction forms with RAB members, question guides for seeking feedback from members in a group format were most helpful.

In sum, the resources proved useful and adaptable. Developing partnerships was time-consuming, but once established, older adults were ready to serve on an RAB after approximately 12 hours of initial training delivered over two to four months. The Vancrest facilitator was pleased that the program was organized in a way that she could easily integrate into her role as Activities Director. Being able to adapt the resources allowed facilitators and members to make joint decisions that fostered RAB group identity and ownership.

Stakeholders recognized the potential value of RABs. The administrator and facilitator for Vancrest noted that hosting an RAB was an opportunity to learn more about LTSS research, while facilitators and members saw RABs as an opportunity for intellectual stimulation in a small group and researchers received helpful input on different aspects of their studies.

CONCLUSION

RABs in this project brought engagement opportunities to older adults receiving LTSS *where they lived*, overcoming one barrier to involving this population.^{10 29} Partners' experiences highlight important lessons for doing this work in LTSS settings, augmenting knowledge about stakeholder engagement in research. It was feasible to disseminate the Sage Model in both rural and urban settings but partnering with a provider that serves people of color was a significant

challenge. Researchers that have long term relationships with LTSS providers in communities of color may be best situated to create standing RABs. Furthermore, state policies encouraging the return of residents to community-based settings tend to leave the most impaired in skilled nursing facilities. Thus, providers may need to recruit from more than one LTSS population to have enough members for an RAB (e.g., skilled nursing and assisted living). Research on conditions for sustaining RABs and adapting the model to develop project-based RABs could broaden dissemination. Further study of providers' views of RAB's would improve understanding of how to build viable partnerships.

When older adults and researchers are mutually prepared to talk about research in plain language, authentic input on many aspects of research is possible. Stakeholder engagement in research remains underutilized,⁹ particularly among older adults who receive LTSS.^{15 10} As seeking feedback becomes a norm for researchers and funders, researchers may build practices into proposal writing that allow time for seeking their input from this population. Hence, more research is needed to identify social, organizational, economic, policy and other factors that impact partnering with LTSS providers and planning for older adult engagement in LTSS settings.

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1. Brockman TA, Albertie ML, Stephenson NA, Penheiter SG, Patten CA. Researchers' Experiences Working With Community Advisory Boards: How Community Member and Patient Stakeholder Feedback Impacted The Research. *J Clin Transl Sci*. 2020;4(s1):89-89. doi:10.1017/cts.2020.280
2. McElfish PA, Ayers BL, Felix HC, et al. How stakeholder engagement influenced a randomized comparative effectiveness trial testing two Diabetes Prevention Program interventions in a Marshallese Pacific Islander Community. *J Transl Med*. 2019;17(1):42. doi:10.1186/s12967-019-1793-7
3. Vat LE, Finlay T, Jan Schuitmaker-Warnaar T, et al. Evaluating the “return on patient engagement initiatives” in medicines research and development: A literature review. *Health Expect*. 2020;23(1):5-18. doi:10.1111/hex.12951
4. Brett J, Staniszewska S, Mockford C, et al. Mapping the impact of patient and public involvement on health and social care research: a systematic review. *Health Expect*. 2014;17(5):637-650. doi:10.1111/j.1369-7625.2012.00795.x
5. Crowe S, Fenton M, Hall M, Cowan K, Chalmers I. Erratum to: Patients', clinicians' and the research communities' priorities for treatment research: there is an important mismatch. *Res Involv Engagem*. 2015;1(1):14. doi:10.1186/s40900-015-0014-7
6. Domecq JP, Prutsky G, Elraiyah T, et al. Patient engagement in research: a systematic review. *BMC Health Serv Res*. 2014;14(1):89. doi:10.1186/1472-6963-14-89
7. Schilling I, Gerhardus A. Methods for Involving Older People in Health Research—A Review of the Literature. *Int J Environ Res Public Health*. 2017;14(12):1476. doi:10.3390/ijerph14121476
8. Woolf SH, Zimmerman E, Haley A, Krist AH. Authentic Engagement Of Patients And Communities Can Transform Research, Practice, And Policy. *Health Aff (Millwood)*. 2016;35(4):590-594. doi:10.1377/hlthaff.2015.1512
9. Fergusson D, Monfaredi Z, Pussegoda K, et al. The prevalence of patient engagement in published trials: a systematic review. *Res Involv Engagem*. 2018;4(1):17. doi:10.1186/s40900-018-0099-x
10. Backhouse T, Kenkmann A, Lane K, Penhale B, Poland F, Killett A. Older care-home residents as collaborators or advisors in research: a systematic review. *Age Ageing*. 2016;45(3):337-345. doi:10.1093/ageing/afv201
11. Eisenstein AR, Milstein L, Johnson R, Berman R. The Bureau of Sages: Incorporating Older Adult Voice into Meaningful Research. *Prog Community Health Partnersh Res Educ Action*. 2020;14(3):359-370. doi:10.1353/cpr.2020.0041

12. Loerzel V, Clochesy J, Geddie P. Using a community advisory board to develop a serious game for older adults undergoing treatment for cancer. *Appl Nurs Res*. 2018;39:207-210. doi:10.1016/j.apnr.2017.11.030
13. Blair T, Minkler M. Participatory Action Research With Older Adults: Key Principles in Practice. *The Gerontologist*. 2009;49(5):651-662. doi:10.1093/geront/gnp049
14. Lindquist LA, Covinsky K, Langa KM, Petty BG, Williams BC, Kutner JS. Making General Internal Medicine Research Relevant to the Older Patient with Multiple Chronic Comorbidities. *J Gen Intern Med*. 2014;29(6):915-919. doi:10.1007/s11606-013-2719-3
15. Ludwig C, Graham ID, Gifford W, Lavoie J, Stacey D. Partnering with frail or seriously ill patients in research: a systematic review. *Res Involv Engagem*. 2020;6(1):52. doi:10.1186/s40900-020-00225-2
16. Corrado AM, Benjamin-Thomas TE, McGrath C, Hand C, Laliberte Rudman D. Participatory Action Research With Older Adults: A Critical Interpretive Synthesis. Heyn PC, ed. *The Gerontologist*. 2020;60(5):e413-e427. doi:10.1093/geront/gnz080
17. Administration for Community Living. 2019 Profile of Older Americans. Published online May 2020. Accessed December 21, 2020. <https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2019ProfileOlderAmericans508.pdf>
18. Family Caregiver Alliance. Selected Long-Term Care Statistics. Published online February 2001. Accessed November 14, 2020. <https://www.caregiver.org/selected-long-term-care-statistics>
19. Fudge N, Wolfe CDA, McKeivitt C. Involving older people in health research. *Age Ageing*. 2007;36(5):492-500. doi:10.1093/ageing/afm029
20. Lam HR, Chow S, Taylor K, et al. Challenges of conducting research in long-term care facilities: a systematic review. *BMC Geriatr*. 2018;18(1):242. doi:10.1186/s12877-018-0934-9
21. Buckwalter KC, Grey M, Bowers B, et al. Intervention research in highly unstable environments. *Res Nurs Health*. 2009;32(1):110-121. doi:10.1002/nur.20309
22. Shippee ND, Domecq Garces JP, Prutsky Lopez GJ, et al. Patient and service user engagement in research: a systematic review and synthesized framework. *Health Expect*. 2015;18(5):1151-1166. doi:10.1111/hex.12090
23. Engagement Rubric for Applicants. Published online February 4, 2014. <https://www.pcori.org/sites/default/files/Engagement-Rubric.pdf>

24. Harrison JD, Auerbach AD, Anderson W, et al. Patient stakeholder engagement in research: A narrative review to describe foundational principles and best practice activities. *Health Expect.* 2019;22(3):307-316. doi:10.1111/hex.12873
25. Anderson KA, Dabelko-Schoeny H, Koeth S, Marx K, Gitlin LN, Gaugler JE. The use of community advisory boards in pragmatic clinical trials: The case of the adult day services plus project. *Home Health Care Serv Q.* Published online August 31, 2020:1-11. doi:10.1080/01621424.2020.1816522
26. Halladay JR, Donahue KE, Sleath B, et al. Community Advisory Boards Guiding Engaged Research Efforts within a Clinical Translational Sciences Award: Key Contextual Factors Explored. *Prog Community Health Partnersh Res Educ Action.* 2017;11(4):367-377. doi:10.1353/cpr.2017.0044
27. Sheehan OC, Ritchie CS, Garrett SB, et al. Unanticipated Therapeutic Value of the Patient-Centered Outcomes Research Institute (PCORI) Stakeholder Engagement Project for Homebound Older Adults. *J Am Med Dir Assoc.* 2020;21(8):1172-1173. doi:10.1016/j.jamda.2020.03.013
28. Dewar BJ. Beyond tokenistic involvement of older people in research - a framework for future development and understanding. *J Clin Nurs.* 2005;14:48-53. doi:10.1111/j.1365-2702.2005.01162.x
29. Baldwin JN, Napier S, Neville S, Wright-St Clair VA. Impacts of older people's patient and public involvement in health and social care research: a systematic review. *Age Ageing.* 2018;47(6):801-809. doi:10.1093/ageing/afy092

Table 1. Examples of materials and tools included in resources for developing research advisory boards.

Purpose	Examples
Orienting Provider Partners	<ul style="list-style-type: none"> • Descriptions of the Bureau of Sages • Sample products of the Bureau of Sages (e.g., mission, vision, values, research priorities, ideas for research studies)
Building Partnerships with Providers	<ul style="list-style-type: none"> • Sample descriptions of roles and responsibilities • A summary of “Elements for Success”
Training RAB Facilitators	<ul style="list-style-type: none"> • Tips for communicating with older adults • Group facilitation tips • Guides for facilitating learning activities
Recruiting RAB Members	<ul style="list-style-type: none"> • Sample brochure for older adults • Sample orientation slides • Interview guide for creating a non-technical biosketch with each member
Training RAB Members	<ul style="list-style-type: none"> • Sample learning activities on basic research concepts • Sample interview activity to elicit positive health experiences from members • Sample slides
Orienting Researchers on How to Engage with RABs	<ul style="list-style-type: none"> • Descriptions of the Bureau of Sages as a model • Tips for communicating with and presenting to older adults • Sample slide presentation templates • Template and sample non-technical biosketch • Sample products of the Bureau of Sages (e.g., non-technical review criteria and research priorities)
Evaluating RABs	<ul style="list-style-type: none"> • Sample evaluation tools for use with participants

	<ul style="list-style-type: none">• Sample process evaluation questions
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^aMaterials and tools listed in this table are available for use or adaptation on The Sage Resources web page on CJE SeniorLife’s web site. Webinars on how to develop research advisory boards are available on The Sage Model Training page.