

RoadMap for Increasing Visibility and Capacity for LGBTQ+ Older Adult Comparative Clinical Effectiveness Research (CER) in Chicagoland

Purpose

This guide is intended to help researchers, community partners, healthcare organizations, aging-service providers, and advocacy groups increase the visibility, understanding and capacity for LGBTQ+ older adult (OA) comparative clinical effectiveness research (CER) across Chicagoland. It consolidates outreach, training, dissemination, partnership, and evaluation activities into a coordinated roadmap that can be adapted for medical settings, universities, community-based organizations, funders, policymakers, and trusted community spaces. The goal is to help stakeholders understand what CER is and why it matters for LGBTQ+ OA while also strengthening community and organizational capacity to engage in CER.

The goal is not only to share research findings, but to build community capacity: making research easier to understand, easier to access, more responsive to community priorities, and more useful for improving services, policy, care delivery, and future research participation.

Guiding Principles

- **Community leadership:** Involve LGBTQ+ older adults, caregivers, service providers, and community organizations early and continuously in planning, implementation, and interpretation.
- **Shared power and transparency:** Be clear about goals, decision-making authority, compensation, timelines, data use, and how community input will shape next steps.
- **Accessibility and inclusion:** Design materials for different literacy levels, languages, disabilities, technology access levels, and cultural contexts.
- **Practical usefulness:** Translate findings into tools that people can apply, such as one-pagers, toolkits, talking points, training slides, checklists, and scripts.
- **Trust and harm reduction:** Use trauma-informed, culturally responsive outreach that recognizes histories of discrimination, medical mistrust, invisibility, and exclusion among LGBTQ+ older adults.

- **Sustainability:** Build relationships, reusable tools, and feedback loops that outlast a single study or funding cycle.

Roadmap Breakdown

Phase	Primary Aim
1. Prepare	Inventory tools, define audiences, and confirm implementation goals.
2. Adapt	Tailor the Provider, Medical Student, and Older Adult tools for specific settings.
3. Pilot	Test materials with core partners and community reviewers.
4. Disseminate	Share tools through trusted clinical, academic, community, and policy channels.
5. Sustain	Use evaluation findings to strengthen capacity, advocacy, and systems change.

Priority Audiences

Audience	What They Need	Useful Products
LGBTQ+ older adults, caregivers, and chosen family	Clear explanations of findings, opportunities to participate, and information that feels relevant to daily life	Plain-language summaries, flyers, videos, infographics, community presentations, paid research opportunity notices
Community-based organizations and advocacy groups	Tools that support programming, referral, advocacy, and staff training	Toolkits, presentation decks, data briefs, talking points, newsletter language, social media templates
Healthcare systems, clinics, and aging-service providers	Practical guidance for inclusive care, outreach, referral, and research recruitment	Training modules, clinical workflow tips, patient-facing materials, provider one-pagers, continuing education content
Universities, medical schools, and students	Curriculum-ready content and examples of ethical community-engaged research	Case studies, recorded lectures, discussion guides, syllabi inserts, research engagement checklists
Funders, policymakers, and advisory bodies	Evidence of need, community priorities, and actionable recommendations	Policy briefs, white papers, testimony language, metrics dashboards, community impact summaries

Organize Capacity Tools and Training

Start by organizing existing research findings, community priorities, and the three core tools into a practical implementation package. The package should be modular, so partners

can use individual components in medical schools, clinics, community-based organizations, advisory councils, funder meetings, public events, and trusted community spaces.

- Review the Provider, Medical Student, and Older Adult capacity tools and identify which sections can be used as-is, which need local adaptation, and which require partner review before dissemination.
- Develop plain-language research summaries, white papers, and issue briefs that can be tailored for healthcare, academic, community, and policy audiences.
- Create curriculum-ready materials for medical students, public health students, social work students, and community health workers.
- Ensure materials are accessible for people with visual, hearing, cognitive, and mobility-related needs, including large-print formats, captioned videos, screen-reader friendly files, and plain-language design.
- Use storytelling, lived experience, and culturally relevant examples to make findings memorable and actionable while protecting participant privacy.

*Consider producing pre-recorded trainings for students, providers, researchers, and community partners, with short modules that can be used independently.

*Consider preparing Spanish-language versions and identify additional language needs based on partner feedback.

Build Partnerships and Outreach Infrastructure

Visibility depends on trusted relationships. Build a partner map that includes community organizations, healthcare systems, clinics, universities, medical schools, LGBTQ+ organizations, HIV and aging programs, public health agencies, libraries, and policy or advisory bodies.

- Identify priority partners across Chicagoland, including organizations serving LGBTQ+ older adults, Black and Brown LGBTQ+ communities, people aging with HIV, transgender and gender-diverse older adults, caregivers, and rural or suburban communities connected to the region.
- Engage healthcare and academic partners such as large health systems, federally qualified health centers, community clinics, medical schools, and university research centers.
- Explore partnerships with local medical institutions such as the Illinois Medical District institutions, UChicago, Cook County Health, Northwestern collaborators, and other authorship or dissemination partners who may help expand publication and presentation access.

- Create a simple partner tracker with contact names, organization type, audience reach, preferred communication method, potential role, and follow-up date.
- Establish a community advisory or dissemination workgroup to review materials, identify gaps, and guide messaging before public release.

Engage Community Members in Trusted Spaces

Community engagement should happen where people already gather, receive services, seek support, and build trust. Outreach should be relational, visible, and repeated rather than limited to one-time announcements.

- Recruit and share information in trusted community spaces such as LGBTQ+ community centers, senior programs, testing sites, clinics, cultural events, community meals, libraries, and social venues where appropriate.
- Partner with community leaders, peer ambassadors, providers, and older adult advocates who can explain the purpose of the work and invite participation.
- Offer clear calls to action, such as attending a training, participating in a study, reviewing a tool, or sharing a resource.
- Reduce participation barriers by offering compensation, accessible meeting locations, transportation support, when possible, flexible scheduling, hybrid options, food, and plain-language materials.
- Increase visibility of paid research opportunities while being clear about eligibility, time commitment, privacy protections, and how findings will be used.

Disseminate Findings and Tools

To ensure that the tools reach intended audiences effectively, a coordinated dissemination and communication strategy through multiple channels should be implemented.

- Distribute tools through community organizations, small clinics, LGBTQ+ organizations, aging-service networks, advisory councils, commissions, professional associations, and university programs.

***Strengthen Policy, Advocacy, and Systems Change**

Use community-engaged research findings to inform policy, funding, service design, and institutional practice. The emphasis should be on translating data into recommendations that decision-makers can understand and act on.

- Prepare policy briefs that describe the issue, community context, key findings, recommendations, and potential implementation partners.

- Engage alderpersons, county agencies, state advisory bodies, aging commissions, health departments, and funders with concise, locally relevant materials.
- Use community-level data and stories to identify gaps in services, training, funding, inclusive data collection, and outreach.
- Connect findings to existing policy priorities, including health equity, HIV and aging services, caregiver support, housing, disability access, and culturally responsive healthcare.
- Invite community partners and older adult advocates to co-present recommendations whenever possible.

Evaluate Reach, Usability, and Impact

Evaluation should be built into implementation from the beginning. Use simple, sustainable measures that help partners understand whether the tools are reaching intended audiences, being used in real-world settings, improving capacity, and informing future advocacy or systems change.

Area	Example Measures
Reach	Number of tool downloads, event attendees, newsletter shares, social media impressions, partner distributions, and website visits
Engagement	Number of partner meetings, advisory group participants, listening sessions, community presentations, webinar questions, and follow-up requests
Capacity	Number of organizations using tools, trainings completed, staff trained, curricula adopted, and materials translated or adapted
Research participation	Number of inquiries, referrals, eligible participants, enrolled participants, and repeat partner referrals for paid research opportunities
Quality and usefulness	Feedback from community members and partners on clarity, relevance, accessibility, trustworthiness, and recommended improvements