Dear Community Member,

The University of Minnesota's School of Public Health believes that Health is a Human Right and assuring that right for everyone drives our research, our teaching, and our partnerships with the communities around us. *Imagine a world where every person in the community has the opportunity for a healthy life.*

At the Center for Healthy Aging and Innovation (CHAI) we believe in the public value of high education, and our capacity and responsibility to communicate and apply the latest science to benefit our communities and to improve the lives of those who face racism, discrimination, inequities, and health disparities. *Our CHAI vision is a community, state, tribal nation, country, and world where every individual can achieve their life goals while aging.*

To achieve the vision, we root all our work in equity and diversity to support BIPOC, LGBT, older adults with disabilities and other underserved, underrepresented, and marginalized communities. **We invite individual** members from these communities to apply for CHAI Community Advisory Board (CAB). The CAB will give you an opportunity to:

- Share your voice, wisdom, cultural knowledge, and experiences with older adults to shape CHAI's
 priorities and inform programs and policies that affect your community.
- Engage with CHAI so that we can better understand your community's barriers to healthy aging and how to improve the quality of life and care for aging adults and their families.
- Contribute your cultural and equity perspective to reduce health disparities and improve the lives of older adults in your community.
- Connect with resources at the UMN that can support community priorities and expand capacity.

You can submit you application to join our CAB in 3 ways:

- ✓ Submit online at https://bit.ly/CHAI-CAB-Application
- ✓ Complete this form and email to chai@umn.edu
- ✓ Print, fill out and mail this form to:

420 Delaware St. SE D351 Mayo Building Minneapolis, MN 55455

The deadline to apply has been extended until September 15, 2021. If chosen, in appreciation for your involvement we will offer a stipend for each meeting you attend.

If you have questions or need assistance with the application, please email us at chai@umn.edu or call Elma Johnson at 612-625-8954.





Community Advisory Board Application Form

University of Minnesota

Driven to Discover®

18-30

31-50

First and Last Name: Email: City/County:			
Phone Number:			
Questions:			
1. Please describe your experience with older adults and diverse and underserved communities. This can include caregiving, volunteering, education, personal family/friends, and work/professional experience.			
2. Why are you interested in joining the CHAI Community Advisory Board?			
3. How would you help CHAI connect with diverse and underserved communities in urban and/or rural areas across Minnesota?			
We want to build a CAB that is diverse and reflects the ethnic, racial and cultural communities in our state. The personal information you chose to share with us will be kept private and secure. We will only use your information for purposes of selecting a diverse group of community members. As you feel comfortable, please mark all that apply to you. Thank you for sharing!			
4. Age Range:			

51-70

71-90

Older than 90

5. The following is a list of 32 largest ethnic and cultural communities in our state identified by Minnesota Compass. Please select all the communities that you belong to:				
African American	Guatemalan		Nigerian	
Bhutanese	Hmong		Mexican	
Burmese	Indian		Native American/American Indian	
Cambodian	Japanese		Puerto Rican	
Chinese	Karen		Russian	
Colombian	Kenyan		Salvadoran	
Cuban	Korean		Somali	
Ecuadorian	Lao (non-Hmong)		Thai	
Ethiopian	Lebanese		Vietnamese	
Filipino	LGBT		White non-hispanic	
Ghanian	Liberian		Other:	
6. Your role: Employed (organization name and your role): Business Owner/Self-employed Semi-retired/Retired		 7. Cultural and Ability Considerations (check all that apply): Language Fluency (English or others): Deaf and Hard of Hearing Vision Loss/Blindness Mobility Loss 		
Student			VIODIIITY LOSS	
Community volunteer/Advocate		Immigrant, refugee or asylee		
			Other:	
8. Your Gender Identity:				
9. Sexual Identity/Sexual Orientation:				

