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MEMORY KEEPERS MEDICAL  
DISCOVERY TEAM

# Strategic Plan FISCAL YEARS 2024-2028



  
Medical School,  
Duluth Campus  
UNIVERSITY OF MINNESOTA  
Driven to Discover®

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## INTRODUCTION

Based at the Medical School's Duluth Campus, the Memory Keepers Medical Discovery Team on Rural and American Indian Health Equity (MK-MDT) is one of four University of Minnesota Medical School Medical Discovery Team's funded by the State of Minnesota legislature. Our Medical Discovery Team focuses on brain health equity in rural and Indigenous populations. The Memory Keepers Medical Discovery Team is funded by a \$15.6 million, ten-year initiative (2016-2026) to achieve the state's goals of improving patient and population health, lowering costs and improving healthcare experiences. This State funding has been crucial in establishing and supporting the core research and engagement infrastructure that is central to our on-going success and in securing federal funding to support specific programs of research.



Rural residents are 2 times more likely to develop Alzheimer's disease and related dementias (ADRD).



Experience of dementia along the disease trajectory differs between rural and urban residents.



Indigenous rates of ADRD are approximately 3 times higher, with a 10-year earlier onset.

Recent Alzheimer's Association estimates comparing 4 neighboring states (WI, IA, ND, SD) reveal that Minnesota will have the highest projected 2018–2025 increase in persons with ADRD (27.7%), the highest dementia caregiving costs, and the highest per capita Medicare payments for dementia care.

Memory Keepers Medical Discovery Team (MK-MDT) research explores the culture and context of the lived experience of people living with dementia (PLWD) and their caregivers. Our research aims to provide foundational knowledge for advocacy and the development of innovative, and culturally safe and relevant, resources and services that can support caregivers and allow PLWD to live well longer, while at home in their communities.

The MK-MDT conducts collaborative interdisciplinary research, using a team science approach, to improve ADRD outcomes and healthy brain aging in Indigenous and rural communities. We see health and illness as relational and wholistic: encompassing mental, physical, emotional, and spiritual well-being. Our research strives to understand the biological, social, and cultural construction of disease, illness, and health to improve diagnoses, develop community health interventions, and improve education for dementia and healthy brain aging within the context of geographic and cultural diversity.

The MK-MDT developed this strategic plan to describe the vision, mission, and initiatives for our brain health equity work over the next five years. The plan was informed by informational interviews with researchers, staff, and stakeholders, roundtable discussions, and strategic planners. The plan provides a framework to guide annual priorities and activities and reflects the current and emerging needs of brain health science and application within rural and Indigenous communities. Each year, the strategic initiatives will be reviewed to identify accomplishments, to evaluate our ongoing effectiveness and relevance, and to select priorities for the coming year.

The MK-MDT is committed to addressing brain health equity through culturally safe and responsive community-engaged research and through the integration of Indigenous values, beliefs, and understandings of brain health. As an interdisciplinary team we understand the importance of multiple perspectives and value systems and are cognizant of how they influence and guide our research with rural and Indigenous communities. We are committed to learning from our community partners about their values and practices and applying them to our work to ensure culturally responsive research projects, active engagement of community partners in knowledge translation and exchange, and dissemination efforts.

We recognize the significance of Indigenous values in relation to self-identity, sovereignty and self-government, which in the context of health research, ensures Indigenous control over the research process and dissemination of research findings. We utilize a “two-eyed seeing” model of research which recognizes both Indigenous and biomedical knowledge. We advocate that Indigenous cultural knowledge of dementia must be incorporated into dementia resources, services, and care. Health providers’ dismissal of, or lack of attention to, Indigenous cultural knowledge concerning dementia by healthcare providers runs the risk of alienating PLWD and their caregivers from the health systems meant to support them. Likewise, we advocate for the inclusion of rural culture and context in our research. We understand that rural values, local knowledge and community context are significant factors in dementia diagnosis and care, and essential components in health education and interventions. We encourage providers to pursue culturally safe care practices, engage in critical self-reflection, as well as engage in an open dialogue on the appropriateness of biomedical approaches for rural and Indigenous populations.

More broadly we are committed to advocacy that is informed by our research and aims to improve health equity for rural and Indigenous communities. Wherever possible we seek to disseminate our research to Tribal, State, Federal, and International authorities and agencies to advocate for policy and programmatic changes to improve health equity and decrease dementia disparities among rural and Indigenous peoples locally, and worldwide.

The concept of health equity suggests that all people should be given the chance to live as healthy a life as possible regardless of their geographic location, race/ethnicity, culture, religion/spirituality, language, sex, gender identity, sexual orientation, disability, education, or income. A lack of health equity can result in differences in health outcomes and quality of life. The MK-MDT aims to address brain health equity through our commitment to reduce and, ultimately, eliminate brain health disparities in rural and Indigenous communities. Pursuing brain health equity means our team is committed to supporting Indigenous and rural communities and people to achieve the highest possible standard of health regardless of background, status, or position in society.

## VISION, MISSION AND VALUES

The vision, mission, and strategic initiatives for the Memory Keepers have been developed with a keen awareness of the diverse set of experts at the University, across multiple partnering organizations, and disciplines equipped to address brain health research and knowledge translation challenges.



### VISION

Transformative research for brain health equity.



### MISSION

Our mission is to engage Indigenous and rural communities in culturally meaningful research to improve dementia and brain health outcomes for all.



### VALUES

- Strengths-based lens
- Two-eyed seeing
- Team science
- Community-based participatory research
- Four R's of research: Respect, Relevance, Reciprocity, Responsibility

We have a strengths-based lens resisting deficit-based narratives and instead promote positive attributes and capacities within individuals and communities to foster a strengths-based pathway toward health equity. We use a two-eyed seeing model to incorporate Indigenous and local knowledge systems and western biomedical knowledge into innovative forms of scientific explanation and to the development of culturally appropriate brain health equity interventions.

The MK-MDT employs a team science model, which is a collaborative and interdisciplinary approach to scientific inquiry that brings together researchers who otherwise work independently or as co-investigators into collaborative groups to address brain health equity. The team science approach enables MK-MDT to address the complex scientific challenge of brain health equity and caregiver support in rural and Indigenous communities.

The MK-MDT employs a community-based participatory research (CBPR) approach to all their work in rural and Indigenous communities. CBPR supports the belief that communities have the insight and knowledge of what may, or may not, work to address brain health equity. MK-MDT partners with rural and Indigenous communities to develop equitable partnerships and develop opportunities for bidirectional learning and sharing of resources with the goal of achieving common goals.

The 4 R's of research:

**RESPECT**  
**RELEVANCY**  
**RECIPROCITY**  
**RESPONSIBILITY**

# STRATEGIC INITIATIVES

The following strategic initiatives identify emerging needs and niches where the MK-MDT will collaboratively develop and lead brain health efforts for Indigenous and rural communities in Minnesota and beyond. These initiatives leverage existing work in dementia research to answer the emerging scientific and societal questions. Below are high level descriptions for each of the four strategic initiatives developed as part of this plan. Specific tactics and projects to meet the objectives, annually, are included in Appendices A and B of this document.

## Strategic Initiative 1: Excel in Community Engaged Dementia Research

Scientific exploration of dementia and aging in rural and Indigenous populations requires our immediate attention. Rapid demographic, sociological, environmental, and economic change in Indigenous and rural regions is influencing individual experiences with healthy aging in place. The MK-MDT is uniquely positioned to be a national leader in this area. To guide our efforts over the next five years the MK-MDT will focus on defining our collective intellectual space in a way that supports the development of a research road map and is responsive to rural and Indigenous communities in Minnesota and elsewhere. We anticipate these efforts will result in the identification of areas of specialization that will be increasingly recognized by funding organizations and will support the submission of center-level grants.

Goals	Objectives
1. Continue to advance brain health research in Indigenous communities and grow brain health research in rural communities	1a. Define a collective intellectual space including area(s) of specialization and theoretical orientations where the MK-MDT is placed to make the greatest contributions that will help the leadership prioritize new initiatives and assist with recruitment of new faculty and trainees.  1b. Create a research road map that includes research topics and questions, guiding theory, potential partners and potential funding that reflects our intellectual space and leads us toward answering important research questions relevant to our mission.  1c. Submission of a center level grant or multiple R01s to support the CERDAR program of research that has been developed through the Academic Investment Research Program funding provided by the UMN Medical School.  1d. Strategic submissions of R01 grants to NIH to support and sustain faculty research.

2. Build strong research cores to support transformative research

2a. Determine and develop relevant cores/units to support our research mission.

2b. Develop data analytics core to enhance translational research (e.g., data repository, protocols for data sharing, training program).

3a. Develop a financial sustainability plan.

3b. Determine growth strategy which would include 1) an ideal number and type of faculty 2) a "ceiling" for MK-MDT staff complement given anticipated NIH funding and 3) expectations for growth of community research staff.

3. Obtain sustainable funding to ensure MK-MDT research and education endeavors continually advance science and support community-based research on brain health

3c. Develop a diversification strategy for funding to include federal grants (other than NIH), foundations, and philanthropy, and increasingly diversify to include other funding to enhance policy, advocacy, education, and other initiatives.

3d. With the University of Minnesota Foundation, develop a philanthropic campaign goal and plan which could potentially support capital projects or research infrastructure through, for example, the development of satellite offices.

4. Promote team-based research through targeted funding and other methods

4a. Increase the number of collaborative projects and grant submissions across disciplines/colleges/communities (rural and Indigenous)/partner organizations.

4b. Determine roles for MK-MDT in affiliate projects (e.g., mentors, data support, Co-PI's on grants, collaborators).

4c. Host researcher workshops to include MK-MDT partner, and affiliate, researchers to promote mission focused team science at MK-MDT.

5. Conduct effective knowledge translation to academic audiences

5a. Create a dissemination strategy for MK-MDT that highlights accomplishments and findings from MK-MDT projects that prioritizes high impact conferences and journals.

5b. Create an advocacy dissemination strategy that uses commentary, opinion, and short reports to promote the MK-MDT approach to research, positioning, and theoretical grounding.

## Strategic Initiative 2: Build robust infrastructures at the MK-MDT and in the communities we work with to support community-engaged dementia research

It is the desire of Memory Keepers to continue the MDT's growth in research and education to meet the growing needs and challenges of brain health equity. Between 2022 and 2027, Memory Keepers anticipates continuing to grow more than double its total funding from sponsored projects and begin to establish philanthropic gifts. It is critical that the people and infrastructure are in place to accomplish this job with an agile system that allows for evolution as the situation or stakeholder needs change. To accomplish this the MK-MDT will purposefully grow its infrastructure in a way that builds on the current foundation. We will focus on three lines of effort to meet this initiative. First, an assessment of human resources aligned to tasks will be done to identify gaps and needs in additional staffing. Second, Memory Keepers will formalize processes and procedures to retain and continually develop its staff. Third, the MDT's staff will strive to significantly improve the efficiency of operations and administrative activities to ensure a well-organized system that functions normally with crisis as the rare exception.

### Goals

Goal 1. Maintain and appropriately expand to create a robust infrastructure (including in the communities) that supports MK-MDT and its partners

### Objectives

1a. Develop and evaluate a community engagement, outreach and education core.

1b. Evaluate Core analytic capacity on an annual basis.

1c. Develop a plan to hire and support and/or sustain additional Community-based researchers.

1d. Examine roles, identify inefficiencies, and propose solutions for efficient and effective use of resources.



Goal 2. Build a diverse, highly skilled, and robust team with an aligned training strategy

2a. Develop and implement a functional organization chart.

2b. Develop a 3-year hiring strategy.

2c. Implement a cultural safety training program for faculty, staff and collaborators.

2d. Develop and support a professional development training strategy suitable for a diverse and multidisciplinary workforce.

Goal 3. Attract, develop, and retain outstanding faculty researchers

3a. Initiate a process to fund and recruit a MK-MDT Endowed Chair.

3b. Increase the number of nationally recognized clinician scientists and research faculty aiming for an equal number of rural and Indigenous ADRD focused faculty at MK-MDT.

3c. Develop outstanding faculty and staff researchers through career development plans.

3d. Prioritize the retention of successful MK-MDT researchers.

### Strategic Initiative 3: Expand Academic and Organizational Partnerships

Solving brain health challenges in Indigenous and rural communities depends on the capacity and inventiveness of a multidisciplinary network of researchers, policy experts, community-based leaders, caregivers, and other community members impacted by dementia, and PWLD. Memory Keepers will capitalize on academic, public, and private sector partners to build a network of talented individuals that tackle brain health challenges. We aim to sustain current partnerships and to identify potential allies, and develop new partnerships with health providers, state, and national organizations to enhance our ability to address brain health equity in rural and Indigenous communities.

#### Goals

1. Enhance and expand external partnerships to support transdisciplinary team science

#### Objectives

1a. Define the characteristics of strategic, mutually beneficial partnerships.

1b. Identify and support the development of strategic, mutually beneficial partnerships.

1c. Effectively prioritize and manage collaborations and partnership to ensure strategic alignment and appropriate use of resources.

1d. Develop a model and SOPs reflective of the MK-MDT research mission, vision, and values for effective engagement and management of partners.

1e. Support efforts led by the departments of Neurology and Neuroscience to develop an Alzheimer’s Disease Research Center (ADRC) at the UMN Medical School.

2. Expand academic affiliate complement to include more diverse disciplines

2a. Define affiliate characteristics and qualifications.

2b. Develop research affiliates programming.

2c. Design and implement affiliate engagement plan.

3. Expansion of research to Tribal Nations and rural regions

3a. Define the requirements for research expansion.

3b. Develop an engagement plan.

3c. Develop new relationships with Tribal Nations and rural regions through our partners and key organizations.

**Strategic Initiative 4: Build and expand knowledge translation**

Memory Keepers creates a unique and purpose-driven capability to tackle brain health challenges for Indigenous and rural communities. The MDT will, with the advice of our advisory councils/groups, strive to be a thought leader and ensure translation of knowledge to the communities we serve, our academic partners, stakeholders, and the public.

**Goals**

1. Develop/refine the MK-MDT brand

2. Establish Memory Keepers as thought leaders

**Objectives**

1a. Identify 5-year outcomes.

1b. Develop a communications plan with attention to National reputation.

2a. Support and develop opportunities for community-based regional, statewide, and national summits and symposia to raise awareness of the MK-MDT contributions to the field.

2b. Support and lead the efforts of the International Indigenous Dementia Research Network (IIDRN) to advance Indigenous dementia research globally.

**3. Refine Advisory Boards/Structure**

3a. Provide Advisory Group Members with appropriate ways for assessing their roles, structure, responsibilities, and contributions to the MK-MDT Mission.

3b. Assess current advisement and develop enhanced advisory activities.

3c. Recruit, where appropriate, new advisory board/structure and members.

**4. Develop interactive and robust mechanisms to simplify the process of sharing and finding information related to research activities**



















4a. Develop an outreach strategy to keep the public informed and educate and inform communities we work with.

4b. Assess feasibility and aim to establish an education program –Community-based to include the general public.

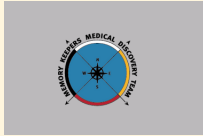
4c. Develop a robust infrastructure for engaging external stakeholders.

## APPENDIX A

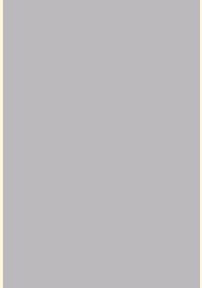
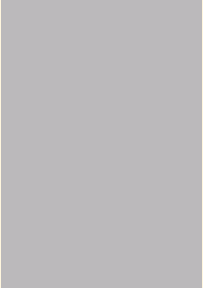
Potential Memory Keeper Efforts/Tactics for FY23-24  
July 2023-June 2024

POTENTIAL TACTICS	STRATEGIC INITIATIVES			
	Excel in Research	Build Infrastructure	Expand Partnerships	Knowledge Translation
1. Facilitate professional development opportunities for research staff and trainees.				
2. Develop brain health research proposal(s) for rural health work.				
3. In partnership with stakeholders, develop a diversification strategy for funding including private sector investment and partnership, philanthropic, state, and federal funding.				
4. Engage our partners at the community and state levels to facilitate a dialogue about community needs and MK-MDT research goals				
5. Disseminate our model and findings at national and international aging and dementia conferences.				
6. Develop brain health research proposals for Indigenous dementia and aging research.				
7. Host a conference specific to dementia in Indigenous populations to promote the MK-MDT brand as well as the IIDRN on a global scale.				
8. Support partner organizations and communities in promoting healthy brain aging				
9. Identify and support university faculty and programs aligned with our mission.				

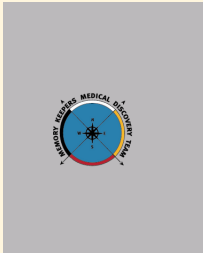
10. Develop a Community Engagement core within MK-MDT by restructuring and strategically hiring staff



11. Increase the footprint of MK-MDT within the UM Medical School Duluth campus by hosting distinguished speakers, promoting our mission, research goals, and successes to leadership, and collaborating with affiliated faculty



12. Advocate for further investments in the MK-MDT program of research to support the recruitment of additional faculty to foster new areas of specialization within our mission for health equity.



## APPENDIX B

### MEMORY KEEPERS CURRENT RESEARCH PROJECTS

The strategic initiatives we have identified inform our project design, grant applications, and partnerships.

RESEARCH AREA	PROJECT EXAMPLES	PARTNERS
Indigenous Brain Health	Indigenous Cultural Understandings of Alzheimer’s Disease and Related Dementias – Research and Engagement (I-CARE)	ADRC, University of WI – Madison, Oneida Nation Commission on Aging, Great Lakes Native American Elder Association, Red Lake Nation, Grand Portage Band of Lake Superior Chippewa, Wikwemikong Unceded Territory, M’Chigeeng First Nation, Sheguiandah First Nation, Sheshegwaning First Nation, Aundeck Omni Kaning First Nation, Wikwemikong Health Centre, M’Chigeeng Health Services, Mnaamodzawin Health Services, Inc., Noojmowin Teg Health Centre
Rural Brain Health	CERDAR The Center for Community Engaged Rural Dementia and Alzheimer’s Research	UMN Rural Health Research Center, Arrowhead Area Agency on Aging, Dancing Sky Area Agency on Aging, Elder Circle, CareBand Inc, Essentia Institute of Rural Health, Alzheimer’s Association MN-ND Chapter, AAA
Improving Quality of Life	Investigating Alaska Native Successful Aging in two Regions of Alaska through Elder-Centered, Tribal Participatory Research Approaches	Fairbanks Native Association, Southeast Alaska Regional Health Corporation, Yukon Kuskokwim Health Corporation, Native Village of Ninilchik
Reducing Health Disparities	Center for Chronic Disease Reduction and Equity Promotion Across Minnesota (C2DREAM)	School of Public Health (SPH) Policy & Mgmt Div, MED Health Outcomes, FamMed Family Medicine Clinic, MED Veteran’s Adm Medical Ctr, SPH Epidemiology & Community Health Division, SPH Biostatistics Division, DMED Amer Indian/Minority Hlth, Community University Health Care Center Administration

Culturally Safe Cognitive Assessments

Addressing Alzheimer's Disease and Related Dementias Disparities: The American Indigenous Cognitive Assessment (AMICA) Project

University of New Mexico, ADRC, University of Wisconsin, Red Lake Band of Chippewa Indians, Oneida Nation, First Nations Community Health Source, Minneapolis Clinic of Neurology, Cherokee Indian Hospital Authority, The University of Western Australia, Wikwemikong Health Centre, University of Saskatchewan, McMaster University

# GET IN TOUCH

For regularly updated information and updates about the Memory Keepers Medical Discovery Team, please visit us online at:

<https://memorykeepersmdt.com>

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