

### Example 1:

#### B. Stakeholder Engagement

**B1. Community Advisory Board and multi-disciplinary team.** This research will draw on Dr. [redacted] existing CAB, which is composed of a diverse group of older adults and caregivers (4) and community leaders (3), some who have served as leaders of organizations serving older adults. The CAB, formed in mid-2024, will meet four times throughout the study period to inform the intervention. CAB members will provide input regarding how to best engage patients and their families on deprescribing. CAB members are compensated \$100 per meeting. The proposed study team also includes a Clinical Advisory Group (CAG) with nursing, pharmacy, and orthopedics, who will contribute throughout the study and were selected given their involvement in operational projects related to this work.

#### B2. Engagement during the proposed project.

**Pre-intervention engagement (Aim 1).** The study team, CAG, and CAB will meet to review prior research on deprescribing barriers and planned investigations for the nurse-facing intervention. The CAB will provide insights on patient and family experiences with medication counseling and review findings to identify overlooked patient concerns, while the CAG will be involved in conversations around workflow integration. **Intervention development and testing (Aims 2 and 3).** The CAB and CAG will review the nurse education content, providing clinical/operational insights and patient-family engagement needs in shared decision-making. They will also assess feasibility study results, ensuring the intervention aligns with patient needs and expectations.

#### B3. Stakeholder engagement timeline

Activity	CAB and CAG Engagement
Pre-Intervention (Aim 1)	<b>Meeting 1:</b> Discuss results of prior research on barriers to deprescribing. Review planned investigations. Provide insights on patient/family experiences with medication education and counseling (inpatient and outpatient settings).
Pre-Intervention (Aim 1)	<b>Meeting 2:</b> Review findings from human factors observations. Identify missed factors or additional barriers related to patient concerns or communication.
Intervention Development (Aim 2)	<b>Meeting 3:</b> Review proposed content for the nurse-targeted educational intervention. Provide feedback on which aspects of BZRA use are most important or relevant to patients and families. Discuss shared decision-making techniques.
Intervention Testing and Feasibility (Aim 3)	<b>Meeting 4:</b> Review results from feasibility study. Provide feedback on whether the intervention aligns with patient needs and expectations. Discuss how nurses' practices affect patients' experiences and family involvement. Review overall study outcomes and discuss long-term sustainability of the intervention.]

### Example 2:

#### 3. STAKEHOLDER ENGAGEMENT

This project builds on an existing academic-clinical partnership that was formed in 2018, supported by funding from [redacted], to implement the Age-Friendly Health Systems 4Ms care into all the MinuteClinic at CVS locations nationwide. Now in its third cycle of funding, the project has been widely disseminated through numerous publications, and a public-facing resource portal. Over the past six years, we have collaborated closely with the stakeholders involved in this proposal and have developed a comprehensive dataset that includes their EHR records linked with CMS data.