Attachment 2: Community Advisory Board Member Survey
This attachment includes screenshots for each part of the Community Advisory Board Member Survey.



OMB#: 0925-0766 Exp., date: 04/2023

Evaluation of the Research Centers in Minority Institutions (RCMIs) Program

Thank you for taking the time to participate in this survey. The National Institute on Minority Health and Health Disparities (NIMHD) has contracted with Ripple Effect, an independent research and evaluation firm, to conduct a retrospective evaluation of the Research Centers in Minority Institutions (RCMIs) Program to determine the program's outcomes, innovations, and impact.

You have been invited to participate in this survey because you serve as a member of an RCMI Community Advisory Board. We are interested in learning about your experience as member of an RCMI Community Advisory Board, and thoughts on the impact of the RCMI award on communities with which you work or are affiliated, in terms of supporting the development of sustainable academic and community partnerships to address minority health needs and reduce health disparities.

Your name will not be attributed to any of your responses. Instead, responses will be aggregated and reported by participant type. When all the surveys are complete, a summary report of the findings will be shared with NIMHD to help inform future decisions about the RCMI program.

Burden Disclosure Statement: Public reporting burden for this collection of information is estimated to average 10 - 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (#0925-0766). Do not return the completed form to this address.

Thank you in advance for your willingness to participate in this survey; your responses are important and will provide valuable insight into the outcomes associated with the implementation of RCMI programs and highlight opportunities for improvement.

If you have any questions or concerns about the survey, please contact Dr. Maysaa Alobaidi at MAlobaidi@rippleeffect.com.

By clicking on the "I consent" box below, you are indicating that you consent to participate in this survey.

I consent		
I do not consent (exit survey)		

With which RCMI institution are you currently working? What type of organization/group are you affiliated with? [Select all that apply] Community health center Neighborhood association Community board Health and social service organization Community development organization Faith-based community organization Advocacy organization AIDS service organization Community care access center Mental health organization Cooperative extension program Community-based nonprofit Other (please specify) Not applicable Prefer not to answer

What is the focus of your organization's work? [Select all that apply]

AIDS/HIV
Cancer screening and care
Disability services
Elderly care
Homelessness
Mental health
Substance abuse
Victim assistance
Women's health
Youth services
Immigrants and/or refugees
Low-income households
Other (please specify)
Not applicable
Prefer not to answer

Which of the following racial and ethnic minority groups are served by your organization? [Select all that apply]

Black or African American, Non-Hispanic persons
American Indian or Alaska Native, Non-Hispanic persons
Asian, Non-Hispanic persons
Hispanic or Latino persons
Native Hawaiian or Other Pacific Islander
Not applicable
Prefer not to answer

Is your organization currently engaged in a research collaboration with the RCMI Center?
Yes
No
Please describe the research collaboration in the space below.
4
Is there a formal agreement or a memorandum of agreement (MOU) between your organization and the RCMI Center that clearly defines the roles and responsibilities of non-academic or community partners?
Yes
No
I don't know/Unsure

<b>Approxima</b>	ately, fo	r how	many y	ears	have :	you	been	involved	with	the	RCMI	Comn	nunity
Advisory B	Board (C	CAB)?											

1 year or less
2-3 years
4-6 years
7-9 years
> 10 years

What motivated you to join the RCMI Community Advisory Board (CAB)? [Select all that apply]

To give a voice to the community I work with or represent
To improve the capacity of my organization
To access academic expertise that can support my organization's work to address community health issues
To share community knowledge and experience with the academic community
To access resources and funding to support my organization's work with the community
Other (please specify)

Please indicate the extent to which you agree or disagree with the following statements about RCMI-community partnerships:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
There is open communication between community and academic partners	0	0	0	0	0	0
The RCMI-community partnership is worth the amount of time I invest in it	0	0	0	0	0	0
The RCMI Community Advisory Board (CAB) members' input and views are valued	0	0	0	0	0	0

Please indicate the extent of your satisfaction with the following aspects of your experience as a member of the RCMI Community Advisory board:

	Very dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	Not Applicable
The extent of your involvement in the decision-making processes	0	0	0	0	0	0
The extent of your involvement in identifying issues of greatest importance to the community with which you work or represent	0	0	0	0	0	0
The extent of your involvement in selecting and/or informing the development of the most appropriate intervention/study approach	0	0	0	0	0	0
The incorporation of community input in the analysis and interpretation of research findings	0	0	0	0	0	0
The extent of your involvement in disseminating research findings and recommendations with the community with which you work or represent	0	0	0	0	0	0

Please indicate the extent of your agreement with each of the following statements: **RCMI** – **community partnerships:** 

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
Have benefited the communities with which you work or represent	0	0	0	0	0	0
Contributed to improvements in social and environmental conditions within communities with which you work or represent	0	0	0	0	0	0
Contributed to improvements in health outcomes within communities with which you work or represent	0	0	0	0	0	0
Are likely to continue in the future	0	0	0	0	0	0

partnerships? [Select all that apply] Lack of adequate resources (e.g., funding, personnel) Concerns about the quality of the research Concerns about the relevance of the research to the community Compatibility of problem-solving styles between researchers and community members Need for greater level of trust between researchers and community members Need to address historical distrust of research within the community Power/status imbalances Knowledge/skill differences Competing agendas within the project Lack of financial or professional incentives for the researcher(s) to conduct community based participatory research Lack of financial or professional incentives for the CAB members to contribute to or collaborate on community based participatory research Other (please specify) None of the above

Which of the following barriers have you encountered when engaging in RCMI-community

Please describe what you think is the biggest achievement or greatest co the RCMI Center to the field of minority health and health disparities rese	
	//
Do you have any recommendations for how the RCMI program can be in	nproved?
	//
Is there anything else that you would like to share about the RCMI progra be helpful for this assessment?	am that would
	//

## What is your gender? Male Female Transgender Prefer not to answer Other (please specify) What is your race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Prefer not to answer What is your Ethnicity? Hispanic or Latino Not Hispanic or Latino

Submit