

# 2014

Collaborative Research  
Center for American  
Indian Health

Community Engagement  
and Innovation Division



## COMMUNITY ADVISORY BOARDS

### RESOURCES

The following documents are meant to be a guide to assist you in recruiting and establishing your Community Advisory Board. These resources are not mandatory to use, but can be helpful in each step and can be modified to best suit your needs.



## COMMUNITY ADVISORY BOARD

### PURPOSE:

A Community Advisory Board will be created by each Tribal partner site to work with the Community Research Coordinator. The Community Advisory Board will meet three times a year to build equal partnerships between the Research Review Board, project site staff and the Collaborative Research Center for American Indian Health staff. A Community Advisory Board can have up to ten members, and should include, but not be limited to, community leaders, parents, elders, traditional leaders/healers, educators and healthcare providers. The membership can grow as needed to provide a cohesive work group that will meet tasks and timelines. NOTE: You may use an already-formed CAB, as long as it meets your needs and does not conflict with your mission.

### DUTIES AND RESPONSIBILITIES:

The Community Advisory Board will:

- Build equal partnerships with all research partners and open communication for project staff and community members
- Define what is culturally appropriate to determine data collection methods
- Provide feedback in a manner that is understandable and useable to both community members and research staff to determine health priorities at the tribal/community level
- Provide innovative ways to educate and disseminate research information
- Provide feedback on the evaluation of program activities and interpret findings of the Community Advisory Board on community surveys, research projects, group's activities, etc.
- Work together to establish a plan that will address the health priorities/disparities that will lead to funded projects that will address the problems
- Ask researchers to present to the Community Advisory Board and give updates and information so that community members have a voice in on -going research and tribes/communities have the benefit of Community Based Participatory Research (CBPR)
- Assist in the development of Focus groups to help ensure a true representation of all segments of the tribe/community



## COMMUNITY ADVISORY BOARD MEETING PLANNER

<p>Meet in a convenient location:</p> <ul style="list-style-type: none"> <li>-Choose a comfortable space that can be centrally located for all members.</li> <li>-Arrange tables so CAB members are facing one another.</li> <li>-Email and call meeting participants.</li> </ul>	<p>Our Meeting Space:</p>
<p>Create a welcoming environment:</p> <ul style="list-style-type: none"> <li>-Provide refreshments (and/or meal if the time of day makes it appropriate)</li> <li>-Confirm food order</li> </ul>	<p>Who will place and confirm food order?</p> <p>Who will prepare refreshments?</p>
<p>Set up space ahead of time:</p> <ul style="list-style-type: none"> <li>-Have a tape recorder with fresh batteries ready</li> <li>-Have a sign in sheet (Attachment __ ) and name tags available for participants.</li> <li>-Have tablets, pens, markers, video equipment, etc. all set up ahead of time so you can greet guests.</li> <li>-Greet participants warmly, and introduce yourself</li> </ul>	<p>Additional notes for set up</p>
<p>Plan the agenda in advance (Attachment _____ Sample Advisory Board Agenda)</p> <p>Consider:</p> <ul style="list-style-type: none"> <li>-Who will be present?</li> <li>-What will they need to know?</li> <li>-What you want them to share and goals for the meeting</li> </ul>	<p>Goals for the meeting. Participants who attend this meeting will:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
<p>Get to know one another:</p> <ul style="list-style-type: none"> <li>-Provide people with an opportunity to get to know who is in the room, what part of the community they represent, and how they relate to the needs of the community/tribe.</li> </ul>	<p>Introduction Activity:</p>
<p>Information/Roles &amp; Responsibilities:</p> <ul style="list-style-type: none"> <li>-What is a Community Advisory Board?</li> <li>-What will Board Members get from the involvement?</li> <li>-What do they need to fully participate?</li> <li>-What are your health concerns for the tribe/reservation?</li> </ul>	<p>Tools you need to communicate important information:</p>
<p>End Meeting on a positive note:</p> <ul style="list-style-type: none"> <li>-Choose a time and location with all members input (if possible)</li> <li>-Make sure all forms are completed and signed. <ul style="list-style-type: none"> <li>• W-9 (attachment)</li> <li>• Mileage (attachment)</li> <li>• Attendance/reimbursement forms (attachment)</li> </ul> </li> </ul>	<p>Person Responsible:</p>

### CEID – Community Advisory Boards

CRCAIH is supported by the National Institute on Minority Health and Health Disparities of the National Institute of Health under Award Number U54MD008164



## COMMUNITY ADVISORY BOARD MEETING CHECKLIST

- Set meeting time and location
- Finalize agenda
- Call CAB members and confirm meeting availability
- Email CAB members to confirm meeting and place
- Order food for meeting
- Coffee, cups, sugar
- Have tape recorder/batteries
- Confirm food order
- Sign in sheet for meetings
- Name tags
- Have tablets, pens, markers and recording equipment



## TIPS FOR EFFECTIVE CAB MEETINGS

<p>Start on Time/End On Time</p> <p>-Model respect for CAB members time by starting and ending the meeting on time.</p> <p>(Create rule by group decision)</p>	<p>Meeting Hours:</p>
<p>-Facilitate group generated rules to help create ownership and safety for participation.</p>	<p>Who will help the CAB create ground rules?</p>
<p>Manage meeting time:</p> <p>-Ask group members to serve as time keepers.</p> <p>-Discuss how the meeting time can be divided up on the agenda.</p>	<p>Timekeeper:</p>
<p>Keep records of who is present, topics discussed, important issues raised, decisions made , and follow –up or action items planned.</p> <p>Select a simple format so members can easily take minutes</p>	<p>Minutes Keeper:</p>
<p>Structure agenda items to provide opportunities for members to generate information and make decisions.</p>	<p>Topics to be discussed:</p>
<p>Model evaluation and “Reflection”</p> <p>-Save 10 minutes at the end of the meeting to evaluate the content and process the meeting.</p> <p>Get CAB members feedback</p>	<p>Who will lead the evaluation and feedback?</p>



## MEETING AGENDA TEMPLATE

\_\_\_\_\_ Tribe/Community Advisory Board Agenda

1. Welcome and introductions
2. Administrative Updates
3. Upcoming events
4. Review/information/updates/assignments/work groups/old business
5. Other announcements
6. Next meeting date and time is \_\_\_\_\_

THANK YOU FOR COMING!



## LETTER OF APPOINTMENT TO COMMUNITY ADVISORY BOARD

(Date)

Mr./Mrs. Community Advisory Board Member  
123 Main Street  
Any town, Any State 12345

Dear \_\_\_\_\_,

Thank you for your willingness to serve on the Community Advisory Board for the \_\_\_\_\_ Tribe.

This letter is to inform you that your appointment to the Community Advisory Board is effective beginning \_\_\_\_\_ 2014, and ending \_\_\_\_\_ 20\_\_.

There are three meetings per year for which you will be compensated for your mileage and time. The first meeting will be on \_\_\_\_\_, 2014 at \_\_\_\_\_ am/pm. This meeting will be held at \_\_\_\_\_.

I want to thank you for accepting this Board appointment. The health of our community is very important for the future, more importantly it is vital we identify our own health disparities and work together to re solve them.

Sincerely,

Your Name  
Community Research Coordinator  
Email  
Phone Number

---

CEID – Community Advisory Boards

CRCAIH is supported by the National Institute on Minority Health and Health Disparities of the National Institute of Health under Award Number U54MD008164



## INVOICE Template

**BILL TO:**

Sanford Research/USD  
2391 East 60<sup>th</sup> Street N.  
Sioux Falls, South Dakota 57104

**CATEGORY:**

Honorarium = \$ \_\_\_\_\_

Mileage \_\_\_\_\_ miles x 56.6 cents = \$ \_\_\_\_\_

**TOTAL** = \$ \_\_\_\_\_

I certify that all expenditures reported are for appropriate purposes and in accordance with the provisions set forth in the application and award documents.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Remit payment to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

---

CEID – Community Advisory Boards

CRCAIH is supported by the National Institute on Minority Health and Health Disparities of the National Institute of Health under Award Number U54MD008164





## MINUTES FORMAT (SAMPLE)

Agenda/Meeting Notes	Date:
Discussion Items:	
Concerns/Questions:	
Decisions:	
Follow-up:	
Action Items	Who:

---

CEID – Community Advisory Boards

CRCAIH is supported by the National Institute on Minority Health and Health Disparities of the National Institute of Health under Award Number U54MD008164



## COMMUNITY ADVISORY BOARD APPLICATION

<b>CONTACT INFORMATION:</b>
<b>NAME:</b>
<b>ADDRESS:</b>
<b>CITY, STATE, ZIP CODE:</b>
<b>PHONE:</b>
<b>EMAIL ADDRESS:</b>

<b>DEMOGRAPHIC INFORMATION:</b>
<b>GENDER</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
<b>ETHNICITY:</b>
Native American: <input type="checkbox"/> African American: <input type="checkbox"/>
Caucasian: <input type="checkbox"/> Asian/Pacific Islander: <input type="checkbox"/>
Hispanic/Latino: <input type="checkbox"/> Other: <input type="checkbox"/>

<b>AVAILABILITY:</b>
During which hours are you available for Community Advisory Board Meetings?
<input type="checkbox"/> Weekday Mornings <input type="checkbox"/> Weekend Mornings
<input type="checkbox"/> Weekday Afternoons <input type="checkbox"/> Weekend Afternoons
<input type="checkbox"/> Weekend Evenings <input type="checkbox"/> Weekend evenings

<b>INTERESTS:</b>
What health related topic are you interested in or have personal experience with (Check all that apply)?
<input type="checkbox"/> Access to Health Care <input type="checkbox"/> Health Care Quality <input type="checkbox"/> Heart Disease
<input type="checkbox"/> Cancer <input type="checkbox"/> Health Disparities <input type="checkbox"/> Men's Health
<input type="checkbox"/> Community Health <input type="checkbox"/> Health Policy <input type="checkbox"/> Mental Health
<input type="checkbox"/> Genetics <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Obesity
<input type="checkbox"/> Health Behavior <input type="checkbox"/> Maternal Child Health <input type="checkbox"/> Women's Health
<input type="checkbox"/> Traditional Health Care <input type="checkbox"/> Cultural Knowledge <input type="checkbox"/> Other (Explain)

<b>AGREEMENT AND SIGNATURE:</b>
By signing this application, I understand that the information I provide about myself will be kept confidential. Furthermore, I agree that I will keep confidential and comments made during the Community Advisory Board meeting by the other Community Advisory Board members or the presenting researchers.
Name (Printed):
Signature:
Date:



## COMMUNITY ADVISORY BOARD SURVEY TOOL

You have been asked to complete the survey because of your participation in the Community Advisory Board for the \_\_\_\_\_ Tribe. The main benefit of completing this survey is to improve the effectiveness of the Community Advisory Board. Your responses may be used as part of a research study and will be kept anonymous. There are no known risks to completing this survey, and your participation is voluntary. Refusing to participate will not have any impact on your opportunity to participate in the Community Advisory Board in the future.

Please tell us whether you agree or disagree with the following statements:

1. The scheduling and/or communication for the Community Advisory Board session were handled in a timely and efficient manner.  
 Strongly disagree  
 Disagree  
 Agree  
 Strongly agree
2. The allotted time for the Community Advisory Board was sufficient.  
 Too much time  
 Enough time  
 Not enough time
3. The Community Research Coordinator or moderator managed the allotted time in order to address my questions and comments.  
 Strongly disagree  
 Disagree  
 Agree  
 Strongly Agree
4. The relevant experts were present at the Community Advisory Board (if applicable).  
 Strongly disagree  
 Disagree  
 Agree  
 Strongly Agree
5. I was satisfied with the Community Advisory Board session.  
 Strongly disagree  
 Disagree  
 Agree  
 Strongly Agree



6. The Community Advisory Board process was worth my time.
- Strongly disagree  
 Disagree  
 Agree  
 Strongly Agree
7. The researcher's presentation gave me enough information to provide appropriate feedback.
- Strongly disagree  
 Disagree  
 Agree  
 Strongly agree
8. Would you participate in the Community Advisory Board again?
- Yes  
 No
9. What do you feel is your contribution to the Community Advisory Board?
10. Please suggest at least one way to improve the Community Advisory Board so it could be improved for the future.