

Survey of Advisory Committee Members of Six Local Offices of Minority Health in Ohio

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**Prepared by:
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Executive Summary

Since 2007, the Ohio Commission on Minority Health (OCMH) has been funding Local Offices of Minority Health (LOMH) in the cities of Akron, Cleveland, Columbus, Dayton, Toledo, and Youngstown. These organizations are charged with taking local leadership to collect and disseminate better city and county health disparity data, to influence local health policy, and to mobilize local leaders to better address the health disparities affecting their communities. OCMH is committed to assessing the impact of the LOMH and each local office has its own local evaluator. In addition, a cross-site evaluation of the six LOMH is being conducted by the Research and Evaluation Enhancement Program (REEP), a statewide panel of academic/community program evaluation experts who have worked with OCMH for more than five years to standardize and improve the evaluation of the health promotion and disease prevention projects they fund. As part of this cross-site evaluation, in 2010 REEP conducted a survey of the members of the Advisory Committees of the LOMH established to provide oversight and guidance to the six local offices. This report summarizes the results of the survey. In general, the survey found positive perceptions of the activities of the LOMH, with the majority of respondents ranking their local offices at least “good” on all measures. Respondents identified increasing community dialogue on minority health, raising awareness of health disparities, and coordinating and publicizing local events and resources as key accomplishments of the local offices. Challenges faced by the LOMH include increasing and stabilizing funding and strategic planning to establish benchmarks. Areas for improvement to help the these organizations achieve measurable impact included strengthening activities in the core competency areas of monitoring and reporting minority health status, identifying local disparity need and developing plans to address gaps in knowledge, and informing, educating, and empowering local citizens.

Introduction

The Local Offices of Minority Health in Akron, Cleveland, Columbus, Dayton, Toledo, and Youngstown face significant challenges in carrying out their mission of spearheading local responses to the health disparities in their communities. To advance their work, each of the LOMH has engaged a core of committed volunteers to serve as members of Advisory Committees to provide direction, guidance, and resource facilitation for the local offices. Since these volunteers play such a key role in the work of the LOMH, the REEP cross-site evaluators decided it was important to assess the perceptions of Advisory Committee members on how well the LOMHs are functioning as part of the overall evaluation of the effectiveness of these organizations. This report describes the results of a survey of Advisory Committee members of each LOMH on organization, effectiveness of communication and engagement strategies, progress toward core competencies, accomplishments, and future needs and challenges of the Local Offices of Minority Health.

Methods

In February 2010, members of the Advisory Committees of the Local Offices of Minority Health were surveyed to determine their assessment of the activities and success to date of the local offices. Project Directors of the LOMH were asked to supply e-mail addresses for their Advisory Committee members, and the survey was conducted on-line using Survey Monkey.

The survey was developed by the REEP panel after review of several partnership/collaboration assessment instruments, and incorporated specific references to the four core competencies that the Ohio Commission on Minority Health requires the Local Offices of Minority Health are required to address. These core competencies are: 1) monitoring and reporting the health status of minority populations; 2) identifying local disparity needs as the

primary focus of the local office of minority health, including plans to address gaps in knowledge; 3) informing, educating, and empowering local citizens; and 4) mobilizing community partnerships and action.

The survey asked Advisory Committee members to identify the LOMH they worked with, the sector of the population they represented, the length of time they had been on the committee, and their self reported level of engagement with the Advisory Committee. Survey recipients were asked to respond to a series of 11 questions about the LOMH’s mission, goals, and success in meeting core competencies. These questions could be answered on a five point scale of 0 to 4, with 0 equivalent to “very poor” and 4 equivalent to “excellent”. For analysis, three composite scales, *Organization*, *Effectiveness*, and *Progress* were created using the mean of individual items on the survey.

Open-ended questions included whether the LOMH has changed the dialogue about health disparities in their communities, the greatest accomplishments as well as greatest challenges of the LOMHs to date, and what the LOMH needs to accomplish in the next year.

A total of 115 surveys were distributed through the on-line survey service, and 48 surveys were completed for a total response rate of 41.7%. Individual site response rates varied from a low of 20% (Toledo) to a high of 75% (Akron), and are listed in Table 1.

Table 1. Response rate by city

Site	Sent	Responded	Response rate
Akron	8	6	75%
Columbus	29	14	48%
Cleveland	19	6	32%
Dayton	25	13	52%
Toledo	20	4	20%
Youngstown	14	5	36%
ALL	115	48	41.7%

The number of Advisory Committee members at each site ranged from a low of 8 (Akron) to a high of 29 (Columbus). The survey included both quantitative questions and open-ended qualitative questions. Any discussion of differences across the six sites should be tempered by an awareness of the varying response rates and number of respondents by site. The response rates of approximately one-third or less in Cleveland, Toledo, and Youngstown may result in a skewed view of the LOMH operations based on the characteristics of the committee members who chose to respond. Further, it should be noted that the low number of respondents in these three sites as well as in Akron limit the analysis and conclusions.

Profile of Advisory Committee Members

The creation of the local offices of minority health in Ohio is relatively recent and, as a result, most Advisory Committee members have not been on the committee long. The majority (59.5%) of Advisory Committee members reported that they had joined their local Advisory Committee in 2009 or later. The remainder joined in 2007 (11%) or 2008 (30%). Advisory members represented organizations involved in health (50%), education (25%), social services (17%), mental health (15%), faith communities (6%), businesses (6%), and other sectors (31%). Many members represented more than one sector.

When asked how engaged they were in the activities of the local office of minority health, 94% reported at least some engagement, with 60% reporting “considerable” or “very much” engagement. Only 6% of members reported being “not very engaged,” and none reported being disengaged.

Members’ opinions about the functioning of the Local Offices of Minority Health

Advisory Committee members were asked to respond to a series of questions about the functioning of their local office of minority health. These eleven statements asked about the

goals and mission of the local offices, advisory committee representativeness, effectiveness of community engagement efforts and communication strategies, and progress made in the purposes of the local offices of minority health. Results from all local offices Advisory Committee members are presented in Table 2.

Table 2: Aggregate Survey Data (all sites combined)

	N of responses	Excellent/ Very Good	Good	Poor/ Very Poor
1. Clarity of goals of the LOMH	48	68.8%	27.1%	4.2%
2. Clarity of the mission of the LOMH	47	76.6%	21.3%	2.1%
3. Representativeness of the advisory committee membership	44	70.5%	25.0%	4.5%
4. Effectiveness of strategies used to engage community partners in the work of the LOMH	47	51.0%	38.3%	10.6%
5. Effectiveness of strategies used to engage Advisory Committee members in the work of the LOMH	46	58.7%	26.1%	15.2%
6. Effectiveness of communication strategies used by the LOMH	44	52.3%	40.9%	6.8%
7. Progress made in monitoring and reporting on the health status of minority populations	42	42.8%	40.5%	16.6%
8. Progress made in identifying local health disparity needs that will be the primary focus of the LOMH	45	55.6%	31.1%	13.3%
9. Progress made in mobilizing community partnerships	45	51.1%	42.2%	6.6%
10. Progress made in informing, educating, and empowering people	43	41.9%	44.2%	13.9%
11. Overall progress made by the LOMH since its inception	45	53.3%	40.0%	6.7%

Overall, the majority of Advisory Committee members felt that their local office of minority health rated at least “good” on all measures. More than 50% of respondents felt that the local offices could be rated either “very good” or “excellent” in the clarity of goals and mission, representativeness of the Advisory Committee, and effectiveness of strategies in engaging committee members. A majority (52%) also believed that the local offices had made very good or excellent progress in identifying local health disparity needs. Areas in which a majority of respondents felt that the local offices were doing less than very good or excellent were in monitoring and reporting on the health status of minority populations, progress made in mobilizing community partnerships, and progress in informing, educating, and empowering people.

Comparison of ratings by site

In comparing sites, it should be noted that sample size varied considerably, from a low of four respondents in Toledo to a high of 14 respondents in Columbus. Sites were compared based on percentage of respondents who rated each dimension as either “excellent,” “very good,” or “good.” Table 3 lists the favorability rating for each item by site.

Table 3. Favorability of Ratings by LOMH Site (Percentage of respondents rating dimension as Excellent, Very Good or Good)

	Akron (n=6)	Cleveland (n=6)	Columbus (n=14)	Dayton (n=13)	Toledo (n=4)	Youngstown (n=5)
1. Clarity of goals of the LOMH	100%	100%	100%	100%	100%	60%
2. Clarity of the mission of the LOMH	100%	100%	100%	100%	100%	80%
3. Representativeness of the advisory committee	100%	83%	100%	100%	100%	75%
4. Effectiveness of strategies used to engage	83%	83%	100%	100%	100%	40%

	Akron (n=6)	Cleveland (n=6)	Columbus (n=14)	Dayton (n=13)	Toledo (n=4)	Youngstown (n=5)
community partners						
5. Effectiveness of strategies used to engage Advisory Committee members	100%	83%	100%	92%	100%	0%
6. Effectiveness of communication strategies	100%	83%	100%	100%	100%	50%
7. Progress made in monitoring and reporting on health status	100%	83%	92%	76%	100%	50%
8. Progress made in identifying local health disparity needs	83%	67%	92%	92%	100%	75%
9. Progress made in mobilizing community partnerships	100%	83%	86%	100%	100%	100%
10. Progress made in informing, educating, and empowering people	80%	80%	100%	82%	100%	80%
11. Overall progress made by the LOMH	100%	80%	100%	100%	100%	60%

Statistically significant differences were detected between sites on three items (using a nonparametric Kruskal-Wallis test): (a) Clarity of goals of the LOMH ($p=.013$); (b) Effectiveness of strategies used to engage community partners in the work of the LOMH ($p=.046$); and (c) Effectiveness of strategies used to engage Advisory Committee members in the work of the LOMH ($p=.011$). In each of these instances, responses from Youngstown were significantly different those from the other LOMHs. There were no significant differences among the responses from the other five LOMHs.

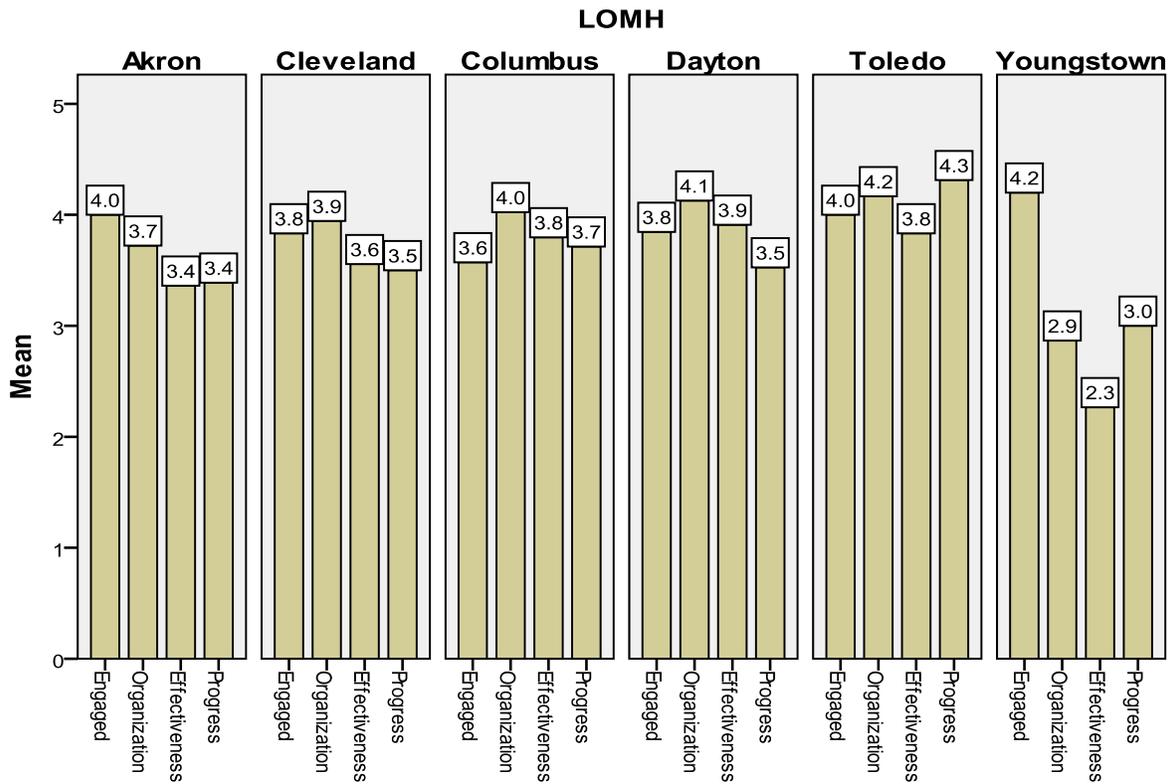
Three composite scales were created using the mean of individual items on the survey. Each item could be scored as 0 – very poor, 1 – poor, 2 – good, 3 – very good, or 4 – excellent.

The scales and individual items of which they were comprised were:

- *Organization* (3 items) – clarity of goals of the LOMH, clarity of the mission of the LOMH, representativeness of the advisory committee membership
- *Effectiveness* (3 items) - effectiveness of strategies used to engage community partners in the work of the LOMH, effectiveness of strategies used to engage Advisory Committee members in the work of the LOMH, effectiveness of communication strategies used by the LOMH
- *Progress* (4 items) - progress made in monitoring and reporting on the health status of minority populations, progress made in identifying local health disparity needs that will be the primary focus of the LOMH, progress made in mobilizing community partnerships, progress made in informing, educating, and empowering people

Figure 1 shows the mean ratings by site for LOMH Advisory Committee member engagement (self-reported) and the three composite scales. Statistically significant differences were found between sites on the Organization ($p=.044$) and Effectiveness ($p=.015$) scales (based on a nonparametric Kruskal-Wallis test). On these two dimensions the responses from Youngstown were significantly different from those from the other LOMHs. No significant differences existed for committee member Engagement or the Progress scale.

Figure 1: LOMH Mean Ratings by Advisory Committee Members



Across all sites, ratings are highest for engagement and organization. Figure 1 indicates some concern with effectiveness to engage community partners and Advisory Committee members as well as in the progress made in monitoring and reporting the health status of minority populations, two issues that are of concern to the OCMH. In fact, except for Toledo, progress is perceived as modest across the sites. For one site, Youngstown, there seem to be particular challenges perceived by Advisory Committee members in the areas of organization, effectiveness, and progress. Again, these results should be interpreted with caution in light of the low response rate and the low numbers of responses for this site.

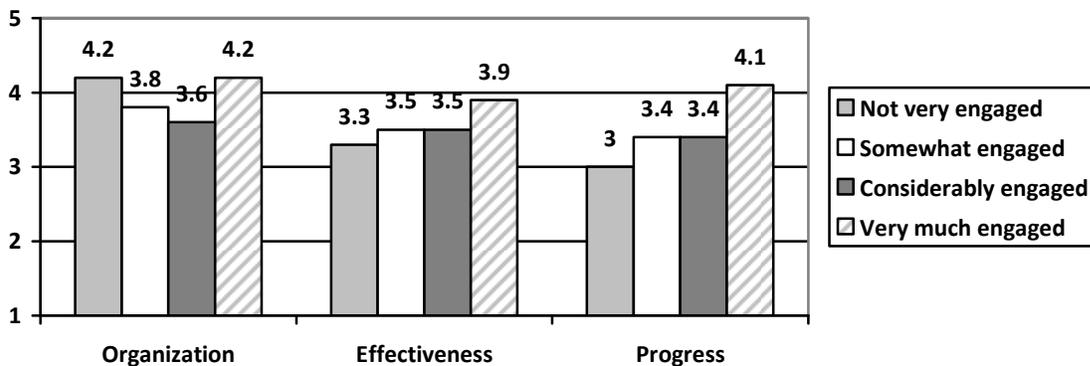
The analysis also examined the extent to which committee members ratings of the LOMH were related to the committee member’s self-reported engagement in LOMH activities

and the committee member’s length of time on the committee. Nonparametric Kruskal-Wallis tests were used to compare data on all individual items and composites according to the self-reported level of engagement of the committee member in the LOMH.

Statistically significant differences were detected based on committee member engagement on two specific items: progress made in identifying local health disparity needs that will be the primary focus of the LOMH, including plans to address gaps in knowledge; and progress made in mobilizing community partnerships. In these instances, the more engaged the committee member was the more positive their rating of the work of the LOMH.

In general, the pattern shows that LOMH’s are rated more favorably in regard to effectiveness and progress by those committee members who reported themselves as more engaged in LOMH activities. The rating pattern in regard to LOMH organization was mixed, showing declining ratings as engagement increases, except for the most engaged group, which rated organization highly.

Figure 2. Committee member ratings by level of engagement in LOMH activities



Similar analyses were conducted based on the committee member’s length of time on the committee. No statistically significant differences were detected based on committee member tenure.

Responses to open ended questions

In addition to the opportunity to numerically rate the functioning of the local offices of minority health, Advisory Committee members were also asked to respond to several open-ended questions about their Local Office of Minority Health. These responses are summarized in this section. Responses to each question were categorized into themes and are presented in tabular form, with commentary. Responses were considered a “theme” if a similar comment was made by one or more Advisory Committee members.

Advisory Committee members were asked if the creation of the Local Office of Minority Health had changed the dialogue about minority health in their community. Table 4 lists responses by city.

Table 4. Did the creation of the LOMH change the dialogue about minority health

	Akron	Cleveland	Columbus	Dayton	Toledo	Youngstown
Brought agencies together	√	√	√	√	√	√
Has increased awareness of disparities	√	√	√	√	√	√
Brought minorities together	√	√	√	√		
Shares information with agencies and the public	-	√	√	√	-	-
No, has not changed dialogue	√	√	-	-	-	√
Not sure/too early to tell	√	-	√	√	-	-
Has provided specific health activities/education	-	√	√	-	-	-
Has increased inclusion of minorities in dialogue	-	-	√	√	-	-

The majority of comments from Advisory Committee members showed agreement that the creation of the local offices of minority health had changed the local dialogue about minority health, although some members in three cities (Akron, Cleveland, and Youngstown) stated that the local office had not had an effect on the dialogue. Some members in Columbus and Dayton were either not sure or believed that it was too early to tell what effect the local offices were having on the dialogue concerning minority health.

Advisory Committee members from each office saw the Local Office of Minority Health as being successful in bringing a number of agencies together to acknowledge and address minority health, saying, for example: “There are so many agencies, and the office is starting to bring them together in awareness of minority health issues and the need to collaborate to address these needs.” Many members, representing all of the local offices, also credited the offices with increasing local awareness of health disparities. In addition, members from four of the six local offices stated that the local office had been instrumental in bringing different minorities together. A typical comment in this regard was: “...the local dialogue has created a connection of knowing you are not alone. The thought of language, culture, and customs were found to have a different face but the problem was the same. By us uniting together we became and will continue to have a greater voice.” Perhaps related to this idea, members from two local offices noted that the inclusion of minorities in dialogue about health disparities had increased as a result of the formation of the local office.

Advisory Committee members in three of the six cities (Columbus, Cleveland, and Dayton) noted that the local office serves as a clearinghouse and shares information with local agencies and the public. In two cities (Columbus and Cleveland), members reported that the local

office has a role in providing specific health activities and education around minority health issues.

A second question asked what have been the Local Office of Minority Health’s greatest accomplishments to date. Table 5 lists responses received.

Table 5. Accomplishments of Local Offices of Minority Health

	Akron	Cleveland	Columbus	Dayton	Toledo	Youngstown
Hosting Local Conversations	√	√	√	√	√	√
Coordinating and publicizing local events & resources	-	√	√	√	√	√
Public education	√	√	√	√	-	√
Strategic planning	-	-	-	√	-	√
Taking political action	-	-	√	-	-	-

All respondents to the survey identified the Local Conversations as a major accomplishment of the LOMH during the past year. Respondents highlighted that bringing together individuals from diverse racial/ethnic groups and countries of origin was an important first step in addressing health concerns that have been neglected in the past. In addition, several respondents mentioned these events as a starting point in the process of developing a community plan with broad-based input from different organizations and stakeholder perspectives.

Coordination of health activities and raising awareness of local resources for minority health also was highlighted as an LOMH accomplishment by committee members in five of the six cities. Examples given included the creation of a local calendar of minority health month events, billboards, e-mails about upcoming events, efforts to promote H1N1 vaccinations to minority populations, and identifying local minority health resources and working to find ways to increase access and use of these resources.

Increasing community and professional understanding of health disparities was also highly ranked as an accomplishment by five of the six sites. Although this was often mentioned in conjunction with the Local Conversations, respondents identified other ways in which this was being done: public service announcements, a Family Summit, kickoff events featuring local speakers, and town hall meetings. Specific educational events were also mentioned, including a workshop on Culturally and Linguistically Appropriate Services (CLAS) standards and a city-wide forum on health disparities with presentations from local experts.

Two sites mentioned strategic planning, and one site (Columbus) listed political action as an accomplishment.

Advisory Committee members were asked to indicate the greatest challenges faced by their Local Office of Minority Health. This question generated a wide range of responses, which are listed in table 6.

Table 6. Challenges faced by LOMHs

	Akron	Cleveland	Columbus	Dayton	Toledo	Youngstown
Funding	√	√	√	√	√	√
Strategic planning	√	√	-	√	√	√
Engaging stakeholders	√	√	√	√	√	-
PR/Marketing	√	-	-	√	√	√
Data collection	√	√	-	-	-	√
Staffing/HR	-	√	√	-	-	-
LOMH position	√	-	-	-	-	√
Meetings	-	-	√	√	-	-
Inclusion of populations	-	-	√	-	-	-
Trust	-	√	-	-	-	-
Board development	-	-	-	-	-	√
Policy	√	-	-	-	-	-
Politics	-	√	-	-	-	-
Organizational issues	-	√	-	-	-	-
Time	-	-	√	-	-	-
Coalition building	-	-	√	-	-	-
Evaluation	-	√	-	-	-	-

A total of seventeen challenges were identified by members of the six LOMH Advisory committees, with eight of these identified by at least two LOMHs. One challenge, continued and adequate funding for the LOMH, was mentioned by committee members from all offices. This was followed by the first tier of challenges expressed by at least four of the six LOMH sites, which included the need for strategic planning, public relations and marketing the local offices, and ways to engage stakeholders. A second tier of concerns, mentioned by at least two of the sites consisted of staffing/ human resource issues, the position of the LOMH in the community and/or organization, data collection on health disparities, and a lack of Advisory Committee meetings or inconsistent participation by Advisory Committee members.

A final tier of challenges consisted of issues mentioned by members of one individual local office but not shared by others: the ability to include/serve all of the minority populations, building stakeholder trust, establishing/developing the committee, policy issues, ability of the local office to appear organized, time constraints impacting meeting attendance, inability to build coalitions, and the need for assistance with evaluation.

Finally, Advisory Committee members were asked to indicate which tasks and achievements the LOMH needs to accomplish in the next year in order to really have an impact on minority health issues. Responses are reported in table 7.

Table 7. Accomplishments needed in next year by LOMH

	Akron	Cleveland	Columbus	Dayton	Toledo	Youngstown
Strategic planning	√	√		√		√
Generating and disseminating minority health data		√	√	√		√
Public education			√	√	√	√
Establishing collaborations	√		√	√		
Bringing in funding	√		√		√	

	Akron	Cleveland	Columbus	Dayton	Toledo	Youngstown
Strengthen Advisory Committee			√	√		
Cultural competency training		√				

Three areas of activity were named by four of the LOMH Advisory Committee members as being necessary accomplishments to ensure an impact on minority health issues. First, the creation or amplification of a strategic plan was seen as important. Specifically mentioned was the need to select benchmarks so that progress can be measured, to define areas for action and their target populations, and to engage partners in the implementation of the plan. One respondent noted that “the local office will need to demonstrate gains in recommendations to motivate participants to continue the effort.”

Generating and disseminating minority health data (i.e., the creation of reports on health status of minority groups and subgroups that would be widely distributed throughout the community) was also seen as important to achieve. Finally, committee members felt that LOMH needed to accomplish community education, including both bringing health disparities to public attention and increasing visibility of the LOMH.

Respondents from three LOMH also identified collaborating with other organizations as an ongoing need, in particular noting the need for demonstrating to participants the benefits of their involvement and reaching out to organizations that have not historically been involved in minority health initiatives. Bringing in funding was also identified as a need, both to strengthen the operation of the LOMH and to assist the partner organizations in expanding minority health programming.

Conclusions

The Local Offices of Minority Health have achieved many commendable successes since their establishment. By the ratings of their Advisory Committee members, they have been able to establish a diverse and representative membership on these committees, give them a clear understanding of mission and goals, and actively engage them in the work of the LOMH. Advisory Committee members gave high ratings to their LOMH for bringing agencies together in events such as the Local Conversations on Minority Health and increasing community awareness of health disparities and in coordinating and publicizing local minority health events and resources. Areas in which there were less positive ratings included progress in three core competency areas (monitoring and reporting on the health status of minority populations; identifying local health disparity needs, and informing, educating, and empowering people). Communication strategies, both to engage community partners and Advisory Committee members, also received less positive ratings.

It is important to keep in mind that these less positive ratings were worse only in relation to the top ranking areas; they were not really bad scores. The range of Poor/Very Poor scores was 2.1% to 16.6%, indicating that even on the lowest scoring dimension that we asked Advisory Committee members to rate, at least 83.4% of the respondents had favorable opinions.

An issue of concern identified in the survey for some respondents was in the area of engagement of Advisory Committee members in the work of the LOMH. Although 60% of the respondents reported being “considerably” or “very much” engaged in LOMH activities, they gave the second lowest rating to the item asking them to assess the effectiveness of strategies to engage Advisory Committee members in LOMH work, with 15.2% rating the strategies as Poor or Very Poor. Similarly, only 51% indicated that strategies used to engage community partners

were Excellent or Very Good. This concern was also evident in responses to open-ended questions. Five of the six sites noted that engaging stakeholders was a challenge faced by the LOMH and two sites listed the infrequency of Advisory Committee meetings and/or consistent attendance by Advisory Committee members as key concerns for their LOMH. Overall, there is a fairly consistent view that efforts to engage community partners and Advisory Committee members in meaningful involvement should be strengthened.

Through the survey, individual sites can identify the specific areas in which their Advisory Committee members gave them less positive ratings and the views of their committee members on accomplishments, challenges, and future directions. As noted earlier, the Youngstown LOMH faces significant challenges in the areas of effectiveness of communication and engagement strategies and in progress toward three of the four competency areas (monitoring and reporting on the health status of minority populations; identifying local health disparity needs, and informing, educating, and empowering people). Other sites will benefit from looking at the recommended areas of activity for next year (e.g., generating and disseminating minority health data for Akron, Cleveland, and Toledo) and making increased efforts to focus more specifically on these areas in their action plans.

Noted throughout the report is that conclusions and recommendations from this survey are limited by the relatively low response rate of members of the Advisory Committee across sites. Future research efforts of this type should work toward increasing response rates so that the responses more accurately describe the views of a majority of Advisory Committee members.

Recommendations

1. Each LOMH should have a 3-5 year strategic plan that is developed collaboratively with community partners and Advisory Committees. The strategic plans should identify

2. Because large groups do not act as quickly, it may be helpful to establish smaller action units such as LOMH Leadership Teams (Advisory President/Chair, LOMH Director, LOMH evaluator, and organizational representatives) that meet on a more regular basis (at least quarterly) who monitor progress toward core competencies more frequently. This group could prepare recommendations for consideration by stakeholders and Advisory Committees and could take quicker action between large group meetings.
3. There is a need for regular capacity building and technical assistance programs for the LOMH and their Advisory Committees. Programs focusing on topics such as board development, assessment of Advisory Committee strengths and weaknesses, consensus building, resource mapping, coalition building, community outreach, and volunteer management would be of particular benefit to improving the engagement strategies of the LOMH.
4. The LOMH would benefit from an annual meeting/retreat for staff and Advisory Committee members to exchange information, to share triumphs and challenges, and to create a common understanding of effective or best practices. It would be particularly helpful to exchange ideas in areas such as “monitoring and reporting on the health status of minority populations” since this is an area of struggle for some of the LOMH. In the alternative, OCMH may want to consider developing a series of “boot camps” for the LOMH leadership with weaker performance.

5. Funding was identified as a challenge for all LOMH. The LOMH might benefit from the creation of a committee that is specifically charged with looking for funding and developing plans for sustainability. Care should be taken not to over-delegate the responsibility for funding to such a committee; ultimately the responsibility for sustainability rests on the entire partnership. The funding committee would simply be the vehicle for identifying funding opportunities, facilitating responses, and developing funding plans for the entire group to carry out.
6. The research team and the LOMH staff should work collaboratively to increase response rates in any future surveys of Advisory Committees or other key stakeholders of the LOMH.
7. Mechanisms for ways to increase the Advisory Committee perceptions of meaningful engagement should be explored. Giving the Advisory Committee members a more active role in project management and monitoring of progress, as suggested by the formation of LOMH Leadership Teams would be one way for a more substantive involvement. Another way might be to ask LOMH advisory members to contribute to the LOMH Director's annual performance evaluation.