Shared Wisdom:
How Public Health Researchers and Community Partners Learn and Lead Together

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Abstract

While mentorship is traditionally perceived as top-down, where seasoned academics guide earlier career individuals, we assert that mentorship is inherently bi-directional, with multi-perspective exchanges shaping our daily work. Community-engaged research challenges the traditional model by fostering reciprocal mentorship between researchers, students and community members; and this all hinges on trust. Community champions bring invaluable lived experiences, contextual knowledge, and cultural insights to research approaches, assessments, and interventions, making them essential mentors in health behavior research. This paper shares perspectives from a survey of researchers on partnership development and community-engagement. Findings showed the value of community partners as mentors and the role of trust for long-lasting relationships. Over half of faculty engaged communities in research resulting in actionable results addressing quality of life issues. Community-engaged collaborations were beneficial for improving partnership- and grant-related outcomes. We provide recommendations for building trust, setting expectations, and defining roles in community-academic mentorship relationships.

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Introduction

Team-based mentorship enables emerging scholars to benefit from multiple mentors' diverse perspectives and knowledge (Johnson et al., 2022). Including peers on mentorship teams offers a supportive model of reciprocal relationships between equals, fostering shared growth driven by common interests and respect for intersectional identities (Felder et al., 2012; Friedman et al., 2021). Key to symbiotic mentorship is a connection built on mutual respect to ensure sustainability (Friedman et al., 2024). This is particularly important in community-engaged research where authentic, balanced relationships are critical. While researchers are often the visible leaders in public health, community partners are the local knowledge experts, mentoring on effective implementation and meaningful engagement

(Choi et al., 2018; Friedman et al., 2012; Mathias et al., 2023; McCracken et al., 2013). Long-lasting community-academic collaborations improve health outcomes when grounded in mutual trust, informed by ongoing evaluation, and sustained through co-mentorship (Adams et al., 2024; Hebert et al., 2015; Soltani et al., 2017).

This author team comprises community leaders, a doctoral student, a research associate, and faculty researchers. They consider themselves mentors and mentees who are engaged in community-driven disease prevention and environmental justice research. This Research Brief examines community partners' and researchers' roles as both mentors and mentees in the research ecosystem. Researchers may provide conceptual and methodological expertise, however, a co-learning model with community partners as mentors increases impact of health behavior change initiatives, ensuring they are culturally relevant, sustainable, and responsive to community needs. Although community-engaged research literature acknowledges the roles of communities in shaping partnerships, their contributions are rarely and explicitly framed as mentorship. This paper shares the novel concept of co-mentorship in which community partners serve as essential mentors guiding the research through their lived experiences and contextual expertise.

Methods

Study Respondents and Data Collection

Faculty were recruited across six health sciences colleges (information and communications, nursing, medicine, pharmacy, public health, social work) at a Research Tier 1 public university in the southeast United States. Research deans distributed an Institutional Review Board approved electronic survey to faculty listservs in February 2024. The anonymous survey remained open for one month. Respondents could enter a drawing for five gift cards and were also invited to a one-hour workshop on research team building, developed by the authors and informed by survey results.

Survey Items

The electronic survey had 67 questions and assessed experiences as research mentors and mentees, research engagement with community members and students, and demographics. Full survey details are described elsewhere (Friedman et al., 2025). Through the lens of a co-learning mentorship framework (Friedman et al., 2021), this paper focuses on five questions: one close-ended Yes/No question, three Likert-type items with close-ended options and a write-in for "Other", and one open-ended item.

1. How do you communicate about research with community members? (options provided)

2. If you are the PI/project lead, do you serve as the liaison who communicates with community partners? (yes/no)

3. How often do you evaluate the effectiveness of your research collaborations? (options provided)

4. What tools do you use to assess the collaborations? (options provided)

5. How do you earn the trust of your community partners? Please describe. (open-ended)

Data Analysis

Descriptive analysis was conducted in Excel and RStudio. Open-ended responses were coded and thematically analyzed by two

team members (Corbin & Strauss, 2014), refining the codebook through consensus (Patton, 2014).

Results

Respondent Characteristics

With 156 faculty researchers responding to the survey, we calculated the response rate to be 51.6%, based on total tenure and professional track faculty across colleges for whom research is a main expectation ($n = 267$). Other surveys with health faculty have had a ~30% response rate (Tanner et al., 2015). The response rate varied across questions as not all questions were required. Among 77 faculty who responded to optional demographic questions, a majority were White (76.6%), female (58.4%), and non-Hispanic or non-Latino (83.1%), with an average age of 49 years (range: 29–77). Most were in either public health (44.0%) or medicine (25.3%). All respondents were from health sciences units and conduct research with implications for public health and health behavior.

Communication and Evaluation Findings

Over half of respondents to our quantitative questions (56.3% or 45/80) partnered with community members in research, with 32.0% being approached first by community members interested in collaborating. Principal investigators (PIs; 59%) were often the primary contacts for engaging with community partners, mainly through email updates between meetings (78%), town halls/regular meetings (62%), electronic calendars (33%), updates on a shared platform (24%), and updates via newsletter/e-newsletter (22%). Over half indicated they asked community members about their preferred communication method at the start of the partnership.

Few faculty indicated they evaluated the effectiveness of their research collaborations (14% always, 27% often, 31% sometimes, 19% rarely, 9% never). Of these 78 respondents, most used in-person check-ins (68%), and some asked for written feedback (17%), or did qualitative interviews with team members (15%). Just over 25% did not conduct any evaluations. Five percent used published tools for assessing partnerships such as the PARTNER tool (Varda, 2010) or Partnership Self-Assessment Tool (Center for the Advancement of Collaborative Strategies in Health, 2002).

Qualitative Results - Building Strong Mentoring Relationships through Trust

From the 65 responses to our open-ended question, four main themes emerged regarding how faculty researchers built strong mentor-mentee relationships by earning the trust of community partners.

Rapport, Communication, and Listening

Faculty stressed the importance of listening and not simply sharing information in one direction, but being present to establish connections and long-term partnerships. Clear, bi-directional communication was most frequently mentioned as critically important for earning the trust of partners. Open dialogue, regular updates, and actively seeking community input were considered crucial for partnerships, and respondents used words like "transparency", "flexibility", "honesty", and "reliability". Representative quotes included, "take the time to get to know your community partners," "keep them well informed and stay open to suggestions," and "listen, let them lead." Regular check-in emails and calls allow for relationship building and two-way conversations resulting in partnerships that are responsive to community priorities and needs.

Valuing Community Expertise and Shared Decision Making

Valuing and incorporating community expertise into all aspects of collaboration emerged as key factors in trust building. Faculty stressed the significant role of community members as co-creators of knowledge and experts in their own right. Research teams benefited from community members' expertise and leadership in advancing the field and championing the work in their communities. In some cases, partners' lived experience was invaluable: "Most of our public advocates are cancer survivors or their families. We share the significance and clinical importance of our projects with them and listen to their opinions and questions with utmost attention." Some faculty recommended encouraging community partners to take the lead to ensure shared ownership and mutual respect. Practical approaches include inviting community partners to co-create meeting agendas and co-facilitate discussions, attend conferences, co-author papers and co-present for panels that are mutually beneficial and recognized by academic and community audiences.

Additional strategies to make partnerships equitable include getting partners' input on ideas for research and implementation of project activities, ensuring their input is valued and incorporated, involving community partners from the start of the project and in all steps, and periodically assessing they are satisfied with project activities.

Demonstrating Commitment to the Community

Another key theme was the importance of building authentic community relationships. While faculty shared how they contributed their knowledge and expertise to serve the community, they emphasized the importance of being engaged beyond research projects and actively participating in the community outside of grant-related activities. Participating in local events, volunteering on community boards, and providing technical support for community-led initiatives were meaningful ways to show dedication beyond formal research collaborations: "take them to lunch, serve on their committees, volunteer for their organization."

One individual expressed "shared passion for the work, voluntarily attending community meetings sometimes for years, and success in managing grant-funded projects in community settings" have led to strong community partnerships.

Expectations and Roles for Establishing Equitable Partnerships

Transparency about roles, expectations, and research processes were viewed as essential for establishing credibility and confidence from both parties at the outset. Ensuring obligations, benefits, and outcomes were clearly defined and understood by all led to equitable partnerships which in turn strengthened long-term collaborations. Specifically, faculty highlighted the importance of fair compensation, team building exercises, contributions to publications, and shared decision-making in fostering strong, lasting relationships. They stressed that trust deepened when researchers actively integrated community perspectives to ensure outcomes met the needs expressed by the community to address quality of life issues.

Pre-existing relationships and introductions through trusted connections further facilitated trust-building. Many faculty relied on referrals from colleagues, organizations, or respected community leaders to initiate new partnerships. These established connections foster a foundation of trust from the beginning.

Discussion

Findings highlight the benefit of community partners as mentors in health behavior research and the role of trust in securing lasting, reciprocal, and mutually rewarding relationships. Just over half of faculty respondents engaged community members in research. While this may be discipline specific, results demonstrated the partnerships were beneficial to improving efficacy of researchers' work, access, community buy-in, and collaboration. We strongly encourage increased community engagement in research across disciplines to gain critical perspectives from community partner mentors and ensure intended communities justly benefit (Greiner et al., 2014; Hebert et al., 2009). In addition, less frequent community-initiated collaboration requests may indicate untapped opportunities for researchers to develop and publicize a guide to community-academic partnerships communicating an open-door policy and step-by-step process for approaching academic researchers.

In addition, few faculty regularly engaged in evaluation activities with community partners, which poses a risk to trust and sustainability by limiting transparency and diluting integrity. Taking the time to evaluate partnerships helps protect team cohesion and conveys trust and dual ownership of research activities. Monitoring partnerships has proven critical for success and longevity of community-engaged initiatives (Friedman et al., 2024; Friedman et al., 2014; Soltani et al., 2017). Electronic evaluations could be considered to increase researcher buy-in and follow-through and reduce time or communication barriers between community-academic teams. However, we note the importance of discussing and agreeing upon the communication preferences and roles of community and researcher team members prior to or early on for the start of a collaboration (Friedman et al., 2024; Friedman et al., 2025; Han et al., 2021; Mckay et al., 2022; Pelletier et al., 2020).

This study has limitations. It was conducted at one institution with only faculty PIs, introducing potential sampling bias due to our recruitment process (emails distributed by deans/research deans). Non-respondents may differ on community engagement and mentorship approaches. In addition, our survey only reflects the researchers' perspectives and does not include concurrent perspectives from community members, a critical next step for understanding co-mentorship.

Implications for Health Behavior Research

Survey findings demonstrate the importance of bi-directional mentoring relationships in community-academic partnerships in health behavior research. With over half of respondents actively involving community members in research, health sciences/health behavior researchers recognize the value of community-driven team science. However, the predominant use of email updates and town hall meetings could highlight limitations for sustained, interactive communication. Few faculty evaluate collaboration effectiveness or use validated tools. There is opportunity for structured evaluation methods to ensure effective engagement and communication strategies, and for refining practices for community collaboration and research implementation (Soltani et al., 2017).

Faculty who prioritized trust-building and equitable partnerships engaged in deeper and sustained relationships with community partners (Altman et al., 2023). Bi-directional mentorship requires active listening and recognizing each other's expertise, aligning with participatory research principles (Hebert

et al., 2015). Beyond research activities, faculty build trust by supporting and volunteering for community initiatives, demonstrating their commitment, which encourages sustainability. Future initiatives with researchers and community members should explore co-designed, bidirectional mentorship models incorporating and evaluating these 'outside-the-research-project' trust-building strategies.

Discussion Questions

How do you establish clear roles and expectations for effective and sustainable community-academic research partnerships?

What are processes needed for co-learning, peer mentorship experiences among community and academic collaborators?

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