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FULL-LENGTH ARTICLES

And She(s) Persisted: A Tale of Tenure, Promotion, and Community Engaged Scholarship Across Two Universities

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The purpose of this commentary is to enlighten other practitioners and/or researchers with examples from two CBPR scholars who successfully navigated promotion and tenure at research intensive Carnegie I state universities. The authors discuss the utility of reputable evidence-based mentoring training programs they participated in, as well as strategies used to self-advocate for building robust and respectable community-engaged programs of research in HIV to earn tenure. Concrete steps and processes taken from their respective journeys are highlighted in the narrative as a reference point for future tenure-track faculty on critical milestones to achieve and pitfalls to avoid burnout. Paying homage to one of their shared mentors, the authors offer recommendations to support emerging CBPR scholars with practical skills during very uncertain times and ever-evolving academic climates.

In memory of Dr. Diane Binson

Wallerstein and Duran (2010) describe community-based participatory research (CBPR) as a transformative research paradigm grounded in community engagement that connects science and practice and improves the critical public health priorities of disease outcomes and health equity (Department of Health and Human Services, n.d.). CBPR scholars, therefore, are indispensable to academic departments of public health (Boyer, 1990). Ironically, however, the processes and outcomes that are inherent to high-quality CBPR (e.g., relationship building, community input, community dissemination channels (Israel et al., 1998)) are not always aligned with the metrics used to grant academics promotion and tenure (e.g., the number of publications, type of publication outlet, peer review(Calleson et al., 2005)). In the following article, two CBPR full professors, Drs. Latrice C. Pichon (LCP) and Michelle Teti (MT) outline their varied and similar obstacles and pathways to community and academic success – and offer suggestions and support to emerging generations of CBPR scholars. Entwined with their stories, the authors argue that authentic CBPR and CBPR scholars are necessary to public health research and practice – and to ensuring our collective well-being and disease prevention.

Introduction to the Researchers

Michelle Teti (herein referenced as MT), MPH, DrPH and Latrice C. Pichon, PhD, MPH, CHES (herein referenced as LCP) are both community-engaged HIV researchers. MT is a professor of public health and an associate dean in the Honors College at the University of Missouri. She received her master and doctoral degrees in community health and prevention from Drexel University in Philadelphia, PA. Her program of study has focused on channeling the experiences of people living with HIV (PLWH) to inform the public health policies and programs designed to help them. For MT, public health scholarship is synonymous with CBPR. She began her public health career working in domestic violence shelters, sexual assault advocacy centers, addiction clinics, and LGBT and HIV focused community-based organizations. These experiences grounded MT's public health goals in people's lived experiences of wellness and illness, framed her understanding of public health challenges as social justice issues, and motivated her to develop relevant and practical solutions in close collaboration with community members. For over 25 years, with community partners in Philadelphia, St. Louis, Kansas City, and beyond, MT has worked closely with PLWH to develop, implement, and evaluate programs to support healthy sexuality, medication adherence, and well-being. She has expertise in photovoice – a specific CBPR method in which community members use images to identify, share, and problem-solve challenges (E.g., examples of MT's CBPR research:L. Pichon et al., 2023; Teti, Pichon, et al., 2021; Teti, Myroniuk, et al., 2021; Teti et al., 2022; van Wyk & Teti, 2020)

LCP is a professor in the Division of Social and Behavioral Sciences at The University of Memphis School of Public Health (UMSPH). LCP received postdoctoral training in the application of CBPR approaches in the Kellogg Health Scholars Program (community track) at the University of Michigan School of Public Health. Dr. Pichon's current research is deeply rooted in the principles of CBPR, and she has two longstanding community-academic research partnerships with the local HIV coalition Connect 2 Protect (C2P) Memphis (15 years) and grassroots organization led by Black same gender loving men (SGL) and Black transwomen - Headliners Memphis (10 years). Their collective work focuses on HIV stigma reduction, HIV prevention and testing in non-traditional spaces, and the role of faith in linkage to HIV care. Together, they co-led the development, implementation, and evaluation of a photovoice project called Snap Out Stigma (SOS) addressing internalized HIV stigma among Black people living with HIV (Gilead Sciences COMPASS). SOS was integrated into another homegrown intervention called Project L.I.F.T. "Leading by Igniting Faith and Education to Tackle Stigma" – a faith-based HIV intervention in Mid-South churches (CDC U01PS005211) in partnership with a newly established Faith Advisory Board since 2020.

MT and LCPs' bodies of work, independently and collaboratively showcase many of the key principles of CBPR (Wallerstein & Duran, 2010). For instance, each scholar has long standing relationships with community partners, each beginning these relationships early in their research careers and maintaining them to the current day. They each facilitate collaboration and input with these partners at every stage of their research; they work with their partners to co-develop research questions, jointly select methods and interpret research findings collaboratively – such as identifying community-oriented ways to disseminate results. MT and LCP focus on highlighting community strengths and building community research capacities. Employing community members in research positions, they teach community partners research skills (e.g., qualitative data collection, presenting at scientific conferences), sometimes mentoring them through public health classes or degree programs in the process. They prioritize their relationships over academic results and let the community leaders guide their joint research project decisions. For instance, if a community partner does not believe a certain research question or method is appropriate, MT and LCP listen and follow this advice, even if it means they must revise an original research question or approach. Because of this, it took MT and LCP longer, at times, to generate findings and academic outputs.

MT and LCP are also both successful researchers despite the complexity and the time it takes them to do their work. For example, MT has conducted CBPR with externally funded grants from the NIH, CDC, RWJF and other funders – and authored over 100 peer-reviewed publications that detail her community research projects. Likewise, the significance of LCP's community-led research is demonstrated by receipt of over $2 million in extramural funds – that she received over a ten-year span of diligent collaborative work with communities. Collectively, Dr. Pichon and a host of other community partners are working toward implementing the plan for Ending the HIV Epidemic in Memphis, (Office of Infectious Disease and HIV/AIDS Policy, 2025) birthed from community-led brainstorming.

Methods

MT and LCP engaged in the following process to write this reflective piece about their work: reviewed university Carnegie designations and policies – especially related to research status and promotion and tenure, revisited personal research notes and their own promotion and tenure files, journaled about their research journeys experiences, meet regularly to discuss their independent and collaborative experiences and how to organize them for this piece, and shared and merged their materials.

Respective Institutions

The University of Missouri is a land grant public institution and is designated a "Doctoral University with Very High Research Activity," or Research 1 University, by the Carnegie Classification of Institutions of Higher Education. It is the flagship university of the four-university

University of Missouri System and the only public institution in Missouri to be selected for membership in the Association of American Universities (AAU) – an elite group of American research universities (Association of American Universities (AAU), 2025).

The University of Memphis is also classified as a Carnegie I Doctoral Research Extensive public institution, encompassing six colleges and three professional schools. UMSPH is the most recently established professional school, founded in 2007. The UMSPH strives for excellence in community engaged scholarship to improve public health and promote health equity. The school is dedicated to 1) interdisciplinary research focused on health equity and health disparities, 2) effective community-academic partnerships, and 3) translation of knowledge and research into community practice, health advocacy, and policy development for Memphis and Shelby County.

To earn tenure and promotion at both universities, faculty must show evidence of attainment in research, teaching, clinical practice where appropriate, and service. Although there is not one written formula for success, excellence in research is weighed heavily, and is measured by grant funding and high impact publications. (See complete university tenure and promotion polices for each university here: University of Memphis, University of Missouri).

Institutional journeys

University of Missouri

MT began her CBPR career in Philadelphia and intentionally chose to pursue a different environment for her first academic job. She reasoned that there were many CBPR researchers who wanted to address HIV in Philadelphia and believed it was important to do the work in all areas, including the Midwest, where HIV stigma was higher and HIV prevention resources were lower. Thus, she started her first tenure track position in Fall, 2010. MT's CBPR program fit into the university's focus on collaborative, interdisciplinary, and practical research, as well as its land grant mission. MT was easily able to forge community partnerships in nearby cities.

On the other hand, however, MT underestimated the challenges of doing HIV CBPR without an academic CBPR community. The university had very few social science HIV researchers or qualitative researchers, and MT could not find anyone who defined themselves as a community-engaged researcher. Her school provided all faculty with general information and resources regarding promotion and tenure (P&T), but P&T panels and other university-wide research working groups were led by well-intentioned leaders who lacked knowledge about CBPR and, more often than not, encouraged MT to change her research program to sustain her research productivity – even after she spent years cultivating community collaborations.

Without like-minded researchers on internal grant panels, she was not highly competitive for internal seed grants and, like LCP, lacked access to a local Centers for AIDS Research (CFAR) with HIV grant opportunities

(National Institutes of Health, 2025). Also missing were forums to discuss her ideas or problem-solve research questions and, as a result, she became, mostly, a one-woman operation. Her previous mentors were invaluable but given the vast differences in research culture between where she came from and where she ended up, MT was an isolated researcher studying a very complex and multidimensional HIV problem. To add to this, the University of Missouri faced rising pressures to have researchers meet very specific numeric metrics to remain a competitive member of the AAU. These metrics became increasingly narrowly focused on federal grants and publications in "high-impact" journals, or those considered highly influential in the field via the "impact factor" rating system, a measure of the frequency with which an average article in a journal has been cited in a particular year – outcomes that are respectable but not necessarily sensible parts of the CBPR process.

To succeed as a CBPR academic in this environment, MT had to gain clarity on and commit to her values and priorities. She decided that she wanted to keep doing collaborative, community-based, and action-oriented research with people living with HIV, despite the challenges. This was not necessarily an easy decision, and it would not have been wrong to pursue other topics or methods. MT also chose to define her accomplishments via successful research *processes* like strong and rewarding community partnerships, collaborative work experiences, and meaningful grant writing.

She began to search more widely for mentors at her institution, regardless of their area of expertise, department, or methodology, but based on their word-of-mouth reputation of being kind, supportive, and trustworthy with local experience gaining P&T. Thus, she gained a small but important circle of institutional members who helped her to strategize for success based on *her* values, priorities, and HIV research agenda – even though they were not HIV experts.

Likewise, she became strategic with her service activities, choosing service that exposed her to leaders and senior faculty in different areas on campus, which allowed her to work in small groups with others who could get to know her and her work by name. For example, she joined the faculty council and took a leadership position in a sub-group, Academic Affairs, that taught MT more about how her university worked and navigated funding pressures. This helped her fit her research into the overall picture of University of Missouri's success while gaining new contacts and mentors across the university.

University of Memphis

LCP began applying principles of CBPR during her postdoctoral studies in the School of Public Health at The University of Michigan Ann Arbor in the two-year Kellogg Health Scholars Program. She evaluated the YOUR Blessed Health Program – a faith-based HIV prevention program in Black Churches – in Flint, MI, which was designed by her community mentor and Executive Director of the YOUR Center (L. C. Pichon et al., 2012). When she began searching for tenure track positions, she applied to UMSPH,

acknowledging the high density of Black churches and the emerging local HIV epidemic. During her campus interview visit, LCP hit the ground running, instantly making connections with Memphis community partners. The UMSPH search committee and Dean were intentional about Dr. Pichon meeting with colleagues at St. Jude Children's Research Hospital Infectious Diseases Department who were immersed in HIV outreach via the Adolescent Trial Network's funded Connect 2 Protect (C2P) Memphis HIV coalition. Dr. Pichon connected with the Outreach Manager – who remains LCP's close collaborator.

Like Dr. Teti, Dr. Pichon began her tenure track position during Fall, 2010. At the time, the mission of UMSPH had deep ties to community engagement; several units on campus drove the organization's mission. She quickly aligned herself with these units for immediate survival. The longest-standing professional university resource to date for her is the Engaged Scholarship (ES) Committee, where she continues to serve as a member and mentor to other engaged scholars on campus.

In the early days of the ES Committee, there were more regular meetings, workshops, national speakers, and small grant funding opportunities for community-engaged scholarship for junior faculty. These offerings were indicative of institutional support for this work. Today this group has a faculty mentoring program which in the early days did not exist. Nonetheless, this group was essential to connecting LCP with other faculty outside of public health, such as junior and tenured faculty in anthropology, social work, and psychology. Dr. Pichon remains close to many of these individuals, several of whom shared research statements from their dossiers and read her tenure packet to ensure she was ready to submit materials as the time approached. While sustainability did not last, The Center for Research on Women (CROW), was another important resource for connecting LCP to senior faculty engaged in community-based work. There was crossover with some faculty from the ES Committee and other departments such as Psychology that expanded her network of on-campus support in community-engaged research.

Another University of Memphis resource that Dr. Pichon's organization provides is P&T Workshops. These are held each semester as townhall meetings for assistant to associate professors planning to submit dossiers during the following term. Faculty panelists with successful outcomes securing tenure help junior faculty navigate internal processes. Each panel discussion has at least one ES scholar who has successfully achieved tenure at Memphis. This is a critical feature of the P&T workshops because faculty engaging in community-based work have opportunities to ask questions and prepare dossiers to meet standards and crafting narratives to articulate the significance of engaged scholarship using pointers from panelists.

Finally, there were several internal University of Memphis grant mechanisms for community-engaged scholarship. In the Fall of 2010, Dr. Pichon applied for and was awarded two internal grants with her community

partner C2P to collect pilot data to inform future grant submissions. Her successes were partly facilitated by the community already identifying HIV as a problem and wanting to strengthen existing partnerships with the local faith community. These internal seed grants were the launch pad for her preliminary studies section for Project L.I.F.T. described above, demonstrating the ninth principle of CBPR of sustainable partnerships for the long-haul as it took nearly 10 years to secure federal funding.

Mentorship beyond the institution

> "*Mentoring is a dynamic process; a developmental network of mentoring can help mentees identify several mentors who can address a variety of career-related needs* (APA, 2012)."

Center for AIDS Prevention Studies (CAPS) Visiting Professor (VP) Program

MT and LCP have both benefited from national mentoring programs in HIV, CBPR, and faculty development. They originally met during their tenure at the Center for AIDS Prevention Studies (CAPS) Visiting Professor (VP) Program at University of California San Franscisco (UCSF). Neither MT nor LCP had entered academic units with large established HIV programs intact. Outsourcing was the only way for both faculty to receive mentorship, and their respective universities provided each faculty with protected time to engage in research as part of the VP experience. "Once a VP... always a VP" became the mantra. VPs were matched to mentors, and MT and LCP shared a mentor in common – Dr. Diane Binson. Dr. Binson poured into both women and served as an academic mother figure. While her initial role was to support career development for MT and LCP, the relationship blossomed into a loving kinship of protection and academic survival for *how* to say no and *when* to take time to pause for restoration. For example, Dr. Pichon had a personal setback during her second year on the tenure track when her husband suddenly passed away at the young age of 33. Drs. Binson, Teti and other VPS helped LCP to maintain productivity on scholarly works during grief.

Dr. Binson also met with both VPs bi-weekly and guided them in the process of crafting an independent development research plan. This was timely as both VPs were going up for tenure a year apart. The VPs were able to strategize and brainstorm ways to help each other in the process. Dr. Teti shared dossier materials with Dr. Pichon and strategically included her in authorship opportunities for manuscripts and conference abstracts. Likewise, LCP included MT in grant applications. Both faculty maintained strong connections to CAPS and neither of their institutions ever stepped in the way of them sustaining these relationships, especially when they requested CAPS mentors to write external letters of support for the tenure dossier.

The VP program was run in small cohorts for three summers. Participants completed daily work, writing sessions, lectures, grant reviews, and skills-building sessions. The faculty in the program were national HIV experts. Researchers had skills in all methods and all areas, including CBPR, an area that Drs. Teti and Pichon bonded over. CAPS had an entire core of experts and community members focused on helping researchers with community engagement. Dr. Binson died suddenly in May 2016. Personally, her loss was tragic for MT and LCP. Professionally, the strength of the CAPS program was that it connected HIV researchers to a community of other HIV scholars. MT and LCP still maintained mentorship support from others and continued to support each other in a peer mentorship role, meeting regularly over the years to problem-solve CBPR challenges together and keep Dr. Binson's advice and guidance alive.

For example, the VP program offered several opportunities for past VPs to submit scholarly work for peer review. This allowed junior faculty to receive feedback from leaders in the HIV space to be competitive for future federal grants and manuscript submissions. The VP program also taught MT and LCP that they needed to expand professional network. Dr. Pichon started collaborating with a faculty member in middle TN who had a history of success with federal grants, which then led her to work with several others at the same institution and another nearby institution to conduct HIV research. Likewise, MT also forged relationships with local scholars in Kansas City and St. Louis with federal grant experience and support.

The National Center for Faculty Development and Diversity

MT and LCP also both took part in national personal and skills development trainings – including the National Center for Faculty Development and Diversity's (NCFDD) Faculty Success Program (FSP) (NCFDD, 2025). FSP taught Drs. Teti and Pichon new ways to think about securing P&T, such as protecting their writing time, tempering perfectionism, developing ways to decline opportunities, advocating for themselves, and asking for help. Importantly, FSP introduced a model of mentorship with the scholar at the center, surrounded by various spokes of support for research, teaching, venting, writing and more – in contrast to the model MT and LCP learned in graduate school, which was largely focused on gaining support from a single mentor. Inherent to the model was the belief that rising academics needed villages of support in many areas to succeed (NCFDD, 2025). FSP also introduced MT and LCP to a community of academics across the U.S., expanding their network of support beyond their home institution. Notably, both institutions, Missouri and Memphis, no longer provide faculty institutional membership (i.e., access to resources for low and no cost), so the NCFDD support programs are no longer available to faculty in either place as easily.

Burnout

Burnout is a specific challenge for CBPR researchers who devote a lot of time and energy to high quality meaningful research – only to fail, at times, to achieve institutional or disciplinary success (Malone et al., 2024). In the case of P&T, such success is necessary for researchers to maintain their jobs. Although CBPR researchers need to fight for visibility, ironically, at certain times, funding agencies prioritize the term CBPR or state its importance in funding announcements. This leads researchers, naturally, to want to include CBPR and submit competitive applications, even if they have not been trained in these approaches. It is important that funding agencies recognize the value of CBPR, but this recognition needs to be authentic, not a check-box activity. This is particularly important as implementation science – research focused on the uptake of findings by communities – gains traction (Bauer & Kirchner, 2020). The implementation narrative, although useful and now a key word in many funding applications, often fails to consider the full historical picture. Implementation science is not a new concept and rides on the shoulders of the legitimate work CBPR scholars have done, many times unfunded or unheralded by funding agencies, for years to make sure that research is relevant and applicable to communities. Although different, both implementation science and CBPR are legitimate scientific approaches to supporting the role of community in research. Navigating the mainstreaming of some of CBPR's core principles, such as via implementation science grants, can lead to both excitement and burnout, depending on the context.

MT experiences burnout most often when trying to balance the needs of her institution with the needs of her community partners and her disciplinary public health work, which often requires more effort in addition to the efforts all scholars put into research. She experiences fatigue when she must frequently define and defend the value of her work for P&T purposes while she succeeds in creating helpful community engaged public health programs. Relatedly, MT receives many requests from well-meaning non-CBPR researchers to meet, usually for an hour or less, to learn about CBPR or the photovoice method (Wang, 1999) so they can add it to their grant applications, or so they can do a quick qualitative community engaged analysis. Given the complexity of CBPR, it is not possible to "teach" it to someone else in short period of time. The requests, although again, well-meaning, are invalidating and taxing.

Relatedly, one unfortunate area of burnout for LCP is gatekeeping potentially problematic behavior from other well-intentioned but ill-informed academics she collaborates with to protect local community partners. Policing the research endeavors of other academic partners is not suggested or encouraged. However, CBPR scholars need to be careful and protective of long-term community partnerships built on trust, and what it means to merge those existing relationships with new academic partners unfamiliar with or untrained in CBPR. LCP exhausts additional time to

educate other investigators on community-engaged processes, CBPR principles, and how to respect the community. How to equitably involve community partners in decision-making, to value their input on study design and outcomes, and to apply best modes of dissemination strategies are much-needed discussions LCP has with outside researchers. These terrains are not impossible, but require taxing, ongoing conversations to simply avoid jeopardizing long-term partnerships built by the CBPR scholar.

In addition, LCP self identifies as a Black woman, which positions her differently in the academy when compared to MT. She was the first in the UMSPH to receive tenure and be promoted to Full Professor applying principles of CBPR. In many ways, this paved the way for another junior faculty, and colleagues to also achieve tenure. P&T committee members had more familiarity with community engaged scholarship because of LCP's examples and successes and could now evaluate dossiers with a more informed lens.

Regardless, MT and LCP still had to submit dossiers that mimicked typical academic standards of grants and publication while cultivating relationships in the community. The time and effort spent on relationship building is not factored into tenure decisions. In LCP's case, after she earned tenure the department chair expressed the need to quantify time spent in the community. In MT's situation, her department also decided to revise its P&T policies after high-quality CBPR scholars were being asked to appeal their promotion cases. Although both MT and LCP remain motivated to create new paths for upcoming CBPR scholars, the additional labor required by trailblazing scholars is burdensome. For LCP, being one of few Black female scholars in academia substantially increases that burden. In addition to the labor required to defend CBPR, she was also subject to all the other unfortunate and common barriers for underrepresented scholars like high service load, daily microaggressions related to navigating academia, and race and gender bias inherent in teaching evaluations (Heffernan, 2022), another key component of P&T success. The mental stress and mental load that LCP experiences has led to several health challenges that many women of color in academia suffer and, in some ways, set aside to accomplish their scholarship goals. As Audrey Lorde noted, "Caring for [oneself] is not self-indulgence, it is self-preservation" (Lorde, 1988). Today both MT and LCP actively set different boundaries, and both believe their longevity is owed to themselves, the communities they work with, and future CBPR scholars. LCP uses her voice more on committees than ever before to avoid long-term decisions that may negatively impact future BIPOC or hide or dismiss the labor of BIPOC.

Supporting future CBPR scholars and community engagement

MT is currently in an administrative role, not a research role, but she supports CBPR scholars 1-1 when possible. She sits on multiple masters and doctoral thesis committees as the CBPR representative, at the University of Missouri and many other national and global universities. She also advocates for the value of CBPR when she can. For example, she collaborated with

the chair of the department of public health to modify the existing P&T policies to better account for CBPR research. For example, they explained the value of CBPR to the discipline of public health including to eliminate health disparities; added examples of CBPR scholarship to examples of high-quality public health research; explained that the best journal choices were those that made sense for the kind of research being done and could include journals chosen for relevance to the community; and described important public health funding as funding well matched to support community health.

LCP currently remains in a traditional faculty role teaching, engaging in community-based research, and serving the department, school, university and profession; she mentors students at all levels from undergraduate to doctoral. She also presents in national conference settings about her CBPR success whenever she can. Advocacy-wise, she joined the university Community Engagement Presidential Taskforce to shape the future culture of campus community-engaged scholarship and develop a strategic plan to successfully institutionalize community engagement. For example, committee members advocated for additional resources and support from the university president. The committee was also tasked to develop a set of guidelines to support the future application to Carnegie Foundation's Community Engagement Designation and compose a final report to the University of Memphis president outlining key recommendations for the future trajectory of community engagement for the campus.

Both MT and LCP believe it is important to bring emerging CBPR scholars up to speed on academic culture and the historical context of both CBPR and P&T policies. This includes both the reality of the challenges that CBPR scholars face, as well as reminders of new opportunities, built from years of foundational CBPR work in public health and other fields. Both MT and LCP are also dedicated to helping young scholars commit to producing high quality and meaningful CBPR work for communities and overall health and well-being. Student-centeredness is embedded in the philosophical teachings of CBPR scholars. MT and LCP watch trainees flourish in the field of public health no matter the uncertainty. They each have cultivated teams of young, gifted trainees, and are forever grateful for these full-circle career milestones.

Advice and Suggestions

When searching for future academic homes, the authors encourage all postdoctoral fellows and recent graduate students to pursue job opportunities in academic and research climates that not only have engaged scholarship language in the mission statement but also have the evidence of faculty success. Applicants should seek opportunities in cultures that demand community engagement and live by those words. Below is a summary of eight points to consider:

1. Know your university, and what is expected for P& T. It is important to understand if and to what extent your university values CBPR work when you make your case for tenure, especially in documented P& T policies. This will help you match your work with university expectations and be strategic about how to describe your success in terms of university metrics. If your university P&T metrics do not match well with CBPR, you can think creatively about solutions or how to describe your work (continued in point 3). Ignorance is not bliss when P&T (i.e., your job) is on the line. CBPR *is* high quality work, and you may have to work with your own policies to describe and define it as such.

2. Identify your values and priorities for your work. The path to P& T can feel like both a marathon and a sprint, and academics do not dedicate enough time to reflect on the bigger picture, such as their values and personal goals. Take time each year or semester to reflect on what you want out of your job and identify your "deal breakers." For example, both MT and LCP chose to pursue CBPR, knowing the path would include barriers. It is okay if you don't make this choice, but either choice you make should be made with intention, from reflection.

3. If your university metrics do not necessarily align with CBPR metrics of success, plan, problem-solve, and repeat. One approach is to build a CBPR program of work (e.g., smaller grants, community dissemination), plus a program of work to achieve university metrics (larger grants, "high-impact" publications). This second program could include having a CBPR role on collaborator submissions. The problem with this approach is notable – it requires you to put in more effort than pursuing a single united program of work. However, it may be possible to identify areas of overlap with other researchers in grant and paper writing that allow you to expand your program with some efficiency. Another approach is to identify areas of university priorities that you can use as leverage – such as in MT's case, the university's land grant mission to connect research to the community – to discuss the importance of your work to the university.

4. Build a mentor network with you at the center. No one can succeed alone in academia and if the support is not built into your existing structure, work to create the structure around

you. Do not rely on one mentor. Instead, figure out what you need and slowly build a circle (e.g., add one person a year or a semester) of support around you (NCFDD, 2025).

5. Diversify your mentors. Peer mentorship is usually accessible and incredibly helpful (e.g., MT and LCP supported each other). When it comes to more senior mentorship, look outside your area of work and beyond your institution. Contact possible mentors based on recommendations and a likely match with your own values. Community partners can also serve as valuable mentors and sources of support and encouragement for your work.

6. Look outside your institution. Explore people, programs, fellowships, and tool kits beyond your institution with expertise in CBPR – to create a community of practice to support your research. Recent toolkits, such as the Community-Engaged Scholarship Toolkit from the American Sociological Association (2025), are emerging to help scholars include CBPR in their T&P dossiers.

7. Advocate for CBPR. Identify opportunities to advocate for the value of CBPR in departmental and university meetings, or as you serve on committees at various levels. If you are a junior faculty member, help others become sponsors or advocates for you, by giving them the language to talk about CBPR in important ways in the rooms you are not in.

8. Prioritize your own care by including personal goals and activities as protected time on your calendar. Include safe people who you can vent to in your mentor circle. Learn and practice saying no to activities that fall outside of your goals and values.

9. Pay it forward. Be intentional about mentoring emerging scholars interested in applying principles of CBPR by immersing them in community advisory board meetings, shadowing you in the community during data collection, producing scholarly works with a CBPR lens, and involving them in dissemination efforts in the community and scientific meetings.

10. Respect the process and enjoy the ride. Do not rush partnership development. It should grow and mature organically despite P&T clocks. Consider writing process papers to enhance the quantity of scholarly products while you build rapport and trust in the community and patiently wait for outcomes. Use seed funding to garner community

> support and build preliminary study sections overtime to enhance larger federal grant submissions. Maintain the mindset to respect the community with transparency about your personal P&T goals and how this process is intended to be mutually beneficial. If you do not earn tenure, the important work your partnership is working toward can be compromised.

This commentary is about the lived experience of the authors. It is not meant to disparage people or institutions but to be used as a teaching tool and to reflect on both facilitators and barriers to engaging in CBPR while achieving academic tenure. The authors highlight circumstances occurring over a 15-year time span. The reflection is meant to acknowledge many triumphs of CBPR outcomes from the perspective of faculty in the trenches at R1 institutions. Times have certainly changed and academic settings continue to evolve. Now it remains to be seen how P&T guidelines shape over time and how the use of other metrics to assess research impact such as social media presence, H-scores, Google scholar analytics and the likes are integrated into faculty evaluation for CBPR scholars.

Both authors personally value CBPR and are thankful for working at institutions that have allowed them to do this work. Things may not have gone perfectly every time. But in the end, this was the best decision for MT and LCP to engage people and communities they love to tackle local HIV epidemics. Things have certainly not been easy operating in a silo and having to call on peers and mentors across the country to navigate this journey. But just as the world learned during the COVID-19 pandemic, the passion for CBPR work does not stop. Technology has kept us connected and we persist. The same will apply during this unfortunate moment in time where public health and HIV research are under attack. MT and LCP have pivoted their entire budding careers and have both accepted no matter the circumstances .... She will persist.

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