<u>Supplemental Digital Appendix 1:</u> Evaluation of the Community Mentorship Program Pilot (2013-2015) by Early-Stage Clinical and Translational Scientists (CTSs) and Community-Based Organization (CBO) Mentors (n = 3 pairs): Themes and Representative Quotations From Separate Exit Interviews, Southern California Clinical and Translational Science Institute (SC-CTSI), University of Southern California and Children's Hospital Los Angeles

Question and themes Representative quotations What made you interested in being a part of the community mentorship program and what was your experience in communityengaged research before this program? First-time opportunity to • My focus has always been on biology, with a focus on race and ethnicity, especially the Latino population and work with the community the behavior of the disease and how it differs from [the disease in the] white [population]. And at the same aligned with research time I'm trying to teach in the community, realizing that there are tremendous gaps in their knowledge about career goals [the disease]. (CTS) • I've always been interested in community-engaged research and this seemed like a good opportunity to get more involved with that aspect of research. (CTS) Innovative academic-• I'd already done a lot of work with the community so having more support for it sounded like a unique community partnership opportunity that we don't always get. (CTS) opportunity • I think it was an opportunity to expose my community partner to [the university] and where I'm coming from. Because all they see is me and my badge ... but they don't see what's behind me and what I represent and who I'm working for ... that it's not just me that's coming to him [the participant]. It's also part of this greater institution that is really interested in improving community health. (CTS) I'm very engaged in [this] community. I've always felt like we need more baseline data to provide some strategic direction for our work. We take a lot of models from other communities and other immigrant groups and a lot of times those work well. But there's very little specific to [this] community.... So I saw this as an opportunity to build that baseline data that will help provide services to the community. (CBO mentor) It's something that's really innovative, and for us we've been working with Dr. [XX] for a long time. These are things we'd talked about doing and because of lack of resources and time we'd never actually sat down and created that plan, and this was just this fantastic opportunity for us to do it and it gave us the momentum that we needed to do it. (CBO mentor) I have been involved in these types of projects before throughout my work.... So this was a natural fit. Actually it was more specific.... It's fun to do and it's a pleasure. It's been a blast for me. (CBO mentor)

(Appendix continues)

Question and themes	Representative quotations
What did you consider a Building trust with the community	 So I think that [the program] helps gain more trust with these organizations. Because there's just been many years of mistrust and lack of trust. I think researchers or physicians don't realize it and they just expect, "Oh come onYou're just going to work with me." But they don't realize that maybe you're the 5th who has come to their organization and said, I'm going to do all these surveys and I just need all these people to come. And then after that they never come back and tell them what they found. (CTS)
Gaining competency in engaging, understanding, communicating, and learning from the community	• A way for me to see the community a little differently. It's not just going out and educatingthere's something to be learned. Even though I thought there were some issues I didn't really know how to talk about them. (CTS)
	• It really pushed me to meet with people that I wouldn't otherwise have met with just doing my research Now I feel more comfortable approaching someone at an advocacy organization or a community clinic, and have a better sense of their perspective. (CTS)
	• I was having an issue with my conceptual model and all of a sudden everything just clicked! It all came together, and now it's a beautiful model how the genetic ancestry contributes to the behavior of the [disease] making it much more aggressive and leading to disability much earlier. (CTS)
	• Now Dr. [XX] is talking about her research and what she does and now she's translating it so that not only can the community members understand how committed she is to understanding [the disease], but now they understand how they can be a part of a research project and how they're contributing, not only to future treatment to what's happening here It was fascinating for her [the CTS] to hear some of the questions and to have people share why they think they have [the disease]. I think that was different for her a very humbling experience for her because I think she left very excited about her research and how it could impact people. (CBO mentor)
Network building with the community as a lifelong research resource	• On a practical level, building a network of practitioners in the community for possible recruiting down the line or when I am working in community populations just knowing what other resources are out there to take advantage of. (CTS)
	• The idea was trying to understand what she was trying to do and give her some exposure and get them to know her program and its great value. Sometimes, I see that some providers don't always connect with the community the organizations. So that's what we've been able to do with [the CTS], to connect her with community organizations so that they know her program. (CBO mentor)
	(Appendix continues)

(Appendix continues)

Question and themes	Representative quotations
Gaining competency in networking with the community	• I think she [the CTS] did a good job of not just engaging me, but also engaging stakeholders in the community, so she now has this critical mass of folks that I think will continue to stay engaged to help inform and guide her research and are in some ways the best spokespersons for what she's trying to do. So that, I think, was another great accomplishment in this work and can have some long term impact. (CBO mentor)
Gaining competency in understanding health care models within community settings	• Sometimes we have a hard time applying what we've learned in the classroom and I think I was able to help with that. You can be in the hospital, but you don't necessarily know what's happening in the community. I think that was one of the main values that we were able to provide. (CBO mentor)
Formalizing processes of working with a community mentor	• I've budgeted [the CBO mentor] in my NIH grant, so that together we are going to lead these parenting groups, so that when the research funding is gone, there's capacity building because we have trained them in the program. (CTS)
Getting formal support from the program	• Your group [the CMP leaders] was very proactive. I think they sensed that things weren't really moving forward and that they needed to take a more proactive role, and that was really helpful. That's when things started moving. (CTS)
Accomplishing more than planned	• We completed more than we expected, and I think that's the result of the relationship that [the CBO mentor] and I have and the people, I mean the people are just so wanting to learn and wanting to understand why they have the disease. (CTS)
What did you consider a	challenge of the program?
Time commitment	• I think time is always a challenge with all work in the community. Because we have our timelines of what we need to get done, and they have their timelines, too. (CTS)
	• Keeping this a priority, keeping in touch with [the CBO mentor], keeping the conversation going as other priorities get in the way or move to the top of the list. (CTS)
	• There's always the challenge of time and resources. (CBO mentor)
Programming of presentations	• I was hoping to connect her [the CTS] with a specific conference, but that didn't materialize. I'm involved with a couple of local conferences, and normally we're asked to put on either workshops or plenary sessions. So my dream was that we could do a plenary or workshops focused on some of the work she's doing. But unfortunately we weren't asked to do that this year. (CBO mentor)
	(Appendix continues)

Question and themes How has the Community	Representative quotations Mentorship Program impacted your work?
Perception that community-engaged research is valued and supported by the academic institution	• What has changed is learning about the support from this institution [the SC-CTSI]. Sometimes I've wondered, "Is it valued?" It just shows me that the CTSI is interested in this work and they want to support it. And I think that's very critical, given that there are many different types of research that we're doing, knowing that it's supported is important you feel like you have more of a community of support. (CTS)
Integration of the community perspective and reality with academic perspective and reality	• I've realized more the importance of community research. I've only been familiar with basic science, focused on needing good epidemiology of the disease. The community is going to have to be a big part. (CTS)
	• I went into it not being sure what the extra layer would contribute But what I came to appreciate over the year was that by talking to other people, I can learn about their experience with engaging with this population, their own challenges, their own successes. We're all working to reach this hard-to-reach population so we can share lessons learned So having a wider network of people [with] some collective expertise is good. (CTS)
	• People who are practicing really have insight into the real world challenges, because I get this luxury of operating in this bubble where I get to do whatever I want. I can design the most impractical intervention ever. So, having connections with folks who know the billing and pragmatic challenges of delivering these interventions in the community I'm learning that so as I go forward in my research, I can adapt and tailor things to better stay within existing systems. (CTS)
Perception that community values the work	• In talking about what is unique about our discipline it started an interesting conversation about how we can work together and learn from each other and what my perspective has to contribute to what they're doing. So it [the conversation] sort of got people excited about potential collaborations. I think otherwise it would have been, "we've heard this before," but I think they saw it as something different and were more interested in hearing what I had to say. (CTS)
Translation of experience to the work outside the program	• Now I'm interested in being involved with similar projects, like in curriculum development or in projects designed to change behaviors, like programs that impact wellness. I've learned how I can help with community contacts and other resources. We're all protective of our community, and I can make sure the researcher can be trusted. (CBO mentor)
	(Appendix continues)

Question and themes What would you recomm	Representative quotations end that the program team do differently for the next round of participants?
Formalize participation credit opportunities (e.g., CME)?	Because there is no funding for this program [the CMP] and it does take a lot of time and a lot of effort If they [the CMP] could give me credit for this, it would be great. And I could justify my time more if I was getting credit. It should count. (CTS)
Reinforce memorandum of understanding (MOU) as a guiding document	• The MOU was probably specific enough, but we did that at the beginning and then didn't really go back and look to see what we were going to do. So the follow-through was important to make sure the infrastructure is in place. (CTS)
	• Sometimes it felt like we were meeting just to check something off of the MOU. Maybe tailor the number of calls and meetings based on need. (CBO mentor)
	• I think that [not meeting pre-established deadlines] can be avoided if it's clear up front what the timelines are. (CBO mentor)
Involve program in progress report meetings	• I feel like once a month check-ins is about right. As long as the mentor and the mentee and at least one [CMP] liaison are involved, that's good. (CTS)
Provide participation incentives	• [I]t was great. The incentives [\$500.00] provided were so helpful. (CBO mentor)
Provide pre-program training about community engagement	• How you treat community groups is important. Not patronizing them. Treating them as true partners. A lot of it is stylistic, but maybe there are some researchers that need that training. How do you talk to lay people I think that's important. May need to train the researcher to work with people in the community. (CBO mentor)

^aQuotations have been edited for publication (for clarity and to remove identifying information).