Conceptualizing systemic mentorship for equitable education in public health: multi-directional, mutually beneficial, and holistic networks of care

Jonathan Garcia[1*†], Ashley Vaughn[1†], Cynthia M. Mojica[1], Gabby Chavez Tista[1], Serena Brown[1], and Stephanie K. Grutzmacher[2]

[1] College of Health, Oregon State University, Corvallis, OR, United States

[2] School of Nutritional Sciences and Wellness, University of Arizona, Tucson, AZ, United States

†These authors contributed equally to this work and share first authorship.

*** Correspondence:**
Jonathan Garcia
jonathan.garcia@oregonstate.edu

Keywords: mentorship, academic public health, networks of care, critical pedagogy, health equity.

Abstract

Mentorship is essential to educating and supporting students, faculty, staff, and community members, especially in fields like public health in which relationship-building and community engagement are central. However, traditional concepts of mentorship often reinforce hierarchical, one-directional knowledge transfer between mentors and mentees, overlooking the system of relationships that can honor the holistic assets and needs of learners. To address these limitations, we provide a conceptual analysis of systemic mentorship, which expands the mentorship paradigm in two ways. First, systemic mentorship challenges hierarchical and individualistic mentorship models by grounding itself in critical pedagogy and public health values, such as equity, social justice, and collective responsibility. Second, systemic mentorship emphasizes networks of care, which redistribute the labor and responsibility of mentorship across a community of educators, students, and community members, supporting holistic well-being and addressing structural barriers that affect persistence and success. For systemic mentorship to function equitably, it must be embedded in and supported by institutional cultures and policies that prioritize relationship-building through advancement metrics, professional development, time, and other resources. We illustrate this approach through our Equity Matters Community of Practice and explore its alignment with public health essential services, CEPH foundational competencies, and ASPPH's Framing the Future 2030 initiative. In light of the recent politicization of public health infrastructure, funding cuts for health equity, and executive orders that exacerbate historical trauma among many of the communities we serve, systemic mentorship offers a path for public health education to facilitate relationships of trust and care and uphold its core principles with integrity.

1 Introduction

Mentorship in public health education plays a crucial role in guiding students as they develop skills in the traditional academic learning environment as well as in applied practice experiences (CEPH, 2020), in which students carry out practicums, internships, service-learning or other co-curricular real-world activities that require collaboration and community engagement. As such, mentorship is a critical aspect of professional development at many stages of an academic journey (Sanfey, Hollands, and Gantt, 2013) and has the potential to either uphold or challenge traditional hierarchies in the academy (Montgomery, 2017; Thomas, Bystydzienski, and Desai, 2014). In this way, mentorship may either facilitate or deny access to important information, relationships, support, and skill development (Montgomery and Page, 2019), and in turn, may impact not just expertise but community engagement and public health practice.

The resources accessed through mentoring relationships are crucial to development and success, yet such resources are also informally and inequitably distributed. Academic structures can perpetuate inequity and sustain barriers that might prevent members of underserved communities to experience deep, authentic, and durable mentorship relationships (Griffin, 2020). An attention to equitable structures aligns with public health values, including health equity, social justice, and collective responsibility (APHA, 2020). For example, a lack of effective mentorship may substantially undermine both long-term success of faculty of color, particularly women, and also the effectiveness of institutional efforts to diversify faculty and retain faculty of color (Davis et al., 2022). Without structures that support the equitable distribution of mentorship responsibilities, students are left seeking mentors that they feel supported by (e.g., because of shared lived experience, their leadership in creating a culture of belonging), which often contributes to the taxation of mentors of color and women with a mentorship load that is not accounted for in advancement metrics (Brissett, 2020; Zambrana, Carvajal and Townsend, 2023; Guillaume and Apodaca, 2019). On the other hand, effective mentorship can decrease isolation, promote retention, and promote academic career development among faculty of color (Brown, 2021; Byars-Winston et al., 2011; Olson and Jackson, 2009; Stanley, 2006); improve support, competencies, and satisfaction among graduate students (Grilo et al., 2024; Lorenzetti et al., 2019); and promote positive academic outcomes, well-being, and skill development among undergraduate students (Le, Sok, and Heng, 2024; Monjaras-Gaytan and Sánchez, 2023).

Traditional mentoring approaches in academia tend to focus on transferring a relatively narrow set of professional skills, often to develop a research program, grant proposal, and publications that students need to pursue academic careers of their own or to help junior faculty utilize these skills to achieve tenure. These skills are typically developed through one-on-one relationships and in-depth feedback about written output. This assumes that the mentor holds access to knowledge acquired directly through formal education and professional experience, and that the learner is engaging in a process of adopting that knowledge in a unidirectional way from the more experienced mentor. The inherent power imbalances between mentors and mentees are reinforced by this "banking" form of education as described by Paulo Freire (2000).

Yet, this approach falls short for several reasons. First, it overlooks several groups of people who can benefit from mentoring (e.g., pre-college and undergraduate students, staff, mid-career and senior faculty, community organization staff, and community members). Second, it elevates the importance of dyadic relationships characterized by a one-directional flow of information. Third, it emphasizes outputs as the primary function or accomplishment of mentoring relationships, discounting how everyone is shaped by varied identities, lived and

professional experiences, responsibilities, values, motivations, and goals. Fourth, it reinforces hierarchies within academic institutions and between academia and surrounding communities by emphasizing the greater importance of knowledge developed through formal education within the university. Finally, it undervalues a broad variety of skills needed for successful public health practice, specifically building trust and nurturing a nexus of collaborative relationships that determine public health impact.

This approach to mentorship does not just impact academic institutions but influences public health practice in the field. The way we train and mentor the public health workforce directly shapes how they approach practice, influencing not only the expertise and skills they bring, but also the values and priorities they carry into their careers. Today's public health challenges require broad, coordinated, community-engaged cooperation, with a focus on relationship building, to improve health, safety, and well-being across populations (DeSalvo et al, 2017; Fraser and Castrucci, 2024; Helm-Murtagh and Edwin, 2024). Training programs that solely emphasize technical expertise and traditional research pathways over relationship building, cultural humility, and systems thinking risk producing practitioners who overlook the realities of communities. Conversely, when education integrates community engagement, mentorship, and critical reflections on power imbalances, students learn to see health challenges as embedded in social and structural contexts and to approach their work in partnership with others (Chu and Marerro, 2025; Plessas, et al, 2024). In this way, public health training does more than convey expertise but sets the tone for whether future professionals perpetuate traditional models that fall short or contribute to transformative practices that truly advance health equity.

To address these challenges in traditional mentorship, we propose the concept of systemic mentorship (see **Figure 1**), which expands our understanding of the mentorship system in two ways. First, systemic mentorship challenges traditional, hierarchical, and individualistic mentorship models by rooting it in critical pedagogy and public health values (APHA, 2020). Second, systemic mentorship requires networks of care, which redistribute the labor and responsibility of mentorship across a community of educators, students, and community members, addressing holistic well-being and structural barriers that affect persistence and success. For a systemic mentorship approach to function equitably it must be embedded and supported by institutional cultures and policies that value building relationships by prioritizing them in advancement metrics, professional development, time and other resources.

2 Grounding mentorship in critical pedagogy

Systemic mentorship is grounded in transformative, critical pedagogy. Critical pedagogy defines the sharing of knowledge as reflexive, reciprocal, historically dependent, and oriented towards transformative action (Freire, 1998). Each of these elements of critical pedagogy are described below.

Systemic mentorship is *reflexive* because it requires that educators and students reflect on their positionality – that they map out their assets and biases/blind spots based in their lived, professional, cultural and institutional experiences. As such, the types of assets that can be considered may include:

- *Cultural assets* include norms, attitudes, values, traditions, and practices that shape community identity and sustain a sense of belonging. This set of assets includes how communities practice joy – with the intentional practice of joy being

central to relationship development and collaborative learning. Cultural assets shape how communities interpret and communicate public health messages (Echo-Hawk, n.d.; Seneca, McCarn, and Baker, 2025, Sotto-Santiago, Mac, and Genao, 2023).

- *Lived experience* describes cumulative practical knowledge and subjective understanding acquired through daily life; it is shaped by the person's social position, circumstances, and identities.
- *Relationships* with individuals, families, community groups, and institutions are assets that can be acquired through personal connections, volunteering, community service, and professional and educational experiences. In the process of developing new educational and research projects, well-nurtured relationships can be shared among mentorship teams (James et al., 2014; Luna and Prieto, 2009; Seneca, McCarn, and Baker, 2025).
- *Generational assets* capture experiences, knowledge, and ways of being that are passed down through oral or written tradition. They may represent information or customs that are unique to a historical cohort and acquired through socialization and formal education. As each generation is trained with distinct sociocultural norms, theoretical orientations, innovations, and technology, intergenerational exchange in collaborative learning should consider what generations contribute to each other (Echo-Hawk, n.d.; Seneca, McCarn, and Baker, 2025).
- *Professional experience* is an asset acquired through formal internships, practicums, and employment.
- *Formal education* describes theoretical, methodology, and practical learning that occurs by formal coursework in academic settings.

An inventory of assets beyond formal education and professional experience recognizes what everyone contributes to a mentorship relationship, offering a way to operationalize an alternative to unidirectional, banking education. By expanding the range of assets brought to a mentorship relationship, we can begin to understand how members of a mentorship system can learn *multi-directionally* from each other.

When each member of the mentorship system develops a deep understanding of how their views, learning style, communication, and principles are shaped by past experiences, they can begin to share their self-reflection with the group to develop an inventory of group-level assets. An inventory of this sort can show complementarity in their perspectives, paths for innovative collaboration, potential sources of conflict, and equitable strategies for mutually supporting each other. In this way, together the team develops a foundation for reciprocal knowledge and asset sharing. The potential for mutual benefit is unique to any given group dependent on the emergent properties resulting from their intersubjectivities and shared assets.

Reciprocal and multi-directional learning occurs not only because of the emergent properties of a group's shared assets, but also by reflecting on the social position of each team member. Identifying how each person experiences systems of power, hierarchy, and oppression can facilitate both lateral solidarity among peers that experience similar opportunities and disadvantages in the system, as well as solidarity among team members with varying power and access. In practical terms, systemic mentorship should include opportunities for peer support, in which members of the team can empathize based on shared lived experience; and it should support these relationships by strengthening support across hierarchical, generational, and social

categories. Previous work has described equitable teambuilding as the process of developing a "container" in which members whose identities span boundaries (i.e., in their identities, roles within the academic system, and power) can experiment with new ways of being and relating to each other and partnering communities (Garcia, et al. 2024).

The system of mentorship thus reflects on how those assets came about, with particular attention to the history of power and domination that shape access to assets and relationships within the system. The co-creation and sharing of knowledge occur in relation to history. Freire notes that, "the accomplishment of critical consciousness consists in the first place in the learner's capacity to situate herself in her own historicity, for example, to grasp the class, race, and sexual aspects of education and social formation and to understand the complexity of the relations that have produced this situation" (Freire, 1998, p. 14). The history of racism, settler colonialism, and sexism that shape academic institutions and the research enterprise generate barriers to accessing formal education and professional experiences. The intergenerational trauma resulting from centuries of direct harm and exploitation of Black, Indigenous, Latines, and communities of color undeniably shapes trust in academic institutions. A system of mentorship can only begin to redress this harm and power imbalance by directly reflecting on how this historical backdrop shapes current relationships.

Systemic mentorship builds on the concept of "liberationships," defined as "mutually beneficial relationships that empower all parties to reach their personally-defined goals while addressing systemic barriers" (McAloney and Long, 2021, p. 85). Inspired by critical and engaged pedagogy, the relationships developed in these transformative mentorship styles "acknowledge power and provide opportunities for conversations that situate the individual within systems of oppression to learn and develop through so that persistence in higher education can be achieved with the least amount of marginalization" (McAloney and Long, 2021, p. 86). Taking this critical perspective, it is beneficial for those engaging in mentorship relationships to ask: How can the history of our communities shape the development of trust in this relationship? How can we establish relationships based in mutual benefit rather than extraction?

These questions point to the last element of critical pedagogy that guides our conceptualization of systemic mentorship – an orientation towards transformative action. The principal action in systemic mentorship is building sustainable relationships based on mutual benefit, that "move at the speed of trust" (brown, 2017, p. 27). The academic system engages in research, teaching, and service through high-impact activities such as internships, service-based learning, and community-engaged research. Equitable engagement requires establishing, evaluating, and revising activities based on their mutual benefit. Systemic mentorship then includes the act of nurturing and brokering relationships with community-based groups to ensure their longevity and redress the history of exploitation that many communities have experienced in their relationships with the academic enterprise. For example, relationship brokering often occurs when students and faculty are developing research programs, and grant proposals require letters of support from community members. The quality and potential for impact of the proposal are shaped by having an investment in meaningful relationships with community members before the research idea emerged. If communities are involved in co-creating projects through ongoing relationships, the outcomes will likely be more relevant and adopted more readily. By building relationships based on mutual benefit, rather than exploitation, communities and academic institutions are strengthened.

3 Networks of care: whole people in whole systems

Aligned with its orientation towards transformative action, a systemic mentorship approach emphasizes the development of networks of care, webs of supportive relationships and environments that attend to the full range of needs that all network members have by emphasizing their well-being as whole, integrated people (see Kelly, 2024). This approach embraces a core tenet of public health that acknowledges how social and structural conditions, including school and work, shape people's well-being. It further acknowledges the role of how other social determinants, such as access to basic needs, caregiving support, and social and cultural inclusion, affect one's persistence and achievement in their education or career. Additionally, in alignment with the social determinants of health, the social determinants of learning have been described as social and structural factors outside of the individual learner that can affect learning (Levinson and Cohen, 2023).

The conceptual frameworks of the social determinants of health and learning are important considerations for developing mentorship systems. Many individuals confront immense challenges attempting to balance their roles as educators and learners with their roles as family and community members, and other roles, such as caregiving, that require time, energy, and resources. While traditional mentoring is meant to be a resource to help navigate such demands, it may be experienced by mentors as more of an obligation than a resource and by mentees as inadequate to meet their varied needs.

Systemic mentorship proposes a more diffuse mix of formal and informal relationships as a potential solution to relying on a small number of overtaxed faculty mentors to meet the myriad needs of mentees (e.g., Chanland, 2023; Higgins and Kram, 2001). Broadening this approach to account for vantage points across and within communities such as pre-college and undergraduate students, academic staff, mid-career and senior faculty, community organizations, and community members, may contribute to a more holistic development of faculty and students. By including people from these systems, the network of care is not just preparatory; it is the practice of public health itself. A network of care that includes educators, students, and community leaders working in collaboration is not just to prepare a student for a future role, but to reshape the conditions of mentorship, work, and public health practice towards greater equity.

A network of care builds a collective infrastructure that distributes both care and responsibility because networks of care traverse typical boundaries set in mentorship relationships, expanding from student-educator to a broader, more holistic support system. Networks should include educators, community members, and learners with a variety of identities, professional and lived experiences, health and social service providers, cultural affinity groups, and community organizations. Future public health professionals must know how to build and nurture relationships, collaborate and co-create, and recognize when they are beyond their capacity. A network of care models these behaviors and teaches emerging professionals that equitable public health practice requires far more than technical competence, but relational interdependence, as well.

To achieve networks of care with such an expansive diversity of membership, it necessitates that members practice cultural humility, a lifelong process that requires individuals to engage in self-reflection and self-critique (Tervalon and Murray-Garcia, 1998), leading to a recognition of our vulnerabilities and an awareness of the perspective of others. When we participate in networks of care as whole people, we can harness the power of that vulnerability to connect with students who have similar lived experiences (see Museus, Yi, and Saelua, 2018). As so eloquently stated by bell hooks, "Beloved community is formed not by the eradication of

difference but by its affirmation, by each of us claiming the identities and cultural legacies that shape who we are and how we live in the world" (1995, p. 263). Further, recognizing our vulnerabilities as educators also pushes us to acknowledge when we are beyond our capacity to provide support and when we need support ourselves. This can push us to develop and prioritize ways of practicing joy and replenishing our capacity.

Further, networks of care should be grounded in the principle of structural humility (Metzl and Hansen, 2014), the on-going critical reflection of how systems and structures shape mentoring relationships. This concept not only calls for identifying systemic barriers but requires challenging and disrupting those barriers. Within systemic mentoring, individuals are encouraged to continuously examine how structural forces, such as organizational hierarchies, institutional policies on hiring, admissions, and student support, and cultural norms on mentoring, communication and campus climate can impact support and inclusion. By incorporating the concept of structural humility into mentoring practices, networks of care can foster more authentic relationships as individuals become more willing to explicitly engage with and address systemic issues that affect mentoring experiences.

These practices that underly systemic mentoring can also be meaningfully extended to the classroom through an engaged pedagogy framework. As bell hooks writes in Teaching to Transgress, “Engaged pedagogy does not seek simply to empower students. Any classroom that employs a holistic model of learning will also be a place where teachers grow and are empowered by the process. That empowerment cannot happen if we refuse to be vulnerable while encouraging students to take risks” (1994, p. 21). This vision of teaching aligns with the principles of both cultural and structural humility, which involves engaging in self-reflection and recognizing students’ lived experiences while critically examining and challenging institutional forces that shape student success. When educators embrace these principles, they can create learning environments—and networks of care—where there is vulnerability and shared learning.

Systemic mentorship that is grounded in whole-person pedagogy aligns with other public health frameworks [e.g., trauma-informed (Carello and Butler, 2015), antiracist (Jones, 2018), human rights (Meier et al., 2018)]. These are essential tools in public health practice, reflecting the persistence and wholeness of communities and the need for relational approaches that embrace both lived experiences and systemic realities. These frameworks should lead us to reject mere academic survival as a goal of mentoring. Instead, mentoring should be our pathway to developing individual and community capacity, as public health professionals and whole people, to thrive. If our ultimate purpose is to build safe, healthy, equitable societies, then our approach to mentorship should reflect the world we hope to create: one where care and values are shared, goals are collective, and no one is left, partially or whole, to navigate alone.

4 Institutional policy and cultural shifts in support of systemic mentorship

To reflect the world we hope to create, systemic mentorship must be intentionally embedded and supported by institutional cultures and policies that recognize relationships as central to education and public health practice. For systemic mentorship to thrive, academic institutions must recognize that the labor of building relationships, cultivating community, and offering care is *essential work* that facilitates teaching, service, and research. Institutional policy and cultural shifts are needed to move toward collaborative rather than hierarchical structures. Policies that create incentives and accountability for mentorship ensure that it is not the responsibility of a select few but a shared, supported practice. Below we first describe

institutional policies along three dimensions: physical and virtual spaces; better systems for acknowledging community effort; and recognition of service/labor. We then address cultural shifts to support the implementation of institutional policy change by describing an asset-based approach to mentorship and unveiling the hidden curriculum of higher education (Gable, 2021; Margolis, 2001).

4.1 Institutional policy changes: space, systems, and recognition

In short, relationship and community building require infrastructure: dedicated time and physical and virtual gathering spaces for sharing ideas, experiences, and joy; continuous means for communicating opportunities, needs, and successes; and consistent engagement with community organizations and other partners in research, practice, and experiential learning. This infrastructure nurtures budding networks into indispensable communities, ensuring their persistence beyond specific projects. Systemic mentorship facilitates intergenerational learning, which supports the development of pipelines that engage public health education as part of a continuum, starting with the first experiences that high school and community college students have with engaging communities in service-learning and volunteering. By creating the infrastructure that facilitates peer and intergenerational mentorship, future public health students will be aware of the essential services of public health, generating excitement for majoring in public health in college and continuing that training into graduate school. A true accounting of the impact of systemic mentorship on public health education should include tracking how it affects enrollment through these supportive pipelines.

To this end, we must create stronger institutional systems for meaningfully engaging communities. Community members offer invaluable knowledge and perspective, yet they are often excluded from mentorship systems or expected to contribute without compensation. Institutions must develop clear, equitable mechanisms for engagement and compensation: financial remuneration, recognition, and integration into academic processes. This means revising budgets, grants, and institutional policies to make space for sustained, mutually beneficial relationships that honor community expertise. By addressing these structural barriers, academic public health can move from extractive partnerships to authentic collaboration, strengthening both education and community impact.

Next, institutional mechanisms to support the recognition of exceptional service and community benefit are needed. Faculty of color, women, and staff are disproportionately burdened with mentorship and care work (Griffin, 2020; Lin and Kenette, 2022), risking burnout and perpetuating workload and structural inequities within academia (Brissett, 2020). Networks of care can partially relieve this burden without jeopardizing the support that network members need, but institutional support is necessary to prevent the overburdening of particular individuals (Mountz et al., 2015). Academic institutions must shift from viewing mentorship as an optional, individualized act of benevolence, to a collective responsibility grounded in justice and care. This means resourcing mentorship as core institutional work, developing expectations and accountability for relational practice, and honoring the diverse assets that students and mentors bring. Mentorship should not be a privilege for the lucky few, but a shared, systemic practice that cultivates community, sustains well-being, and prepares us to build a more equitable, healthy future.

Institutions must also distribute the labor of care across entities (e.g., campus mental health services, career services, affinity groups) as appropriate and seek to decrease the conflicts between work and school and other roles (e.g., campus childcare, flexible work and leave

policies). Formal systems of acknowledgement and compensation are essential to ensure that the invisible labor of relationship-building and support is valued, acknowledged, and equitably shared across the institution (Brissett, 2020). For example, promotion and tenure guidelines may better reflect the value of relationships by accounting for community engagement as central to scholarly contribution. The diverse dissemination methods and products typical of community-engaged scholarship that may fall outside of traditional peer-reviewed forms are often not adequately recognized or weighed in faculty review and promotion and tenure processes (Gunter, et al, 2024). FTE allocations should account for the time and labor involved in relationship building, preventing burnout and ensuring that those who disproportionately carry this work—often faculty of color, women, and staff—are equitably supported and recognized. Moreover, networks of care must advocate for protected time for relationship-building and community-building, space that facilitates mutual support, and other resources to build and maintain networks. Rather than burdening a few overextended individuals, networks of care distribute the labor and emotional work of mentorship across communities.

Systemic mentorship also demands acknowledging relationship building as essential, shifting institutional focus away from narrow views of accounting for productivity. Academia has long prioritized measurable outputs—publications, grants, and technical accomplishments—while undervaluing the less tangible, but equally vital, work of building trust, fostering imagination, and nurturing relationships. Relational work should not be seen as ancillary but as foundational to transformative education in public health. Supporting this shift means creating space within academic structures to honor co-learning, community engagement, and creative problem-solving. It means recognizing that public health thrives not only through evidence-informed interventions but through networks of care and the shared pursuit of justice and solidarity. This does not mean de-prioritizing measurable outputs. Rather, it means calling for more sophisticated ways to measure, better tracking of how building relationships improves research quality and funding, including student engagement and enrollment.

4.2 Cultural changes: asset-based framing and unveiling the hidden curriculum

The cultural changes that will facilitate systemic mentorship bring into question ideas about who is worthy of mentorship and the language that we use to describe mentoring. In Suspending Damage (2009), Dr. Eve Tuck argues that institutions and researchers must resist framing communities solely through deficit-based narratives that focus on scarcity, harm, vulnerability, or trauma. The same may be true when considering mentorship. When we frame mentorship through a deficit lens, we begin to contribute to notions of meritocracy: who belongs here? What have they done to demonstrate their worthiness of mentorship in the academy?

Other attempts at implementing networked mentorship have observed this phenomenon of a ‘sink or swim’ mentoring mindset (Thomas, Lunsford, and Rodrigues, 2015). It is not just shifts in our institutional frameworks that need to take place, but a full examination of the unwritten rules that influence the culture of mentorship and relationship brokering within academic public health. A systemic mentorship approach allows for a framework that honors the fullness, creativity, and resilience of those who make up our networks of care, seeing them not as problems to be fixed or molded to fit the academic system, but rather, as agents of change and co-creators of knowledge. Every person has talents, skills, and gifts important to our network. Strong networks of care are places where the capacities of the individuals that make up the network are identified, valued, and used. This is particularly true for those who are entering

public health from the vantage point not typically seen in our academic spaces. What novel solutions or approaches to complex public health problems may we be missing when we discredit lived experience and community knowledge? Rather than just asking, what skills are you lacking? We should also be asking; what assets and new frameworks are you bringing with you?

Next, we must also address our attitudes towards community and student voices and strengths in our institutional shifts. Attitudes surrounding mentorship can impact whether community members or students feel comfortable seeking partnerships or support. Many students hesitate to approach mentors because they fear being judged for not knowing the right terminology or for asking basic questions. Systemic distrust impacts relationship building in communities. Incorporating opportunities for relationship building and skill sharing across and within diverse spheres of influence, roles, and positions of power may allow for the creation of networks of care. Additionally, we must create a practice of meaningful engagement, incorporating student and community feedback into our policies and decisions at all levels of our institutions. Rather than asking students and community members what they want as a final checkbox, we must ask students what they want and need when the stakes are low, building authentic trust and relationships so they are ready to meaningfully engage when the stakes are high. Students and community members are part of our network of care—with their strengths, assets, knowledge, and expertise critical to creating our community; our policies and culture must also reflect that.

5 Systemic mentorship in practice

In this section, we describe an example of systemic mentorship in practice developed by our team. The development and piloting of the Equity Matters Community of Practice was supported by external funding from the Robert Wood Johnson Foundation's Transforming Academia for Equity initiative. The pilot program allowed us to experiment with alternative ways of being in a few ways. Rather than continuing on the path of how things have always been done, we created a space that prioritizes relationship building and networks of care. The community was co-led by first co-authors (one instructional, one tenured), which required intentional designation of FTE and course buyouts. While what we are about to describe was possible due to external funding, to be sustainable, it should be supported institutionally, in alignment with the institutional and cultural changes called for above. This example shows that collective, reciprocal relationships rooted in trust, skill-sharing, and mutual accountability can cultivate more equitable mentorship environments and in turn more equitable public health practice. As a result of systemic mentorship, we can further integrate intersecting spheres of influence and go beyond individualized approaches in favor of interconnectedness.

The Equity Matters Community of Practice brought together 24 community members spanning varied lived experiences, including tenured and instructional faculty, graduate teaching assistants, community college instructors, high school educators, and community-based practitioners. Rooted in critical pedagogy (Freire, 1998), the community sought to advance equity-based curricula through critical reflection, solutions-based discussion, and transformative action. The goal of this community was to combine our individual experiences in a way that clarifies our understanding of equitable educational practices, and in turn influence the practices of those around us. Each person in the group was an educator, a learner, and a member of the community created by the Community of Practice. In other words, we created a micro network of care.

During our gatherings, we discussed five broad topic areas: 1) Self-reflection for Equity, 2) Decoding Power and Systems of Oppression, 3) Creating Supportive Environments for Trans and Gender Diverse Students, Colleagues, and Community Members, 4) Whole Student Pedagogy and the Social Determinants of Learning (Levinson and Cohen, 2023), and 5) Creating a Culture of Belonging. Our model followed popular education approaches: we began by telling our stories, sharing and describing our experiences, problems, and how we feel about them. We then learned by doing, participating in dialogue and fun activities, including Theatre of the Oppressed (Boal, 2000). Through weekly meetings, we set goals for how to elevate equity in our learning spaces and address known gaps, while also facilitating critical reflections on power dynamics that ultimately impact our learning spaces. All with the goal of creating a hopeful, optimistic vision of equitable learning spaces. Each participant had a 'project', but what the outputs and completeness of that project were depended on what their learning space needed. Additionally, the community was emergent, attending to needs and discussing topics as they emerged, rather than through a rigorous series of steps.

The composition of our group included members with varying lived experiences and identities across race, ethnicity, gender, sexuality, socioeconomic class, and ability -- all were welcomed. We intentionally engaged participants from diverse spheres of influence, roles, and positions of power within the academic system. From these varied vantage points across the academic and social systems, we nurtured and brokered relationships throughout this network of care. Participants in this community were not treated as passive learners who require input of knowledge or information of how to "do equity the right way." Rather, each member was valued and respected as their own expert of their learning spaces. To support this approach, each gathering began with a skill-share, where members of the community shared stories and skills that they bring to their teaching. By giving each member intentional time to analyze the information they already know, they were able to work out solutions using individual and group assets and support others as they did the same (Freire, 1998).

Through this skill sharing, intentional recognition of not only individual level assets occurred but also organizational and community assets. For example, one of the community college instructors used their time to share resources and approaches to coalition building. That in turn led to invitations for cross-organizational partnerships, to better support students as they transferred between institutions. Additionally, the high school educators shared their approach to support students and educators in the K-12 system. This in turn led to opportunities to strengthen connections between high schools, community colleges, and four-year institutions, in the development of dual-enrollment courses, educational workshops and public health programming. Importantly, these relationships and opportunities were not developed with an end goal in mind. Rather, it was through an investment in reciprocal relationships, attention to networks of care, and an acknowledgment of mutual benefit, that cultivated these organic opportunities to continue working together. Moreover, an adapted version of the infrastructure for relationship building used in the Community of Practice has been adopted by our academic institution to provide on-going support to instructors and graduate students teaching undergraduate courses in the Core Education category of Difference, Power, and Oppression (DPO).

6 Discussion

As an educational discipline and field of practice, public health has prioritized achieving collective well-being by engaging communities in co-creating systems of care that equitably

address the social determinants of health (APHA, 2020). By instituting policies that support systemic mentorship within public health education, future public health practitioners are given the opportunity to experiment with ways of being in community and to practice developing and nourishing relationships beyond academia as part of their educational training. Below we discuss how adopting the concept of systemic mentorship has implications for acquiring core competencies in public health education, aligning with principles of public health as a discipline, and developing trust and capacity in the communities we serve.

First, practicing systemic mentorship as a way of being reinforces several foundational competencies required by the Council of Education for Public Health (CEPH) (e.g., 6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community, and systemic levels; 13. Propose strategies to identify relevant communities and individuals and build coalitions and partnerships for influencing public health outcomes; 17. Apply negotiation and mediation skills to address organizational or community challenges). Systemic mentorship can become a laboratory for engaging with these core skills, better preparing students for when they work with communities to respond to contemporary public health issues.

Alternatively, by continuing to rely on traditional mentorship models centered on unidirectional, hierarchical, and transactional relationships, public health education fails to meet the needs of students, educators, public health practitioners, and communities. These models often reproduce existing inequities by privileging formal education and professional outputs over lived experiences and community connections. This results in solely viewing communities that we work with as vulnerable – further emphasizing power dynamics inherent in a model that frames public health professionals as helpers and communities as passively receiving assistance. Systemic mentorship expands the range of assets recognized in mentorship relationships and calls for a networked approach to care, that honors the full humanity of everyone in our academic system and actively resists the extractive and individualistic norms of the academy.

Second, as an approach rooted in critical pedagogy, systemic mentorship aligns with and reinforces public health values. This model aligns with the Association of Schools and Programs of Public Health (ASPPH)'s *Framing the Future 2030* initiative (Sullivan et al., 2023; ASPPH 2024a), which identifies needed actions to strengthen "equitable, quality education in public health for achieving health equity and well-being for everyone, everywhere." The initiative outlines three transformative institutional shifts needed within academic public health**:** 1) building inclusive excellence through an anti-racism lens, 2) adopting transformative approaches to teaching and learning, and 3) fostering community partnerships for a healthier world (ASPPH, 2024c). All three areas focus on reorienting academic public health toward sustained, co-creative relationships with communities to tackle social determinants and enhance public health impact. Further, in identifying strategies to strengthen community partnerships, ASPPH recommends positioning academic public health in sustainable partnership with communities and preparing learners with skills and perspectives to partner effectively (ASPPH, 2024b). Specifically, they identify co-equal collaboration, humility, and acknowledging partners' expertise and skills as central elements in respectful community partnership. ASPPH calls for these shifts with the "goal [of ensuring] that future public health professionals are equipped - not only with knowledge - but with future-ready competencies, including a sense of civic responsibility and adaptability to navigate the complexities of the public health landscape with a wide array of partners." (ASPPH, 2024b, preface).

Research on education in public health acknowledges that "while many public health practitioners believe that public health is a social justice and antiracist endeavor because of its commitment to achieving optimal health for all" the sometimes "narrow technical focus without broad contextual understanding" can lead to result in "'ill-equipped' public health graduates" (Aquil et al., 2021, p. 345). Meaningful community engagement is central to the essential services taught in public health (APHA, 2020), which include goals to "strengthen, support and mobilize communities and partnerships" and "build and maintain a strong organizational infrastructure for public health." Systemic mentorship in practice can provide the educational infrastructure needed for the realization of these essential public health values.

The ASPPH Framing the Future 2030 initiative and the systemic mentorship model align powerfully in their shared call for institutional transformation rooted in equity, care, and community. Both frameworks challenge traditional, hierarchical academic structures that prioritize individual achievement, transactional relationships, and narrow definitions of success. ASPPH's vision calls for building inclusive excellence through an anti-racism lens, transforming teaching and learning, and fostering community partnerships—shifts that mirror systemic mentorship's emphasis on redistributing mentorship labor, valuing whole-person care, and centering relational and community-building practices. Like systemic mentorship, *Framing the Future* emphasizes culturally grounded pedagogy, the importance of lived experience, and dismantling systems that uphold exclusionary norms in public health education. Both frameworks advocate for moving beyond the dominant model of unidirectional relationships to embrace networks of care, where mentorship is a shared, reciprocal, and transformative process embedded across teaching, service, and research.

Third, systemic mentorship may address challenges to trust and capacity among communities and institutions that are an integral to academic systems (Chinekezi et al., 2023; Law and Le, 2023). Funding cuts to public health programs (APHA, 2025; McClellan et al., 2025) and research grants addressing health inequity (Garisto and Kozlov, 2025) have contributed to structural insecurity and social exclusion. Through networks of care, systemic mentorship provides essential support for public health students, faculty, staff, and community members navigating distress amid shifting sociopolitical conditions and uncertain employment outlook. By fostering infrastructure for continuous community building, networks of care can better respond to emerging needs and build solidarity for collective advocacy.

Within these networks, community-academic partnerships are designed to center community voices and play a critical role in building trust. As Nanda et al. (2023) emphasize, "collective voices from a culturally diverse community can 1) alleviate negative perceptions about healthcare research, 2) effectively discuss health inequities in marginalized patients, 3) address structural racism and discrimination in healthcare, and 4) promote trust in the research process" (p. 1). While these partnerships are often tied to specific research grants or service-learning projects, they must evolve into foundational, integral elements of our educational infrastructure. Sprier (2014) argues that *transformative* community-academic partnerships be develop along "ethical, institutional and social dimensions in which all the partners pursue common actions and goals as they use their capabilities and assets to tackle complex social issues" (p. 156). Transformational partnerships are "characterized by comprehensiveness, shared planning, management and evaluation, mutuality, long term commitment, strong leadership support, and university immersion in the process of capacity building within the community" (Sprier, 2014, p. 156). The institutional and cultural shifts highlighted in this paper illustrate

582 pathways for sustaining such infrastructure. Systemic mentorship provides a foundation on
583 which we can build resilience as a discipline and reinforces our commitment to core principles in
584 preparing the next generation of public health practitioners.

7 Conflict of Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

8 Author Contributions

JG: Conceptualization, Funding acquisition, Supervision, Project Administration, Writing – original draft, Writing – review and editing; **AV:** Conceptualization, Funding acquisition, Supervision, Project Administration, Writing – original draft, Writing – review and editing; **CMM:** Writing – original draft, Writing – review and editing; **GCT:** Writing – original draft, Writing – review and editing; **SB:** Writing – original draft, Writing – review and editing; **SKG:** Writing – original draft, Writing – review and editing.

9 Funding

Support for this conceptual analysis was provided by the Robert Wood Johnson Foundation (Grant No. 82847; Co-PIs: JG and AV). The views expressed here do not necessarily reflect the views of the Foundation.

10 Acknowledgments

The authors would like to acknowledge all Oregon State University students that contributed to a systemic mentorship listening session, including undergraduate students Ava Thornberg and Ellery Cristofaro, who helped to facilitate the session.

11 References

American Public Health Association (APHA). (2020). 10 essential public health services. https://www.apha.org/what-is-public-health/10-essential-public-health-services [Accessed August 26, 2025].

American Public Health Association (APHA). (2025). APHA Statement on House Appropriations Committee's FY-2026 Labor-HHS-Education spending bill. https://www.apha.org/news-and-media/news-releases/apha-news-releases/fy2026-house-appropriations-committee-spending-bill [Accessed September 11, 2025]

Aqil, A.R., Malik, M., Jacques, K.A., Lee, K., Parker, L.J., Kennedy, C.E., Mooney, G. and German, D. (2021). Engaging in anti-oppressive public health teaching: challenges and recommendations. Pedagogy in Health Promotion. 7(4), 344-353

Association of Schools and Programs of Public Health. (2024a). Building inclusive excellence through an anti-racism lens: Transformative action in academic public health. ASPPH Framing the Future 2030: Education for Public Health. https://aspph-webassets.s3.amazonaws.com/FTF2030/Building+Inclusive+Excellence+through+an+Anti-Racism+Lens_FTF2030.pdf [Accessed August 26, 2025].

Association of Schools and Programs of Public Health. (2024b). Fostering community partnerships for a healthier world: A call to action and framework. ASPPH Framing the Future 2030: Education for Public Health. https://aspph-webassets.s3.amazonaws.com/FTF2030/Fostering+Community+Partnerships_FTF2030.pdf [Accessed August 26, 2025].

Association of Schools and Programs of Public Health. (2024c). Transformative approaches to teaching and learning report. ASPPH Framing the Future 2030: Education for Public Health. https://aspph-webassets.s3.amazonaws.com/FTF2030/Transformative+Approaches++to+Teaching+and+Learning+Report_FTF2030.pdf [Accessed August 26, 2025].

Brissett, N. (2020) Inequitable rewards: Experiences of faculty of color mentoring students of color. Mentoring & Tutoring: Partnership in Learning. 28(5), 556-577. https://doi.org/10.1080/13611267.2020.1859327

brown, a. m. (2017). Emergent strategy. AK Press.

Brown, W.C., Magana, L., Crespo, C.J., and White, W.B. (2021). Mentoring for underrepresented minoritized students for success. Pedagogy in Health Promotion: The Scholarship of Teaching and Learning. 7(1S), 20S-22S. http://doi.org/10.1177/23733799211054086

Boal, A. (2000). Theater of the oppressed. Pluto Press.

Byars-Winston, A., Gutierrez, B., Topp, S., and Carnes, M. (2011). Integrating theory and practice to increase scientific workforce diversity: A framework for career development in graduate research training. CBE - Life Sciences Education. 10(4), 357-367. https://doi.org/10.1187/cbe.10-12-0145.

Carello, J., and Butler, L.D. (2015). Practicing what we teach: Trauma-informed educational practice. Journal of Teaching in Social Work. 35(3), 262-278. https://doi.org/10.1080/08841233.2015.1030059.

Chanland, D.E. (2023). 'Network mentoring for faculty development: Shifting the paradigm.' In D. Law and N. Dominguez (eds.), Making Connections: A handbook for effective formal mentoring programs in academia, Utah State University. pp. 446-462. https://doi.org/10.26079/ff55-d7a0.

Chinekezi, O., Andress, L., Agonafer, E.P., Massick, S., Piepenbrink, S., Sutton, K.M., Alberti, P.M., De la Torre, D., Guillot-Wright, S. and Lee, M. (2023). From the national to the local: Issues of trust and a model for community-academic-engagement. Frontiers in Public Health. 11, 1068425. https://doi.org/10.1080/1360080X.2023.2176598

Chu, J.C. and Marrero, A. (2025). Posture, proximity, and positionality: The power of community engaged service-learning in public health leadership education. Frontiers in Public Health. 13:1605757. https://doi.org/10.3389/fpubh.2025.1605757.

Council on Education for Public Health (CEPH) (2020) MPH applied practice experiences. https://media.ceph.org/documents/MPH_Applied_Practice_Experience.pdf [Accessed August 26, 2025]

Davis, T.M., Jones, M.K., Settles, I.H., and Granberry Russell, P. (2022). Barriers to the successful mentoring of faculty of color. Journal of Career Development. 49(5), 1063-1081. https://doi.org/10.1177/08948453211013375.

DeSalvo, K.B., Wang, C., Harris, A., Auerbach, J., Koo, D., and O'Carroll, P. (2017). Public health 3.0: A call to action for public health to meet the challenges of the 21st century. Preventing Chronic Disease. 14. http://dx.doi.org/10.5888/pcd14.170017.

Echo-Hawk, A. n.d. Urban Indian Dictionary. https://www.uihi.org/wp-content/uploads/2018/06/Urban-Indian-Dictionary.pdf [Accessed September 10, 2025].

Fraser, M.R. and Castrucci, B.C. (Ed.). (2024). Building strategic skills for better health: A primer for public health professionals. Oxford University Press.

Freire, P. (2000). Pedagogy of the oppressed, 30th anniversary. Continuum.

Freire, P. (1998). Pedagogy of freedom: Ethics, democracy, and civic courage. Rowman & Littlefield Publishers, Inc.

Gable, R. (2021). The hidden curriculum: First generation students at legacy universities. Princeton University Press.

Garcia, J., Vaughn, A., Abreu, C.A., Blodgett, J., Carrillo, E., Contreras, R., Endinjok, F., Grutzmacher, S., Gunter, K., Harvey, S.M., and Kothari, B. (2024) Developing a strategic "container" to support boundary spanning and belonging amongst diverse collaborators at a land-grant university. Journal of Higher Education Outreach and Engagement. (3), 97-112.

Garisto, D. and Kozlov, M. (2025) U.S. Supreme Court allows NIH to cut $2 billion in research grants. Nature. https://www.nature.com/articles/d41586-025-02721-5 [Accessed September 11, 2025].

Griffin, K.A. (2020). 'Institutional barriers, strategies, and benefits to increasing the representation of women and men of color in the professoriate: Looking beyond the pipeline.' In L.W. Perna (ed.), Higher education: Handbook of theory and research. Springer, Vol. 35, pp. 121-190. https://doi.org/10.1007/978-3-030-31365-4_4.

Grilo, S., Bryant, M., Garbers, S., Wiggin, M., and Samari, G. (2024). Effects of a mentoring program for Black, Indigenous, and people of color and first-generation public health students. Public Health Reports. 139(3), 385-393. https://doi.org/10.1177/00333549231181346.

Guillaume, R. O., and Apodaca, E. C. (2019). Early career faculty of color and promotion and tenure: The intersection of advancement in the academy and cultural taxation. Race Ethnicity and Education. 25(4), 546-563. https://doi.org/10.1080/13613324.2020.1718084

Gunter, K.B., Garcia, J., Harvey, M., Dein, W., Jackson, J., Kraemer, L., Lipscomb, S., and Mojica, C. (2024). A Guide to Recognizing Community-Engaged Scholarship in Faculty Periodic, Promotion, and Tenure Reviews. https://health.oregonstate.edu/sites/health.oregonstate.edu/files/2025-04/community-engaged-scholarship-guide-april-2025.pdf [Accessed September 11, 2025].

Helm-Murtagh, S.C. and Erwin, P.C. (2024). Building a new generation of public health leaders forged in a public health crisis. American Journal of Public Health. 114(6), 626-632. https://doi.org/10.2105/AJPH.2024.307633.

Higgins, M.C., and Kram, K.E., (2001). Reconceptualizing mentoring at work: A developmental network perspective. Academy of Management Review. 26(2), 264-288. https://doi.org/10.5465/amr.2001.4378023.

hooks, b. (1995). Killing rage: Ending racism. Henry Holt and Company.

hooks, b. (1994). Teaching to transgress: Education as the practice of freedom. Routledge.

James, R., Starks, H., Segrest, V., and Burke, W. (2012). From leaky pipelines to irrigation system: Minority education through the lens of community-based participatory research. Progress in Community Health Partnerships: Research, Education, and Action. 6(4), 471-479. https://doi.org/10.1353/cpr.2012.0055

Jones, C.P. (2018). Toward the science and practice of anti-racism: Launching a national campaign against racism. Ethnicity & Disease. 28(S1), 231-234. https://doi.org/10.18865/ed.28.S1.231.

Kelly, A. (2024). Whole human pedagogy for education abroad. Journal of Comparative & International Higher Education. 16(6), 46-50. https://doi.org/10.32674/z5q1y38.

Law, S.F. and Le, A.T. (2023). A systematic review of empirical studies on trust between universities and society. Journal of Higher Education Policy and Management. 45(4), 393-408. https://doi.org/10.1080/1360080X.2023.2176598

Le, H.G., Sok, S., and Heng, K. (2024). The benefits of peer mentoring in higher education: Findings from a systematic review. Journal of Learning Development in Higher Education. 31. https://doi.org/10.47408/jldhe.vi31.1159.

Levinson, M and Cohen, A.K. (2023). Social determinants of learning: Implications for research, policy, and practice. AERA Open. 9(1), 1-8. https://doi.org/10.1177/23328584231206087

Lin, P.S., and Kenette, L.N. (2022). Creating an inclusive community for BIPOC faculty: Women of color in academia. SN Social Sciences. 2(11), 246. https://doi.org/10.1007/s43545-022-00555-w.

Lorenzetti, D.L., Shipton, K., Nowell, L., Jacobsen, M., Lorenzetti, L., Clancy, T., and Paolucci, E.O. (2019). A systematic review of graduate student peer mentorship in academia. Mentoring: Partnership in Learning. 27(5), 549-576. https://doi.org/10.1080/13611267.2019.1686694.

Luna, V. and Prieto, L. (2009). Mentoring affirmations and interventions: A bridge to graduate school for Latina/o students. Journal of Hispanic Higher Education. 8(2), 213-224. https://doi.org/10.1177/1538192709331972

Margolis, E. (2001). The hidden curriculum in higher education. Routledge.

McAloney, K. and Long, J. (2021). 'Facilitating liberatory relationships for women of color in academia through mentorship.' In L. Parson and C.C. Ozaki (eds.), Teaching and learning for social

730 justice and equity in higher education. Palgrave Macmillan, pp. 85-97. https://doi.org/10.1007.978-3-
731 030-81143-3.

732 McClellan, M., DeSalvo, K.B., Benjamin, G.C., Cerise, F.P., Choucair, B., Del Rio, C., Harrison, M.,
733 Medows, R., Ranney, M.L. and Zink, A. (2025). Updating US Public Health For Healthier
734 Communities: Article examines future directions for US public health. Health Affairs. 44(2), 148-
735 155.

736 Meier, B.M., Evans, D.P., Kavanagh, M.M., Keralis, J.M., and Armas-Cardona, G. (2018). Human
737 rights in public health: Deepening engagement at a critical time. Health and Human Rights Journal.
738 20(2), 85-91.

739 Metzl, J.M. and Hansen, H., (2014). Structural competency: theorizing a new medical engagement
740 with stigma and inequality. Social science & medicine. 103, 126-133.

741

742 Monjaras-Gaytan, L.Y., and Sánchez, B. (2023). Historically underrepresented college students and
743 natural mentoring relationships: A systematic review. Children and Youth Services Review. 149,
744 106965. https://doi.org/10.1016/j.childyouth.2023.106965.

745 Montgomery, B.L. (2017). Mapping a mentoring roadmap and developing a supportive network for
746 strategic career advancement. SAGE Open. 1-13. https://doi.org/10.117/2158244017710288.

747 Montgomery, B.L., and Page, S.C. (2019). Mentoring beyond hierarchies: Multi-mentor systems and
748 models. Commissioned paper for the National Academies of Sciences, Engineering, and Medicine
749 Committee on Effective Mentoring in STEMM.
750 https://nap.nationalacademies.org/resource/25568/Montgomery%20and%20Page%20-
751 %20Mentoring.pdf

752 Mountz, A., Bonds, A., Mansfield, B., Loyd, J., Hyndman, J., Walton-Roberts, M., Basu, R.,
753 Whitson, R., Hawkins, R., Hamilton, T., and Curran, W. (2015). For slow scholarship: A feminist
754 politics of resistance through action in the neoliberal university. ACME: An International E-Journal
755 for Critical Geographies. 14(4), 1235-1259. https://doi.org/10/14288/acme.v14i4.1058.

756 Museus, S.D., Yi, V., and Saelua, N. (2018). How culturally engaging campus environments
757 influence sense of belonging in college: An examination of differences between white students and
758 students of color. Journal of Diversity in Higher Education. 11(4), 467-483.
759 https://doi.org/10.1037/dhe0000069.

760 Nanda, J.P., Clark, R.S., Harrison, J.A., Ouyang, P., Lacanienta, C., and Himmelfarb, C. (2023).
761 Community-academic partnerships to embrace and ensure diversity, equity, and inclusion in
762 translational science: Evidence of successful community engagement. Journal of Clinical and
763 Translational Science. 7, e188, 1-8. https://doi.org/10.1017/cts.2023.601

764 National Center for Faculty Development and Diversity (n.d.). Mentor map. Retrieved May 29, 2025
765 from https://www.facultydiversity.org/mentor-map

766 Olson, D.A., and Jackson, D. (2009). Expanding leadership diversity through formal mentoring
767 programs. Journal of Leadership Studies. 3(1), 47-60. https://doi.org/10.1002/jls.20095.

768 Plessas, A., Paisi, M., Ahmed, N., Brookes, Z., Burns, L., and Witton, R. (2024). The impact of
769 community engaged healthcare education on undergraduate students' empathy and their views
770 towards social accountability; a mixed methods systematic review. BMC Medical Education.
771 24:1490. https://doi.org/10.1186/s12909-024-06367-1

772 Sanfey, H., Hollands, C., and Gantt, N.L. (2013). Strategies for building an effective mentoring
773 relationship. The American Journal of Surgery. 206, 714-718.
774 http://dx.doi.org/10.1016/j.amjsurg.2013.08.001.

775 Seneca, C.N., McCarn, B.M., and Baker, L. (2025). Responsibility to all relations: Indigenous
776 evaluation of an AI/AN public health workforce development program. Canadian Journal of Program
777 Evaluation. 39(3), 526-546. https://doi.org/10.3138/cjpe-2025-000

778 Sotto-Santiago, S., Mac, J., and Genao, I. (2023). "Value my culture, value me": A case for culturally
779 relevant mentoring in medical education and academic medicine. BMC Medical Education. 23:229.
780 https://doi.org/10.1186/s12909-023-04148-w

781 Stanley, C.A. (2006). Coloring the academic landscape: Faculty of color breaking the silence in
782 predominantly white colleges and universities. American Educational Research Journal. 43(4), 701-
783 736. https://doi.org/10.3102/00028312043004701.

784 Sullivan, L.M., Weist, E.M., Barrington, W.E., Fairchild, A.L., Hwang, W., Kiviniemi, M.T.,
785 Mohammed, S.D., Wyant, V.A., Alexander, L.A., and Magaña, L. (2023). Education for public
786 health 2030: Transformation to meet health needs in a changing world. Frontiers in Public Health.
787 11: 1269272. https://doi.org/10.3389/fpubh.2023.1269272.

788 Thomas, N., Bystydzienski, J., and Desai, A. (2014). Changing institutional culture through peer
789 mentoring of women STEM faculty. Innovative Higher Education. 40, 143-157.
790 https://doi.org/10.1007/s10755-014-9033-9.

791 Thomas, J.D., Lunsford, L.G., and Rodrigues, H.A. (2015). Early career academic staff support:
792 Evaluating mentoring networks. Journal of Higher Education Policy and Management. 37(3), 320-
793 329. https://doi.org/10.1080/1360080X.2015.1034426.

794 Tuck, E. (2009). Suspending damage: A letter to communities. Harvard Educational Review. 79(3),
795 409–427. https://doi.org/10.17763/haer.79.n0016675661t3n15.

796 Zambrana, R. E., Carvajal, D., and Townsend, J. (2023). Institutional penalty: mentoring, service,
797 perceived discrimination and its impacts on the health and academic careers of Latino faculty. Ethnic
798 and Racial Studies. 46(6), 1132-1157. https://doi.org/10.1080/01419870.2022.2160651