The White House Initiative on
Historically Black Colleges and Universities

HBCUs and the Biomedical Research Workforce

An exchange of ideas between
The Working Group on Diversity in the Biomedical Research Workforce
and the
The White House Initiative on
Historically Black Colleges and Universities

presented by
John Silvanus Wilson, Jr.
Executive Director

February 14, 2012

Overview of the WHHBCU Initiative
Key Problems/Challenges
Our Context
Ideas and Perspectives
Recommendations
The White House Initiative on
Historically Black Colleges and Universities
2009-2013 Agenda:
Fulfilling Executive Order 13532

Perception Enhancement
ED CORE Messaging: HBCUs & the 2020 GOAL
Affordability Tour -- Best Practices
HBCU "Commencement Swarm" 2012
JSW Messaging: Articles/Speeches

Campus Enrichment
STEM Promotion
Arts at HBCUs
Enhancing Teacher Preparation
African American Male Initiative

Promoting HBCU Excellence,
Innovation & Sustainability

Capital Enlargement
New Federal Agency Work
New Private Sector Pursuits
Advancement Assistance [14 HBCU CCs]
Alumni Giving/Endowment Surges

Strategy Development
Blue Ocean Strategy
Dashboard Project
Engaging the HBCU Church-Affiliated Sectors: AME
Small Liberal Arts Colleges
HBCU/MSI Financial Condition
New Executive Order

"Advancing
Creative Interventions
and
Disruptive Innovations"

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Key Problems/Challenges

Baseline

African Americans are underrepresented in the biomedical research workforce

The National/Demographic Imperative
HBCU and AA excellence are essential to realizing our national goals. Our educational pipeline is far more diverse than our current workforce.

The long shadow of BIAS
While bias has apparently limited the success-rate of AA applicants, perceptions of bias are apparently limiting AA applications and engagement.

How best to shift NIH toward a more proactive mode in the face of these and related challenges?

Pluralism vs. Diversity
The challenge is to get beyond seeing this merely as a quantitative problem. We must address the qualitative aspects of it as well. Where can we have better relationships?

Institutional Infrastructure
Many HBCUs are without the kind of state-of-the-art “academic/research scaffolding” required to produce a large supply of competitive biomedical/STEM talent.

Individual Infrastructure
Consequently, many HBCU students may be at a competitive disadvantage relative to their peers from undergraduate environments with better scaffolding. [“cumulative disadvantage”]

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Our Context

Race To The Top
A $4.35B competitive grant program designed to encourage and reward applicants (States) that are creating the conditions for education innovation and reform [Turnaround Model • Restart Model • School Closure • Transformation Model]

Competitive Preferences
Similar to RTTT, competitive preferences for: those who make a special, targeted effort to address AA underrepresentation in the biomedical research workforce; those who develop “fair,” mutually beneficial partnerships; natural biomedical nodes (ie - 3 HBCU medical schools)

Drawing on Expertise
Key Players • PCAST calls for 1million STEM Graduates • $8B CC to Career Fund • HBCU Expertise

Thinking within and beyond the standard vehicles of engagement/cultivation
Fellowships • Scholarships • Internships • Sabbaticals • Purchasing Faculty Time • Enhancing Research and Training Capacity • Instrumentation/equipment • Etc.

Using incentives to democratize productivity
Drawing a wider circle to reach a higher goal

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Make a Big Investment -- “Race To The Biomedical Top”
A $500M 5-year competitive grant program designed to attract proposals from real or potential biomedical “hotspots” for generating far more young biomedical talent.
FIVE winning sites to get $20M annually for 5 years.
All must eventually bridge to private sector. Top two get three-year renewal ($1B over 10 years?)

Invite proposed improvements to institutional scaffolding/infrastructure
Partnerships • Fellowships • Scholarships • Internships • Sabbaticals • Reduced Teaching Loads • Research and Training Capacity • Instrumentation/equipment • Etc.

Benefit 1
The ideas come from the field and not from NIH.
The competitive preference priorities are not limiting.

Benefit 2
It empowers an applicant-driven shift in focus to addressing the institutional and individual INFRASTRUCTURE.

Benefit 3
Avoids HBCU as stepchild syndrome.
A clear opportunity to shift student and faculty lifestyles -- making room for biomedical rigor

Benefit 4
Clearly moves NIH to a more PROACTIVE stance...and even the losers win!

Benefit 5
ETC.

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Ideas and Perspectives: Internal

Changing the Infrastructure of NIH
AN MIT ANALOGY...two alumni surveys

A deeper look at potential bias might provoke broader self-examination/ownership
Do a more micro-experiment on bias

Examining NIH for structural impediments
Any noteworthy patterns in the distribution of training funds?
How can we get more HBCU/MSI faculty on review committees?
Reexamine resubmission policy for any disproportionate impact on HBCU/MSI professors?
ETC.

A tighter embrace of strengthening capacity...especially through new partnership models
Research Institutes • Biomedical clusters • Achieving student & faculty lifestyle shifts •
Tactics from NSF: Targeted Infusion Projects (TIP) • Research Initiation Awards (RIA)

Committing to an ongoing dialogue with stakeholders
Key NIH staff to have an ongoing exchange of ideas with those AA/M practitioners who are
in the biomedical trenches training the future workforce

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RECOMMENDATIONS

SEE THIS AS A "TRUST" ISSUE
Make the first significant gesture

Probe further to determine the extent of the problem
Create more and better ownership of the problem/challenge inside of NIH

Connect your thinking and remedies to our national goals -- URGENCY!
College completion in the areas most critical to our future needs -- This is about America!

Do something BOLD
A well-funded, multi-year, competitive race to the biomedical top!

Remain Vigilant
The problem was not created overnight and it will not be solved overnight

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Q&A