



*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

**Capital Enlargement**

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

*Promoting HBCU  
Excellence,  
Innovation &  
Sustainability*

**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.  
[A need for repair]

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

### **Individual Infrastructure**

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

### **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.

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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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**Ideas and Perspectives: External***



**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**