

# THE VIRGINIA-NEBRASKA ALLIANCE

## INTRODUCTION

Historically Black Colleges and Universities (HBCU's) in the State of Virginia have joined with predominately white health science education centers in the States of Virginia and Nebraska in order to systemically address the issues of disparities in health outcomes and the lack of greater racial diversity within the health professional community. It is envisioned that the integration of human creativity and technological advancements resulting from this collaboration will stimulate innovative solutions well beyond the capacity of any one institutional member acting alone.

## THE NATIONAL LANDSCAPE

The 2000 census reaffirmed the fact that the United States continues to become more and more diverse. Increasing minority birth rates and immigration are changing the demographic profile of the United States. Currently there are three states (California, Hawaii, and New Mexico) and the District of Columbia where the majority of citizens are minorities. There are an additional 12 states where the minority population is over 30% currently. It is projected that minorities will account for over 50% of the U.S. population by 2050. (AAMC data)

The distribution of minorities, specifically African Americans, tends to be clustered in urban/metropolitan areas and the South. Fifty-five percent of African-Americans reside in the South with only 18% of African-Americans residing in the Midwest (2000 census data).

The increase in minorities nationally has not been mirrored by an increase in the number of African-American professionals, in particular the number of African-American health care professionals. The media has reported a flood of documented research which indicates that there are major disparities in the health care provided to minorities. These disparities have been related to many factors: income and education, environmental and economic conditions, specific health behaviors and lifestyle patterns, access to care, cultural competency of practitioners, quality of services, geography, age, gender, disability status, and sexual orientation. The minority health disparity issue was most recently articulated in the Institute of Medicine report titled, "Unequal treatment: confronting racial and ethnic disparities in health care", (IOM, 2003)" which proposes one way of addressing these disparities is through increasing the number of minority health care students within the traditional (physician, dentist, pharmacist, nurse) and non-traditional (medical technology, physical therapy, physician assistant, etc.) health care professions. With recent affirmative action litigations, the number of African American health care professional students has not increased as the population has increased. For example, from 1974-2001, although the number of African-American applicants to medical schools increased the number of accepted students has remained between 38.1 and 50.2% of applicants. (In only 2 of the 27 years documented did African-American accepted students cross the 50% line.) Without African-American practitioners, there can't be an evolving cadre of African-American faculty, role models for students or researchers. The data for the other traditional health care professions: dentistry, pharmacy and nursing and the new non-traditional professions are equally grim when compared to the increasing African-American population numbers.

The need for increasing the number of African American health care professionals is imperative since research has shown that individuals from minority groups are more comfortable obtaining health care in an environment where they see minority health care providers. The Institute of Medicine report further states that minority health care providers are more likely to practice in underserved areas; minorities are more likely to pursue professions in which they see role models, such as faculty; and minorities are more likely to participate in research studies when the research is conducted by a health care provider from the same minority group. Increasing the number of minority health care professionals also adds benefits to the professions as a whole since it diversifies the learning environment, exposes all students to varying perspectives and ultimately increases the cultural competence of peers.

## THE HISTORICAL CHALLENGE

The Virginia-Nebraska Alliance represents a significant milestone in the establishment of strategies whose aim is to integrate the human and technological resources of both states.

This integration will overcome the historical barriers which have perpetuated the lack of significant racial diversity within the national professional health care community. The essential element which will support, strengthen and perpetuate the Alliance is trust. In addition to the development of the trusting relationship among the members of the Alliance, is the recognition that the collective talents, insights, and resources which can be brought to bear are greater than the capacities of any one member.

For over 125 years, Historically Black Colleges and Universities have served as crucibles of opportunity for talented African American individuals. Born out of the realities of racism and segregation and the need to educate African Americans as leaders and professionals serving their communities, Historically Black Colleges and Universities have heroically faced the daunting challenge of providing much without the material resources so often available to predominately white institutions. Under constant threat of economic insolvency and facing the ironic circumstances of losing many of its best and brightest students and faculty to predominantly white institutions, Historically Black Colleges and Universities continue to provide a nurturing and intellectually stimulating environment for African Americans and an increasing number of Americans of European descent.

Since the mid-1960's, predominately white academic institutions (particularly health science education centers) have begun the process of racially diversifying their student bodies and their faculties. Despite numerous individual institutional efforts and national federal initiatives, results have been mixed. African Americans and other racial/ethnic minority groups still remain underrepresented as both students and practitioners in the health and basic sciences.

The lack of racial diversity within health science education centers has grave implications for culturally competent patient care (particularly within minority communities) and for the advancement of science because of the paucity of minority individuals engaged in clinical trials. Fundamentally, however, the lack of minority investigators reduces the likelihood that fresh and unique perspectives will be incorporated into the art and science of investigation. Historically Black Colleges and Universities and predominately white health science education centers must pool their talent, resources, and expertise in order to systemically increase the pool of African Americans from HBCU's pursuing careers in the health and basic sciences while enriching the professional landscape of health science education centers and the diverse communities they are increasingly committed to serve.

## THE VIRGINIA-NEBRASKA ALLIANCE

The Charter Members of the Virginia-Nebraska Alliance are: Hampton University; Norfolk State University; St. Paul's College; Virginia State University, Virginia Union University; J. Sargeant Reynolds Community College; Virginia Commonwealth University; and the University of Nebraska.

## THE FOUR PILLARS OF THE VIRGINIA-NEBRASKA ALLIANCE ARE:

The Virginia-Nebraska Alliance founded on trust will be organized around four foundational areas: student cultivation; faculty enhancement; collaborative faculty research; and institutional partnering for funding opportunities.

### 1. Student Cultivation

Strategies will be formulated, implemented, and evaluated which will promote collaborations for the early and systematic cultivation of undergraduate students intending to pursue graduate education in the health and basic sciences. Strategies which encompass year-round didactic/clinical/research activities will form the basis of these collaborations. Examples include:

- a) the formulation of articulation agreements reflecting the meshing of undergraduate course work with graduate education admissions criteria;
- b) participation in seminars focusing on scientific investigation and/or community health issues;
- c) stipended involvement in discrete summer research programs on the campuses of the consortium institutions and;
- d) development of new coursework/certification program opportunities unavailable at their home campus.

To increase the number of African-American undergraduate students with formal leadership training, it is anticipated that as the relationship between the partner institutions evolves, a formal Chancellor's/President's Scholar Program will be developed in which one (1) student from each partner institution will be nominated for a 1 year stipended leadership development program which will include 6 months at NU and 6 months at VCU.

### 2. Faculty Enhancement

This alliance offers many opportunities for faculty enhancement in teaching, research, and leadership arenas. In the teaching area, researchers and clinicians representing the faculties of the consortium institutions will make presentations on the campuses of consortium members. These presentations will be targeted to faculty as well as student groups. Topics will represent a wide-range of basic and clinical science investigations. To further develop the faculty to faculty relationship between the partner institutions, faculty presenters will be offered adjunct/courtesy faculty appointments at partner institutions.

Faculty research skills can be enhanced through a faculty exchange program which will include the sponsorship of 1-3 month Summer Research Fellowships for rising faculty researchers. These Summer Research Fellowships will be associated with specific investigators on the campuses of the predominately white institution and a HBCU. The broad intent of the Summer Research Fellowship is to enhance the investigatory skills of rising faculty researchers, as well as,

spawn NIH and other federal fundable proposals for explicative/complimentary investigations. Enhancement of faculty leadership skills is envisioned through the development and implementation of a Faculty Leadership Program in which up to three (3) faculty per year will participate in an intense leadership/public health program. At the culmination of the program participants will receive a Master's degree in Public Health and more importantly have gained the knowledge and skills to assume greater leadership and research roles in their home institution, and community.

### 3. Faculty Research Collaboration

Faculty research leaders representing the members of the consortium will develop campus-specific inventories of basic and clinical science investigations. Utilizing these inventories, the faculty research leaders will suggest methodologies for stimulating inter-campus collaborative research. Decisions as to the lead institution in the development and submission of each fundable proposal will be decided by specific investigators based upon the requirements of the funding agency. Consortium members who have yet to negotiate an indirect cost-rate with NIH and other funding agencies will be assisted by other consortium members who have undergone this process.

It is envisioned that faculty members who participate in the proposed summer research and leadership programs described above will be energized and equipped to engage in collaborative research activities over a wide scope of topics with faculty from other HBCU partner institutions and with faculty from the academic health science centers.

### 4. Institutional Collaboration for Funding Opportunities

The fourth foundation stone of the affiliation is collaboration between the University of Nebraska and Virginia Commonwealth University with the Virginia HBCU's to identify grant funding opportunities for partnering. As the programmatic agendas of the members of the Alliance continue to grow as they expand their individual educational missions, it is clear that these new initiatives will require additional resources from both the public and private sectors. With federal and foundation budgets getting tighter, more and more applications are requiring institutions to partner with one another to share expertise and resources to achieve stated goals related to research, infrastructure development, community health initiatives, science and technology, bioterrorism preparedness, etc. The Virginia-Nebraska Alliance will provide formal documentation of an existing institutional partnership to address these initiatives while being flexible enough to allow each partner institution latitude in identifying which initiatives are most appropriate for their institution. The matrix of relationships between and among the members of the Alliance will drive specific quests for funds.

## OPERATIONAL METHODOLOGY

As indicated previously, the Virginia-Nebraska Alliance will be based upon the administrative and programmatic interface between Historically Black Colleges and Universities in the State of Virginia and predominately white health science education centers within Virginia and the State of Nebraska. While the emphases of the Alliance will be placed on the cultivation of students pursuing graduate education in the health and basic sciences, and the development of science faculty as clinicians, educators, and researchers, the array of graduate opportunities in the liberal and technological arts offered by the partners in the Alliance will also be an important element incorporated into the planning process.

## ORGANIZATIONAL COMPONENTS

Two initial organizational components will be established in order to pursue the operational goals of the Alliance. They are:

### 1. Steering Committee

A Steering Committee composed of the senior leaders of the academic partners within the Alliance will be established. In essence, the Steering Committee will serve as a Board of Directors and will formulate all Alliance policies. There will also be ex-officio members of the Steering Committee, broadly representative of governmental agencies and the other professional/advocacy groups within the States of Virginia and Nebraska.

The Steering Committee will meet on an annual basis, alternating between the State of Virginia and Nebraska. During its Annual Meeting, the Steering Committee will engage in the policy review and formulation, the establishment and review of annual Strategic Plans, and the evaluation of specific programmatic initiatives. A portion of the Steering Committee's work may occur through a series of discrete subcommittees.

### 2. Working Groups

Three Working Groups will serve as the operational arms of the Alliance. The designated leader and co-leader of each Working Group will make periodic reports to the academic partners of the Steering Committee. The Working Groups will be composed of representatives of the academic partners and will also engage (ex-officio) representatives of governmental agencies and advocacy groups. The focuses of the Working Groups are as follows:

#### a) Student Cultivation

The formulation of initiatives which will identify and nurture students at their earliest stage of educational awareness, with a particular emphasis on the transition from undergraduate education to graduate education.

#### b) Faculty Enhancement

The identification of administrative, educational, and technological supports which will enhance the capacity of rising faculty to evolve into superior clinicians, educators, and researchers in their chosen field of study. All Alliance partners will serve as incubators for this systematic enhancement.

#### c) Resource Acquisition

The identification and implementation of initiatives which will stimulate the acquisition of resources among and between academic partners in the Alliance. Relationships with governmental and private funding sources will be cultivated. Mechanisms for linking investigators between and among the academic partners will be a major activity of this Working Group.

Through a series of teleconferences and face-to-face meetings, the Working Groups will identify specific initiatives consistent with the elements of the Strategic Plan developed by the Steering Committee.

It must be stated, however, that the viability of the Alliance will rest on a matrix of relationships between and among the partners which is deferential to the specific needs of each campus. It is envisioned that generic needs will emerge due to the commonality of circumstances which will give rise to global strategies for addressing these issues.

## ADDITIONAL COMMENTS REGARDING THE OPERATIONALIZATION OF THE ALLIANCE:

To implement the goals of the Alliance, personnel dedicated to fostering the growth and development of Alliance activities will be required including: Director, Grant Developer, and Administrative Technician. The Director will be responsible for coordination of Alliance activities, maintaining communication and serving as a liaison with all partner schools. The Grant Developer will have primary responsibility for identifying potential grant opportunities and working with the Director to identify grant partnerships and complete submission activities. The Administrative Technician will be responsible for providing administrative support to the Director, and Grant Developer.

Activities to be undertaken by Alliance staff will include:

- 1) Development of an Alliance website, newsletter, organize committee meetings, and planning of the annual meeting which will take place in conjunction with a national conference on Health Disparities.
- 2) Soliciting funding from governmental, philanthropic agencies and private sector funders;
- 3) Attainment of 501c3 tax status for the Alliance such that donations can be solicited for Alliance activities.

THE NEBRASKA VIRGINIA HBCU ALLIANCE  
STATEMENT OF AFFILIATION

Whereas, the nation continues to experience increasing diversity but also profound disparities in access to quality health care and ultimately health outcomes largely based on racial/ethnic status, economic and social circumstances, and the lack of racial diversity within the health care policy, administration, and practitioner communities and;

Whereas, Historically Black Colleges and Universities provide a nurturing educational environment of excellence for African-Americans and other under represented minority students in the face of steadily shrinking infrastructure, technical, and professional resources and;

Whereas, health science education centers offer a complex array of world-class professional and technical resources while seeking to diversify their student bodies and faculty as a means of enriching their campus environments, their neighboring communities, and ultimately to address the pervasive issues which contribute to disparities in health care throughout the nation;

Whereas, academic health science centers are resources for education, and research for their states and nation. As such will collaborate on innovative educational and research programs to address the needs of their respective states;

Whereas, academic health science centers such as the University of Nebraska Medical Center and Virginia Commonwealth University are respected as leaders in identifying and responding to emerging national healthcare issues (bioterrorism, health disparities, HIV/AIDs, etc.) and are committed to establishing collaborations with each other and with the HBCU to address these national concerns;

Be it therefore resolved that: the Charter Members of the Virginia-Nebraska Alliance shall establish a representative Steering Committee for the exploration, design, and implementation of academic initiatives which will reflect the needs and resources of each individual Charter Member as that member seeks to preserve and expand its unique historical mission. A key element of the Alliance will be the establishment of collaborative activities with the goal of raising the necessary funds in support of these academic initiatives.

The four major pillars of the Virginia-Nebraska Alliance will be:

1. The establishment of a series of systematic strategies targeted toward the early cultivation of students as they pursue professional careers in the health, basic sciences and other disciplines.
2. The installation of administrative and programmatic mechanisms purposed to stimulate the sharing of intellectual talent and technical expertise among and between the faculty of the Charter Member institutions.

3. The identification and implementation of collaborative strategies for securing research funds which will lead to increasingly creative approaches to the reduction and systematic elimination of barriers which perpetuate disparities in access to health care and resulting health outcomes.

4. The identification and implementation of collaborative strategies for securing funding (infrastructure, training, program development, etc.) which will further enhance the educational environment of the partner institutions.