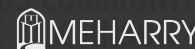


Historically Black Colleges and Universities (HBCU)

empower

CONFERENCE I: Preparing a Competitive HBCU Applicant Pool for Health Science Careers
a Commissioned Paper

Commissioned by:



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"Education is the most powerful weapon which you can use to change the world."

—Nelson Mandela

CALL TO ACTION

At no time has the United States more critically needed Historically Black Colleges and Universities (HBCUs) to prepare its students for health science careers. Shifting population demographics, a physician shortage, and a dramatically increased need for culturally competent health care, training, and education offer an opportunity for HBCUs to create a strategic alliance. The goal of the HBCU Empower Conferences is to design a comprehensive initiative to increase the number of academically prepared students at HBCUs who apply and enroll in graduate and professional schools in health sciences fields.

EXECUTIVE SUMMARY

Historically Black Colleges and Universities (HBCUs) encompass a uniquely nurturing environment, one that has long bridged the gap between pre-college preparation and excellence. The U.S. Congress, in the Higher Education Act of 1965, defined an HBCU as “...any historically black college or university that was established before 1964, whose principal mission was, and is, the education of black Americans...”¹ The Thurgood Marshall College Fund notes that “HBCUs disproportionately enroll low-income, first-generation and academically underprepared college students—precisely the students that the country most needs to obtain college degrees.”²

The community of HBCUs, which dates to 1837, has been critical in preparing, recruiting, educating, training, and nurturing diverse students for careers in the health sciences professions. According to the U.S. Commission on Civil Rights, HBCUs:

“...produce a disproportionately high share of African-American students who receive degrees in science, engineering, technology, or mathematics (the “STEM” fields). Though only about 20 percent of African-American college students attend HBCUs, 40 percent of all African-American engineers received their degrees from an HBCU. Similarly, of the top 21 undergraduate producers of African-American science PhDs, 17 were HBCUs.”³

In March 1991, the U.S. Department of Education noted: “More than 80 percent of all black Americans who received degrees in medicine and dentistry were trained at the two traditionally black institutions of medicine and dentistry—Howard University and Meharry Medical College.”⁴

Today, however, the number of HBCU graduates applying to medical, dental, pharmacy, biomedical, and health science programs is in a precipitous decline. To address this critical juncture, the inaugural HBCU EMPOWER Conference I: “Preparing a Competitive HBCU Applicant Pool for Health Science Careers,” was held June 27-28, 2016, at Meharry Medical College in Nashville, Tennessee. Co-convened by the presidents of the four HBCU medical schools—Charles R. Drew University of Medicine and Science in Los Angeles, California; Howard University College of Medicine in Washington, DC; Meharry Medical College; and Morehouse School of Medicine in Atlanta, Georgia—the conference was attended by 166 representatives of 54 of the 99 HBCUs with undergraduate programs (see **Appendix 1**).

Research indicates that a diversified health sciences workforce improves population health outcomes, particularly within groups that are underrepresented within those fields. Therefore, the objectives of the conference were to examine the pipeline of HBCU students seeking careers in health professions, particularly medicine and biomedical sciences, and the factors impacting the breadth and success of HBCU graduates in pursuing these careers. The factors examined include undergraduate curriculum, financial aid, and counseling and advisement in matriculation outcomes. The conference also examined testing as an outcomes predictor and identified and characterized strategies for testing success. Participants sought to develop strategic partnerships among HBCUs to improve the applicant pool, broaden the vision of health and science career pathways, and leverage resources to enhance financial aid and limit student debt.

The current political climate and other factors provide an unprecedented opportunity for HBCUs to find solutions to these challenges. This inaugural conference is the first step to developing a cohesive and aggressive program to increase the number of black or African-American⁵ health science professionals, with special attention to males, whose numbers are decreasing in professional and graduate programs. The conference also reflected the critical need to identify key areas of information and best practices to improve educational outcomes for both STEM and humanities students to ensure health science workforce diversity.

Solutions include identifying the best practices that lead to increasing the pipeline of opportunities for diverse students; scaling and partnering with like-minded organizations to make investments; and implementing, monitoring, and measuring evidence-based programs that lead to prepared HBCU graduates who apply and enroll in professional and graduate schools in health sciences fields.

WHY THIS MATTERS

The demographics of the United States are changing: Current minority groups in aggregate are predicted to comprise the majority in 2050. The revised 2015 Medical College Admission Test (MCAT), the predicted shortage of physicians and dentists, and the ongoing need for biomedical researchers and allied health care professionals provide an opportunity for HBCUs to collaborate to ensure they continue to educate and train an ethnically diverse workforce to mirror these demographic changes and meet these challenges. In 2011, although HBCUs represented less than 3 percent of the colleges and universities in the United States—with an enrollment of 346,338 students—they granted nearly 18 percent of baccalaureate degrees to blacks or African Americans⁶ and have produced 50 percent of lawyers and 80 percent of judges.⁷ These statistics underscore the value HBCUs represent in American higher education. The Association of American Medical Colleges (AAMC) 2015 report, *Altering the Course: Black Males in Medicine*, notes that HBCU undergraduate institutions “are among the most active feeder institutions to medical schools,” including providing the largest number of black male applicants to U.S. medical schools.⁸



Addressing the ISSUE

The goal of improved health outcomes can be met by ensuring health equity, providing access to health care, and educating and training culturally competent providers.

Creating Health Care Provider Diversity in the Face of Changing Demographics

The goal of improved health outcomes can be met by ensuring health equity, providing access to health care, and educating and training culturally competent providers. Many studies point to a greater willingness to be cared for by a physician of one’s own racial/ethnic group, and there is wide acceptance that diversity in physician ranks is highly desirable. Underrepresented minority (URM) health professionals, particularly physicians, disproportionately serve minority and other medically underserved populations. Evidence has shown that minority patients tend to receive better interpersonal care from practitioners of their own race or ethnicity, particularly in primary care and mental health settings.⁹

However, of the more than 900,000 licensed physicians in the United States today, 1 in 25 are African American (4%), while 1 in 8 (13%) Americans are black or African American.^{9,10} Only about 8.9 percent of all U.S. physicians identify as black or African American, American Indian or Alaska Native, and Hispanic or Latino.⁴ The statistics

are similar for dentists: of the more than 181,000 dentists, only 6 percent are Hispanic, African American, or Native American and, of the more than 5,000 dentists who graduate from dental school each year, only about 300 (6%) are black. As of January 1, 2016, nearly 49 million people, the majority poor and minorities, live in more than 5,000 dental health professional shortage areas.¹¹

Steps are now needed to prevent a predicted shortage of up to 90,000 physicians by 2025. If such a large number of new physicians is to be trained, a disproportionate number should be URM, as one mechanism of addressing the lack of diversity in medicine and the elimination of health disparities that disproportionately lead to premature deaths of URM.

Addressing the Dearth of Black Males in Medicine

In 2012, there were approximately 2.3 million black men ages 18-24 living in the United States.¹² In 2012-2013, the high school graduation rate for African-American males was estimated at 59 percent¹³; among those who graduated from high school in 2012, 53 percent were enrolled in two- and four-year colleges.¹⁴ Also in 2012, of 2,859 black males who took the MCAT, only 1,320 (46%) applied to medical school and 500 (37.8% of black male applicants) matriculated. Of those 500 matriculants, 276 self-identified as African American. In contrast, 18,086 white males took the MCAT, 13,289 (73%) applied to medical school and 5,729 (43% of applicants) matriculated; for Hispanics, 3,920 males took the MCAT, 1,287 (35%) applied to medical school, and 667 (48% of applicants) matriculated.¹⁵

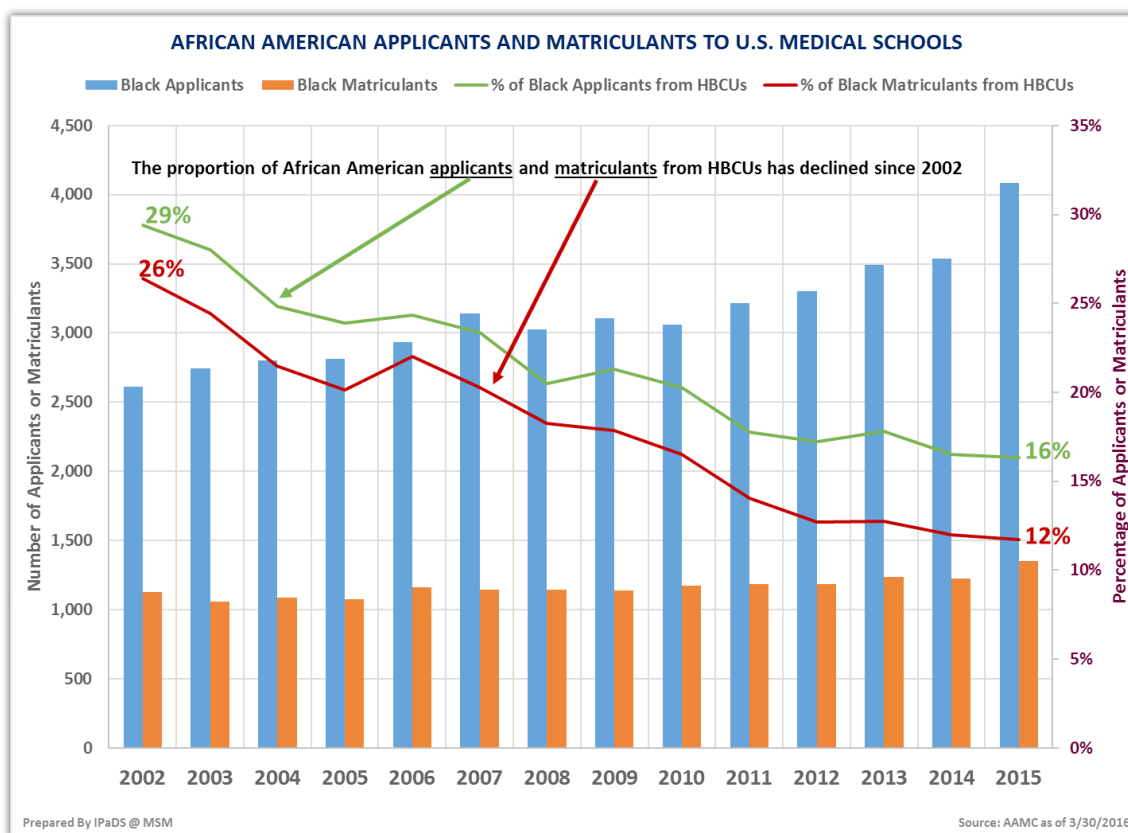
African Americans are the only U.S. population group in which female physicians outnumber males. This is due, in part, to the decline in the number of African-American men enrolling in medical schools, as documented in the AAMC report, *Altering the Course: Black Males in Medicine*.⁸ In 1980, 1,367 black men applied to medical school, as did 1,140 women; 557 men and 442 women matriculated. Beginning in 1984, the number of black female applicants began to surpass that of males, with the largest gap in 2007: 2,144 women and 996 men. In 2015, it was 2,552 women and 1,535 men. For matriculants, the largest gap occurred between black men and women in 1999. In 2015, 793 women and 556 men were medical school matriculants.⁹

Ensuring a Pipeline of Competitive Applicants for Health Science Careers

Human knowledge is advancing at a precipitous pace, now measured in hours instead of years. It is no longer possible to teach all of the critical skills necessary for future decades. This underscores the need to prepare applicants to medical and dental schools and graduate programs who are not “robotic regurgitants” but who have the critical thinking skills—not just test-taking skills—essential for life-long learning.

However, data show that between 2002 and 2015, as the number of African-American applicants to U.S. medical schools from non-HBCU undergraduate institutions increased from 2,889 to 4,596, those applying from all HBCUs declined, from 811 to 692. Since 2011, there are now more African-American matriculants in U.S. medical schools from the top 10 non-HBCUs than from all 99 HBCUs with undergraduate programs combined.¹⁶ This may be due, in part, to an overall steeper decline in overall enrollment to HBCUs than to non-HBCUs since 2010.

As a proportion, this represents a precipitous decline in African-American applicants from HBCUs to medical schools, from 29 percent in 2002 to 16 percent in 2015, while matriculants declined from 26 percent to 12 percent (Figure 1).¹⁷



If the HBCU African-American matriculation rate had remained at the 2002 level of 26 percent, an additional 1,689 students would have matriculated in U.S. medical schools in 2015 alone. Cumulatively, there have been 9,791 fewer black medical students enrolled from HBCUs since 2002, reflecting the decline from 26 percent to 12 percent.

Addressing the ISSUE

If the HBCU African-American matriculation rate had remained at the 2002 level of 26 percent, an additional 1,689 students would have matriculated in U.S. medical schools in 2015 alone.

Majority medical and dental schools tend to rely heavily on the MCAT and Dental Admission Test (DAT), respectively, in admitting students, negatively affecting African-American applicants, who in general underperform on MCAT and DAT examinations. In 2015, a more than 8-point gap in MCAT scores existed between medical school

applicants from HBCUs compared with all races and ethnicities; this gap was only 3 points when all HBCUs were compared with all U.S. undergraduate schools. Black males, in particular, may need additional resources to support their efforts to prepare for medical school. Black males do not retake the MCAT at a rate lower than that for black females and all other test-takers.

However, MCAT scores are not the sole predictors of medical school success, nor should one data point—the MCAT or DAT—be the primary gatekeeper for medical or dental school acceptance. At Morehouse School of Medicine, for example, students accepted with lower national MCAT scores have a 96 to 100 percent pass rate on Step 1 boards. In addition, compared with all other undergraduate applicants, HBCU medical school applicants have higher average grade-point averages, which attests to their academic abilities and suggests that lower MCAT scores are not a competency issue but a preparation issue.

Pre-health students must also understand the rigors of pursuing a doctorate in biomedical research. College, graduate school, and post-graduate training may take 14 to 18 years to complete. In 2008, among the 128,000 biomedical U.S.-trained PhDs, the majority (43%) are in academic research or teaching, and 23 percent are tenured. Others are engaged in science-related non-research (18%), industrial research (18%), government research (6%), non-science related careers (13%), or are unemployed (2%). Approximately 8 percent were URM¹⁸.

GREATEST CHALLENGES & BEST PRACTICES: REPORTING AND RECOMMENDATIONS

The HBCU participants agreed there is a critical need to prepare competitive applicants for acceptance into professional and graduate schools in health sciences fields. This requires educating students with the understanding that their knowledge and critical thinking skills will be measured primarily using standardized tests. To develop tactics that would replicate resources proven to be successful or recommended to improve the success rate of students applying for careers in the health sciences, the participants addressed five areas: 1) College Readiness; 2) Standardized Testing and Performance; 3) Career Pathways, Financial Support and Work; 4) Access to Key Information; and 5) Learning Environmental and Socio-cultural Differences. The challenges and recommendations represented in these five areas are summarized below.

College Readiness

College readiness addresses the role of remedial coursework and matriculation, and its influence on undertaking the required science career course pathway. The challenges include retention issues for students placed in remedial courses, in that they are not funded, and the lack of college preparation in high school grades 9-12 for math, science and writing.

Addressing the ISSUE

Proposed recommendations are that HBCUs incorporate more “active” learning and to create time for individual reflection, such as in laboratory classes.

To address retention issues, HBCUs may consider providing developmental resources to keep students engaged, as well as designing hybrid courses that can be based on individualized learning styles. These courses would be issued credit, and peer learning consultants would be provided. Lack of college preparation could be handled by screening for students with learning deficiencies; identifying and enrolling students in Summer Bridge programs; developing co-requisite course strategies; and matching students with peer mentors and mentorships.

Standardized Testing and Performance

Standardized testing and performance focuses on the knowledge, critical reading, thinking, and problem-solving skills (along with ongoing exam practice), that college students need to improve outcomes on standardized exams. Challenges include a lack of critical thinking and reading comprehension incorporated into regular course work and a focus on what might be considered “pure academic” learning versus an approach that incorporates material that will be assessed on standardized tests.

Proposed recommendations are that HBCUs incorporate more “active” learning and create time for individual reflection, such as in laboratory classes. The faculty should be kept up-to-date as to what questions are included on entrance examinations of, for example, the GRE, MCAT, and DAT. Finally, to prepare students for standardized examinations, in-house support, combined with commercial test preparation classes, should be an option.

Career Pathways, Financial Support and Work

Career pathways address career options, coursework, and experience in preparation for a graduate or professional program upon graduation from undergraduate school. To combat poor academic performance, preparation, and training, all education levels—from K through 12—should be included, so that the responsibility is distributed. This includes developing comprehensive education models and pipeline strategies, utilizing learning communities, and involving community colleges and partners to a greater extent.

Financial support and work comprises institutional supported scholarships for URMs, work study programs, and external jobs undertaken by students to fill the financial gap for their education not covered by loans and parents. To fill this financial gap, students should be encouraged to prioritize their financial needs and, if necessary, undergo fiscal literacy training. HBCUs should identify corporate sponsors and emphasize alumni giving while also stepping up efforts to counteract grant and funding issues. This may include utilizing new models of business and financial management at the institutional level. Co-op learning may also be integrated.

Access to Key Information

Access to key information focuses on identifying repositories, toolkits, and other resources for faculty, students, and leadership to promote an academically prepared student. To address lack of student preparedness for a health science career, HBCUs can develop individualized advising; utilize peer mentors; extend the current focus on financial, time management, and student skills; and create a web-based toolkit.

In creating leadership with the knowledge of how to mentor a wide variety of health science interests, institutional support should be secured and a communication network established. HBCUs can develop a health profession consortium to advise students as well as create a repository of institutional and outside resources.



Addressing the ISSUE

To address each of the potential challenges a student anticipating a career in the health sciences might meet, a model such as “FACES” was proposed, signifying Financial, Academic, Community, Excellence, and Social Engagement.

Learning Environment and Socio-Cultural Differences

The learning environment and socio-cultural differences encompass adequate student facilities (innovative study and social areas), faculty and staff ratio for learning and mentoring, and a diverse faculty body willing to provide academic and social support to encourage and nurture students beyond the classroom.

Recommendations include developing teaching tracks/dual tracks, securing mentors for research and teaching, and creating and/or strengthening academic advising, mentoring, and tutoring centers. Across all HBCUs, a technology consortium can be created that would ensure cultural awareness within the group, share best practices, and allow an understanding of outcomes data prior to purchasing an educational software package or program, for example.

RECOMMENDATIONS FROM THE PRESIDENTS’ SESSION

During the conference, the presidents in attendance convened a special session to determine how best to empower all HBCUs to embrace the opportunity to prepare a competitive HBCU applicant pool for health science careers. Today’s applicants need to be competent, competitive, adaptive, and agile. This challenge

is systemic, best viewed along a continuum, with an emphasis on K-12, and sustainable opportunities are needed. Black or African-American students often face financial challenges, as most come from families with low to modest incomes.

HBCUs need to ensure their curriculum not only addresses the new MCAT and other professional and graduate entrance exams but prepares all of its students who are interested in health science careers. This includes STEM majors as well as those in the arts and humanities. Career champions—for black males, in particular—are needed, such as “Men of STEM.” Faculty need to be ahead of the curve, teaching content that is current and relevant for the MCAT, DAT, and GRE. Faculty and mentors need to instill “success attainment” to create a self-fulfilling prophecy for students. This includes creating an expectation of excellence and encouraging students to identify their strengths and passions.

To address each of the potential challenges a student anticipating a career in the health sciences might meet, a model such as “FACES” was proposed, signifying Financial, Academic, Community, Excellence, and Social engagement.

The presidents agreed that under the aegis of the HBCU EMPOWER Conference, the following steps should be taken:

1. ***Increase the Number of Medical School Applicants.*** The HBCUs need to increase the number of competitive applicants for matriculation in HBCU and other medical schools. The goal is to return the percentage of HBCU applicants and matriculants to at least the 2002 levels, 29 percent and 26 percent, respectively. The disparities observed among African-American applicants and matriculants from HBCUs to medical schools must be elevated to a national challenge and a transformative process created based on framing evidence-based solutions.
2. ***Create a Pre-Health Advisors Academy.*** Institutions may consider collectively pooling resources (eg, Title III funding, etc.) to seek grants to create a Pre-Health Advisors Academy. The Academy would ensure students receive the information they need to pursue careers in the health sciences, with emphasis placed on exposure to the wide variety of professions available.
3. ***Establish an “MCAT/DAT/GRE Olympics.”*** Create an annual STEM/STEAM Academy that focuses on curriculum designed to prepare students for medical and dental school and graduate education.

This “MCAT/DAT/GRE Olympics” would include a weekly question bank with an accompanying review webinar. Students would earn points for participating, both in replying to questions and attending the webinar, with the annual point accumulation tied to scholarships.

4. ***Ensure Continuous Engagement.*** Working groups convened during the conference were encouraged to continue to meet, both in person at commonly attended national conferences and via virtual technology, with the goal of creating a repository of tools all HBCUs can access. The 2017 HBCU EMPOWER Conference II will include a focus on progress made during the year.

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APPENDIX 1. LIST OF HBCUs REPRESENTED

Alabama A & M University, Normal, AL
www.aamu.edu

Alcorn State University, Alcorn State, MS
www.alcorn.edu

Allen University, Columbia, SC
www.allenuniversity.edu

Arkansas Baptist College, Little Rock, AR
www.arkansasbaptist.edu

Bennett College, Greensboro, NC
www.bennett.edu

Bluefield State College, Bluefield, WV
www.bluefieldstate.edu

Claflin University, Orangeburg, SC
www.claflin.edu

Clark Atlanta University, Atlanta, GA
www.cau.edu

Coppin State University, Baltimore, MD
www.coppin.edu

Dillard University, New Orleans, LA
www.dillard.edu

Elizabeth City State University, Elizabeth City, NC
www.ecsu.edu

Fisk University, Nashville, TN
www.fisk.edu

Florida A&M University, Tallahassee, FL
www.famu.edu

Fort Valley State University, Fort Valley, GA
www.fvsu.edu

Gadsden State Community College, Gadsden, AL
www.gadsdenstate.edu

Grambling State University, Grambling, LA
www.gram.edu

Hampton University, Hampton, VA
www.hamptonu.edu

Howard University, Washington, DC
www.howard.edu

Huston-Tillotson University, Austin, TX
www.htu.edu

Jackson State University, Jackson, MS
www.jsu.edu

Jarvis Christian College, Hawkins, TX
www.jarvis.edu

Kentucky State University, Frankfort, KY
www.kysu.edu

Lane College, Jackson, TN
www.lanecollege.edu

Livingstone College, Salisbury, NC
www.livingstone.edu

Meharry Medical College, Nashville, TN
www.mmc.edu

Miles College, Fairfield, AL
www.miles.edu

Mississippi Valley State University, Itta Bena, MS
www.mvsu.edu

Morehouse College, Atlanta, GA
www.morehouse.edu

Morehouse School of Medicine, Atlanta, GA
www.msm.edu

Morris College, Sumter, SC
www.morris.edu

Norfolk State University, Norfolk, VA
www.nsu.edu

North Carolina A & T State University, Greensboro, NC
www.ncat.edu

North Carolina Central University, Durham, NC
www.nccu.edu

Oakwood University, Huntsville, AL
www.oakwood.edu

Paine College, Augusta, GA
www.paine.edu

Philander Smith College, Little Rock, AR
www.philander.edu

Prairie View A & M University, Prairie View, TX
www.pvamu.edu

Savannah State University, Savannah, GA
www.savannahstate.edu

Southern University at New Orleans, New Orleans, LA
www.suno.edu

Southern University at Shreveport, Shreveport, LA
www.susla.edu

Spelman College, Atlanta, GA
www.spelman.edu

St Philip's College, San Antonio, TX
www.alamo.edu

Stillman College, Tuscaloosa, AL
www.stillman.edu

Tennessee State University, Nashville, TN
www.tnstate.edu

Texas Southern University, Houston, TX
www.tsu.edu

Tougaloo College, Tougaloo, MS
www.tougaloo.edu

University of Arkansas at Pine Bluff, Pine Bluff, AR
www.uapb.edu

University of the District of Columbia, Washington, DC
www.udc.edu

Wilberforce University, Wilberforce, OH
www.wilberforce.edu

Xavier University of Louisiana, New Orleans, LA
www.xula.edu



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