



Strategies for Scientific Workforce Diversity

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Newly appointed National Institutes of Health (NIH) Chief Officer for Scientific Workforce Diversity Hannah A. Valentine has begun to present her vision for scientific workforce diversity to the various advisory council meetings across the NIH, most recently the May meeting of the National Advisory General Medical Council (NAGMSC) and the June meeting of the Advisory Committee to the Director of the NIH.

Valentine, who has been in her position for nearly nine weeks, discussed the imperative for diversity; the problem, including underrepresentation and attrition; faculty recruitment and retention; interventions targeting culture, including unconscious bias, stereotype threat, and work/life balance; and NIH transformative programs.

Valentine praised the National Institute of General Medical Sciences' (NIGMS) track record of supporting diversity programs, including the Institute's support of research into the science of diversity, a particular interest of hers. There are many reasons to expand scientific workforce diversity, from the preparation of the next generation of scientists to maintaining the educational mission and the quality of education, she pointed out. The pressing issue for Valentine is how we preserve our excellence in biomedical research going forward, which is important in the context of the many changes that are occurring. She highlighted the change in demographics of the country, where it is predicted that by 2050, minority populations will represent the majority. This is already happening in the 18 – 25-year-old demographic, where racially underrepresented groups are reaching the majority. "If we continue to only pool from a certain group of our intellectual talent, we will be missing out," Valentine maintained.

At the same time, Valentine pointed out, science is now done in teams, and if these teams do not include diverse perspectives, we will not be able to optimally solve "the complex problems in biomedical, mental health, and disease" that we are trying to solve. She noted that when she was recruited for her new position, she thought it was a "unique opportunity" to work on the issue of expanding the scientific workforce of diversity at the national level.

Valentine emphasized the importance of making the case for why the NIH is doing this work in diversity and diversifying our scientific workforce. She invited the Council, when talking about the issue to their constituents, to always take a moment to remind them why this work is important. She also urged them to move away from having offices of diversity to really embedding diversity in the organizational structure. When that occurs, she emphasized, offices such as hers will be obsolete—the ultimate goal.

Valantine reviewed the data on where the issues are, including the work that is done in many institutions to address the so-called “pipeline.” She also highlighted the more recent approaches to the work in diversity “that address the social and psychological issues that are at play... that are limiting and slowing down the kind of expansion we want to do.”

Pointing out her brief tenure in the position, Valantine noted that she is in the process of gathering information and is beginning to form some ideas and directions for the future. Citing the work of Scott Page at the University of Michigan, she noted that there is convincing evidence that diversity in teams leads to more creative solutions. Page’s work demonstrates that the diversity of perspectives that is characteristic of a heterogeneous team will result in better solutions, and the NIH believes this will be the case in the biomedical research domain. The problem, however, is that the research has not been conducted, which is the kind of evidence base that she hopes to establish at the NIH. It is recognized that diversity is important in narrowing the health gap through health disparities research. Broadening the diversity of the workforce provides a broader agenda to translate that knowledge into health, making people’s lives better, Valantine stated. And there is the fairness issue, she noted, adding that the current state of retaining members of underrepresented groups with biomedical careers is sustainable. There is a similar lack of diversity with regards to gender. But in the case of gender, “we can no longer hide behind the explanation of the pipeline problem, she noted. “It is attrition,” which should pose a call to action for institutions and the individual.

