

## Investment in Women's Health Research

*An Official Position Statement of the Society for Women's Health Research*

### Position

The federal government must support research that addresses the unique health needs of women across the lifespan. SWHR recommends continued robust funding for major federal agencies that support women's health research, including the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Department of Defense (DoD), and the Agency for Healthcare Research and Quality (AHRQ).

SWHR also supports dedicated robust funding for federal offices specifically designed to support research on minority health, women's health, and sex as a biological variable, including: the Eunice Shriver Kennedy National Institute of Child Health and Human Development (NICHD), the National Institute on Minority Health and Health Disparities (NIMHD), the NIH Office of Research on Women's Health (ORWH), the Health and Human Services (HHS) Office on Women's Health (OWH), and the Office of Women's Health within the Food and Drug Administration (FDA).

### Background

Women's health research is a broad term encompassing all studies designed to address sex and gender differences in disease risk, pathophysiology, symptoms, diagnosis, and treatment. The goal of this research is to preserve wellness and to prevent, diagnose, and treat disease. Women's health research addresses conditions for which women and men experience differences in risk, presentation, and treatment response, such as migraine disease and autoimmune disorders, as well as health issues specific to women, such as pregnancy and menopause.

Until about 25 years ago, essentially all health research was conducted on men, resulting in significant gaps in understanding of women's health needs. Women were actively excluded from participating in most clinical trials due to the unfounded idea that they would demonstrate significant variability due to their menstrual cycles as well as the fear of causing harm to a potential pregnancy.<sup>1</sup> Scientists also argued that using only one sex would reduce variation in results.

This exclusion of females in health research wasn't just limited to humans — it also extended to research on female animals, cells, and tissue. Researchers assumed they could extrapolate

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<sup>1</sup> Beery, AK. Inclusion of females does not increase variability in rodent research studies. *Sci Direct*. 2018, 23:143-149. doi:10.1016/j.cobeha.2018.06.016



their male-only study results to females, a dangerous precedent that overlooked fundamental differences between women and men.

This longtime bias put the health of women at risk and created a huge gap in knowledge about women's health and the role that sex and gender differences play in health and disease. Research demonstrates that being female or male can influence susceptibility, prevalence, and age of onset of diseases and conditions. SWHR has long supported the idea that studying, analyzing, and reporting on sex differences should be standard practice across all research.

In addressing federal funding for research, SWHR strongly supports robust funding for the NIH and the NIH offices that support women's health research. The NIH is America's premier medical research agency and the largest source of funding for biomedical and behavioral research in the world. As such, its public health mission is vital to promote the overall health and well-being of women. Multiple initiatives within the NIH are aimed at improving the health of women. These initiatives must remain well-funded moving forward if we hope to address disparities in women's health and women's health research.

Women's health research takes place across other agencies as well. For example, the CDC's Division of Reproductive Health funds pregnancy and maternal mortality research, while the DoD's Congressionally Directed Medical Research Program funds research on ovarian and breast cancers. The HRSA provides funding to support pregnant women and their families, while the AHRQ ensures that women's health research is translated from bench to bedside. These important programs must be supported with adequate congressional appropriations.

Governmental funding for research must continue to support science that improves the health of women. Federal funding should build upon the important work already taking place and prioritize the understanding and elimination of sex and gender health disparities. Increased investment must be pushed toward areas where there are identified gaps and funding. For example, the disproportionately low levels of funding for women's health disorders like endometriosis and uterine fibroids. Women's health must be a firm priority for legislators, and this should be reflected through robust funding of women's health research at the federal level.

*SWHR uses the term "sex" to refer to the classification of living things according to reproductive organs and functions assigned by chromosomal complement, and the term gender to refer to the social, cultural, and environmental influences on the biology of women or men. We use the word "woman" (and the pronouns "she" and "her") to refer to individuals who are assigned female sex at birth. As gender-neutral language continues to evolve in the scientific and medical communities, we will reassess this usage as necessary.*