Society for Women's Health Research

November 5, 2021

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Division of Strategic Planning
Attn: Strategic Plan Comments
200 Independence Ave SW, Room 434E
Washington, D.C. 20201

Re: Request for Comments on the Department Strategic Plan for FY 2022-2026

To Whom It May Concern:

The Society for Women's Health Research (SWHR)—a 30-year-old national nonprofit dedicated to promoting research on biological differences in disease and improving women's health through science, policy, and education—is pleased to offer comments in response to the U.S. Department of Health and Human Services (HHS) Strategic Plan for Fiscal Years (FY) 2022-2026.

SWHR appreciates the Department's commitment to accelerating advancements in science and research and taking steps to ensure that both the research enterprise and the scientific workforce are equipped with the tools, resources, capacity, and perspectives needed to produce better outcomes for all Americans.

While SWHR is interested in each of the Strategic Plan's five goals—to Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare; Safeguard and Improve National and Global Health Conditions and Outcomes; Strengthen Social Well-being, Equity, and Economic Resilience; Restore Trust and Accelerate Advancements in Science and Research for All; and Advance Strategic Management to Build Trust, Transparency, and Accountability—SWHR's comments for the FY2022-2026 Plan will focus on Strategic Goal 4.

STRATEGIC GOAL 4: RESTORE TRUST AND ACCELERATE ADVANCEMENTS IN SCIENCE AND RESEARCH FOR ALL

Strategic Goal 4 and its ensuing objectives tackle a number of important strategies, including stakeholder engagement, communication and collaboration, workforce training and diversity, data sharing and interoperability, and more. In its comments, SWHR would like to commend HHS on select strategies and emphasize certain points for the Department's consideration:

Objective 4.1: Improve the Design, Delivery, and Outcomes of HHS Programs by Prioritizing Science, Evidence, and Inclusion

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- SWHR appreciates the Department's call to "improve communication and collaboration across HHS to bring together research and evaluation to better to better inform the translation of evidence throughout the Department." As HHS considers how to execute upon this strategy, SWHR encourages HHS to think about not only how agency leadership and scientific program staff can more effectively engage with one another, but to also consider how to build upon the interaction and collaboration between entities, such as the various offices of women's health at HHS, including the HHS Office on Women's Health, the Food and Drug Administration (FDA) Office of Women's Health, and the National Institutes of Health's (NIH) Office of Research on Women's Health (ORWH). These offices are essential to prioritizing, coordinating, and highlighting the health needs of women across the health continuum and lifespan and should be used to their full advantage.

  Related to these offices, SWHR would encourage HHS to review the statutory goals of these offices and consider how their collective work could be elevated within HHS so that they can continue in their missions to advance women's health.

- SWHR was also glad to see HHS prioritize building participation into research agendas by engaging stakeholders, including those with lived experiences and citizen scientists, in the design and revision of evaluation and data collection systems and advancing equity amongst researchers and those communities targeted or underrepresented by research efforts. Diversifying the health research workforce is a crucial strategy to expand the target populations for research investments and affect how those populations are engaged with or represented in studies. More diverse research teams can lead to improved outcomes, more creative problem solving, and the consideration of research questions that might not otherwise be apparent.[1]

Objective 4.2: Invest in the Research Enterprise and the Scientific Workforce to Maintain Leadership in the Development of Innovations that Broaden Our Understanding of Disease, Healthcare, Public Health, and Human Services Resulting in More Effective Interventions, Treatments, and Programs

- SWHR commends HHS for its focus on the recruitment, retention, and development of a diverse and inclusive scientific workforce. Science benefits from diversity at all levels, and, for the benefit of science, it is critical that the federal government continue to take steps to address diversity and inclusion in the research enterprise. As HHS looks to implement policies to increase research and practice opportunities for investigators, SWHR encourages HHS to consider how the intersectional influences of race, ethnicity, and gender—along with other demographic factors—can create compounding barriers for individuals in the scientific workforce.

[1] Gibbs, K. D. J., & Griffin, K. A. (2013). What do I want to be with my PhD? The roles of personal values and structural dynamics in shaping the career interests of recent biomedical science PhD graduates. *CBE Life Sci Educ*, *12*(4), 711–723. https://doi.org/10.1187/cbe.13-02-0021

While women account for about half of medical graduates and doctoral recipients in the biological sciences, women are underrepresented at all levels of leadership in the biomedical field.[2] Women in research earn less,[3] receive less funding at the beginning of their careers,[4] and are cited less frequently.[5] They are also more likely to switch to part-time work, change careers, or leave the workforce,[6] and they disproportionately face sexual harassment and discrimination.[7,8]

Women of color encounter both significant racial and gender biases. These biases can present differently, but have a detrimental impact on those forced to confront them. For example, Black women are significantly more likely to report having to provide more evidence of competence to prove themselves to colleagues, and Latinas are more frequently perceived as "angry" or "emotional." Black women are also more likely to report feeling isolated in their work environment.[9]

Successful diversity programs must take into account race, ethnicity, and gender, and consider how the intersection of these issues can change the nature of the barriers individuals face or create new barriers.

- This objective area also notably discusses the need to "identify and address barriers to collaboration and data sharing within HHS and other federal agencies…to make it easier to conduct cross-cutting, high impact, transdisciplinary, innovative research." SWHR encourages HHS to think about how to more consistently and effectively collaborate with and leverage the research being done through the Department of Defense (DoD), and namely its Office of Congressionally Directed Medical Research Programs (CDMRP) and Basic Research Office. SWHR recognizes the tremendous value of DoD's research programs and its work to advance high-impact, high-reward research and address critical research gaps. HHS should consider DoD among the valuable partners it could engage with to identify promising technologies and interventions, treatments, and programs.

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[2] Clayton et al. Women's Careers in Biomedical Sciences: Implications for the Economy, Scientific Discovery, and Women's Health. Journal of Women's Health, 2017. DOI: 10.1089/jwh.2016.6012

[3] Scientists' salary data highlight US$18,000 gender pay gap. Nature. January 22, 2019.

[4] Sege, Nykiel-Bub, Selk. Sex Differences in Institutional Support for Junior Biomedical Researchers. JAMA. 2015; 314(11): 1175– 1177. doi:10.1001/jama.2015.8517

[5] Why women are cited less often in research than men. The Hill. December 17, 2019.

[6] Cech & Blair-Loy. The changing career trajectories of new parents in STEM. National Academy of Sciences Mar 2019, 116 (10) 4182-4187; DOI: 10.1073/pnas.1810862116

[7] Sexual harassment of women: Climate, culture, and consequences. National Academies (2018). https://www.nap.edu/catalog/24994/sexual-harassment-of-women-climate-culture-and-consequences-in-academic

[8] Funk and Parker. Women and Men in STEM Often at Odds Over Workplace Equity. Pew Research Center. January 2018. file:///Users/emily/Downloads/PS_2018.01.09_STEM_FINAL.pdf

[9] Williams, Phillips, & Hall (2014). Tools for change: Boosting the retention of women in the STEM pipeline. UC Hastings College of the Law. https://worklifelaw.org/publications/Double-Jeopardy-Report_v6_full_web-sm.pdf

Objective 4.3: Strengthen Surveillance, Epidemiology, and Laboratory Capacity to Understand and Equitably Address Diseases and Conditions

- SWHR was encouraged to see HHS, in its call to better understand the unique and common needs of certain sub-groups, call out not only sex among the sub-groups, but also pregnant populations. Each year in the United States, 6 million women are pregnant,[10] nearly 4 million women give birth,[11] and more than 3 million women breastfeed.[12] Yet, despite these profound statistics, not enough attention has been paid to pregnant and lactating women in research—leading to significant, unacceptable gaps in women's health.

  These gaps surfaced again during the COVID-19 pandemic due to a significant delay in getting pregnant and lactating women included in the COVID-19 vaccine trails. SWHR implores HHS, by using sound scientific and clinical data, to make every attempt to include pregnant and lactating populations in research wherever possible.

Objective 4.4: Improve Data Collection, use, and Evaluation to Increase Evidence-Based Knowledge that Leads to Better Health Outcomes, Reduced Health Disparities, and Improved Social Well-Being, Equity, and Economic Resilience

- SWHR appreciates that HHS is considering how to improve data collection, close data gaps, transform data, and share data for better HHS analysis and evaluation. As noted above, SWHR appreciated the Department's inclusion of sex and pregnant populations as sub-groups to ensure that HHS data collection efforts and surveys collect information that is relevant to social determinants of health.

  SWHR has recently learned that research data often does not allow for research to be disaggregated by both race and ethnicity *and* sex. The inability to analyze research in this level of detail affects researchers' ability to explore how different factors may impact health outcomes across populations. Including fields such as sex and pregnancy in data collection efforts and surveys at the outset will provide greater insight into these groups and improve analysis and evaluation of HHS programs.

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[10] Curtin, SC, Abma, JC, Ventura, SJ, Henshaw, SK (2013). Pregnancy rates for US women continue to drop. *National Center for Health Statistics Data Brief, 138.* Accessed at: https://www.cdc.gov/nchs/data/databriefs/db136.pdf

[11] Martin, JA, HaMilton, BE, Osterman, MJK, Driscoll, AK (2019). Births: Final data for 2018. *National Vital Statistics Reports, 68*(13). Accessed at: https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf

[12] Centers for Disease Control (2018). Breastfeeding report card, United States, 2018. Accessed at: https://www.cdc.gov/breastfeeding/pdf/2018breastfeedingreportcard.pdf