



February 9, 2022

Submitted electronically to the NIH Chief Officer for Scientific Workforce Diversity Office at COSWDStrategicPlan@nih.gov

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Chief Officer for Scientific Workforce Diversity
COSWD Office
1 Center Drive, Suite 316
Bethesda, MD 20892

Re: NIH NOT-OD-22-054, Inviting Comments and Suggestions on the Draft NIH Chief Officer for Scientific Workforce Diversity Strategic Plan for FYs 2022-2026

Dear Dr. Bernard:

The Society for Women's Health Research (SWHR) is pleased to offer comments in response to the National Institutes of Health (NIH) Request for Information (RFI): Inviting Comments and Suggestions on the Draft NIH Chief Officer for Scientific Workforce Diversity (COSWD) Strategic Plan for Fiscal Years (FY) 2022-2026.

SWHR is a more than 30-year-old national nonprofit dedicated to improving women's health through science, policy, and education. To achieve this goal, we must improve diversity not only within our research participant populations, but also within the scientific workforce. SWHR applauds COSWD's commitment to building NIH's research capacity by creating a more equitable, inclusive, and accessible workforce. As noted in the Strategic Plan, research shows that diversity enhances creativity and innovation and broadens the scope of scientific inquiry.

As the COSWD looks to finalize its Strategic Plan and create a culture of "inclusive excellence," SWHR would like to raise, for the COSWD's consideration, a few key points related to women and people of color and highlight ways the plan could support these populations.

General Comments

Science benefits from diversity—flourishing when individuals of all genders, races and ethnicities, socioeconomic circumstances, and other diverse backgrounds contribute to research endeavors. Yet, though women account for about half of medical graduates and doctoral recipients in the biological sciences, they are underrepresented at all levels of

leadership in the biomedical field.¹ Women in research earn less,² receive less funding at the beginning of their careers,³ and are cited less frequently.⁴ Women are also more likely to switch to part-time work, change careers, or leave the workforce. Furthermore, women disproportionately face sexual harassment and discrimination.^{5,6}

Disparities are even greater for women of color, who 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.⁷

SWHR was pleased to see “Women at the graduate level and beyond in scientific fields” included among the underrepresented groups in the COSWD Strategic Plan, but it will be important within the COSWD’s evidence-building, policy-shaping, and dissemination efforts to remember the critical intersection of race, ethnicity, and gender and to consider how these issues can change the nature of the barriers individuals face or create new barriers.

Additionally, SWHR would like to note that within the Strategic Plan, the terms “sex” and “gender” were never referenced, aside from the mention that the “Sexual & Gender Minority Research Office” would be included among COSWD’s diversity, equity, inclusion, and accessibility (DEIA)-related stakeholders. While SWHR was glad to see this entity included among the COSWD’s proposed collaborators, in order to maximize the potential of this Strategic Plan, SWHR encourages the COSWD to more strategically consider the roles of sex and gender and sexual and gender minorities. This will include not only analyzing how the current landscape may affect different populations—including how implicit or subconscious bias and harassment against LGBTQ and other populations may serve as a barrier to advancement—but also ensuring that future policies at NIH resolve the unique disparities faced by these populations in order to create a truly inclusive and welcoming workforce.

¹ 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

² Scientists’ salary data highlight US\$18,000 gender pay gap. *Nature*. January 22, 2019.

³ 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

⁴ Why women are cited less often in research than men. *The Hill*. December 17, 2019.

⁵ Sexual harassment of women: Climate, culture, and consequences. *National Academies* (2018).

⁶ Funk and Parker. Women and Men in STEM Often at Odds Over Workplace Equity. *Pew Research Center*. January 2018. <https://www.pewresearch.org/social-trends/2018/01/09/women-and-men-in-stem-often-at-odds-over-workplace-equity/>

⁷ 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

Objectives to Support the Strategic Plan’s Three Key Goals

Goals and Strategies. SWHR commends NIH for taking critical steps to support underrepresented researchers and build a more diverse and inclusive research workforce, from acknowledging the need to end systemic and structural racism both within the agency and the extramural institutions it supports to launching the UNITE initiative to end racial inequities across the biomedical research enterprise. Such steps are necessary for leading to greater diversity and equity within review panels, in funding NIH awards, and in ensuring a representative biomedical research workforce.

The COSWD Strategic Plan includes several important objectives for reaching its three key goals of building, disseminating, and acting on the evidence to promote DEIA in the scientific workforce. However, SWHR would like to propose an additional objective for “Goal 1: Build the Evidence.” While SWHR is supportive of enhancing the knowledge base on scientific workforce diversity, examining and identifying effective DEIA programs, and evaluating piloted DEIA programs, we also believe there is tremendous value in looking inward to determine how past policies may have inadvertently deterred DEIA in the NIH workforce.

Recent scientific communications suggest that racial disparities in NIH R01 funding can significantly and negatively affect the careers of faculty members and scientists of color. While white men and women are about as likely to receive an R01 award, Asian women and Black women are significantly less likely to receive the same funding.⁸ Among certain fields, the disparities become even more striking. For example, in 2019, female surgeons received NIH grants at significantly lower rates than male colleagues, and no Black or Hispanic women surgeons received R01s or equivalent awards.⁹

As the NIH continues in its endeavor to create a culture that supports underrepresented scientists, SWHR encourages the COSWD—through this Strategic Plan—to specifically address barriers facing scientists of color within NIH, including investigating and defining these barriers and creating and implementing policies that will address these disparities. Dissemination of the evidence is already built into the Strategic Plan’s framework; addressing the internal barriers, publicly and regularly, would be an important part of those dissemination efforts.

Scope. The Strategic Plan specifies that the COSWD’s efforts will “seek to enhance recruitment and develop and reward practices. In turn, these efforts will help enhance the organizational culture in support of retention.” As critically noted at the outset in the Strategic Plan, in the Message from the Chief Officer for Scientific Workforce Diversity, “Our efforts must extend beyond simply increasing the number of diverse individuals recruited into science. They must identify ways for enhancing career experiences and pathways for the scientific workforce to

⁸ Ginther, Kahn, & Schaffer (2016). Gender, race/ethnicity, and NIH R01 research awards: Is there evidence of a double bind for women of color? *Academic Medicine*, 91(8). Doi: 10.1097/aCm.0000000000001278

⁹ Lewit, Black, & Camp. (2020). Association of sex and race/ethnicity with National Institutes of Health funding of surgeon-scientists. *JAMA Surg.* 2021; 156(21), 19507. Doi: 10.1001/jamasurg.2020.5016

reach its full potential.” SWHR agrees that it is not sufficient to simply bring people into the research workforce; they must be supported through institutional policies and programs.

SWHR applauds the COSWD for signifying the importance of policies such as mentoring and work-life issues in “Goal 3: Act on the Evidence.” These areas can have a disproportionate impact on women, and SWHR encourages the COSWD to keep this top of mind as it executes upon the Strategic Plan. Women of color face barriers to career advancement in the biomedical workforce that are amplified by both gender and racial or ethnic identity. A 2019 paper by Alfred, Ray, and Johnson highlight broad barriers that affect women and women of color in STEM.¹⁰ Major identified areas of need include:

- *The effect of stereotyping, societal influences, and institutional influences throughout pre-college, college, and postgraduate studies.* Early prejudices against women and women of color hold weight throughout the full course of an individual’s career. After college, women of color continue to feel isolated within advanced degree programs. Traditional models of mentorship can be helpful, but may also underscore systemic inequalities and feelings of “otherness.”
- *Isolation within the workforce and lack of inherent support systems.* Continued feelings of tokenism, alienation, and a lack of support persist once women begin their careers. Negative experiences can derail long-term aspirations and cause some women to leave the field entirely. Women who stay in the workforce are vulnerable to harassment and discrimination. This is true both within academia and industry. Peer networks are often found to be unwelcoming, which can prevent development of crucial relationships that lead to collaboration and advancement.
- *Disproportionate burdens from balancing career path and caregiving responsibilities.* Women tend to bear the brunt of emotional labor and caregiving, both at home and in their chosen career. At work, women are expected to take on more service hours, provide more student mentorship, and engage in more administrative duties than their male colleagues, only to face heightened caregiving responsibilities at home as well. The COVID-19 pandemic has exacerbated these stressors. Emotional support, mentorship, and administrative responsibilities are not often reflected on a CV and not incorporated in reviews, despite the fact that training the next generation is viewed as a key role for academics. Moreover, workplaces are not realistically accounting for lost productivity due to the pandemic or providing useful support.

It will be vital for the NIH to carefully consider systemic barriers that affect women at each step of their careers and to implement methods at each stage aimed at overcoming these obstacles. The NIH must also foster safe training and work environments by creating and sustaining a safe and productive work environment. This includes continuing in its work to prevent and address

¹⁰ Alfred, Ray, & Johnson (2019). Advancing women of color in STEM: An imperative for US global competitiveness. *Advances in Developing Human Resources*, 21(1), 114-32. Doi: 10.1177/1523422318814551

harassment based on sex, gender, or race/ethnicity and ensure reporting mechanisms, independent investigations of complaints, and consequences for harassment are continually clearly communicated and emphasized.

Mentorship and training for women and people of color are critical; however, programs should be careful not to exacerbate feelings of isolation by highlighting individual or group status as a minority (with the implication being that these groups may be in need of more intensive support solely because of their minority status). Successful interventions will not only provide additional support to members of marginalized communities, but will incorporate initiatives that target pervasive biases throughout the biomedical field on a systems level.

Cross-Cutting Strategies—Collaborations, Accountability, and Evaluation—to be Leveraged

SWHR commends the COSWD choosing “Collaborations” as one of the cross-cutting strategies within the Strategic Plan to create a more integrated culture of DEIA across the biomedical research workforce. Partnerships and collaborations are crucial to advancing biomedical research and driving better results across sectors.

SWHR agrees that COSWD should explore possibilities for internal collaboration, including NIH’s Institutes, Centers, and Offices (ICOs) focused on DEIA training and health research as well as offices and programs serving in DEIA practitioner roles.

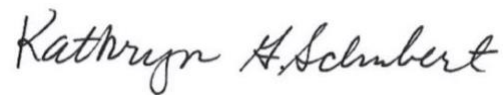
Furthermore, while it’s noted in the Strategic Plan that the COSWD will collaborate, where appropriate, with external entities, SWHR would encourage the COSWD to thoroughly explore possible external partnerships to enhance thought leadership and bring perspectives beyond those within NIH to the discussion. In particular, SWHR recommends outreach to organizations that focus on addressing cross-sectional health disparities, organizations that focus on the needs of women and people of color in the scientific workforce, and medical societies that focus on the needs of women and people of color in the medical field as well as larger medical or scientific societies that specifically address the needs of women of color. More explicitly addressing how the COSWD will identify and engage with external partners would provide an important layer of accountability to the Strategic Plan’s ultimate implementation.

Finally, regarding the Strategic Plan’s cross-cutting strategy of “Accountability,” SWHR would encourage COSWD to expand upon and clarify its plans to create a culture of accountability. As it is currently written, this section is not written in a way that matches the magnitude of what the COSWD is hoping to accomplish through this DEIA initiative. While we recognize that some processes and procedures can only be put in place once the root problems are identified, providing information about which ICOs may be involved in informing program design or improvements or offering a general date by which the COSWD is hoping to begin evaluation of current programs would be helpful to stakeholders. Accountability will be necessary for creating a DEIA culture at the NIH; without it, policies and programs can be put in place and have null effect without consequences. Checks and balances are needed to ensure the DEIA “needle” is still moving forward.

SWHR is pleased to see continued focus on removing systemic barriers that could inhibit DEIA within the biomedical research workforce and is optimistic that the COSWD Strategic Plan for Fiscal Years 2022-2026 can help initiate policies and programs that will foster and promote women and people of color in the scientific research workforce. Such programs and policies are imperative for the field's advancement.

Thank you for the opportunity to provide feedback to the NIH on this important effort. We look forward to continued opportunities to engage with the agency on this issue. If you have questions, please contact me at kathryn@swhr.org or SWHR's Chief Advocacy Officer Lindsey Horan at lindsey@swhr.org.

Sincerely,

A handwritten signature in black ink that reads "Kathryn G. Schubert". The signature is written in a cursive, flowing style.

Kathryn G. Schubert, MPP
President and Chief Executive Officer
Society for Women's Health Research