

**NICHD Scholars  
Summer Workshop**  
August 1, 2013

**Women in Biomedical Research**

**Why Sex and Race/Ethnicity  
Matters for Health**

**Meghan Mott, Ph.D.**  
**NIH Office of Research on  
Women's Health**

# Did You Know?



- The basic anatomy of the female and male brain is different
  - Women have 10 times more white matter
  - Men have 7 times more gray matter
- Stroke usually occurs earlier in a man's life than it does in a woman's life
- Autism, stuttering, and ADHD are more common in males
- Anorexia and depression are more common in females
- Women and men have different heart attack symptoms
- Women and men respond differently to some drugs like sleep aids (Ambien) and aspirin

# Office of Research on Women's Health (ORWH)



- Founded in 1990
- 1991: Women's Health Initiative
- 1993: NIH Mandate to include women and minority groups in clinical trials
- 2010: 10-year strategic vision for research on women's health
- 2013: Focal point for NIH research agenda on women's health, sex and gender factors

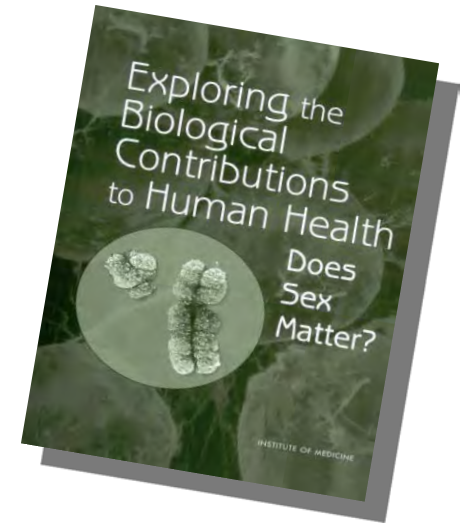
# ORWH: Missions and Purpose

- Enhance, stimulate, and expand efforts to improve the health of women through biomedical and behavioral research, *across NIH*
- Examine the role of sex/gender in health and disease, *across NIH*
- Promote recruitment, retention, reentry, and advancement of women in biomedical careers

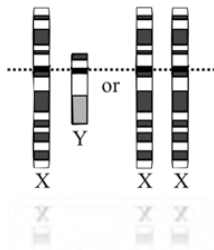


# Why Sex/Gender Matters in Biomedical Research

- Every cell has a sex
- Sex begins *in utero*
- Sex affects behavior and perception
  - Gender also affects behavior and perception
- Sex affects health
  - Gender also affects health



“Sex”: classification derived from the chromosomal complement (reproductive organs and functions)



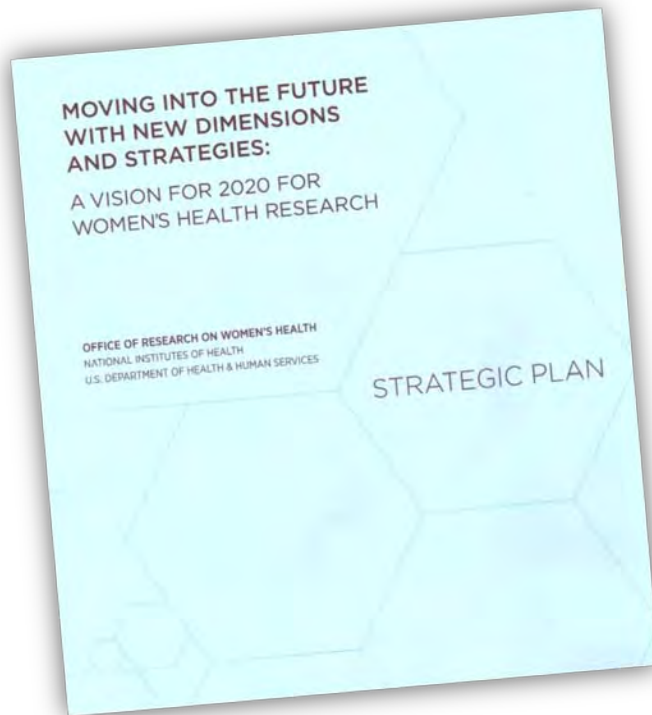
“Gender”: a person’s self-representation as male or female



Source: Exploring the Biological Contributions to Human Health: Does Sex Matter, IOM Report , 2001



# NIH Research on Women's Health: Strategic Goals



- Consider **sex as a biological variable** in **basic science** studies
- Incorporate findings of sex/gender differences in the **design and application of new technologies**
- Actualize **personalized health** for girls and women
- Create **strategic alliances and partnerships** to maximize the domestic and global impact of research on women's health
- Develop and implement **new communication and social networking** technologies to advance research on women's health
- Employ innovative strategies to build a well-trained, diverse, and vigorous **women's health research workforce**

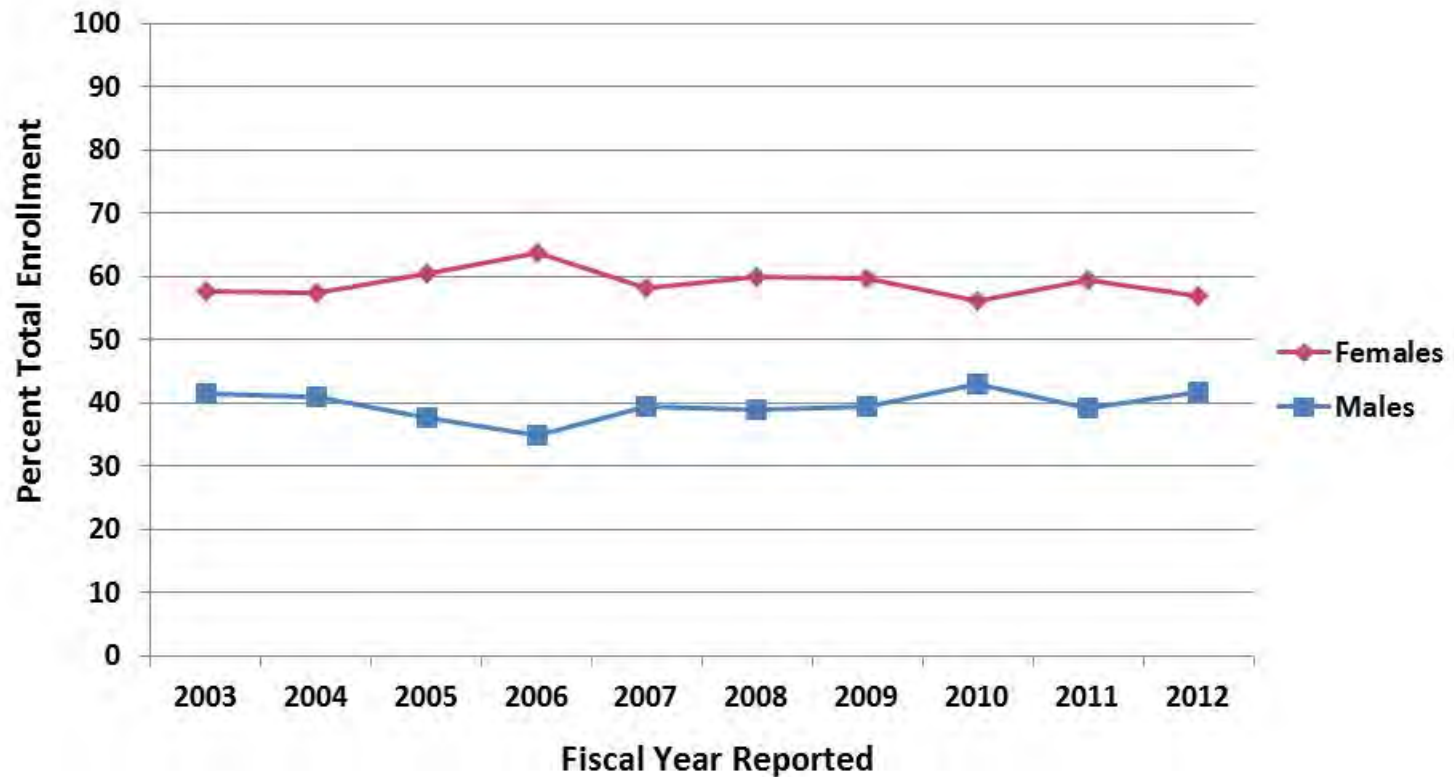
# NIH Research on Women's Health: Sex/Gender Differences

**Goal:** Consider **sex as a biological variable** in **basic science** and **clinical!** studies



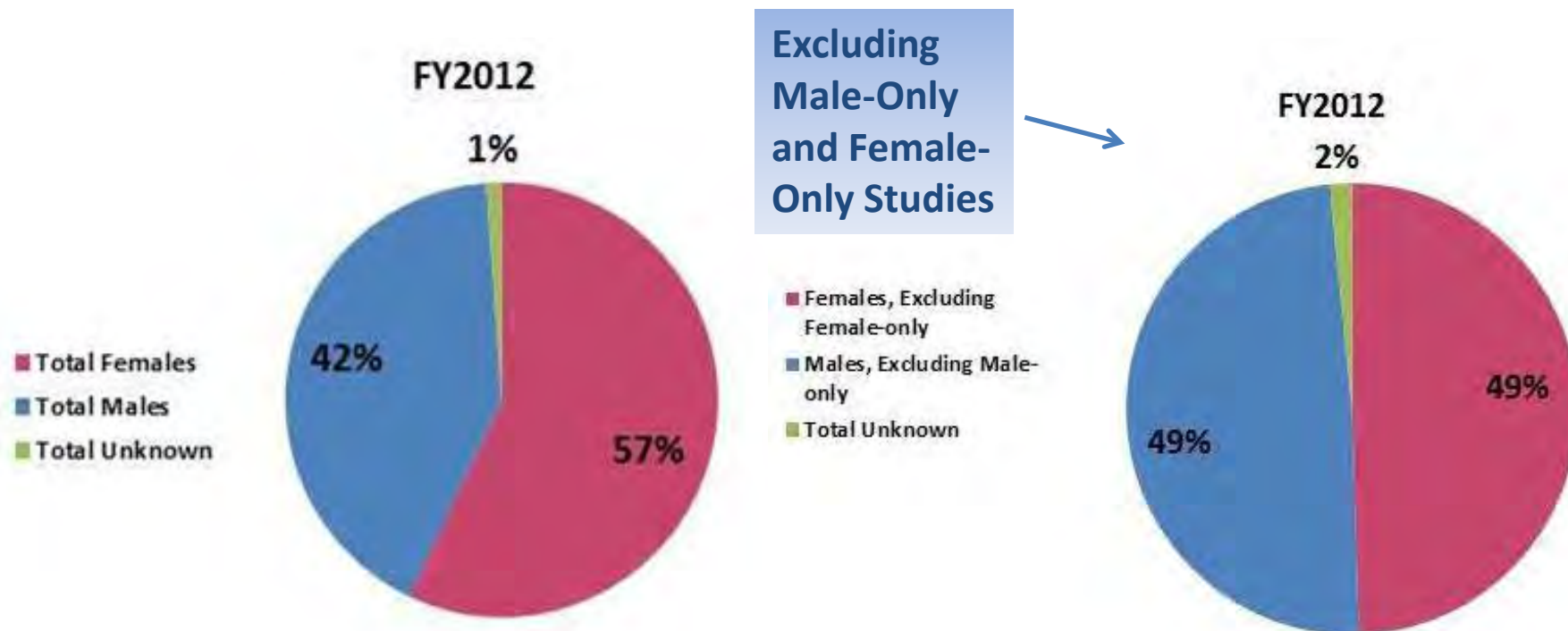
- Importance of investigating the role of sex/gender at all levels of the research continuum, from cells to societies
- Addressing disparities in health
- Promoting recruitment, retention, reentry, and advancement of women in biomedical careers

# Enrollment by Sex/Gender: NIH Clinical Research

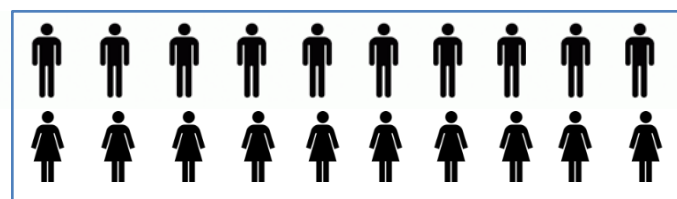




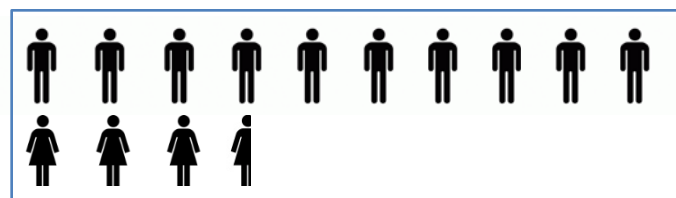
# Percent Enrollment by Sex/Gender: NIH Clinical Research 2012



# Beyond Inclusion: Sex-Specific Reporting



← U.S. Population



← NIH-funded clinical trial sex/gender **inclusion** (average enrollment of women): 37 percent<sup>1</sup>



← NIH-funded clinical trial sex/gender **reporting**: 28 percent<sup>1</sup> (of the above group)



Intersecting roles:

- Journal editors
- Government funding agencies
- Industry
- Basic researchers
- Professional societies
- Other stakeholders

# Database of Clinical Research Studies

**ClinicalTrials.gov**

A service of the U.S. National Institutes of Health

ClinicalTrials.gov is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world. Learn more about clinical studies and about this site, including relevant history, policies, and laws.

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About Clinical Studies ▾

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ClinicalTrials.gov currently lists **149,304 studies** with locations in all 50 states and in **185 countries**.

Text Size ▾

## Search for Studies

Example: "Heart attack" AND "Los Angeles"

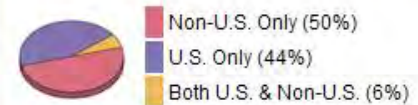
 

[Advanced Search](#) | [See Studies by Topic](#)  
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## Search Help

- [How to search](#)
- [How to find results of studies](#)
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## Locations of Recruiting Studies



Total N = 30,720 studies  
Data as of July 23, 2013

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## For Patients & Families

- [How to find studies](#)
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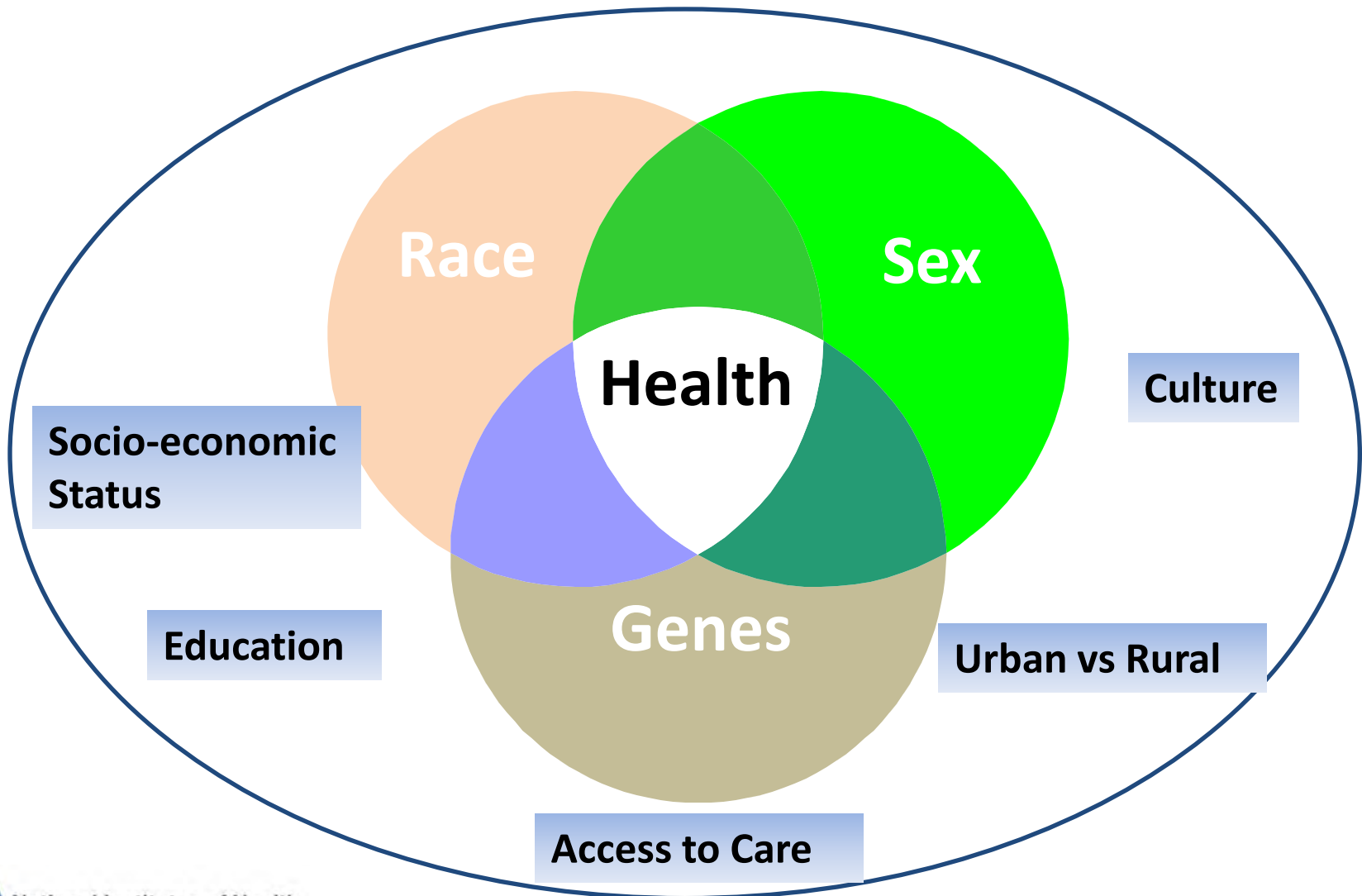
# Research on Women's Health: Disparities

**Goal:** Actualize **personalized health** for girls and women



- Importance of investigating the role of sex/gender at all levels of the research continuum, from cells to societies
- Addressing disparities in health
- Promoting recruitment, retention, reentry, and advancement of women in biomedical careers

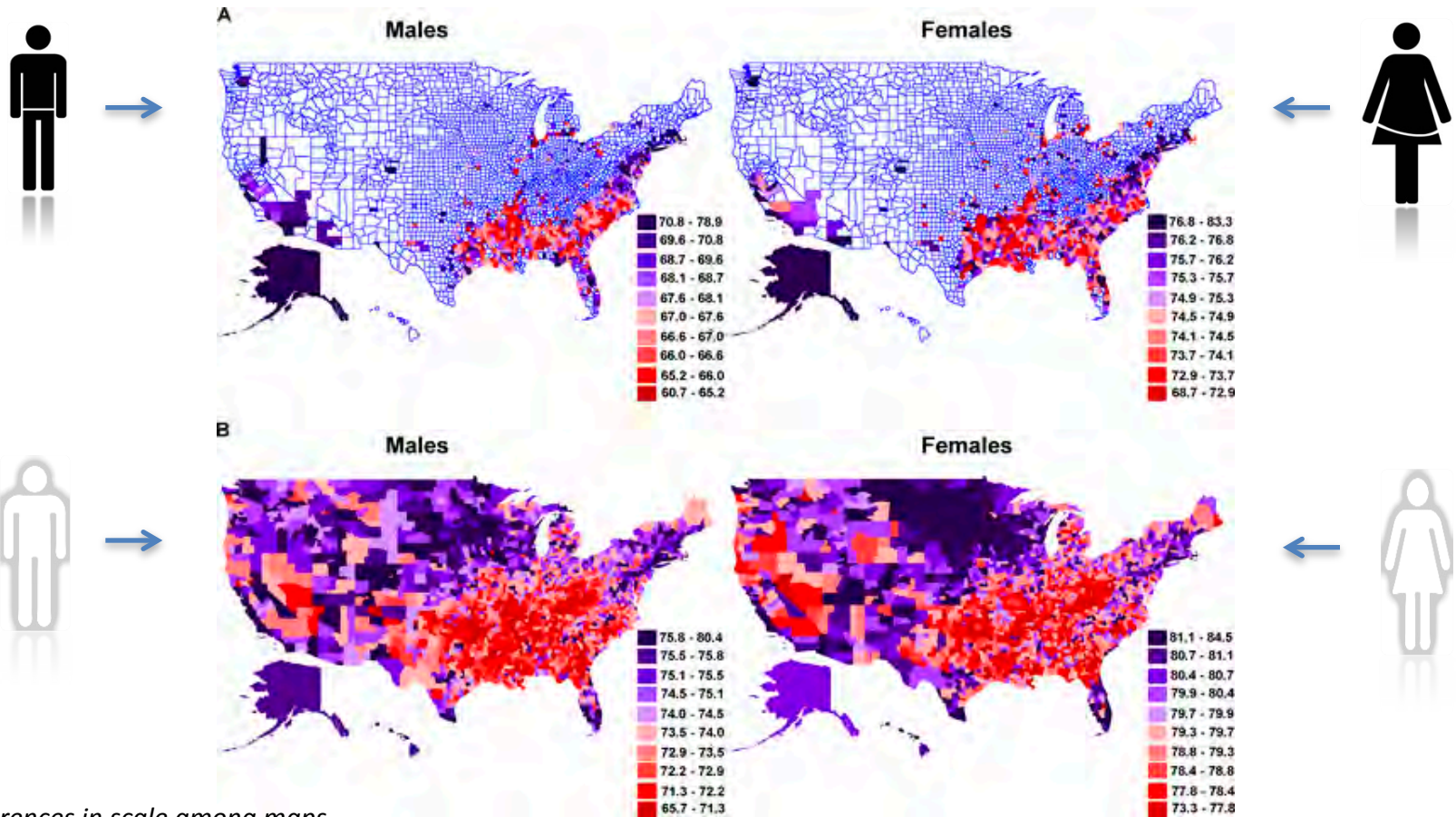
# Factors Influencing Health





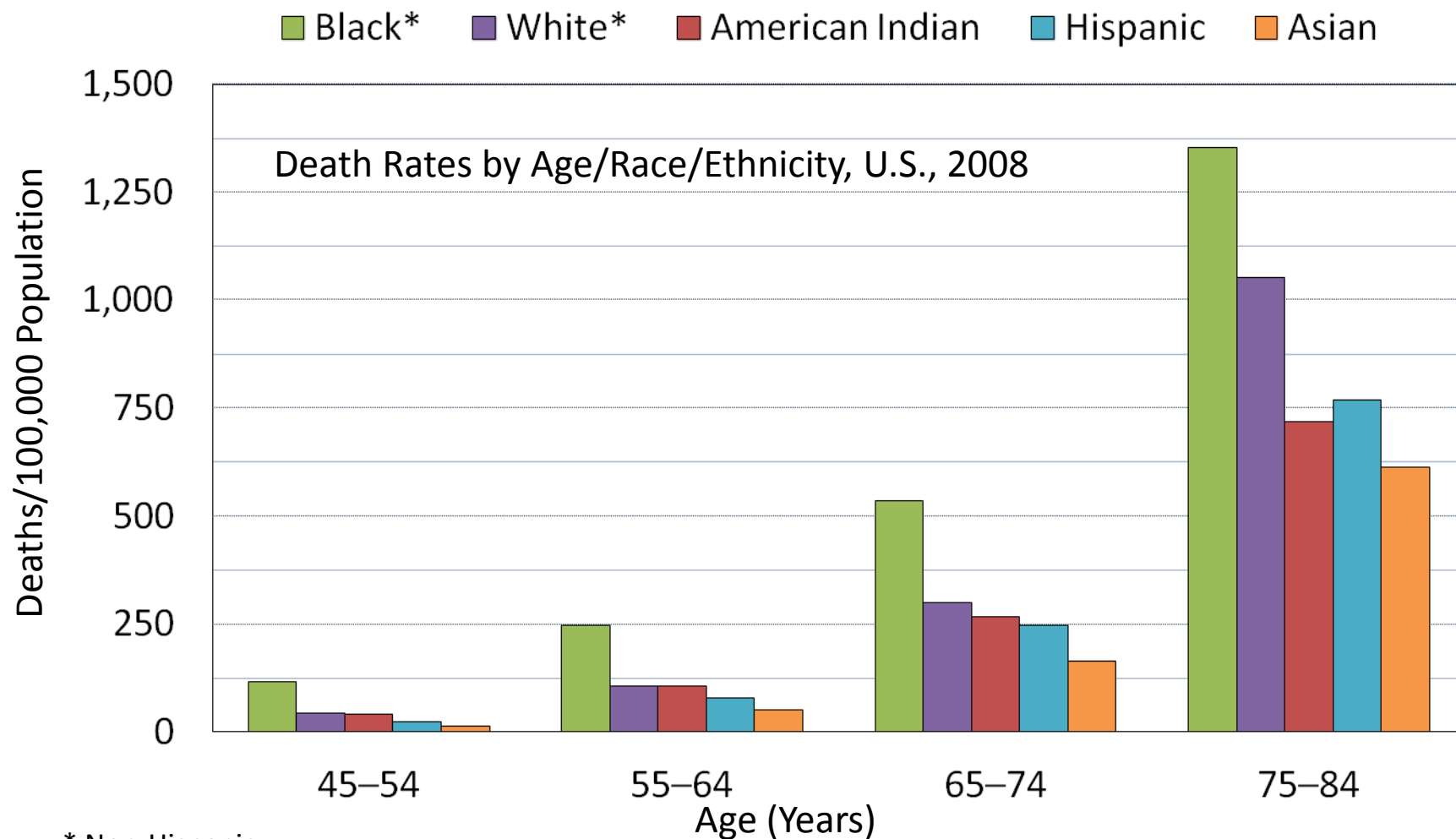
# Geography, Race, and Gender Affect U.S. Health

County Life Expectancies at Birth by Race



Source: Murray CJL et al. (2006) Eight Americas: Investigating Mortality Disparities across Races, Counties, and Race-Counties in the United States. *PLoS Med* 2006; 3:e260

# Disparities in Heart Disease for Women of Color

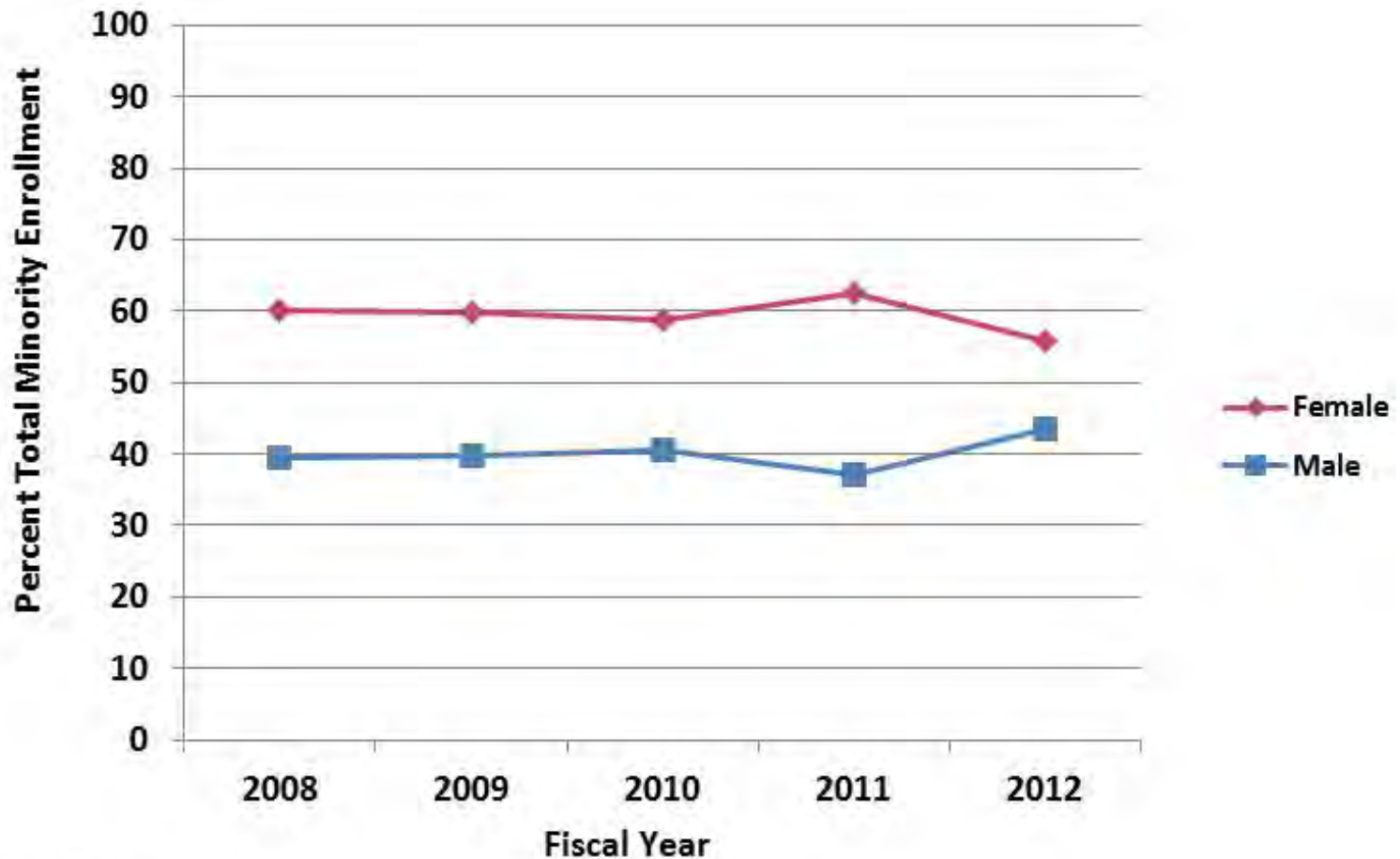


# Personalized Health: Not All Women Are the Same



- Women who die from stroke before age 75
  - Why is the rate for black women 39% and the rate for white women 17%?
- Why are Hispanic/Latina women four times more likely to be HIV-infected than white women?
- Why do Asian-American women have the highest rates of new cases of stomach cancer compared to women of all other groups?

# Percent Minority Enrollment by Sex/Gender: Domestic NIH Clinical Research



# Benefits from Diversity in Inclusion



- Advances in knowledge from research
- Incorporating knowledge into education, training
- Implementing new concepts into

Need diversified workforce to design studies, recruit participants, implement findings health

- Providing access to sex/gender and ethnic/racial/culturally sensitive and appropriate healthcare

C



# Research on Women's Health: Lifting All Boats

**Goal:** Employ innovative strategies to build a well-trained, diverse, and vigorous **women's health research workforce**



- Importance of investigating the role of sex/gender at all levels of the research continuum, from cells to societies
- Addressing disparities in health
- Promoting recruitment, retention, reentry, and advancement of women in biomedical careers

# NIH Working Group on Women in Biomedical Careers



- Established in 2007 to consider recommendations from the National Academies report *Beyond Bias and Barriers: Fulfilling the Potential of Women in Academic Science and Engineering*
- Seeks innovative strategies to address concerns of NIH intramural and extramural communities
- Pays special attention to issues of barriers, minority women scientists, and mentoring



# NIH Working Group on Women in Biomedical Careers

## ***Our Goal:***

*Not just recruitment and entry,  
but providing, supporting,  
and encouraging  
opportunities for retention  
and **sustained advancement** of women  
in biomedical, practice, and research careers...*

# Causal Factors and Interventions Affecting Women in Biomedical Careers

- **2008:** The National Institute of General Medical Sciences released RFA:  
**Research on Causal Factors and Interventions that Promote and Support the Careers of Women in Biomedical and Behavioral Science and Engineering**
- **2009:** NIH funded 14 grants in this research area, estimated to total \$16.8 million over 4 years
- **2012:** ORWH- and NIGMS- sponsored workshop served as a forum for data presentations, discussions, and brainstorming



# Causal Factors and Interventions Affecting Women in Biomedical Careers

## Key Findings

- **Bias** is powerful, often unconscious, can be measured, and can be altered
- The NIH can lead by example to “de-silo” **diversity** and inclusion
- **Mentor networks** are more effective than mentor dyads
- **Culture** affects career satisfaction and performance, and can be measured
- Institutional **flexibility policies** are under-recognized and under-used, in part due to ingrained academic culture and lack of leadership buy-in





# Research Results: Utilization of Flexible Career Policies

## Improving Knowledge, Awareness, and Use of Flexible Career Policies Through an Accelerator Intervention at the University of California, Davis, School of Medicine

Amparo C. Villablanca, MD, Laurel Beckett, PhD, Jasmine Nettiksimmons, PhD, and Lydia P. Howell, MD

### Abstract

The challenges of balancing a career and family life disproportionately affect women in academic health sciences and medicine, contributing to their slower career advancement and their attrition from academia. In this article, the authors first describe their experiences at the University of California, Davis, School of Medicine developing and implementing an innovative accelerator intervention designed to promote faculty work-life balance by improving knowledge, awareness, and access to comprehensive flexible career policies. They then summarize the results of two

faculty surveys—one conducted before the implementation of their intervention and the second conducted one year into their three-year intervention—designed to assess faculty's use and intention to use the flexible career policies, their awareness of available options, barriers to their use of the policies, and their career satisfaction. The authors found that the intervention significantly increased awareness of the policies and attendance at related educational activities, improved attitudes toward the policies, and decreased perceived barriers to use. These results, however,

were most pronounced for female faculty and faculty under the age of 50. The authors next discuss areas for future research on faculty use of flexible career policies and offer recommendations for other institutions of higher education—not just those in academic medicine—interested in implementing a similar intervention. They conclude that having flexible career policies alone is not enough to stem the attrition of female faculty; such policies must be fully integrated into an institution's culture such that faculty are both aware of them and willing to use them.

Faculty encounter myriad obstacles during their academic careers, including individual, family, and institutional or societal influences that contribute to women leaving the academic pipeline.<sup>1–10</sup> Faculty in the health sciences face

additional career challenges due to long training paths, unpredictable work hours, clinical work (patient care duties, paperwork, maintaining clinical expertise), lack of summer release time, and other job-determined demands. Yet, no one has identified truly effective strategies and interventions to stem the attrition of women from academic advancement.

### Why Flexible Career Policies Are Necessary

The challenges of balancing a career and family life among academic health science and medicine faculty disproportionately affect women, leading to their slower career advancement and/or dropping out of academia.<sup>1–10</sup> The 2007 report from the National Academies of Sciences, Engineering, and Medicine, *Beyond Bias and Barriers: Promoting Diversity and Inclusion in Science and Engineering*, states that the relatively small pipeline and attrition of women from academia are a major barrier to their career advancement.

**Dr. Villablanca** is professor, Cardiovascular Medicine and the Herman Lusk Endowed Chair in Women's Cardiovascular Medicine, Department of Internal Medicine, University of California, Davis, School of Medicine, Davis, California.

**Dr. Beckett** is professor and chief, Division of Biostatistics, Department of Public Health Sciences, University of California, Davis, School of Medicine, Davis, California.

**Dr. Nettiksimmons** is biostatistician and epidemiologist, Clinical and Translational Science Center, University of California, Davis, School of Medicine, Davis, California.

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Acad Med. 2013;88:771–777.  
First published online April 24, 2013.  
doi:10.1093/acmed/akm001

Academic Medicine, Vol. 88, No. 6/June 2013

## Summary of the University of California, Davis, School of Medicine's Flexible Career Policies, 2010 to Present<sup>\*</sup>

Characteristic	Childbearing or adoption leave	Family and medical leave	Parental leave	Active service modified duties	Part-time appointment
Eligible faculty	Parent who is giving birth or adopting	≥1 year university service, responsible for ≥50% of child care	Any faculty member	≥1 year university service, responsible for ≥50% of child care	At chair's discretion, and academic/business needs
Time and duration	Full-time leave for 12 weeks maximum	Full-time leave for 12 weeks maximum	Full-time leave for 1 year maximum (other leaves included)	Negotiated part-time leave for 12 weeks maximum	Negotiated percent reduction, renewable at reappointment time
Salary	Preserved	None	None	Full base, negotiated component of salary (Y*) <sup>†</sup> reduced proportionate to duty reduction	Base and negotiated component of salary (Y*) <sup>†</sup> reduced proportionate to duty reduction
Health care benefits	Maintained	Maintained	None	Maintained	Maintained if 50% appointment

<sup>\*</sup> In addition, the University of California, Davis, School of Medicine offers flexible career policies for tenure clock extension and deferral of review.

<sup>†</sup> (Y\*) indicates negotiated component of faculty salary.

# New Initiatives to Support NIH Scientists with Family Responsibilities



- 3-year pilot **Back-Up Care program**
  - Launched in January 2012
  - Provides short-term care for children, elders, and adult dependents
- “**Keep the Thread**” accommodation and reentry program for intramural postdoctoral fellows
  - Flexible schedule options
  - Part-time work options
  - Position holding whenever possible during extended leave
- Planned construction of additional **child care center**
  - Will add 130 additional child care slots on campus

# Resources Available from ORWH and the Working Group




Reports are available in hardcopy and for download at

<http://womeninscience.nih.gov>




# Mentoring Materials from ORWH



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NIH. Turning Discovery Into Health



Science Series  
ORWH

In this Issue:

- ▶ Mentoring Women in Science
- ▶ Why Should I Be a Mentor?
- ▶ Becoming an Effective Mentor
- ▶ What Can Institutions Do to Encourage Productive Mentoring?

*Mentoring is critical for achieving full potential at every career stage and in every field. It promotes efficiency, increases productivity, and enhances career satisfaction. Effective mentoring is especially important for women in science.*

*Share your personal story with your mentee. How did you end up in your position? What challenges did you face along the way?*

## Mentoring Women in Science

▶ for mentors

**Mentor:** noun |ˈmen-tôr-ôr| : a trusted counselor or guide : **TUTOR, COACH**  
**Ment-ee:** noun |ˈmen-tē| : one who is being mentored : **MENTORÉE**

### Mentoring Women in Science

Women are underrepresented in leadership positions in academia and often feel isolated.<sup>1</sup> According to the National Science Foundation, 20 percent of full-time, full professional and engineering are women. Access to quality mentoring remains important throughout a woman's career. Women with mentors publish frequently and are more likely to receive grant funding. Female assistant professors with mentors were 25 percent more likely to receive grant funding than their colleagues without mentors.<sup>2</sup>

#### Why Should I Be a Mentor?

Mentoring is more than just professional generosity; the mentors also benefit. Mentoring relationships. Discussions with your mentees can provide fresh perspectives on your research and advance your personal career development. Furthermore, mentoring gives you the opportunity to practice your leadership skills and build your professional network.

#### Becoming an Effective Mentor


Like anything else, effective mentoring requires time and practice. Before creating a mentoring relationship, take time to consider mentoring best practices. Talk to senior colleagues about their experiences, and participate in mentoring training sessions offered by academic institutions.

Keep in mind that you are mentoring not just a researcher, but a whole person who likely has competing professional and personal priorities. Be sensitive to this complexity, and be prepared to help with time management suggestions or tips for overcoming guilt and anxiety.

- Recognize that your mentee may have needs, goals, values, and priorities that differ from your own.
- Be approachable and accessible.


## Mentoring is critical for achieving full potential at every career stage and in every field. It promotes efficiency, increases productivity, and enhances career satisfaction. Effective mentoring is especially important for women in science.

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NIH Turning Discovery Into Health



Science Series  
ORWH

In this Issue

- ▶ Mentoring Women in Science
- ▶ Why Have a Mentor?

## A Mentor: Key to Career Success

▶ for mentees

**Key for achieving every career stage that promotes productivity, career satisfaction. Mentoring is especially important for women in science.**

**Mentors do not necessarily need to share your gender, race, or field of research, but should be sensitive to your unique needs.**

**Finding Your Mentoring Team**

Ideally, you will have a team of mentors who focus on distinct aspects of your career. For instance, you might have a research mentor, a teaching mentor, and a separate professional development mentor. Early career scientists often expect their research advisors to play all of these roles. In fact, your supervisor should be just one member of your mentoring team.

**Building an Effective Relationship with Your Mentor**

Like all relationships, mentoring pairs must learn to work together effectively. The following positive behaviors can help you start out on the right track:

- Set guidelines at the beginning of the relationship: How often will you meet? Will you focus on research, professional development, grantsmanship, work-life balance, or a combination of topics?
- Show up for all meetings on time, prepared, and with clear goals for the meeting.

**Women in Science**

There are many options for finding additional mentors. Here are some places to start:

- Use professional organizations, special interest groups, networking events, and social media sites to build your network.
- Explore whether your academic institution or professional society has a formal mentoring program with matching services.
- Identify colleagues in your department whom you admire or who have backgrounds similar to yours.
- Tell your colleagues you are looking for a mentor and ask for recommendations.
- Identify fellowship or career development programs that include mentoring in their missions, such as the NIH Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program.

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National Institutes of Health  
WOMEN OF COLOR RESEARCH NETWORK

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research community.



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Nearly 1,000 members  
and growing  
**JOIN NOW!**

- Social media site for **everyone** interested supporting the development of a diverse scientific workforce
- Facilitates interaction and collaboration between students, researchers, and policy makers
- Provides information, networking, mentoring, and career development opportunities for women of color in biomedical careers



# ORWH Interdisciplinary Programs: SCOR, BIRCWH



1 + 1 = 3

- Specialized Centers of Research on Sex Differences (**SCOR** – P50 mechanism)
- Interdisciplinary research program focusing on sex differences through integrated basic, clinical, and translational research

SCOR



- Building Interdisciplinary Research Careers in Women's Health (**BIRCWH** - K12 mechanism)
- Institutional mentored career development program designed to increase the number of women's health researchers

BIRCWH

# Specialized Centers of Research on Sex Differences

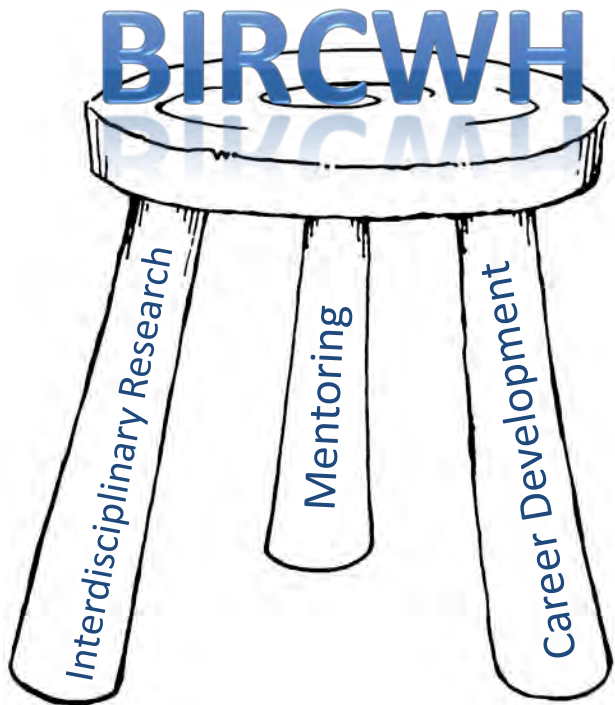


- ORWH/FDA
- Interdisciplinary collaborations
- Research on sex/gender factors underlying a priority women's health issue
- Bridges basic and clinical research
- \$89 million investment over last decade

## 11 Funded SCOR Centers

- |  |  |   |
|--|--|---|
| ➤ Sex-Specific Risk for Vascular Dysfunction and Cognitive Decline | ➤ Sex Differences in Pain  | ➤ Pre-pubertal Stress, Windows of Risk and Sex Bias for Affective Disturbance |
| ➤ Sex and Gender Differences in Addictions and Stress Response     | ➤ Metabolic Consequences of Loss of Gonadal Function                                   | ➤ Molecular and Epidemiologic Basis of UTI in Women                           |
| ➤ Genes, Androgens and Intrauterine Environment in PCOS            | ➤ Birth, Muscle Injury, and Pelvic Floor Dysfunction                                   | ➤ Gender-Sensitive Treatment for Tobacco Dependence                           |
| ➤ Sex Differences in Musculoskeletal Diseases                      | ➤ Sex Differences and Progesterone effects on Impulsivity, Smoking, and Cocaine Stress |   |

# Building Interdisciplinary Research Careers in Women's Health



- Main goal is support for transition to research independence
- Aims to reduce fragmentation in women's health issues
- 493 scholars trained to date
  - ~ 80 percent women
  - ~ 20 percent men
- Scholars successful at getting NIH funding

# A New Lens for Research on Women's Health



- **Advance** understanding of biological sex differences
- **Apply** new technologies to maximize research potential and impact
- **Expand** understanding of health and disease in women
- **Foster** partnerships to conduct and translate research

<http://orwh.od.nih.gov/>

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## NIH OFFICE OF RESEARCH ON WOMEN'S HEALTH (ORWH)

### NIH Pain Consortium Symposium on Advances in Pain Research

May 29-30, 2013

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### News & Events



NIH Pain Consortium Symposium: Advances in Pain Research. May 29-30



NIH Initiative to Reduce Elective Deliveries Before 39 Weeks - [View Video](#)



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**Thank You!**