

Science and Advocacy as Partners: The Office of Research on Women's Health in the 1990s

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The federal government's investment in research related to sex/gender differences in health and disease has resulted in better understanding of the health of women and men and holds promise for improved health. By working together, advocates for women's health and the scientific community have expanded the focus of women's health research and created new opportunities in science. The Office of Research on Women's Health has assessed and identified progress and needs in women's health in its *Agenda for Research on Women's Health for the 21st Century* and will continue to collaborate with the advocacy and scientific communities to keep women's health research a high national priority that is responsive to changing public health needs. (JAMWA. 2001;56:77-78)

Since its establishment at the National Institutes of Health (NIH) in 1990, the Office of Research on Women's Health (ORWH) has been the focal point for women's health research at the NIH. The ORWH advises the NIH director and staff on matters relating to research on women's health; strengthens and enhances research related to diseases, disorders, and conditions that affect women; ensures that research conducted and supported by NIH adequately addresses women's health issues; ensures that women are appropriately represented in research studies supported by NIH; develops opportunities for and supports recruitment, retention, re-entry, and

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advancement of women in biomedical careers; and supports research on women's health issues.

Women's health research is intended to expand science-based knowledge of the ways in which sex (biology and genetics) and gender (social roles and expectations) contribute to health. By defining the contributions of both sex and gender to health and disease, such research is enriching our understanding of human health, making possible improved health for women and for men. The new focus and resources dedicated to research on women's health issues at the NIH have generated much new knowledge about women's health issues during the past decade. For example:

The discovery of BRCA1 and BRCA2, the genes that cause inherited forms of breast cancer, ranks among the greatest scientific breakthroughs and holds great promise for improved prevention and treatment of this devastating disease.

Research has found ways to decrease the transmission of human immunodeficiency virus (HIV) from pregnant women to their infants, and researchers have identified several important differences in the speed with which men and women infected with HIV develop acquired immune deficiency syndrome (AIDS). For example, women with half the viral load of men will develop AIDS as quickly.

Research has identified genetic markers for systemic lupus erythematosus.

NIH-supported studies have increased understanding of the genetics and causative pathways of Alzheimer's disease and other neurological diseases and conditions that affect the elderly, most of whom are women.

Research has shown the many ways that gender influences drug abuse—from initiation, to pharmacological effects, to the factors that trigger relapse, to the most effective prevention and

treatment strategies.

Research has also elucidated differences in the type and activity of enzymes that metabolize medications and other substances in women and men.

Research of the past decade has increased understanding of the connections between activities early in life and health or disease later in life, with many implications for girls and women. For example, folic acid intake prior to conception prevents neural tube defects, and adequate calcium intake and physical exercise in girls, adolescents, and young women prevents or delays osteoporosis later in life.

In the past four years, the ORWH has identified and assessed the enormous advances in basic and clinical science knowledge and published them in the six-volume *Agenda for Research on Women's Health for the 21st Century*, which provides a blueprint for new approaches, methodologies, and priorities. It addresses the health of girls and women across the lifespan and encompasses the cultural, racial, socioeconomic, lifestyle, geographic, educational, and other factors that contribute to health disparities among populations of women.

More must be done to ensure that new scientific information is incorporated into the education and training of health care providers and communicated to women and their families. The next generation of researchers in women's health must be recruited and sustained and provided with mentors and an environment that nurtures their intellectual and professional development.

To help meet these challenges, the ORWH initiated a new career development program for interdisciplinary research in women's health. The Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program supports junior faculty members who have recently completed clinical training

or postdoctoral fellowships, and who are beginning basic, translational, clinical, or health services research in women's health. In its first year (2000), BIRCWH involved nine NIH institutes and the Agency for Healthcare Research and Quality and currently supports 54 clinician-researchers at 12 institutions. With BIRCWH clearly meeting a need in the scientific community, the ORWH looks forward to expanding the program and to initiating other programs to meet the needs of scientists in women's health research.

The ORWH has also collaborated with the American Society for Cell Biology (ASCB) and other professional societies. The ORWH sponsored a workshop on the role of professional organizations in supporting women in scientific careers in conjunction with the 1999 ASCB annual meeting. This was followed by a meeting on the NIH campus in June 2000 and publication of a report outlining the role that professional organizations can play in advancing the professional development of their women members. The workshop report is available on the ORWH website (<http://www4.od.nih.gov/axxs/>).

By working in partnership with women and men from the public policy, scientific, health care, and advocacy communities, the ORWH will endeavor to keep women's health research responsive to changing public health needs and act as a vital catalyst for scientific excellence and intellectual rigor. Based on the tangible achievements of the past decade, and with an ongoing commitment to embracing health challenges and seizing scientific opportunities, the ORWH believes that real progress can be achieved in improving the health and well-being of women, and men, in the 21st century. ■

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and preventing disease will not be easily achieved in our country, where decaying and unhealthy lifestyle patterns are rampant. The science of exercise and nutrition will be partially wasted if we can't apply that science to the care of patients. The opportunities for intervention extend across the continuum of a woman's life. We need ingenuity and support from diverse stakeholders—physicians and allied health care providers, public health organizations, schools and colleges, researchers, parents as positive role models, the food industry, medical schools, and payers of health services. Physicians and society must collaborate—neither alone is likely to succeed. ■

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