

Key Findings from the IOM Report Women's Health Research: Progress, Pitfalls, and Promise

Kaiser Slides Courtesy of Alina Salganicoff, Ph.D.
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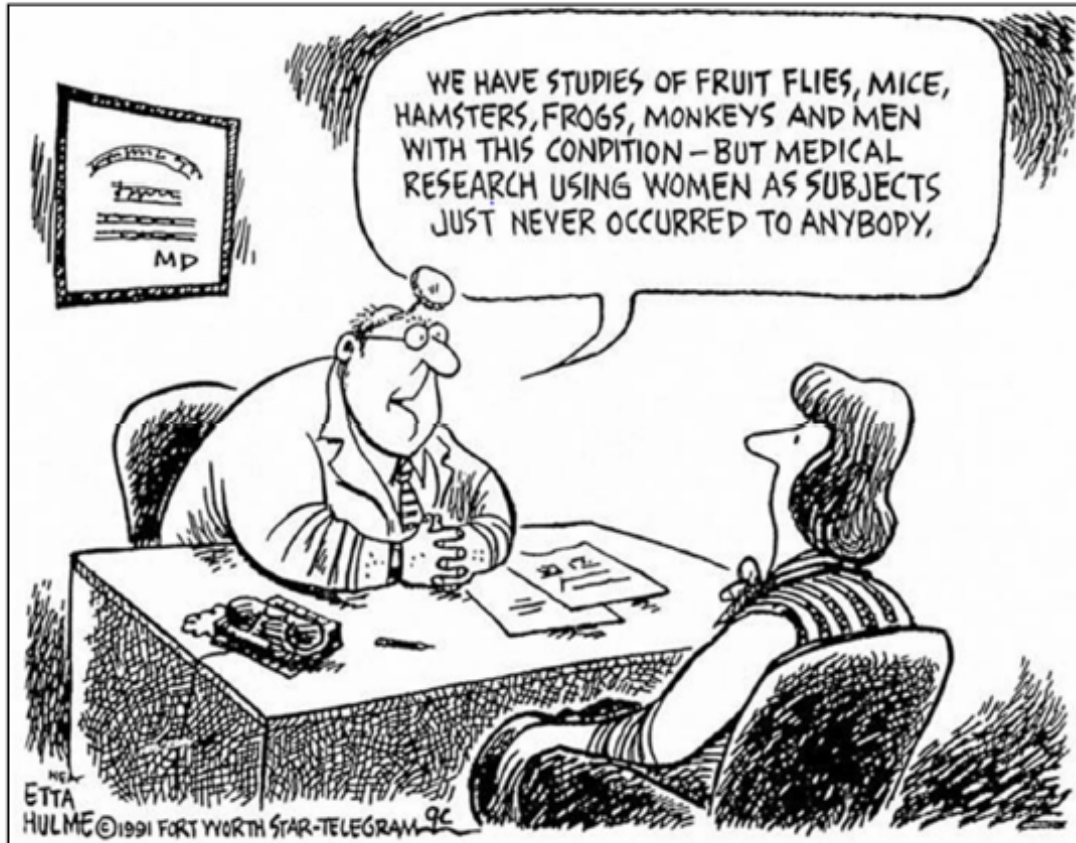
Women and Men

- Biologically different –genetically different = sex
- Social roles are different –SDH =gender
- Both sex and gender affect health

Gendered Policies, Programs, Services and Research Affect Health

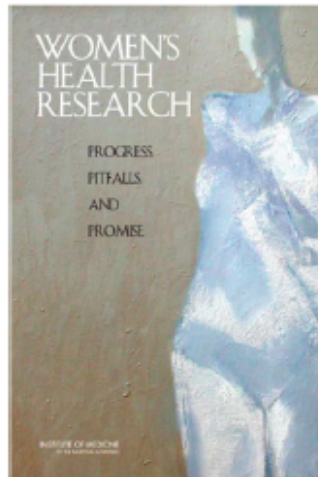
- Policies, [treatment recommendations] and practices are “gendered” or are influenced by understandings of gender
- Individuals view the world through the lens of their own attitudes about what it means to be men and women.
- The same is true of those who implement policies , programs and services [and conduct research] in a gendered world

Women's Health Research has come a long way...



Not exactly...
Women were also purposefully and systematically excluded from clinical research thus no appreciation for sex differences

Charge to the IOM Committee



- what the **research** on women's health has revealed;
- how that research has been **communicated** to providers, women, the public and others;
- and identify **gaps** in those areas.

Source: IOM, Women's Health Research: Progress, Pitfalls and Promise, 2010.



Contributions of Women's Health Research

Major Progress

Breast Cancer
Cardiovascular Disease
Cervical cancer

Some Progress

Depression
HIV/AIDS
Osteoporosis

Little Progress

Unintended Pregnancy
Maternal Morbidity and Mortality
Autoimmune Diseases
Alcohol and Drug Addiction
Lung Cancer
Gynecological Cancers other than Cervical Cancer
Non-malignant Gynecological Disorders
Alzheimer's Disease

Source: IOM, Women's Health Research: Progress, Pitfalls and Promise, 2010.



Finding: Evidence of Significant Progress

Major Progress

**Breast Cancer
Cardiovascular Disease
Cervical cancer**

- ❖ **Investment in women's health research has led to improvements in women's health** with respect to important conditions including breast and cervical cancer and heart disease.
- ❖ **Greater progress has occurred in conditions characterized by multipronged research** involving:
 - molecular, animal, and cellular data;
 - observational studies (identify effects in overall population)
 - clinical trials or intervention studies (confirm causality and evaluate treatment effectiveness).

Source: IOM, Women's Health Research: Progress, Pitfalls and Promise, 2010.



Recommendation 1

- **US government agencies and other relevant organizations should sustain and strengthen their focus on women's health**, including the full spectrum of research including genetic, behavioral, and social determinants of health and how they change during a woman's life.
- **A goal should be to mainstream women's health research** so differences between men and women are routinely assessed in all health research.
 - Relevant US government agencies include the HHS and its institutes (especially NIH, CDC, FDA, AHRQ, and SAMHSA), and such others as the VA, DoD, and EPA.

Recommendation 2

➤ The NIH, AHRQ and CDC should develop targeted initiatives to increase research on the populations of women that have the highest risks and burdens of disease.

Recommendation 3

- **Research on conditions that have high morbidity and affect quality of life should be increased.**
- Research should include the **promotion of wellness** and **quality of life** in women.
- End points should include **quality-of-life outcomes** (for example, functional status or functionality, mobility, and pain) in addition to mortality.
- Research should include the development of **better measures** to compare effects of health conditions, interventions, and treatments on quality of life.

Source: IOM, Women's Health Research: Progress, Pitfalls and Promise, 2010.



Recommendation 4

- Cross-institute initiatives in NIH should support research on common determinants and risk factors that underlie multiple diseases and on interventions on those determinants.
- NIH's Office of Research on Women's Health should increase collaborations with the Office of Behavioral and Social Sciences Research to design and oversee such research initiatives.

Source: IOM, Women's Health Research: Progress, Pitfalls and Promise, 2010.



Recommendation 5

- Government and other funding agencies should ensure **adequate participation of women, analysis of data by sex, and reporting** of sex-stratified analyses.
 - Journal editors should require sex-stratified analyses
- **Research designs and statistical techniques** should be developed **to analyze socio-demographic subgroups without substantially increasing the overall size of study populations.**
 - NIH, other agencies, and relevant professional organizations to convene think-tanks to develop consensus or recommendations for study methods to analyze small sample sizes.

Recommendation 6

- Research should be conducted on how to translate rapidly research findings on women's health into clinical practice and public-health policies
- Research findings should be incorporated by practitioners and public-health systems through the use of education programs targeted to practitioners and the development of guidelines.
- As programs and guidelines are developed and implemented, they should be evaluated to ensure effectiveness.

Source: IOM, Women's Health Research: Progress, Pitfalls and Promise, 2010.



Recommendation 7

- HHS should appoint a task force to develop evidence-based strategies to communicate and market health messages to women.
- In addition to content experts, the task force should include mass-media and targeted-messaging and marketing experts. Strategies should be designed to:
 - communicate to the diverse audience of women;
 - increase awareness of women's health issues and treatments, including preventive and intervention strategies; and
 - decrease confusion regarding complex and sometimes conflicting findings.
- Strategies for the task force to consider might include:
 - Requiring a plan for communication and dissemination of findings of federally-funded studies to the public, providers, and policy-makers.
 - Establishing a national media advisory panel of experts in women's health to provide context to reporters, scientists, clinicians, and policy-makers when new research is released.

Source: IOM, Women's Health Research: Progress, Pitfalls and Promise, 2010.



Key Findings

There has been progress in women's health as a result of scientific research.

- Sex and Gender Matter: Health is determined by biology and social/cultural/environmental/economic factors.
- Research findings have to be supported by
 - Communication
 - translation into clinical practice and at some levels
 - policy changes.
- More research is needed on more diseases, behavioral determinants including how to change behavior, and disparities in Health.
- Devote attention to applying gender/sex lens to all types of health data; better study design to include female specific criteria and outcomes; and importantly, better methods/tools to analyze data on small samples.

Furthering Evidence-Based Research

- Well-woman visit and preventive health services
- Using EMR to incorporate standards of care and track results as a research method