50th Meeting of the National Institutes of Health (NIH) Advisory Committee on Research on Women's Health (ACRWH) Office of Research on Women's Health (ORWH) April 21, 2020, Bethesda, MD

Members Present
Wendy R. Brewster, M.D., Ph.D.
Roger B. Fillingim, Ph.D.
Stacie Geller, Ph.D.
Kimberly D. Gregory, M.D., M.P.H.
Scott Hultgren, Ph.D.
Sabra Klein, Ph.D.
Ana Langer, M.D.
Margaret M. McCarthy, Ph.D.
Louise D. McCullough, M.D., Ph.D.
Alyson McGregor, M.D.
Amy Paller, M.D.
Judith Regensteiner, Ph.D.
Elena Rios, M.D.
Michelle Robinson, D.M.D.
Neel Shah, M.D., M.P.P.
Marcia L. Stefanick, Ph.D.
Susan F. Wood, Ph.D.

Other Attendees
Yoel Sadovsky, M.D.
Kimberly J. Templeton, M.D.

ORWH Leadership Present
Janine Clayton, M.D., Director
Elizabeth Spencer, B.S.N., Deputy Director

NIH Leadership Present
Carrie Wolinetz, Ph.D., Associate Director for Science Policy

Call to Order, Introductions, and Approval of Minutes

Elizabeth Spencer, B.S.N., ACRWH Executive Secretary and ORWH Deputy Director, called the online meeting to order at 9:02 a.m. Staff and Committee members introduced themselves. Ms. Spencer recognized Kimberly Gregory, M.D., M.P.H., and Marcia Stefanick, Ph.D., who are retiring from the Committee in July 2020. Committee members unanimously approved the minutes of the October 23, 2019 meeting.

ORWH Director's Report

Ms. Spencer introduced Janine Clayton, M.D., NIH Associate Director for Research on Women's Health and ORWH Director, who reported on NIH and ORWH priorities and initiatives.

COVID-19: Early evidence suggests there is a sex difference in COVID-19-related mortality, with men more likely to die than women. Possible explanations include women having more robust innate and adaptive immune responses. In particular, TMPRSS2 may be acting as a possible disease modulator in women. Thus, it is important to incorporate sex analysis into pandemic preparedness and response. Dr. Clayton also noted that vulnerable populations in the United States—including older Americans, those

with underlying health conditions, and African Americans-- are bearing a disproportionate share of the COVID-19 burden. Previous pandemics have suggested gendered health outcomes: Women are more likely to incur economic impacts as caregiving roles are often unpaid, more likely to experience increased domestic violence and abuse, and more likely to suffer increased psychological trauma from being primarily responsible for the ill. *Lancet* has established a Gender and COVID-19 Working Group to encourage governments and global health institutions to consider the sex and gender effects of COVID-19 and to incorporate voices of women.

NIH has published 43 Funding Opportunity Announcements (FOAs) related to COVID-19. By way of example, ORWH signed-onto the 2019 Novel Coronavirus and the Behavioral and Social Sciences (NOT-OD-20-097) FOA provides for administrative supplements to study the health impacts of various mitigation efforts, including differences in risk and resiliency based on gender, race and ethnicity.

Maternal Morbidity and Mortality (MMM): The Department of Health and Human Services (HHS) is addressing this major public health issue by coordinating activities across multiple federal partners. At NIH, activities include a Maternal Mortality Task Force co-led by the Office of the Director (OD), Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), and ORWH. ORWH is supporting an MMM web portal and booklet; the portal has received more than 4,000 views. The Task Force on Research Specific to Pregnant and Lactating Women (PRGLAC) also released recommendations for improving maternal mortality and steps for implementing them. Additionally, ORWH is partnering with NICHD, National Heart, Lung, and Blood Institute (NHLBI) and other Institutes/Centers (ICs) to host a "Pregnancy and Maternal Conditions That Increase Risk of Morbidity and Mortality Workshop" on May 19-20, 2020. In February, Dr. Clayton gave a briefing to the NHBLI Advisory Council, arguing that maternal mortality is a stress test that America is failing. Both biological factors and social determinants must be addressed to accelerate improvement in MMM.

NIH funding to address racial and ethnic disparities in maternal mortality include Addressing Racial Disparities in MMM (RFA-MD-20-008), a new FOA from the National Institute on Minority Health and Health Disparities (MHHD). ORWH's Women of Understudied, Underrepresented, and Underreported Populations (U3) program funded 49 in FY 2017-2019. In FY19, 21 awards to PIs supported by ten Institutes/Centers/Offices (ICOs) totaling $4.7 million addressed disparities in MMM. Several U3 awards address maternal health topics. On April 8, 2020, Dr. Clayton addressed "Black Maternal Health: Amplify the Conversation and Act" in the Director's Messages blog, identifying steps to move forward on this issue.

New Activities at NIH and ORWH: ORWH has expanded its "Bench to Bedside: Integrating Sex and Gender to Improve Human Health" e-learning series by adding three new modules on immunology, cardiovascular disease, and pulmonary disease. NIH leadership now includes 9 female Directors and 16 Deputy Directors of the 27 ICs. Xenia Tigno, Ph.D., M.S. (Epi) is joining ORWH as its first Associate Director of Careers.

Scientific Collaborations: ORWH has partnered with the National Institute of General Medical Sciences (NIGMS) on an Institutional Development Award Program States (IDeA States) Women's Health Research Supplement program (NOT-GM-20-017) that requires applicants to address at least one strategic goal of the *Trans-NIH Strategic Plan for Women's Health Research*, and prioritized maternal health. The ORWH-supported Specialized Centers of Research Excellence on Sex Differences (SCORE) have performed in an outstanding fashion and been very active in publishing their findings.

SABV in Action: ICs are applying Sex as a Biological Variable (SABV) in their research, e.g., the National Institute on Alcohol Abuse and Alcoholism (NIAAA) found sex differences in drinking behaviors and harms. ORWH co-sponsors the Adolescent Brain Cognitive Development (ABCD) study. ABCD data are disaggregated by sex and some studies reflecting this disaggregation have been published. Progress in SABV can also be seen in the first R01 on the Intersection of Sex and Gender Influences on Health and Disease (RFA-OD-19-029); applications were recently reviewed by the Center for Scientific Review (CSR) and are awaiting second level review by IC Councils. The Sex and Gender Administrative Supplement Program (NOT-OD-20-049) for 2020 is supported by 25 ICOs. "Sex as a Biological Variable: 5-Year Progress Report" was published in the *Journal of Women's Health* (2020). SABV will also be the focus of this summer's *Women's Health in Focus*, ORWH's quarterly publication; an online SABV Primer will be launched later in 2020; and a pilot SABV checklist to evaluate compliance with the policy is being validated.

Policy: The scientific journal *Circulation* (2020) reported that multi-sponsor trials, especially those at NIH, were more likely to recruit women, and credited ORWH with drawing attention to the issue of adequate representation of women in trials. ORWH has updated its "NIH Inclusion Outreach Toolkit: How to Engage, Recruit, and Retain Women in Clinical Research." The second NIH Inclusion Across the Lifespan Workshop will be held September 2-3, 2020.

Fiscal Year 2019 Research Investments: In FY19, ORWH's investments in extramural research were allocated as follows: Building Interdisciplinary Research Careers in Women's Health (BIRCWH), 25 percent; other IC co-funds, 24 percent; SCORE and U3 Administrative Supplements, 17 percent each; Sex/Gender Administrative Supplements, 13 percent; and R56, 4 percent. When BIRCWH funding is included, NICHD is ORWH's biggest co-sponsor; without BIRCWH funding, the National Institute on Aging (NIA), the National Institute on Drug Abuse (NIDA), and the National Institute of Diabetes and Kidney Diseases (NIDDK) are the ICs who invest most heavily with ORWH. However, across its signature programs, ORWH partners broadly with a large number of ICOs.

Focus on Careers: Since 1992, NIH has created several programs directly targeting ways to improve academic advancement and the barriers experienced by women in science. Most recently, in 2018-2019, NIH established a Pathway to Independence (K99/R00) Award eligibility extension for childbirth and an Early Stage Investigator (ESI) status extension for childbirth to support and thereby retain women during critical life events. The ESI policy also permits men to apply for paternity leave. To address the need for greater diversity in senior leadership positions, NIH has updated the language in its Guide Notice (NOT-OD-20-031) about diversity to encourage institutions to enhance the participation of underrepresented groups. Specifically, it encourages institutions to consider women for faculty-level, diversity-targeted programs to address recruitment, appointment, retention or advancement.

The NIH Working Group on Women in Biomedical Careers, co-chaired by Dr. Clayton and NIH director Dr. Francis Collins, developed a conceptual overview of the careers landscape for women, identifying key NIH and external programs that seek to mitigate the underrepresentation of women in science. One of them, ORWH's BIRCWH program, plans to celebrate its 20-year anniversary at its annual meeting on December 14, 2020. A recent report, *Promising Practices for Addressing the Underrepresentation of Women in Science, Engineering, and Medicine: Opening Doors* from the National Academy of Science, Engineering and Mathematics (NASEM) summarized many of the factors associated with the "leaky pipeline" including lack of institutional support and flexibility, work/life conflict, pay inequity, among others. To support NIH-funded scientists at key transition points in their careers where women exhibit high rates of attrition, NIH has created two continuity supplements: Promoting Career Continuity for K

Awardees (NOT-OD-20-054) and Promoting Career Continuity for RPG Awardees (NOT-OD-20-055) designed to provide support during critical life events.

On March 19, 2020, NIH Director Francis Collins, M.D., Ph.D., spoke at the National Academy of Sciences Symposium on Addressing the Underrepresentation of Women in Science, Technology, Engineering, Mathematics, and Medicine (STEMM). He stressed the importance of rapid improvement in the representation of women in science saying, "Some would say progress is being made and we need to let the current trends take care of this inequity… but that would take decades and that's not sufficient. NIH is determined to do our part to produce a discontinuity in those curves of representation of women and other underrepresented groups in science."
One step ORWH has undertaken is highlighting women of color as part of its growing Pearls of Wisdom video series. ORWH has also conducted a number of Facebook Live events about careers; one reached over 35,000 individuals.

ORWH celebrates its 30th Anniversary in 2020. It plans to hold its 30th Anniversary Scientific Symposium on December 15, 2020.

Careers Update

Challenge Prize for Faculty Gender Diversity

Dr. Clayton introduced Melissa Ghim, Ph.D., Health Scientist Administrator, ORWH, who updated the Committee on the Challenge Prize for Faculty Gender Diversity that was presented for concept clearance at the October 2019 meeting. The goal of the Challenge Prize is to recognize transformative structures, systems, projects and processes that have enhanced gender diversity within an institution. Feedback from the scientific community about the Challenge Prize was sought via a Request for Information (RFI) to inform program design. Ten institutions can each win a Prize of $50,000, and there will be 10 honorable mentions. Their efforts will be broadly promoted via a national forum and a toolkit of strategies. The Challenge is expected to launch in June 2020 with applications due in April 2021, winners selected in May 2021, and a national forum in the fall of 2021.

Discussion: Committee members emphasized the importance of disseminating the metrics that identified the Prize winners and honorable mentions, as well as an achievable timeline, and suggested development of qualitative case studies of the winners to inspire other institutions.

Institutional Approaches Initiative

Dr. Clayton introduced Lynn Morin, M.A., Health Scientist Administrator, ORWH, to update the Committee on the Institutional Approaches Initiative, also presented for concept clearance in October. Its goal is to enhance faculty gender diversity in biomedical and behavioral disciplines by providing support for institutional development of broad multi-pronged, trans-institutional sustainable strategies. It will consist of a two-phase award of up to five years, with success measured by improvements in policies and practices and extent of gender diversity. To date, over half of ICOs have engaged in monthly planning meetings. They encouraged ORWH to sponsor a coordinating center that would provide subject matter experts to assist investigators and NIH; identify common data elements; develop a toolkit for evidence-informed/based interventions; organize meetings/workshops as relevant; and obtain input from the academic community. Thus, the objective of the Achieving Gender Diversity (AGD) Coordinating Center is to support the "Program FOAs" to coordinate, house, review, analyze and disseminate data obtained from both NIH and non-NIH sources. One five-year award is anticipated,

contingent upon NIH appropriations. A vote from the Committee is needed to support ORWH to work with the ICs to implement the Funding Opportunity Announcement (FOA).

Action: Ms. Spencer asked for a motion to approve the concept outlining ORWH's work on the creation of the AGD Coordinating Center. The motion was seconded and unanimously approved.

Discussion: A suggestion was made to add "COVID-19" to the careers landscape graphic developed by the Working Group on Women in Biomedical Careers to account for the impact of the pandemic on women's careers.

PANEL- Institutional Change: Lessons Learned

Ms. Spencer introduced Lisa Begg, Dr.P.H., RN, Senior Research Program Officer, ORWH, who moderated a panel of presentations on institutional change. Panel members included Kenneth Gibbs, Jr, Ph.D., Program Director, Division of Training, Workforce Development, and Diversity at NIH, National Institute of General Medical Sciences (NIGMS); Jessie A. Dearo, Ph.D., Program Director, Organizational Change for Gender Equity in STEM Academic Professions (ADVANCE) at the National Science Foundation (NSF); and Darla Thompson, Ph.D., Project Director for Biomedicine, STEMM Equity Achievement (SEA) Change, American Association for the Advancement of Science (AAAS).

Panelist 1- *Kenneth Gibbs, Jr Ph.D., Program Director, Division of Training, Workforce Development, and Diversity at NIH, NIGMS:*

Approaches to Institutional Transformation

Dr. Gibbs described three approaches that NIGMS uses to promote positive institutional change.

Institutional Support Letter: NIGMS requires an institutional support letter signed by a dean, provost, or other institutional leader as part of the grant application for all its institutional training and research education FOAs. The letter must describe the activities and resources provided by the institution (e.g., in regard to teaching and mentorship, practices to promote diversity, and policies and procedures to prevent discriminatory harassment) that will assure the success of the program and its trainees. Reviewers carefully consider the letter (and institutional support) when assigning scores to applications. The institutional support letter has now become the model for the NIH T32 parent overseen by Office of Extramural Research (OER).

Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC): To facilitate the transition of promising postdoctoral researchers from diverse backgrounds into independent faculty careers at research-intensive universities, NIGMS intends to fund up to 75 MOSAIC scholars from among recipients of NIH's K99/R00 competition for mentored career development awards to promote diversity. NIGMS will award cooperative agreements (UE5s) to three neutral scientific societies that will provide them with additional mentoring, networking, career development, and institutional responsibility.

Hallmarks of Success: The Diversity Program Consortium (DPC) to enhance diversity in the biomedical research workforce is funded by the Common Fund and administered by NIGMS. Hallmarks are evidence-based indicators that an individual or institution is on the road to success within specific domains, e.g., "A commitment to efforts that create, enhance, or maintain diversity at all levels; evidence of creating, enhancing, and/or maintaining diverse, inclusive, and culturally appropriate research and research training environment."

Panelist 2- *Jessie A. Dearo, Ph.D., Program Director, Organizational Change for Gender Equity in STEM Academic Professions (ADVANCE) at the National Science Foundation (NSF)*

National Science Foundation: ADVANCE

ADVANCE is an NSF-wide discretionary grant program to increase the number of women who become faculty at universities and colleges as well as to advance their research and leadership careers in academia. The key lesson from the ADVANCE Program Model is that institutional change is a valid way to promote diversity and inclusion. In particular, it rejects the notion that there is something wrong with the ability or interest of individuals who have not traditionally participated in STEM education and workplaces, i.e., it fixes the institutions not the people. Adequate funding to support institutional change is important, but so are approaches that are scalable and adaptable to other organizations; such strategies should be written into the call for proposals. Success in key institutions puts peer pressure on other institutions in their efforts to recruit faculty. Therefore, design and build "organizational peer pressure" beyond simply a diffusion plan. Support and promote the community of experts created by institutional change programs by rewarding and recognizing them as experts and leaders, providing platforms for communication and information sharing among them and with others; and incentivizing diffusion and adaptation when they move into new roles and/or organizations.

Institutional change is a long-term process involving many factors; thus, simply counting the number of women faculty is an inadequate measure of program success. Instead, consider the number of change agents created who've assumed leadership positions down the line and who bring their knowledge to new institutions. Measure change from each institution's baseline since each will have different starting points and different long-term goals. Measure also the diffusion of strategies to non-grantees, including the scale and rate of uptake and the transition to "standard operating procedures," (e.g., the recognition of implicit bias).

Panelist 3- Darla Thompson **Ph.D., Project Director for Biomedicine, STEMM Equity Achievement (SEA) Change, American Association for the Advancement of Science (AAAS).**

SEA Change at AAAS: Making Diversity, Equity, and Inclusion in STEMM the Norm

SEA Change at AAAS is a comprehensive initiative that implements a proven self-assessment process to effect sustainable change with regard to diversity, equity, and inclusion in STEMM at U.S. institutions of higher education. The focus is on institutionalized structural changes that reflect commitment and funding from the highest levels of the college or university. The self-assessment process engages faculty, graduate students, and undergraduates to evaluate policies, practices, procedures and climate affecting diversity within individual departments and, eventually, across the institution as a whole. Self-assessment teams develop their own data, both quantitative and qualitative, to identify challenges, barriers, and opportunities on topics such as faculty recruitment and hiring, faculty review, child care, work and life issues, etc. Goals and the actions needed to achieve them are created based on this data.

The three pillars of SEA Change are a supportive community of similarly committed institutions and allied organizations and individuals; an Institute containing resource materials relevant to diversity, equity, and inclusion (DEI) in STEMM and higher education; and an award program that recognizes institutions for their commitment to and creation of sustainable systemic change through self-assessment. Awards are good for five years, after which institutions need to reapply to continue.

Discussion: Committee members asked if the NIGMS institutional support letter recognizes the importance of mentors to support students, as well as accreditation which may have addressed

institutional diversity. Another question addressed appropriate metrics to measure negative institutional patterns, such as bias, discrimination, or sexual harassment.

Xenia Tigno, Ph.D., M.S. (Epi), Associate Director for Careers, ORWH, thanked Dr. Begg and the panel members. She noted that each panelist presented a unique approach to influencing institutional change.

Keynote Address

Dr. Clayton introduced Marcia McNutt, Ph.D., President, National Academy of Sciences (NAS), who addressed the career challenges faced by women in science. Her presentation focused on the findings and recommendations from the Academy's Consensus Study Report on *Promising Practices for Addressing the Underrepresentation of Women in Science, Engineering, and Medicine: Opening Doors* (PP) (2020), sponsored by ORWH and NSF. She also incorporated findings from other NASEM reports, including *Sexual Harassment of Women* (SH) (2018), *Breaking Through: The Next Generation of Biomedical and Behavioral Sciences Researchers* (BT) (2018), and *The Science of Effective Mentorship in STEMM* (SEM) (2019).

Although women are at or near parity for medical school graduates, there continues to be a decline of women in later, more senior career stages. Some have speculated that the underrepresentation of women should diminish organically over time, but data does not support this. Among the factors contributing to women's underrepresentation that were identified in PP and SH are the "hustle" culture that encourages work-life blurring and "ideal worker norms;" cultural stereotypes that undermine views of women as leaders; and sexual harassment, which is more common in medicine that in science or engineering. Women of color face higher workplace discrimination rates and work-family conflict. To address these issues, the expert committees of the four consensus reports were consistent is their recommendations of what can be done to support the careers of women in medicine, as described below. All four reports also emphasized the importance of committed leaders to creating change.

RECOMMENDATION 1: Create diverse, inclusive, and respectful environments. This was the most important recommendation in the SH report. The PP panel recommended that a positive organizational climate will improve retention and serve to prevent sexual harassment. Further, the PP panel identified a diverse, inclusive, and respectful environment as one that ensures fair and equitable access to resources for all employees and students; establishes shared values and beliefs and makes use of facilitators of positive organizational climate; and implements policies and resources that work to address the family-related needs of students and employees.

RECOMMENDATION 2: Promote transparency and accountability. SH recommended that Institutions should develop and share clear, accessible, and consistent policies on sexual harassment and standards of behavior, and that institutions should be as transparent as possible about how they are handling reports of sexual harassment. PP recommended that the government should require data collection, cataloguing, and public reporting of diversity, equity, and inclusion efforts and hold federal grantees accountable for their efforts, and that institutions must articulate and deliver on measurable goals and benchmarks that are regularly monitored and publicly reported. BT recommended that federal agencies should hold grantees accountable by requiring an institutional diversity and inclusion plan as a component of the institutional resources reported on research grants supporting trainees, and by requiring principal investigators to provide a diversity and inclusion plan in their grant proposals. PP recommended that federal agencies should revise the guidance to grantees on the "Significance" section

of proposals to consider efforts to support greater equity, diversity, and inclusion, and should carry out an "equity audit" for grantee institutions that have received substantial funding over a long period.

RECOMMENDATION 3: Reward and resource the adoption of evidence-based practices. PP recommended that Federal agencies should support efforts aimed at sponsorship and mentorship directly (e.g., through supplements) and indirectly (e.g., through specific programs), support the work-life integration needs of women (and men) in science, engineering, and medicine, and establish a grants program that provides positive incentives to make diversity, equity, and inclusion efforts a high priority. The report further recommended that institutions should institutionalize effective policies and practices so that they can sustain transitions in leadership, appropriately compensate and recognize individuals responsible for equity and diversity oversight and equip them with sufficient resources and authority, and adopt amendments to faculty-review committee criteria that formally recognize, support, and reward efforts toward increasing diversity and creating safe and inclusive research environments. The SEM report further recommended that institutions should reward and visibly recognize mentors for documented, effective, and inclusive mentorship.

RECOMMENDATION 4: Diffuse hierarchical and dependent relationships and support effective mentoring practices. The SH panel recommended that institutions should consider power-diffusion mechanisms (i.e., mentoring networks or committee-based advising and departmental funding rather than funding only from a principal investigator) to reduce the risk of sexual harassment. SEM recommended that institutions support policies, procedures, and other infrastructures that allow mentees to engage in mentoring relationships with multiple individuals within and outside of their home department, program, or institution. PP recommended that institutions Intentionally support mentorship initiatives that recognize, respond to, value, and build upon the power of diversity.

RECOMMENDATION 5: Fill knowledge gaps. There are critical knowledge gaps that require attention, including: 1) Intersectional experiences of women of color, women with disabilities, LGBTQIA women, and women of other intersecting identities (e.g., age), including their experiences of sexual harassment (SH); 2) Strategies and practices that can support the improved recruitment, retention, and advancement of women of color and women of other intersecting identities and the impact of efforts to prevent and address sexual harassment (SEM); and 3) How differing conditions and contexts of mentorship may differentially affect individuals with diverse sociocultural identities and the longitudinal impact of effective mentoring practices on careers of mentees (PP).

Discussion: Committee members inquired about how to educate male mentors about what an appropriate mentoring relationship looks like, perhaps by encouraging them to ask their mentees what they find comfortable and uncomfortable; and whether the National Academies will assume a leadership role in addressing the impact of the coronavirus on women faculty, e.g., by publishing a description of their internal policies or writing an editorial for the *Proceedings of the National Academy Sciences of the United States* (PNAS). They also commented that the key to reducing sexual harassment is institutional culture change, which takes a long time to occur and is difficult to measure.

The meeting broke for lunch at 12:14 p.m. and reconvened at 12:45 pm.

Changing the Culture to End Sexual Harassment at the NIH

Dr. Clayton introduced Carrie Wolinetz, Ph.D., Acting Chief of Staff to the NIH Director and Associate Director for Science Policy, NIH. Dr. Wolinetz described the *Sexual Harassment of Women* (2018) report as a catalyst for NIH to take action. The agency began internally, creating an NIH Anti-Harassment Steering Committee to provide oversight, along with anti-harassment policies and resources. It also expanded the NIH Civil Program and launched an anti-harassment communication campaign.

NIH chairs the Subcommittee on Safe & Inclusive Research Environments (SIRE) that is part of the National Science and Technology (NSTC) Joint Committee on Research Environments (JCORE). SIRE is the Federal coordinating body for sharing practices, challenges, and activities to combat harassment in research.

An NIH Advisory Committee to the Director (ACD) Working Group on Changing the Culture to End Sexual Harassment made a series of recommendations organized around the *Sexual Harassment* report's themes, including both immediately actionable ones and others addressing long-term culture change, that Dr. Collins accepted in December 2019. They are: 1) Increase transparency and accountability in reporting of professional misconduct, especially sexual harassment; 2) Establish mechanisms for restorative justice; 3) Ensure safe, diverse, and inclusive research and training environments; and 4) Create system-wide change to ensure safe, diverse, and inclusive research environments. Within these four themes, the Working Group made a total of about sixty recommendations addressing NIH, NIH-funded institutions, and scientific societies. The next step is to translate the recommendations into action. Dr. Wolinetz recommended that everyone read the Working Group's report as it raises many issues that spark introspection about conflicting values within the biomedical research establishment that contribute to patterns of behavior that include sexual harassment.

Discussion: Committee discussion centered on the need for training and culture change to reduce implicit bias; the importance of engaging male leaders as champions; the need to engage men in discussions of sexual harassment to raise their awareness; the reduction of dependency in mentoring relationships in training programs; and ongoing high-level discussions within NIH about how to change the way science is funded so that sexual harassment becomes less likely.

Committee Discussion

The coronavirus pandemic dominated the general ACRWH discussion, including: The availability of waivers from the Centers for Medicaid and Medicare Services (CMS) that affects where pregnant women should receive care; fear among pregnant women about going to the hospital to deliver during the pandemic; gaps in knowledge regarding the actual impact of COVID-19 on pregnant women; potential bias in COVID-19 treatment strategies for African Americans in which they are being sent home rather than admitted to the hospital; possibility that there are stressors contributing to coronavirus deaths that may not yet have been considered; need for more robust reporting of racial/ethnic breakouts of coronavirus deaths; need to study the long-term impacts of COVID-19 on children; need for stronger data that address the intersectionality of race and gender; consideration of mother-infant dyads as part of contact tracing; impact of the pandemic on the careers of young scientists and ways to help them; and the emergence of telemedicine as a viable care option, including the impact it may have on women's careers. Other issues discussed included: The availability of learning modules on maternal health for ORWH use; offering experiential learning/shadowing of higher level jobs for those who aspire to them as a career training strategy; the need to focus career continuity interventions on the "leakiest"

spots in the leaky pipeline, which the Working Group on Women in Biomedical Careers identified as the K to R transition and first renewal of the R grant periods, hence the design of the administrative supplements; the need to target women's implicit bias, as well as men's; and, finally, the role of powerful individuals in pushing for consensus and the need to institutionalize practices that can mitigate their influence, e.g., anonymous polling on faculty candidates. It was also suggested that a listing of mentors be included as part of the career development award as a way to give greater recognition to those individuals.

Closing Remarks
Dr. Clayton reviewed upcoming ORWH 2020 events, including the planned 51st Meeting of the NIH ACRWH on October 20, 2020. Dr. Clayton adjourned the meeting at 2:14 pm.

Certification
We certify that the contents above are accurate and complete.*

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Janine Austin Clayton, M.D., Director Office of Research on Women's Health	Elizabeth Spencer, B.S.N., Executive Secretary Advisory Committee on Research on Women's Health

*Copy of official signed document with committee management.