

Strategies to Expand the Capacity of the Contraceptive Care Workforce

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Nikita Malcolm, MPH
Lisa Stern, RN, MSN, MA
Jamie Hart, PhD, MPH





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EXECUTIVE SUMMARY

The Contraceptive Care Workforce (subsequently referred to as “the CC Workforce”) is integral to advancing equitable contraceptive access. However, the capacity of the CC Workforce to provide high-quality, person- and community-centered contraceptive care remains stymied by several barriers, including staff shortages, provider burnout, and inadequate training opportunities.

The [Coalition to Expand Contraceptive Access](#) (CECA) undertook a collaborative process to identify **evidence-based, actionable strategies to expand the capacity of the CC Workforce**. These strategies, informed by evidence and stakeholder input, advance our collective vision of a diverse and robust CC Workforce that is empowered to provide person-centered care to all and supported by equitable policies, programs, and systems committed to both worker and patient wellbeing.

This report outlines nine key strategies for the CC Workforce and provide sample policy, practice, and research projects to support workforce transformation, improve access to contraceptive care services, and, ultimately, advance Sexual and Reproductive Health Equity.

Examine and Diversify the Composition of the CC Workforce

- Strategy 1. Identify models for optimal interprofessional contraceptive care teams, based on community needs
- Strategy 2. Recruit and retain diverse candidates into healthcare professions
- Strategy 3. Implement financial incentive programs with eligibility for the CC Workforce

Enhance Contraceptive Training and Education Within and Beyond the CC Workforce

- Strategy 4. Integrate SRHE training into health professions' curricula and continuing education
- Strategy 5. Expand access to contraceptive expertise for health professionals and community members

Expand the Role of Health Professionals in the CC Workforce

- Strategy 6. Expand scope of practice regulations for healthcare professionals to practice contraceptive care to full extent of training
- Strategy 7. Assess and implement strategies to integrate allied health professionals into CC Workforce

Address the Context in which the CC Workforce Provides Care

- Strategy 8. Address payment for sexual and reproductive health services
- Strategy 9. Address drivers of burnout for the CC Workforce



INTRODUCTION

The Contraceptive Care Workforce (subsequently referred to as “the CC Workforce”) is integral to advancing equitable contraceptive access. The CC Workforce comprises a broad range of healthcare professionals who provide reproductive health and contraceptive care services, including physicians (e.g., obstetricians/gynecologists, family physicians, pediatricians, and adolescent medicine providers), advanced practice clinicians (e.g., nurse practitioners, physician assistants, and nurse-midwives), nurses, pharmacists, midwives, doulas, medical assistants, health educators, and community health workers. By providing counseling and education; referring and connecting people to care; and prescribing, placing, and removing contraceptives, these professionals provide needed support for this essential health service. These professionals often provide a number of other healthcare services in addition to contraceptive care, such as comprehensive sexual and reproductive health and primary care, and practice in a variety of care delivery settings, including private practices, hospitals, community health centers, Title X-funded health centers, other free-standing family planning and ambulatory care clinics, free-standing birth centers, abortion care settings, pharmacies, and state and local health departments.

Ensuring that all of these services are widely available and accessible across all practice settings and meet the needs of all people requires an adequately staffed and well-trained CC Workforce. However, the capacity of the CC Workforce to provide high-quality, person- and community-centered contraceptive care remains stymied by several barriers, including staff shortages, provider burnout, lack of diversity, inadequate training opportunities, incomplete implementation of person-centered care, payment and reimbursement barriers, and state and federal policy environments that obstruct access to comprehensive reproductive healthcare.¹⁻⁶ The 2019 Title X regulatory changes, COVID-19 pandemic and *Dobbs v. Jackson Women’s Health Organization* Supreme Court decision, among other factors, have only exacerbated these pre-existing barriers.⁷⁻¹²

While the CC Workforce continues to provide needed care even with limited capacity, the current situation is unsustainable without coordinated action to support and expand workforce capacity. In response to this challenge, the [Coalition to Expand Contraceptive Access](#) (CECA) undertook a collaborative process to identify **evidence-based, actionable strategies to expand the capacity of the CC Workforce**. The strategies outlined in this report are intended to ensure the consistent delivery of high-quality, person-centered care by the CC Workforce and advance sexual and reproductive health equity (SRHE) so that all people across the range of age, gender, race, and other intersectional identities have what they need to attain their highest level of sexual and reproductive health.¹³

These strategies will equip a broad range of stakeholders, including federal and state policymakers, clinical and academic institutions, health professions training and accrediting bodies, professional organizations, researchers, and advocates, to meaningfully address workforce issues through coordinated policy, programming, and research action.

Through a collaborative process, CECA worked with an interdisciplinary group of experts to identify evidence-based, actionable strategies to expand the capacity of the Contraceptive Care Workforce (“the CC Workforce”) and ensure the consistent delivery of high-quality, person-centered, and equitable care.

These strategies advance our collective vision of a diverse and robust CC Workforce that is empowered to provide person-centered care to all and supported by equitable policies, programs, and systems committed to both worker and patient wellbeing.



Key Audiences for the CC Workforce Strategies

The strategies in this report are geared toward a wide audience, especially those who fund, develop, and implement policy, programming, training, and research related to the CC Workforce and the provision of high-quality contraceptive care. Each of these groups has a unique and critical role to play in advancing the CC Workforce.

Key audiences for the CC Workforce strategies

- Federal and state policymakers
- Federal, state, and local health services agencies and departments
- Professional healthcare and public health organizations
- Health professions accreditation, licensing, and credentialing bodies
- Health professions education and training programs
- Healthcare systems and clinical facilities
- Pharmaceutical companies
- Payers in the healthcare industry (public and private)
- Funders of workforce initiatives (public and private)
- Research organizations and researchers
- Community organizations, patient advocacy groups, and advocates

The work that CECA undertook was deliberately expansive, recognizing that people seek or wish to seek care in different settings and from various types of professionals, and that the CC Workforce operates within the broader healthcare system. Realizing these workforce strategies will require ongoing dialogue, partnership, and coordinated multi-level implementation. The specific strategies described in this report might be more or less pertinent to different professional groups or settings based on their priorities, interest groups, and areas of focus. All readers are encouraged to identify the workforce strategies most relevant to their unique priorities and actionable next steps, such as those presented in this document, to advance the strategies.

Generating CC Workforce Strategies

To generate the strategies and cross-cutting themes described in this report, CECA led a yearlong effort to assess existing evidence and gather expert input on the current state of the CC Workforce and needed initiatives to expand its capacity (see Appendix A for additional information). Specifically, CECA:

- **Conducted an environmental scan** of adjacent areas where creative work has been done to advance the healthcare workforce (e.g., behavioral health and substance use disorder care, maternal and child health, and primary care). This scan builds on the findings of CECA's 2021 environmental scan, [The State of the Contraceptive Care Workforce](#).
- **Hosted Lived Experience Panels**, which were facilitated discussions intended to infuse community voices as a source of expertise. The panels helped to define workforce challenges, solutions, and best practices from the user perspective.
- **Convened an Expert Workgroup** comprising clinical experts and educators, policymakers and advocates, community representatives, policymakers, and other diverse stakeholders who identified CC Workforce needs and innovations, prioritized solutions and promising practices, and outlined dissemination and implementation strategies. Participating Workgroup members are listed in Appendix B.

CROSS-CUTTING THEMES FOR CC WORKFORCE TRANSFORMATION

CECA conducted scoping activities to generate workforce strategies. Three cross-cutting themes emerged that were central to the entire undertaking of CC Workforce transformation.

1. The Significance of Centering Equity in Workforce Transformation

To expand equitable access to care and advance SRHE, workforce efforts must start by identifying and prioritizing what individuals want from their contraceptive care, not just what solutions are most beneficial to the healthcare system. Equity must be centered in contraceptive care delivery approaches as well as in policy and programming affecting the CC Workforce.

Sexual and reproductive health equity (SRHE) means that systems ensure that all people, across the range of age, gender, race, and other intersectional identities, have what they need to attain their highest level of sexual and reproductive health.

An SRHE approach to CC Workforce transformation requires:

- **Centering community preferences and needs** in our approach to contraceptive care, especially those with the greatest access barriers and who experience the most reproductive injustices, including Black, Indigenous, and people of color (BIPOC); LGBTQ+ people; young people; people living in poverty; immigrants; people with disabilities, and others with (often intersecting) marginalized identities.
- **Emphasizing ways the CC Workforce can make SRHE a priority** in their practice to provide respectful, person-centered care that considers people’s health in the holistic, integrated way that they experience it.¹⁴
- **Critically examining and addressing policies and practices** of the complex system-level players that hinder, or enable, equitable contraceptive access and impact the care the CC Workforce provides. These players include federal, state, and local governments; professional accreditation and certifying bodies; educational institutions; and commercial health plans that enable, or hinder, equitable access to contraception.^{14,15}

Anchored in this context, the workforce strategy development process resulted in this collective vision for the CC Workforce:

Our vision is a diverse and robust CC Workforce that is empowered to provide person-centered care for all and supported by equitable policies, programs, and systems committed to both worker and patient wellbeing.

Elements of the collective vision for the CC Workforce

- **Diverse** – The CC Workforce is inclusive, representative of communities being served, and made up of individuals of diverse background and identities, in terms of age, race/ethnicity, gender identity, dis/ability status, sexual orientation, and other characteristics
- **Robust** – The CC Workforce consists of an adequate supply of interprofessional providers offering care in a variety of settings to expand access to care for all people
- **Empowered to provide person-centered care for all** – The CC Workforce is provided with sufficient resources and tools, as well as supported by policies and systems, that enable health professionals to competently and confidently provide respectful, high-quality contraceptive care that centers the needs of individuals and communities
- **Committed to worker and patient wellbeing** – Systems around the CC Workforce proactively address drivers of burnout to promote provider mental health and wellbeing, improve working conditions and compensation, and support providers to offer holistic care that prioritizes patient health and wellbeing



2. A Broad Range of Providers are Integral to Workforce Transformation Efforts

A robust CC Workforce equipped to expand equitable access to care for all people will involve many different health professionals working collaboratively to deliver various relevant aspects of quality contraceptive care. Findings from this process suggest that people seeking care highly value contraceptive care providers' clinical expertise, skillset, and characteristics—such as empathy and non-judgmental attitudes—regardless of health professional type.

Equitable workforce transformation requires solutions that consider the needs of the broad range of providers who offer contraceptive care, including those who provide aspects of contraceptive care but might not readily identify as part of the CC Workforce. These solutions must also address the need for a diverse composition of the CC Workforce with adequate distribution of providers to expand access to care in rural, isolated, and otherwise underserved areas. However, several barriers exist to fully engage these professionals, including lack of specific and standardized training in reproductive health; payment and reimbursement barriers; and scope of practice restrictions that limit full workforce engagement. Actionable workforce solutions that cut across areas such as the health professions pipeline, training and continuing education, clinical practice and care delivery, and policy change are needed to address these challenges.

3. The CC Workforce as a Critical Subset of the Healthcare Workforce

Workforce transformation efforts must acknowledge that health professionals who make up the CC Workforce are also a part of the broader healthcare workforce. Therefore, many of the broader issues facing the healthcare workforce also affect the CC Workforce. At the same time, the CC Workforce faces many unique challenges related to the provision of high-quality care. The CC Workforce, and the healthcare organizations and systems in which they provide care, do not exist in a vacuum; they are interconnected to the overall healthcare infrastructure and the social, economic, and political ecosystem that infrastructure exists in.

As an example, provider wellbeing is an exceptionally significant issue facing the healthcare workforce. Many of the primary drivers of provider burnout, including administrative burden, excessive workload, relatively low compensation, and lack of organizational support, affect healthcare workers across the professions.^{16,17} The COVID-19 pandemic placed a further strain on the healthcare workforce, with significant impacts on provider mental health and wellbeing, including for those members of the CC Workforce^{9,18(p1)}

At the same time, the CC Workforce has faced a further sense of urgency, confusion, and fear due to legal and political attacks on contraception, abortion, and other reproductive services, as well as ongoing harassment and violence against healthcare providers, which has a significant effect on working conditions and healthcare worker safety and wellbeing.¹⁹ Effective workforce solutions must consider the unique challenges facing the CC Workforce while also addressing key challenges facing the broader healthcare workforce. Many healthcare workforce interventions that are underway might be expanded to include, or adapted to address the needs of, the CC Workforce.



STRATEGIES TO EXPAND THE CAPACITY OF THE CC WORKFORCE

Based on environmental scans of the literature and inputs from the Lived Experience Panels and Expert Workgroup, CECA collectively identified nine key strategies (organized into four key themes) to expand the capacity of the CC Workforce. We outline each strategy below, describe how they are responsive to existing challenges, and provide sample policy, practice, and research projects that could advance the strategy. Realizing these strategies could support workforce transformation, improve access to contraceptive care services, and, ultimately, advance SRHE.

Examine and Diversify the Composition of the CC Workforce

- Strategy 1. Identify models for optimal interprofessional contraceptive care teams, based on community needs
- Strategy 2. Recruit and retain diverse candidates into healthcare professions
- Strategy 3. Implement financial incentive programs with eligibility for the CC Workforce

Enhance Contraceptive Training and Education Within and Beyond the CC Workforce

- Strategy 4. Integrate SRHE training into health professions' curricula and continuing education
- Strategy 5. Expand access to contraceptive expertise for health professionals and community members

Expand the Role of Health Professionals in the CC Workforce

- Strategy 6. Expand scope of practice regulations for healthcare professionals to practice contraceptive care to full extent of training
- Strategy 7. Assess and implement strategies to integrate allied health professionals into CC Workforce

Address the Context in which the CC Workforce Provides Care

- Strategy 8. Address payment for sexual and reproductive health services
- Strategy 9. Address drivers of burnout for the CC Workforce

Examine and Diversify the Composition of the CC Workforce

Strategy 1. Identify models for optimal interprofessional contraceptive care teams, based on community needs

The challenge - The CC Workforce is made up of a range of health professionals who collaborate to deliver relevant aspects of care using a team-based approach. However, there is little understanding of which professional types, and in what number and ratio, can best deliver high-quality contraceptive care that meets the needs of communities as well as the varying needs of care delivery settings (e.g., Federally Qualified Health Centers (FQHCs), private practice). There is also a need to identify best practices for how these teams collaborate to optimize the delivery of high-quality care.

The strategy - Identifying models for optimal interprofessional teams, with effective combinations of contraceptive care professionals, can improve contraceptive access and expand the capacity of the CC Workforce. Optimal models and best practices might vary based on the care delivery setting, geographic locale, needs of the communities being served, and other factors. Identifying various interprofessional care team models can support tailoring to fit these specific needs.

Sample projects to advance Strategy 1

- Compare how various team compositions influence access to contraceptive care, person-centeredness, and costs
- Assess contraceptive need and care preferences in communities, and tailor team designs to meet local needs
- Determine the unique contributions of various professional types in the contraceptive care delivery context and how these contributions can be maximized
- Examine linkages to care by non-prescribing contraceptive care professionals (e.g., community health workers), including barriers and facilitators to community-to-clinic linkages
- Identify and build on existing models for team-based approaches to care in other areas of healthcare (e.g., integrated behavioral health)

Strategy 2. Recruit and retain diverse candidates into healthcare professions

The challenge - Efforts to improve healthcare workforce diversity focus primarily on fostering interest in healthcare professions through pipeline programs and reforming health professional school admission processes, such as integrating holistic admissions processes, postbaccalaureate programs, and mentorship programs which have shown promise. Despite the focus on diversity in the healthcare professions, there is a continued need to strategically recruit and retain underrepresented health professionals across health professions in the CC Workforce.

The strategy – By better understanding and addressing needs and barriers for traditionally underrepresented students and health professionals, the CC Workforce can adapt to deliver high-quality care to patients and communities.



Sample projects to advance Strategy 2

- Create pipelines for students attending community colleges or bridge programs to enter health professions training programs
- Identify and support existing programs that prepare diverse health professionals (e.g., Historically Black Colleges and Universities (HBCUs))
- Evaluate how diversity initiatives (e.g., pipeline programs and health professional school initiatives) impact the composition of the healthcare workforce as a whole and the CC Workforce in particular
- Review and refine hiring practices to ensure they are equitable and implement efforts to improve workplace satisfaction among employees with diverse identities
- Assess compensation structures to support equitable practices across health systems and other care delivery settings
- Implement mentorship, fellowship, and leadership development programs for candidates traditionally underrepresented in health professions

Strategy 3. Implement financial incentive programs with eligibility for the CC Workforce

The challenge – Financial incentive programs, such as loan reimbursement, scholarship or tuition support programs and debt relief, are important mechanisms for increasing supply and diversity of healthcare providers, especially those who will practice in under-resourced settings, including rural areas. Several federal incentive programs are available to the healthcare workforce, especially to increase healthcare access in underserved communities facing health professional shortages, such as the Health Resources and Services Administration (HRSA) National Health Service Corps Loan Repayment Program and Nurse Corps Loan Repayment Program. Specific barriers often exist for reproductive health providers to participate in federal loan and incentive programs. For example, specialized reproductive health centers often do not have appropriate designation to qualify as eligible sites. At the same time, primary care providers who may qualify might not be providing comprehensive, quality contraceptive care due to lack of training, lack of perceived need, or other barriers.

The strategy - Implementing financial incentive programs with eligibility for the CC Workforce can enable more professionals to deliver person-centered contraceptive care and build the pipeline to increase workforce diversity and reduce gaps in contraceptive access.

Sample projects to advance Strategy 3

- Expand HRSA-administered loan repayment programs to employees of any federally-funded health center (e.g., Title X, Title V)
- Integrate workforce development programs within Title X
- Continue to improve the breadth and quality of contraceptive care available in FQHCs, particularly for those outside of Title X
- Implement and assess the impact of financial incentive programs on workforce preparation outside of the traditional academic system (e.g., reimbursing training and certification costs for community health workers and doulas)
- Assess the impact of loan repayment and incentive programs on outcomes of interest (e.g., enhanced workforce diversity, improved patient experience, workforce recruitment and satisfaction)
- Evaluate, and potentially expand, Planned Parenthood’s Service Corps model

Enhance Contraceptive Training and Education Within and Beyond the CC Workforce

Strategy 4. Integrate SRHE training into health professions' curricula and continuing education

The challenge – Training and continuing education are key elements to ensuring the healthcare workforce is equipped to provide appropriate, high-quality care aligned with the latest evidence. Pre-licensure education standards and curricula across the health professions are guided by state laws (when these exist), professional standards, competencies, and the content of specialty certification and licensing exams. Reproductive health curricula tend to be extremely broad and high level and vary widely between institutions and across health professions schools (e.g., reproductive health curricula in nursing programs, compared to pharmacy programs or internal medicine programs).

While many trainings offered to health professionals in the CC Workforce cover the clinical aspects of care delivery, very few integrate training topics relevant to SRHE, such as the history of reproductive coercion and experimentation on people of color in modern reproductive healthcare, principles of Reproductive Justice, and how to incorporate those principles into care delivery. Other key training topics might include critical examination of racial and other biases in healthcare, and care delivery approaches that are culturally sensitive and trauma-informed approaches.

The strategy - Training in sexual and reproductive health, across the health professions and career paths, must align to specific shared standards across health professional schools, integrate SRHE, and situate SRHE skill sets and qualifications as high-priority. Assessing, improving, and integrating SRHE training into both curricula and work experience ensures SRHE and person-centered care are the standard of training and preparation for health professions in the CC Workforce, rather than varying by settings or individual interest.

Sample projects to advance Strategy 4

- Create and implement training for contraceptive care based on the Project ECHO model, incorporating community members as expert trainers
- Conduct “train the trainer” sessions or other master classes for faculty and others responsible for addressing SRHE in health professions curricula
- Expand experiential training sites for hands-on, clinical training across the health professions
- Implement training for system-wide implementation in healthcare facilitates to standardize clinical practice that centers SRHE
- Establish and continually assess monitoring systems to ensure training standards are implemented in clinical practice

Strategy 5. Expand access to contraceptive expertise for health professionals and community members

The challenge - Various types of healthcare providers who are both within and outside of the “core” CC Workforce care for people who might be interested in contraception, yet feel they lack sufficient expertise to provide, or link individuals to, contraceptive care. This includes primary care providers as well as providers in specialties like neurology, psychiatry, rheumatology, oncology, and various pediatric subspecialties. These providers could benefit from enhanced contraceptive training and aids to enhance their provision of care, whether this is direct provision of care or effective referral to care. Additionally, the public needs accurate information about contraception, including scientifically accurate information about methods and guidance about rights and how to access care. However, policies and programs, such

as abstinence-only education for adolescents, as well as myths and misinformation about contraception, often hinder contraceptive expertise among community members.

The strategy - Creating avenues to expand high-quality contraceptive care by expanding access to contraceptive expertise for health professionals both within and outside of the “traditional” network of reproductive health providers can maximize collaboration with contraceptive care delivery teams and streamline care delivery. Additionally, increasing and improving the sharing of accurate information about contraception with community members broadly can empower individuals to take an active role in their contraceptive decision-making, obtain quality care more effectively, and become a part of the “contraceptive care team.”

Sample projects to advance Strategy 5

- Conduct a needs assessment among health professionals to determine how to tailor training opportunities and other supports, including continuing education
- Develop continuing education materials for various specialties and subspecialties of health professionals who provide care to individuals who might be interested in contraception, including how to assess interest/need and how to counsel and educate effectively
- Implement a hotline for a broad range of providers and community members to request contraceptive consults from reproductive health professionals
- Develop mobile apps that provide accurate information about reproductive health and contraception, accessible to community members and providers
- Implement a public information campaign, with compelling and accurate materials for community engagement across multiple channels, including social media

Expand the Role of Health Professionals in the CC Workforce

Strategy 6. Expand scope of practice regulations for healthcare professionals to practice contraceptive care to full extent of training

The challenge - While the evidence demonstrates potential benefits of expanded scope of practice for healthcare workforce growth and expanded care provision, restrictive state policies often limit qualified health professionals from practicing to the full extent of their training. In the context of the CC Workforce, advanced practice providers (APPs)—including nurse practitioners, physician assistants, nurse-midwives, nurses, pharmacists, and other qualified health professionals—are often limited in the provision of care, based on scope of practice regulations in their locations of practice.

The strategy - Expanding scope of practice regulations can expand contraceptive access and improve the capacity of the CC Workforce by enabling willing and available health professionals within the CC Workforce to practice to their full extent of their training and capacity.

Sample projects to advance Strategy 6

- Implement and test approaches that expand APP, nursing, and pharmacy practice
- Pass and implement state laws that enable and equitably reimburse APPs, nurses, and pharmacists to prescribe, dispense, and administer contraception to the full extent of their training
- Assess safety, feasibility, and impact of adding further services to nurses’ scope (e.g., implant placement and removal)
- Evaluate the expanded scope of practice policy change in response to COVID-19

- Examine quality of care (e.g., safety and cost-effectiveness) among APPs and nurses who are able to prescribe contraception
- Elevate and disseminate research in other areas of healthcare where expanded scope of practice regulations enable APP service provision

Strategy 7. Assess and implement strategies to integrate allied health professionals into the CC Workforce

The challenge - Allied health professionals, such as health educators, community health workers, doulas, and peer support specialists, have been increasingly integrated across the healthcare workforce, including in reproductive health and contraceptive care, to expand capacity and the delivery of person-centered care. Considerations for expanding the role of allied health professionals in contraceptive care include training, certification, and licensing challenges, as well as sustainable financing strategies, to support the integration of these professionals within the care delivery team.

The strategy - Allied health professionals are well-equipped to provide community-centered contraceptive counseling and education. Effective sexual and reproductive health training approaches and reimbursement strategies can support the expansion of these professionals within the CC Workforce.

Sample projects to advance Strategy 7

- Replicate effective policy models for increasing scope, role, and reimbursement of allied health professionals (e.g., models for peer support specialists in substance use disorder services)
- Assess the benefits and challenges of training, credentialing, and reimbursement approaches for allied health professionals, in collaboration with allied health professionals who will be affected by policy and practice changes
- Determine and disseminate information on optimal models for interprofessional contraceptive care delivery teams that include allied health professionals

Address the Context in which the CC Workforce Provides Care

Strategy 8. Address payment for sexual and reproductive health services

The challenge - Inadequate payment and reimbursement rates for sexual and reproductive health services contribute to the underutilization of an interprofessional team to deliver services. In addition to increased payment across the board, there is a need for payment parity for professionals including pharmacists, nurses, and community health workers at rates comparable to those received by clinic-based providers.

The strategy - Comparable payment for contraceptive care and increased reimbursement rates can support a CC Workforce that is critical to provide coordinated, comprehensive, person-centered care. Addressing payment also incentivizes models of care that are more holistic, such as care that address effects of the social determinants of health on an individual or care that maximizes collaboration across interprofessional contraceptive care teams, including allied health professionals.

Sample projects to advance Strategy 8

- Assess the impact of payment models on access to care, person-centeredness of care, and costs of care
- Assess the potential impact of implementing a specific CPT code for contraceptive counseling
- Explore existing models of payment parity in health care and opportunities to translate these to the contraceptive care context
- Explore more adequate and equitable reimbursement for clinician-administered drugs

Strategy 9. Address drivers of burnout for the CC Workforce

The challenge - Burnout is a major topic of discussion, but there are few, if any, evidence-based techniques to prevent or address it. Additionally, programs to address burnout rarely collect, analyze, or share rigorous data. Workforce burnout is especially concerning for health professionals providing contraceptive care in the current political climate, where confusion and fear among providers in the field, due to attacks on contraception and abortion access, have significant negative effects on working conditions for providers, worsen threats to workforce safety and wellbeing, and affect the quality of care provided to individuals.

The strategy - Understanding, responding to, and protecting against burnout is critical to sustaining the pipeline, health, and wellbeing of the current and future CC Workforce, which has a direct impact on quality of care provided and the health and wellbeing of the people they serve.

Sample projects to advance Strategy 9

- Design, test, and implement safety protocols within care delivery settings, with specific plans to protect worker safety
- Implement and test interventions to support healthcare worker wellbeing (e.g., interventions to improve compensation)
- Work with social networks, such as ReproJobs, to gather data on which wellbeing initiatives would appeal to the CC Workforce
- Offer a variety of spaces for Workforce community and connection at conferences and other gatherings
- Develop and disseminate a set of best practices for employers to support the rest and recovery of the CC Workforce (e.g., sample sabbatical policies)
- Assess healthcare worker wellbeing initiatives implemented during other healthcare crises (e.g., care provision during the HIV pandemic) to explore how burnout was assessed, what lessons were learned, and which strategies were employed to address worker burnout

DISSEMINATION AND IMPLEMENTATION OF THE CC WORKFORCE STRATEGIES

The workforce strategies generated during this collaborative process are geared toward a wide audience, especially those who fund, develop, and implement policy, programming, training, and research related to this workforce and the provision of high-quality contraceptive care. To ensure successful uptake of these strategies, dissemination and implementation activities to reach key audiences were identified as a part of this process.



Dissemination

Successful uptake of these strategies requires an effective, ongoing dissemination strategy across many key stakeholders. Discussions on creative venues to disseminate the workforce strategies highlighted opportunities for sharing learnings on podcasts; presentations at national conferences; toolkits with messaging and tools for key audiences to advance the strategies; and case studies of settings where these workforce strategies are being advanced, with best practices for replication in other places.

Implementation

While this process did not involve the development of a formal evaluation plan, it is necessary to consider strategies to explore the short-, mid-, and long- impact of these workforce strategies. Markers of successful workforce transformation include:

- Improvements in person-centered care, accessibility of care, patient satisfaction, and other indicators of quality, as reported by people seeking care.
- Improvements in the mental health and wellbeing of the workforce, with efforts that address the drivers of burnout and moral injury.²⁰
- Increased diversity across the workforce and increased ability for individuals to access a diversity of providers.
- More experiential training sites that offer comprehensive, hands-on sexual and reproductive health education to health professionals, students and residents. Seamless integration of training components, including SRHE training, into care delivery.
- Proactive legislation that supports the workforce and advances equitable access to care.

Successful implementation will also require sustainable investment in resources, including financial resources; mechanisms of accountability (e.g., anchoring responsibility for implementation and accountability within an organization); and a genuine desire to make change from key stakeholders.

CALL TO ACTION

Implementing these workforce strategies to support to support the delivery of equitable, high-quality care requires a collaborative, coordinated effort and sustainable investment for needed changes across clinical practice, healthcare and academic institutions, and policy. While the strategies presented here focus on interventions directly related to the CC Workforce, practice and policy strategies aimed at reducing workforce burdens and expanding broad access to sexual and reproductive healthcare, like expanding telehealth services and over-the-counter oral contraception, can contribute to expanding workforce capacity and access.

Many partners will play a role in advancing the collective vision for the CC Workforce and have already begun prioritizing and implementing several of these strategies. Each reader of this report is encouraged to identify how their work can best support these efforts. As threats to access to comprehensive reproductive healthcare continue to evolve, an adequate, well-trained, and protected workforce is essential to delivering the care that individuals want.



APPENDIX A. APPROACH TO DEVELOPING THE WORKFORCE STRATEGIES

To generate the strategies to expand the capacity of the CC Workforce, CECA led a yearlong effort to assess existing evidence and gather expert input on the current state of the Workforce and needed initiatives to expand its capacity.

First, CECA **conducted an environmental scan** to summarize existing available evidence on innovative workforce capacity strategies in areas adjacent to contraceptive care (e.g., primary care, behavioral health and substance use disorder care, and maternity care) to identify relevant strategies that might be adapted in the contraceptive care context. This scan built on the findings of CECA's 2021 environmental scan, [The State of the Contraceptive Care Workforce](#), and answered the following questions:

1. What efforts to expand the capacity of the healthcare workforce have been undertaken in areas adjacent to contraceptive care?
2. What is the impact of these efforts on the makeup of the CC Workforce? Access to person-centered care? Patient outcomes? Other outcomes of interest?
3. What are the facilitators and barriers to implementing these efforts to expand the capacity of the CC Workforce?
4. What questions about strategies to expand the capacity of the workforce remain unanswered in the literature?

The findings of the environmental scan are publicly available.

Next, CECA **hosted Lived Experience Panels (LEPs)**, which were facilitated discussions with actual or potential users of contraceptive healthcare services to help define workforce challenges, solutions, and best practices from the user perspective. CECA convened six LEPs with approximately 50 individuals between May and July 2022, in collaboration with our LEP partner organizations, Planned Parenthood Federation of America and SisterLove. LEP partner organizations led the LEP recruitment strategy and worked with CECA to invite diverse perspectives into discussion across race/ethnicity, age groups, insurance status, ability, geographic location, and other key factors. Each participant received an e-gift card as a token of appreciation for their participation.


Finally, CECA **convened an Expert Workgroup** comprising clinical experts and educators, policymakers and advocates, community representatives, policymakers, and other diverse stakeholders who identified workforce needs and innovations; prioritized actionable policy, practice, and research solutions and promising practices; and outlined dissemination and implementation strategies. This work was accomplished during four Workgroup meetings held between May and September 2022. Select LEP participants also participated in CECA's Expert Workgroup convenings to ensure integration of community perspectives and expertise into this process.

APPENDIX B. CC WORKFORCE WORKGROUP MEMBERS

Workgroup Members	Organizations (<i>asterisk denotes CECA Core Members</i>)
Ben Anderson	Families USA
Mousumi Banikya	Office of Population Affairs, U.S. Department of Health and Human Services (HHS)
Nancy Bowen	Nevada Primary Care Association
Anna Brown	Nurses for Sexual and Reproductive Health
Candice Chen	The George Washington University
Daryn Eikner	National Family Planning and Reproductive Health Association*
Chariesse Ellis	Emory University / Lived Experience Panel Participant
Bria Goode	Ibis Reproductive Health / Lived Experience Panel Participant
Laura Grubb	Boston Children's Hospital
Indya Hairston	SisterLove
Danielle Jones	Association of Women's Health, Obstetrics and Neonatal Nurses*
Emily Kane-Lee	Health Resources and Services Administration (HRSA) Bureau of Primary Health Care
Kristen Kaseeska	American Academy of Pediatrics
Natasha Kumar	Families USA
May Lau	University of Texas Southwestern Medical Center
Lisa Maldonado	Reproductive Health Access Project
Danielle Howa Pendergrass	Eastern Utah Women's Health
Sally Rafie	Birth Control Pharmacist
Lisa Satterfield	American College of Obstetricians and Gynecologists*
Olivia Shockey	HRSA Bureau of Primary Health Care
Milan Spencer	Black Mamas Matter Alliance*
Julia Strasser	George Washington University
Krishna Upadhya	Planned Parenthood Federation of America
Raymond Charles Uy	National Association of Community Health Centers*
Rachel Villanueva	National Medical Association
Andrea Wells	HRSA Bureau of Primary Health Care
Clarke Wheeler	Black Mamas Matter Alliance*

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