Priority Roadmap for Policy-Ready Contraceptive Research:
Executive Summary

Nikita Malcolm, MPH; Lisa Stern, RN, MSN, MA; Jamie Hart, PhD, MPH
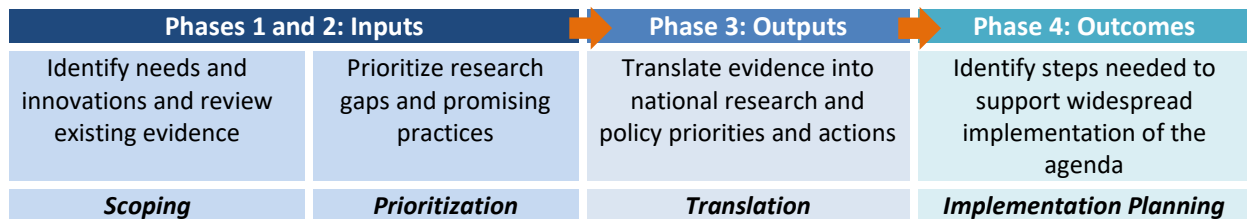September 2021

Purpose

Research can play a pivotal role in ensuring contraceptive access policy is evidence-informed, effective, and equitable. Yet, the field currently lacks a shared understanding of the policy-relevant research needed to drive action. In response to this gap, the Coalition to Expand Contraceptive Access (CECA) led a collaborative process to create a **Priority Roadmap for Policy-Ready Contraceptive Research** ("the Roadmap") to identify the research needed to advance proactive domestic contraceptive access policy, consistent with a vision of Sexual and Reproductive Health Equity (SRHE) and wellbeing for all. Informed by evidence and a broad group of stakeholders, the Roadmap positions stakeholders to strategically invest in, conduct, and effectively use contraceptive access research to inform policy.

Intended to be applicable to a wide variety of stakeholders, the Roadmap is especially geared toward:
- **Public and private funders** to support strategic decision-making for investments.
- **A broad range of researchers** to guide their priorities and approaches to generate policy-relevant evidence and/or set an organizational research agenda around contraceptive access.
- **Policymakers and advocates** to promote awareness of research that may support their efforts.

Process

Guided by CECA's Theory of Change below, CECA led an iterative, collaborative effort to develop concrete, actionable, and feasible recommendations for policy-relevant contraceptive research.

Phases 1 and 2: Inputs		Phase 3: Outputs	Phase 4: Outcomes
Identify needs and innovations and review existing evidence	Prioritize research gaps and promising practices	Translate evidence into national research and policy priorities and actions	Identify steps needed to support widespread implementation of the agenda
Scoping	*Prioritization*	*Translation*	*Implementation Planning*

To develop the Roadmap recommendations, CECA conducted the following activities:
- **Analyzed ten similar efforts** to learn about best practices for creating research agendas.
- **Conducted expert consultations** with a diverse range of stakeholders, including researchers, reproductive justice and policy advocates, policymakers, and clinical and legal experts, to gather feedback on emerging needs and innovations with the potential to expand contraceptive access.
- **Reviewed input** gathered from 89 individuals representing 50 organizations with cross-sector expertise through CECA's technical expert panels and workgroups.
- **Conducted six environmental scans** on topics in need of evidence synthesis, prioritized based on potential policy relevance and impact. These scans were posted publicly for use by the community.
- **Convened an Expert Workgroup** with 27 interdisciplinary, racially and ethnically diverse individuals. The Workgroup met four times to design the structure, content, dissemination and implementation of the Roadmap and align the Roadmap with science, policy needs, and the field's vision for SRHE and wellbeing for all.
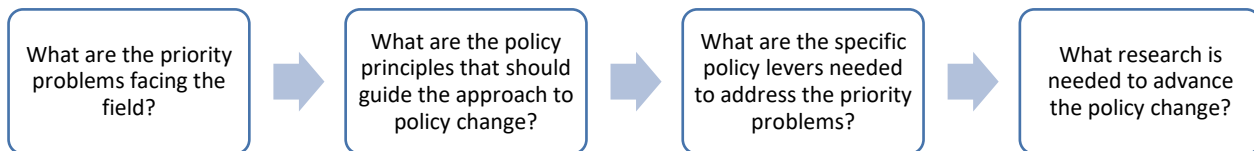
Research Principles

How research is conducted can be just as significant as its design and content. The Workgroup identified five research principles key to centering reproductive justice, human rights, and health equity.

Equity-Informed Principles for Contraceptive Access Research
1. **Ground contraceptive access research in a holistic vision of sexual and reproductive health** that centers justice, equity, autonomy, and choice.
2. **Interrogate and re-evaluate the research practices** that have guided us.
3. **Honor and embrace communities** as equal partners throughout the research process.
4. **Understand and reflect the impact of the historical, sociocultural, political, and economic contexts** that influence the lived experiences of community members.
5. **Design actionable research that can be used to impact the lives** of individuals and communities through changes in systems, policies, and practice.

Research Recommendations

To develop a policy-relevant research agenda, the Workgroup identified the priority problems facing the field, defined the policy principles (a shared, fundamental vision for policy direction to address the identified problems), listed specific policy levers capable of addressing each priority problem, and identified research needed to advance policy change.

What are the priority problems facing the field? → What are the policy principles that should guide the approach to policy change? → What are the specific policy levers needed to address the priority problems? → What research is needed to advance the policy change?

As outlined in the table on , this work focused on three themes:

1. *Developing a Framework for Holistic, Equitable Contraceptive Access.* Centering a SRHE framework for contraceptive access can dismantle barriers to full reproductive autonomy and advance sexual and reproductive health equity, wellbeing, and justice.
2. *Strengthening the Healthcare Infrastructure to Expand Contraceptive Access.* Strategic re-alignment of infrastructure components across the multi-level health delivery system can optimize resource investment to support meaningful contraceptive access.
3. *Supporting Technology and Innovation in Contraceptive Service Delivery.* Innovative care delivery models—such as telehealth and pharmacist-prescribed contraception—have the potential to expand contraceptive access, especially in communities that face barriers.

Of note, several overarching themes and methodological considerations emerged that are pertinent to all content areas and fundamental to the entire undertaking of contraceptive access research and policy. These include the need for a consistent and person-centered definition of access; gathering and analyzing data in ways that advance a rigorous and detailed understanding of contraceptive access, people's experiences of their healthcare, and health outcomes; and understanding the long-term impact of interventions.

Dissemination and Implementation Strategies

To ensure successful uptake of the Roadmap, the Workgroup identified key dissemination and implementation activities to reach key audiences, including funders, researchers, policymakers, and other stakeholders (e.g., clinicians, health services research and policy associations, and public health organizations and associations). Key tenets underlying the dissemination strategy include:

- **Sharing research recommendations in a variety of venues**, including CECA's website and emails, newsletters, blogs, and webinars in collaboration with CECA Core Members, Workgroup Members, and other stakeholders, to achieve wider reach.
- **Engaging with key audiences directly**, through conferences and stakeholder meetings (e.g., briefings with key research organizations, federal agencies, legislators and staff, and private foundations).
- **Ensuring wide audiences can use the findings**, through engaging dissemination products, such as one-pagers tailored to specific audiences and a PowerPoint summary of the Roadmap recommendations.

Ongoing convening and collaborative conversation should take place across stakeholder groups to advance policy-relevant contraceptive access research and policy that support universal, equitable contraceptive access. In addition, specific stakeholder groups can conduct the following implementation steps:

- **Funders** can issue requests for proposals specifically targeted to research questions named in this report or ask those seeking funding to describe how their research advances the Roadmap.
- **Researchers** may map their research portfolio and planned projects to the Roadmap to understand how the research and its findings can advance evidence-informed contraceptive access policy.
- **Policymakers and advocates** can use this Roadmap to collaborate with researchers to support the development of evidence-informed policy.

Implications for the Future and a Call to Action

At the conclusion of the Roadmap process, Workgroup members and CECA staff reflected on lessons learned, challenges encountered, and implications for the future. Highlights included:

- **Integrate equity as an aim from the outset.** SRHE was named as a goal, explicitly defined, and discussed by the Workgroup at the first convening. This focus led to the development of equity-informed research principles and influenced the policy problems, levers, and research questions.
- **Include diverse expertise in the process.** Engaging a broad group of stakeholders in the Roadmap process led to generative and incisive discussion that can be further enhanced by including more stakeholders in the future.
- **Orient the process around policy problems in need of solutions.** Identifying the most significant policy problems impeding contraceptive access helped to ensure that the Roadmap can have the greatest possible impact.
- **Think big about what research can accomplish.** The Roadmap process resulted in an ambitious agenda that, if carried out, can radically affect how we think about contraceptive access, research, and the relationship between research and policy.
- **Plan for ongoing dissemination.** This plan will include engagement of additional stakeholders, an ongoing dissemination strategy, and updates to ensure the continued relevance of the Roadmap.
- **Identify spaces for ongoing gathering and visioning.** Opportunities like the Roadmap process are rare but essential for shaping collaborative work and values across the field and for aligning the future with evidence and equity.

The Roadmap in its current form can be accessed and adopted immediately by anyone interested in expanding contraceptive access. Readers should note how they can shift their work and collaborate with others interested in contraceptive access to advance this agenda.

Research Roadmap Overview: Priority Problems, Policy Levers, and Needed Research

	What are the priority problems facing the field?	What are the policy levers needed to address the problems?	What research is needed to advance the policy change?
Framework	The lack of a _**consistent framing of contraceptive access**_ that is holistic, equitable, and just means that existing systems of care can continue to de-prioritize person-centeredness and/or use harmful/coercive practices.	• National Sexual and Reproductive Health Equity (SRHE) Strategy • Performance and surveillance measures • Funding and payment strategies • Clinical and programmatic guidelines	F.1. How do we define, disseminate, and implement a holistic, equitable, and just framework for contraceptive access? What matters most to communities? F.2. How have research and systems of care harmed communities (both historically and currently)? What are the enduring legacies and impacts of these harms? F.3. How can performance and surveillance measures best support person-centered contraceptive care as part of this broader framework? For example, how can we measure reproductive autonomy/wellbeing? F.4. How can payment and incentive systems best support expanded access to person-centered contraceptive care?
Infrastructure	Existing _**healthcare infrastructure**_ components were not designed—and are not presently equipped—to meaningfully expand contraceptive access, and interventions are not fully implemented or well understood.	• Definitions of contraception and contraceptive coverage • Contraceptive equity legislation and policy • Standards and core competencies • Supportive federal funding and guidance	I.5. How do various elements of healthcare access impact access to high-quality contraceptive care? I.6. What systems-level barriers obstruct expanded access to contraceptive care? What systems-level facilitators support expanded access to care? I.7. How does an expanded contraceptive care workforce impact contraceptive care delivery and access? I.8. What training and education are needed to support the contraceptive care workforce? I.9. How can systems-level capacity building approaches support the contraceptive care workforce? I.10. What are lessons learned and impacts of contraceptive access interventions and policy changes?
Tech/Innovation	_**Technology and innovations**_ are not accepted as the standard of care or consistently or adequately reimbursed, uptake has been slow, and ability to expand access or provider patient-centered care is unknown.	• Funding to support infrastructure • Payment parity • Coverage and reimbursement • Expanded scope of practice • Guidelines, measures, and funding	T.11. How do new care delivery models impact contraceptive access? T.12. What are lessons learned from prior and current implementation efforts of new care delivery models? T.13. What barriers exist to contraceptive care access via new care delivery models? What facilitators support expanded access to care via new care delivery models? T.14. What is the quality of care received via new care delivery models? To what extent do new care delivery models improve quality of care? T.15. To what extent is care delivered via new care delivery models equitable?