

Priority Roadmap for Policy-Ready Contraceptive Research

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EXECUTIVE SUMMARY

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
<i>Scoping</i>	<i>Prioritization</i>	<i>Translation</i>	<i>Implementation Planning</i>

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.

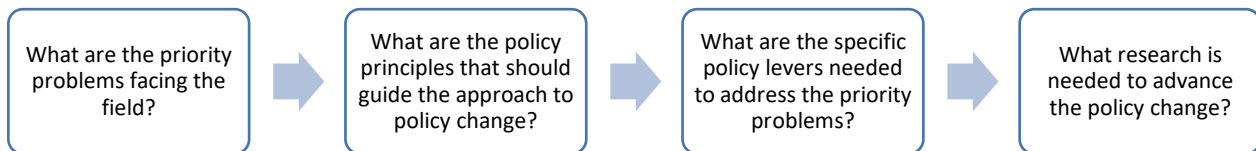
Research Principles

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.



As outlined in the table on [page vi](#), 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 <u>consistent framing of contraceptive access</u> 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.	<ul style="list-style-type: none"> • National Sexual and Reproductive Health Equity (SRHE) Strategy • Performance and surveillance measures • Funding and payment strategies • Clinical and programmatic guidelines 	<p>F.1. How do we define, disseminate, and implement a holistic, equitable, and just framework for contraceptive access? What matters most to communities?</p> <p>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?</p> <p>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?</p> <p>F.4. How can payment and incentive systems best support expanded access to person-centered contraceptive care?</p>
Infrastructure	Existing <u>healthcare infrastructure</u> components were not designed—and are not presently equipped—to meaningfully expand contraceptive access, and interventions are not fully implemented or well understood.	<ul style="list-style-type: none"> • Definitions of contraception and contraceptive coverage • Contraceptive equity legislation and policy • Standards and core competencies • Supportive federal funding and guidance 	<p>I.5. How do various elements of healthcare access impact access to high-quality contraceptive care?</p> <p>I.6. What systems-level barriers obstruct expanded access to contraceptive care? What systems-level facilitators support expanded access to care?</p> <p>I.7. How does an expanded contraceptive care workforce impact contraceptive care delivery and access?</p> <p>I.8. What training and education are needed to support the contraceptive care workforce?</p> <p>I.9. How can systems-level capacity building approaches support the contraceptive care workforce?</p> <p>I.10. What are lessons learned and impacts of contraceptive access interventions and policy changes?</p>
Tech/innovation	<u>Technology and innovations</u> are not accepted as the standard of care or consistently or adequately reimbursed, uptake has been slow, and ability to expand access or provide person-centered care is unknown.	<ul style="list-style-type: none"> • Funding to support infrastructure • Payment parity • Coverage and reimbursement • Expanded scope of practice • Guidelines, measures, and funding 	<p>T.11. How do new care delivery models impact contraceptive access?</p> <p>T.12. What are lessons learned from prior and current implementation efforts of new care delivery models?</p> <p>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?</p> <p>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?</p> <p>T.15. To what extent is care delivered via new care delivery models equitable?</p>



INTRODUCTION

Research can play a pivotal role in ensuring contraceptive access policy is evidence-informed, effective, and promotes universal, equitable access for all people. Yet, barriers— including differing priorities between researchers and policymakers and ineffective dissemination and translation of research findings—often impede the use of evidence in policymaking. Scientific evidence is one of several factors that shapes contraceptive access policy; however, the field lacks a shared understanding of the policy-relevant research needed to drive action toward equitable access.

In response to this research-to-policy gap, the [Coalition to Expand Contraceptive Access](#) (CECA) led a collaborative, yearlong process to create a **Priority Roadmap for Policy-Ready Contraceptive Research** (“the Roadmap”). This process identified the research needed in the next decade to advance proactive domestic contraceptive access policy, consistent with a broader vision of Sexual and Reproductive Health Equity (SRHE) and wellbeing for all. By undertaking this effort, CECA aimed to:

- Craft a long-term, national-level contraceptive access research and policy agenda informed by a broad group of stakeholders within the reproductive health field that meets the information needs of a range of policymakers and advocates.
- Survey evidence needed to influence policy, leverage federal processes, and set the stage for state-level implementation.
- Position public and private funders to invest strategically in policy-ready research, researchers to carry out impactful research projects, and policymakers and advocates to use evidence effectively.

The recommendations in this Roadmap have the potential to reshape the contraceptive access research and policy landscapes—by reconsidering the frameworks that guide us, the research questions we ask, and how we design, conduct, measure, interpret, and share research and related findings.

The purpose of the *Priority Roadmap for Policy-Ready Contraceptive Research* is to identify the research needed to advance contraceptive access policy that promotes universal, equitable access to high-quality contraception for all.

The Roadmap highlights concrete, actionable, feasible recommendations that position public and private funders to invest strategically in policy-ready research, researchers to carry out impactful research projects, and policymakers and advocates to use evidence effectively.

Who is the Coalition to Expand Contraceptive Access (CECA)?

Founded in 2019, the **Coalition to Expand Contraceptive Access (CECA)** is a group of stakeholders committed to ensuring access to contraception for all individuals, as a part of the broader vision of achieving reproductive health equity and reproductive quality of life. CECA’s:

- **Vision** is that government policies and processes support all individuals’ access to quality contraceptive care, based on the Institute of Medicine (IOM)’s [six-pronged definition of quality](#).
- **Goal** is to identify the evidence needed to influence policy, leverage federal executive branch processes, and set the stage for implementation of efforts to expand access to contraception.
- **Role** is to lift up existing work being done in the field, work with experts to analyze the current evidence and identify gaps, and chart a path forward to achieve our collective goals.

How to Use This Document

The Roadmap should be used to plan and prioritize contraceptive access research- and policy-related investments in alignment with the needs of communities, policymakers, and advocates. These recommendations are intended to be applicable to a wide variety of stakeholders interested in actionable, policy-relevant contraceptive access research. The Roadmap is especially geared toward:

- **Public and private funders** who support the conduct of sexual and reproductive health-related research. Funders may use the Roadmap to support strategic decision-making for investments in policy-oriented contraceptive access research informed by stakeholder and expert input.
- **Researchers** who study sexual and reproductive health topics, including researchers in academic and university settings, research institutes, clinical organizations, and community and advocacy organizations. A broad range of researchers may use this Roadmap to guide their contraceptive access research priorities and approaches to generate policy-relevant evidence. Leaders in research organizations may also use this Roadmap to set an organizational research agenda to support contraceptive access policy.
- **Policymakers and advocates** who shape contraceptive access policy may use the Roadmap for awareness of research on the horizon that may support their efforts to create, implement, and improve policy that promotes universal, equitable access.

In the following pages, we present the:

- [Development process](#) for the Roadmap.
- [Equity-informed research principles](#) for the conduct of contraceptive access research.
- [Overarching themes and methodological considerations](#) that are fundamental to the entire undertaking of contraceptive access research and policy.
- [Research recommendations](#) to inform and advance policy and practice around contraceptive access.
- [Dissemination and implementation strategies](#) to support the uptake of these recommendations.

Key Terms and Definitions

Policy: “Law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.”¹ The Roadmap focuses on public and institutional policy that impacts access to quality contraception. Importantly, the Roadmap encompasses both “shovel-ready” research that policymakers can use directly and research that can inform which policies would be most effective and most just, shaping both policymaking and advocacy.

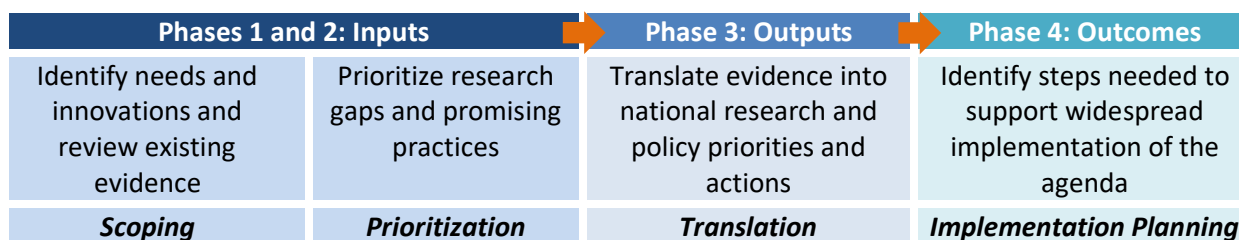
Quality Contraception: Evidence-based, non-coercive contraceptive care and the full range of contraceptive methods, provided in accordance with the Institute of Medicine (IOM)’s six-pronged definition of quality—that healthcare is safe, effective, patient-centered, timely, efficient, and equitable.²

Reproductive Quality of Life means that a person can achieve optimal sexual and reproductive health, including self-determining and achieving their goals of if, when, and how to become a parent.³

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. This includes self-determining and achieving their reproductive goals. Government policy, healthcare systems, and other structures must value and support everyone fairly and justly.⁴

DEVELOPING THE ROADMAP FOR POLICY-READY CONTRACEPTIVE RESEARCH

Guided by CECA’s Theory of Change below, CECA launched a yearlong, iterative, and collaborative effort in 2020 to develop concrete, actionable, and feasible recommendations for policy-relevant contraceptive access research with an eye toward implementation.



Scoping to Identify Needs and Reviewing the Existing Evidence

Review of Similar Efforts to Create a Research Agenda

To begin the process of developing the Roadmap, CECA undertook a review of similar efforts to learn about best practices from the field for creating research agendas. CECA reviewed ten similar efforts across a range of subject matter focus areas with three key defining elements of the development process: surveying the existing literature; convening stakeholders; and producing an agenda for needed research. When possible, CECA reviewed processes that specifically sought to link research to policy. None were specifically related to contraception, though other areas of sexual and reproductive health and wellbeing were included. CECA also conducted key informant interviews with individuals involved in the design and conduct of similar efforts to gather additional subjective feedback about these processes and best practices. Based on best practices identified in the review, CECA formalized an approach to determine key issues, review existing evidence, convene a Workgroup, and create, disseminate, and implement the research agenda.

Expert Consultations

CECA engaged in one-on-one discussions with a small group of trusted stakeholders with diverse expertise, including researchers in a variety of disciplines, reproductive justice and policy advocates, policymakers, and representatives of clinical and legal organizations. In these discussions, CECA discussed project aims and gathered feedback on emerging needs and innovations with the potential to expand contraceptive access. CECA also reviewed input gathered in various technical expert panels and workgroup convenings to shape the direction of the Roadmap and identify policy-relevant focus areas. These convenings included 89 individuals representing 50 cross-sector organizations across maternal and child health, primary care, and reproductive health providers and professional organizations; state and local health departments; reproductive justice organizations; health systems experts; and researchers.

Environmental Scans

From the review of similar efforts and expert consultations, CECA generated a list of contraceptive access research topics in need of evidence synthesis and prioritized the topics based on potential policy relevance and impact. CECA carried out a series of six targeted and strategic environmental scans to survey and synthesize existing evidence on key priority topics related to contraceptive access, assess the scope of the existing evidence base, identify potential policy levers, and identify where gaps remain to build a solid foundation of research to inform policy to expand contraceptive access.

CECA organized the environmental scan topics across three themes where key research and policy-relevant themes emerged in the literature:

1. Developing a Framework for Holistic, Equitable Contraceptive Access
2. Strengthening the Healthcare Infrastructure to Expand Contraceptive Access
3. Supporting Technology and Innovation in Contraceptive Service Delivery

CECA developed reports summarizing the findings of each environmental scan as well as a summary report of the overarching research gaps. The summary report also included brief syntheses of available evidence for key topics identified during the scoping activities where it was determined that an environmental scan was not warranted. For example, these topics may have been recently synthesized in a published review, or insufficient published literature existed on the topic to justify an environmental scan. The environmental scan topics (noted with an asterisk), along with the additional synthesized topics, are listed below.

The CECA Environmental Scan Reports and Research Gaps Summary Report can be found at <https://www.contraceptionaccess.org/findings-resources>

List of CECA Environmental Scan and Evidence Synthesis Topics	
Theme	Topics for Consideration
1. Developing a Framework for Holistic, Equitable Contraceptive Access	<ul style="list-style-type: none"> • Definitions and measures of reproductive and sexual health-related constructs* • Measuring health, economic, and social outcomes related to contraception* • Contraceptive performance measurement for clinical care and population health
2. Strengthening the Healthcare Infrastructure to Expand Contraceptive Access	<ul style="list-style-type: none"> • The state of the contraceptive care workforce* • Implementation and evaluation of statewide contraceptive access initiatives* • Impact of major policy changes related to contraceptive access*
3. Supporting Technology and Innovation in Contraceptive Service Delivery	<ul style="list-style-type: none"> • Implementation and evaluation of pharmacist-prescribed contraception* • Over-the-Counter (OTC) contraception • Telehealth in contraceptive care

Convening the Roadmap Expert Workgroup

CECA convened an Expert Workgroup to contribute relevant input into the structure, content, dissemination, and implementation of the Roadmap and ensure the Roadmap’s alignment with evidence, policy needs, and the field’s vision for SRHE. The Workgroup was composed of 27 racially and ethnically diverse researchers, clinical experts, policy advocates, and community representatives with experience conducting policy-relevant research, translating evidence to policy, and applying research principles in their work. In a series of four 3-hour virtual meetings held between January and June 2021, the Workgroup:

- Discussed barriers and facilitators to evidence-informed policymaking.
- Reviewed the state of the current evidence on contraceptive access.
- Identified and prioritized problems and policy principles the research agenda should address as well as the most impactful and feasible research gaps and opportunities to address these gaps.
- Translated research gaps into research and policy priorities and actions.
- Identified research principles to drive the conduct of contraceptive access research.
- Devised a strategy for dissemination and implementation of the Roadmap.

Between convenings, the Workgroup reviewed and provided feedback on project materials and participated in ad-hoc discussions with CECA, as needed. For eligible participants, CECA supported meeting-related costs, including stipends to recognize individuals’ time.

EQUITY-INFORMED PRINCIPLES FOR CONTRACEPTIVE ACCESS RESEARCH

When considering research to expand contraceptive access, *how* the research is conducted can be just as significant as the research design and content. Defining principles to uphold equity in research is especially crucial in the reproductive health sphere, given the history of research injustice in this field. People of color, people living in poverty, people with disabilities, immigrants, and others with (often intersecting) marginalized identities have historically been harmed by contraceptive policies and practices, including research, and continue to experience systemic barriers to sexual and reproductive healthcare and discrimination within and outside of the healthcare system.⁵⁻⁷ Unethical testing of the birth control pill without proper informed consent, forced sterilizations, and coercive use of contraception are notable examples.⁸

Based on their own research and experiences, the Workgroup crafted equity-informed principles for contraceptive access research conduct that centers reproductive justice and human rights and generates evidence that leads to more equitable and just contraceptive policies and practices. These principles are intended for researchers to uphold SRHE throughout the research process—from study design and planning, conduct, data collection and analysis, and dissemination—with purpose and intention. These principles also enable funders to assess whether potential investments are informed by equity and strategically support research that is just and does not perpetuate harm on communities.

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.


These five principles together should guide the conduct of contraceptive access research:

1. **Ground contraceptive access research in a holistic vision of sexual and reproductive health that centers justice, equity, autonomy, and choice.**

All aspects of contraceptive access research design and conduct should have a fundamental basis in the human right of all people, regardless of age, gender, race, and other intersectional identities, to realize their highest level of sexual and reproductive health based on their own self-determined goals. Realizing this vision involves dismantling all barriers to reproductive autonomy (the power to decide about and control matters related to contraceptive use, pregnancy, and childbearing⁹) and choice, including systemic racism and discrimination. Incorporating this principle into contraceptive access research requires honest and open-minded learning and reflection on the ways our research fails to uphold this vision for SRHE for all.

2. **Interrogate and re-evaluate the research practices that have guided us.**

Equity-informed research requires that we critically examine and confront research practices and structures rooted in systemic racism and oppression. These practices consistently, and often subtly, surface in all areas of research practice and discourse, including how we define “research” and “researcher,” the evidence and



expertise we validate and uplift, the theoretical frameworks on which we base research, the questions we ask, and how we design, measure, interpret, and communicate research findings. Researchers have a responsibility to interrogate traditional research framings, confront personal biases regarding how research ought to be conducted, and re-imagine a research approach that is based in human rights and centers community voices, priorities, and power.

Re-evaluating the research practices that guide us may entail acknowledging that knowledge is socially constructed and science is not objective; broadening our definition as “researchers” to include knowledge generators outside of academia; shifting the language we use to refer to people and communities away from damaging frames like “vulnerable” or “marginalized”; and actively pursuing dissemination opportunities outside of traditional academic publishing to promote sharing and translation of findings for communities and other stakeholders, including policymakers. The work that has been undertaken to decolonize research with indigenous communities provides an example of how research methods can be questioned and modified in the pursuit of justice.^{10,11}

3. Honor and embrace communities as equal partners throughout the research process.

Contraceptive access research often involves engaging a range of stakeholders, including community partners who collaborate to carry out research, individuals involved in research as participants, and people experiencing the issue being studied, even if not directly involved in the research. Community stakeholders offer researchers valuable expertise as they share their time, skills, talents, experiences, and perspectives. Equity-informed research must authentically and openly honor, embrace, and affirm community stakeholders as experts of their own lives, experiences, and communities.

Researchers honor and embrace communities when we approach stakeholders with humility and curiosity; foster ongoing, collaborative relationships; integrate opportunities for stakeholders to co-create questions, knowledge, and solutions; and demonstrate the value of stakeholders’ time by compensating research participants and equitably dividing resources and funding among partner organizations. This means that partners must be engaged as early as possible in the planning and visioning process, ideally in ongoing relationships that precede the research. Strategic research investments are necessary to ensure sufficient funding for researchers to meaningfully engage and support stakeholders’ involvement in research.

4. Understand and reflect the impact of the historical, sociocultural, political, and economic contexts that influence the lived experiences of community members.

As researchers, it is necessary to understand the context of the communities where we conduct research and where our research findings will have an impact more broadly. Recognizing and honoring the history, culture, values, politics, and other neighborhood contexts can contribute to the conduct of thoughtful and respectful research inquiry that centers the full lives and experiences of individuals and communities. Researchers must educate themselves on the historical injustices communities have faced and the impacts of systemic racism and discrimination, in both its past and present contexts. This may involve conducting thorough background research prior to approaching community stakeholders; investing in long-term, meaningful, and reciprocal relationships with community partners and stakeholders; and talking with community stakeholders about how research can help advance community priorities.

5. Design actionable research that can be used to impact the lives of individuals and communities through changes in systems, policies, and practice.

Research has often been used to problematize, place blame, and perpetuate stereotypes against individuals and communities. This approach has failed to hold systems rooted in racism and discrimination accountable

for creating and sustaining unjust and oppressive policies and practices. Equity-informed research necessitates generating actionable research findings to drive policy toward creating equitable systems of care for all people, as opposed to creating further harm. Actionable research centers the experiences, priorities, and needs of communities and prioritizes sharing findings with the community. Researchers should support translation of research findings into impactful, sustainable policy and practice change for the communities that are impacted by the research topic, ensuring that research findings are accessible to decision-makers and advocates.

Additional Resources and Principles for Equity-Informed Research

- **Black Mamas Matter** [Best Practices for the Conduct of Research With, For, and By Black Mamas](#)
- **Ibis Reproductive Health** [A practical guide for implementing a human rights and reproductive justice approach to research and partnerships](#)
- **NIH National Institute on Minority Health and Health Disparities** [Research Framework](#)
- **Urban Institute** [Guide for Racial Equity in the Research Process](#)

OVERARCHING THEMES AND METHODOLOGICAL CONSIDERATIONS

Based on the scoping reviews and Workgroup discussions, a set of overarching themes and methodological considerations emerged. These are pertinent to all content areas described in this document and are fundamental to the entire undertaking of contraceptive access research and policy. Shared definitions, understandings, and methodologies must be further developed as the field embarks on answering policy-relevant research questions.

First, the field needs a **consistent and person-centered definition of access**. Currently, research studies define access heterogeneously, impairing generalizability and comparability within and across studies. After such a definition has been generated, a clear and concise set of measures should be developed, tested, and implemented. This must be undertaken in accordance with the SRHE principles described throughout this document, in close partnership with people and communities. Method use and rates of unintended pregnancy are often used as a proxy for access, but these are inexact measures at best and viewed by many as flawed and problematic.¹² After a definition of access has been developed, researchers will be better able to identify and investigate gaps in access. This will also enable more accurate measurement of an intervention's impact—i.e., how did a particular intervention (e.g., telehealth rollout, state plan amendment implementation, statewide initiative) improve contraceptive access?

Second, it is imperative to **gather and analyze data in ways that advance a rigorous, timely, and detailed understanding of contraceptive access, people's experiences of their healthcare, and health outcomes**. A recognized gap in the current evidence, researchers and others collecting data should disaggregate and analyze data across factors such as those described in the box at the right.^{13,14} Researchers also must compare and analyze data by other factors specifically relevant

Key Factors and Variables for Consideration

Research should responsibly describe the needs and experiences of **people and communities who disproportionately encounter barriers to quality care**. This includes considering relevant factors like race/ethnicity, age, sexuality, gender identity, ability, income, insurance status, geographic location, and other intersectional identities.

to contraceptive care, such as provider type, care setting/delivery method, and contraceptive method. Data should also be collected and released in a timely manner so that researchers and policymakers can best understand the current landscape. Researchers must ensure that research is conducted to understand the contraceptive needs and preferences of groups often excluded from, or otherwise harmed by, past

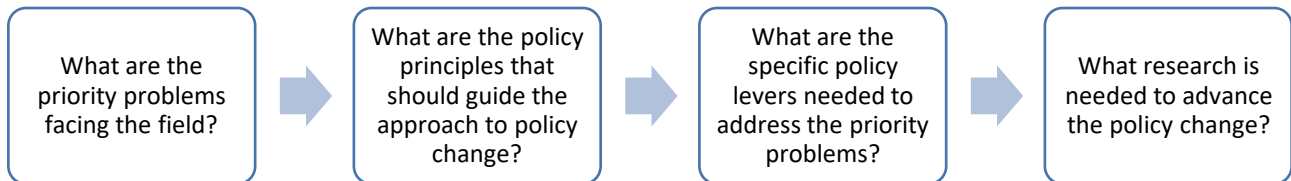
research. For example, the role of men in contraception—whether as users (or would-be users) of contraceptive methods or as partners of those using contraception—should be further understood. Further sensitive research into the contraceptive needs and desires of adolescents and young people, beyond “teen pregnancy prevention,” is also needed. Improving the inclusiveness of contraceptive research also involves making fundamental shifts in terminology and being specific and intentional in naming what we mean when we discuss a population. For example, the terminology of “vulnerable” or “underserved” populations is non-specific and may perpetuate stereotyping and harm.

Finally, many studies measure an outcome of interest only over a short period of time, and there is a need to **better understand the long-term impact of interventions**. Examples include statewide contraceptive access initiatives, provider training programs, and policy changes like the implementation of the Affordable Care Act. Greater investment in longitudinal research and the collection of data at repeated time intervals will enhance our understanding of the effects—both intended and unintended—of interventions.

RECOMMENDATIONS FOR POLICY-READY CONTRACEPTIVE ACCESS RESEARCH

The Landscape: Policy Problems, Principles, and Levers

Development of a policy-relevant research agenda involves engaging stakeholders to identify the priority problems facing the field, defining the policy principles (a shared, fundamental vision for policy direction to address the identified problems) that should guide the policy change approach, and listing the specific policy levers capable of addressing each priority problem. These steps inform the development and prioritization of research needed to advance policy change, as depicted in the graphic below.



The Workgroup collectively identified policy problems, principles, and levers across three central themes:

1. Developing a **Framework** for Holistic, Equitable Contraceptive Access
2. Strengthening the Healthcare **Infrastructure** to Expand Contraceptive Access
3. Supporting **Technology and Innovation** in Contraceptive Service Delivery

For each theme, the Workgroup defined the priority problems facing the field and impeding progress toward proactive, evidence-informed contraceptive access policy. The Workgroup then identified policy principles that should guide the approach to policy change and listed specific policy levers available to address the problems. With a shared understanding of the policy landscape, the Workgroup generated research questions and topics needed to address the priority problems, realize the stated policy principles, and fill gaps in the evidence.

The research recommendations are listed in the sections below, organized by the three central themes. Within each section, one table describes the policy problems and levers the Workgroup explored and lists the research questions pertinent to each area. A subsequent table adds further detail for each research question. A list of sample research projects that would contribute to the body of evidence needed to address the research questions is included in the Appendix A.

Contraceptive Access Research Needed to Advance Policy

Theme #1: Developing a Framework for Equitable, Holistic Contraceptive Access

Description

The history of reproductive coercion in the United States (U.S.) influences contemporary policies restricting sexual and reproductive health and wellbeing, including access to contraception.⁶ A critical first step to acknowledge this history and dismantle existing barriers to full reproductive autonomy is to define the concepts that would underlie a framework for equitable, holistic contraceptive access. This SRHE framework, rigorously developed by diverse stakeholders, would prioritize reproductive equity and justice, set the stage for ongoing work, and shape a consistent, accepted approach for defining and measuring outcomes.

Developing and centering a SRHE framework for contraceptive access can dismantle barriers to full reproductive autonomy and advance sexual and reproductive health equity, wellbeing, and justice.

Problems, Policy Principles, and Policy Levers

The Workgroup identified the priority problems related to developing a framework for equitable, holistic contraceptive access, and the policy principles and levers needed to drive change, as described in the table on the following page. The problems reflect the ways in which existing systems of care and contraceptive access have not prioritized informed choice and person-centered approaches, and in some cases have used harmful and coercive practices, especially within communities of color.

Policy interventions to address these problems, and the evidence needed to support action, should be guided by the following policy principles:

- Integrate and normalize a SRHE framework in all policy to focus on redressing historical and contemporary racism, reproductive coercion, and other drivers of inequitable care and ensure that all people have what they need to achieve full sexual and reproductive autonomy and wellbeing.
- Understand past harms and shift approaches to avoid future harms, including using community-defined strategies to inform policy development that is intentionally holistic, equitable, just, and centered around reproductive wellbeing.
- Require alignment of care delivery approaches with a SRHE framework to ensure care is person-centered and non-coercive.

Research Needed to Advance Policy

Based on the guiding policy principles and existing gaps in the evidence, the Workgroup recommended the following research questions as most significant for advancing policy related to developing a framework for equitable, holistic contraceptive access.

Framework: Problems, Policy Levers, and Needed Research

Developing a Framework for Holistic, Equitable Contraceptive Access			
	Problems	Policy Levers	Research Questions
FRAMEWORK / VISION	<ul style="list-style-type: none"> • Policymakers, providers, public health officials, communities, and others with an interest in contraceptive access lack a consistent, accepted approach for framing contraceptive access that is holistic, equitable, just, and centered around reproductive wellbeing. 	<ul style="list-style-type: none"> • Develop a National SRHE Strategy that would name and define the harm (and who was impacted), define and socialize the SRHE framework and policies needed to support it, and hold federal agencies accountable for implementing strategies to support holistic, equitable contraceptive access. <ul style="list-style-type: none"> ○ The SRHE framework would include a description of the role of contraceptive access in SRHE; principles around equity, justice, and care delivery (e.g., person-centered, racially-just, and gender-just care); and a description of how the framework informs research (e.g., research questions that are relevant, inclusive, actionable). 	<p>F.1. How do we define, disseminate, and implement a holistic, equitable, and just framework for contraceptive access? What matters most to communities?</p>
HARM	<ul style="list-style-type: none"> • Research and systems of care have not acknowledged the harm done to communities, undertaken efforts to understand, or been accountable for the resulting impacts. 	<ul style="list-style-type: none"> • Adopt new performance and surveillance measures at the federal (e.g., Office of Population Affairs (OPA)) and state (e.g., Medicaid) level to support assessing and incentivizing holistic person-centered care. • Align guidelines and measures with the National Strategy and SRHE framework to help address reproductive autonomy and wellbeing (e.g., CDC-OPA Quality Family Planning Recommendations and new NQF-endorsed measure(s) and Healthy People objective(s)). 	<p>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?</p>
CARE DELIVERY	<ul style="list-style-type: none"> • The lack of a framework means existing systems of care can continue to de-prioritize informed choice and person-centered approaches and/or continue to use harmful/coercive practices. 	<ul style="list-style-type: none"> • Align payment and incentive systems with the SRHE framework, guidelines, and measures described above to improve care delivery and propose and implement a range of care models. 	<p>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?</p> <p>F.4. How can payment and incentive systems best support expanded access to person-centered contraceptive care?</p>

Theme #2: Strengthening the Healthcare Infrastructure to Expand Contraceptive Access

Description

Strengthening the healthcare infrastructure to expand contraceptive access requires re-alignment to support meaningful contraceptive access across a multi-level system. Components of the healthcare infrastructure—such as contraceptive care provider workforce supports and training, operational capacity-building in health centers and systems to support contraceptive service provision, and regulations that impact insurance coverage and reimbursement for contraception—are key to expanding access to timely, high-quality, and affordable contraceptive care for all people.

Strategic re-alignment of infrastructure components across the multi-level health delivery system can optimize resource investment to support meaningful contraceptive access.

Problems, Policy Principles, and Policy Levers

The Workgroup identified the priority problems related to strengthening the healthcare infrastructure to expand contraceptive access as well as the policy principles and levers needed to drive change, as described in the table on the following page. These problems point to the need to guarantee the availability of contraceptive services and the full range of methods by eliminating cost barriers, transform the healthcare workforce to provide care that promotes SRHE principles, and evaluate and disseminate best practices for systems-level change to expand contraceptive access.

Policy interventions to address these problems, and the evidence needed to support action, should be guided by the following policy principles:

- Guarantee contraceptive products and non-coercive counseling services are available to all individuals at no cost regardless of where they choose to seek care.
- Direct policy to build/rebuild/reframe the healthcare infrastructure and workforce to align with the SRHE framework, dismantle barriers to contraceptive access to reduce bias, promote equitable care, and not problematize communities.
- Ensure that interventions and policy changes are evaluated based on community priorities and the SRHE framework and that findings are disseminated in a timely fashion and used to inform policy development and implementation.

Research Needed to Advance Policy

Based on the guiding policy principles and existing gaps in the evidence, the Workgroup recommended the following research questions as most significant for advancing policy related to strengthening the healthcare infrastructure to expand contraceptive access.

Infrastructure: Problems, Policy Levers, and Needed Research

Strengthening the Healthcare Infrastructure to Expand Contraceptive Access			
	Problems	Policy Levers	Research Questions
ACCESS	<ul style="list-style-type: none"> Existing healthcare infrastructure components were not designed, and are not presently equipped, to meaningfully expand contraceptive access so individuals and communities have access if/when/where they need it. Millions of individuals who receive care through private and public programs (e.g., Title X, Medicaid, Medicare, VA, IHS) are not offered the full range of contraceptive methods/care and not at no cost. SRHE and contraception are not considered a core element of caring for people and are not embedded within the broader health care system. 	<ul style="list-style-type: none"> Ensure equitable payment mechanisms are available for all people and a broad range of providers. Adopt consistent federal definition of contraception and contraceptive coverage and monitor and support impacts on state level. Include language in appropriations bills to require federal agencies to provide the full range of methods/care, preferably on a same day basis, at no-cost (and subsequent agency modifications). Enhance/establish contraceptive equity legislation and policy to support access (e.g., to ensure access to the full range of FDA-approved contraceptives without cost-sharing, allow for 12-month dispensing). 	<p>I.5. How do various elements of healthcare access impact access to high-quality contraceptive care?</p> <p>I.6. What systems-level barriers obstruct expanded access to contraceptive care? What systems-level facilitators support expanded access to care?</p>
WORKFORCE/ CAPACITY	<ul style="list-style-type: none"> Multi-level systems approaches to expanding contraceptive access have not been fully realized across provider, organizational, and public policy levels. 	<ul style="list-style-type: none"> Align professional standards and core competencies, and related training and certification programs, with the SRHE framework, and promote, support, and require provision of person-centered contraceptive care. 	<p>I.7. How does an expanded contraceptive care workforce impact care delivery and access?</p> <p>I.8. What training and education are needed to support the contraceptive care workforce?</p> <p>I.9. How can systems-level capacity building approaches support the contraceptive care workforce?</p>
LESSONS/ IMPACTS	<ul style="list-style-type: none"> Contraceptive access interventions and policy changes are being implemented across multiple contexts, but lessons learned and impacts (e.g., on SRHE) are not well understood. 	<ul style="list-style-type: none"> Dedicate federal funding and issue guidance that supports and reinforces increased use and sharing of best practices, including evaluation of changes in SRHE-aligned outcomes (e.g., a CDC Community Guide Recommendation on statewide contraceptive access initiatives). 	<p>I.10. What are lessons learned and impacts of contraceptive access interventions and policy changes?</p>

Theme #3: Supporting Technology and Innovation in Contraceptive Service Delivery

Description

Technology and innovation in contraceptive service delivery—such as telehealth and pharmacist-prescribed contraception—have the potential to expand access to contraceptive services and improve quality of care, especially in communities that face barriers to accessing contraceptive care. Although the implementation of innovative care delivery models has historically been slow-moving despite the available evidence, the Covid-19 pandemic has increased interest and accelerated the uptake of some of these technologies while also surfacing how poorly equipped clinical care delivery systems are to meet the needs of those who experience barriers to care. Important questions remain regarding how implementation of innovative care delivery models impact care, who is accessing these models, the extent to which these models expand access, and the quality of care experienced in these settings.

Innovative care delivery models—such as telehealth and pharmacist-prescribed contraception—have the potential to expand contraceptive access, especially in communities that face barriers to access.

Problems, Policy Principles, and Policy Levers

The Workgroup identified the priority problems related to supporting technology and innovation in contraceptive service delivery as well as the policy principles and levers needed to drive change, as described in the table on the following page. These problems indicate the critical need to remodel innovative care delivery to equitably expand access and reflect the needs of diverse groups of people.

Policy interventions to address these problems, and the evidence needed to support action, should be guided by the following policy principle:

- Expand coverage, reimbursement, and funding for infrastructure to leverage technology and innovation based on community needs, preferences, and evidence that supports the SRHE framework in contraceptive service delivery.

Research Needed to Advance Policy

Based on the guiding policy principle and existing gaps in the evidence, the Workgroup recommended the following research questions most significant for advancing policy related to supporting technology and innovation in contraceptive service delivery.

Technology and Innovation: Problems, Policy Levers, and Needed Research

Supporting Technology and Innovations in Contraceptive Service Delivery			
	Problems	Policy Levers	Research Questions
IMPLEMENTATION	<ul style="list-style-type: none"> Innovations are not widely accepted as the standard of care, and uptake has been slow. Innovations and new technologies are not consistently or adequately reimbursed by state Medicaid programs, private payers, and federal programs, and are driven by maximum profitability models. 	<ul style="list-style-type: none"> Dedicate funding to support infrastructure for innovative care delivery, particularly telehealth, and evaluate the impacts of innovative care delivery to expand care delivery based on evidence. Adopt payment parity to support services delivered via new care delivery models to provide alternative access points for people who may have barriers to seeking in-person care. 	<p>T.11. How do new care delivery models impact contraceptive access?</p> <p>T.12. What are lessons learned from prior and current implementation efforts of new care delivery models?</p>
ACCESS	<ul style="list-style-type: none"> The extent to which technology and innovations in contraceptive service delivery are accessible and the extent to which they expand contraceptive access for those who face barriers is unknown. 	<ul style="list-style-type: none"> Expand coverage and reimbursement to support access to services delivered via new care delivery models. Expand scope of practice for a range of providers to participate in contraceptive care delivery to expand care delivery (e.g., pharmacist-prescribed contraception, advanced practice clinician provision of telehealth services). 	<p>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?</p>
QUALITY OF CARE	<ul style="list-style-type: none"> The extent to which technology and innovations in contraceptive service delivery are acceptable and the extent to which they provide person-centered care is unknown. 	<ul style="list-style-type: none"> Align guidelines, measures, and funding related to technology and innovations with the SRHE framework to improve care delivery. 	<p>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?</p> <p>T.15. To what extent is care delivered via new care delivery models equitable?</p>

DISSEMINATION AND IMPLEMENTATION OF THE RESEARCH ROADMAP

Key Steps for Dissemination

Successful uptake of the Roadmap requires an effective dissemination strategy to key audiences, including funders with an interest in contraceptive access, researchers, policymakers, and other stakeholders (e.g., clinicians and administrators, health services research and policy associations, and public health professional organizations and associations). Key tenets underlying the dissemination strategy include sharing research recommendations in a variety of venues, engaging with key audiences directly, explaining how different audiences can use the findings, and leveraging existing channels for dissemination, including collaborating with key partners for wider reach.

To kick off dissemination, CECA published the Roadmap, along with supporting documents (e.g., environmental scan reports) to the CECA website in August 2021. CECA also published a blog post on the CECA website announcing the publication of the Roadmap and sent an email communication to all partners with a notification that the Roadmap is publicly available. Through the end of the project period (i.e., September 2021), CECA will work with partner organizations, including CECA Core Members and the Workgroup Members' organizations to communicate to their partners and key audiences via email, newsletter, or other written communications that the Roadmap is available. CECA will also develop supplemental dissemination products that are engaging and present key findings from the Roadmap, such as one-page summaries tailored to specific key audiences and a summary of the Roadmap recommendations in a PowerPoint presentation format.

Dissemination of the Roadmap is an ongoing effort and requires investments beyond the current yearlong project period. The proposed dissemination strategy includes future opportunities to promote the uptake of the Roadmap and the recommendations, as listed in the table below.

Future Opportunities for Dissemination of the Research Roadmap			
Audience	Activity Type	Future Dissemination Activities	Sample Partners and Opportunities
Broad Audience	Web-based	<ul style="list-style-type: none"> Develop an interactive Roadmap webpage that can be updated with new evidence/ recommendations 	N/A
	Presentations/ Meetings	<ul style="list-style-type: none"> Present at relevant conferences and gatherings Develop a podcast series or present on existing relevant podcasts 	<ul style="list-style-type: none"> Ibis Reproductive Health Works-in Progress webinar, Society of Family Planning (SFP) Annual Meeting
Funders	Presentations/ Meetings	<ul style="list-style-type: none"> Host meetings with foundations active in contraceptive access work 	<ul style="list-style-type: none"> Contraceptive Funders Meeting, Grantmakers in Health
Researchers and Key Research Organizations	Written products	<ul style="list-style-type: none"> Publish blog posts with partners Publish journal article on Roadmap development process and product 	<ul style="list-style-type: none"> <i>Health Affairs</i> blog Commentary in <i>Women's Health Issues</i> and/or <i>Contraception</i>
	Presentations/ Meetings	<ul style="list-style-type: none"> Host or co-host webinars Host briefings for key research organization implementers 	<ul style="list-style-type: none"> AcademyHealth Women and Gender Health Interest Group Key research organizations including Guttmacher Institute, Planned Parenthood Federation of America, UCSF Bixby Center for Reproductive Health

Policymakers	Presentations/ Meetings	<ul style="list-style-type: none"> • Host briefings for executive branch agency officials • Host introductory meetings with key federal agencies • Host a policy briefing for legislators and staff with partners that work closely with policymakers 	<ul style="list-style-type: none"> • Agencies including OPA, CDC, NIH, FDA, AHRQ • Legislator briefings with Association of State and Territorial Health Officials (ASTHO), State Innovation Exchange (SiX)
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Key Steps for Implementation/Implications

Implementation of the Roadmap calls for strategic action by key implementers, including researchers, funders, and policymakers, to accomplish the research recommendations set forth in this document.

Implementation Considerations for Funders

For public and private research funders (e.g., federal and state government, philanthropic foundations, venture groups, universities, non-profits) who support the conduct of sexual and reproductive health-related research, this Roadmap serves as a tool to drive strategic decision-making for investments in policy-oriented contraceptive access research informed by stakeholder and expert input. Effective implementation of the Roadmap may involve an assessment of how the funding organization’s strategic plan and funding priorities align with the needed research proposed in the Roadmap and which of the topics the organization is most well-positioned to advance in both the short-term and future. 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.

Funders may also play a key role in the adoption of the equity-informed research principles by using the principles to evaluate research proposals and developing rubrics to assess the extent to which proposals advance equity and justice. The equity-informed research principles may also serve as a resource for foundations to evaluate their own principles and practices for areas of improvement. For example, based on an internal assessment, funders may realize a need to more strongly prioritize funding for a broader range of researchers (both academic and community-based) and invest adequate funding, resources, and practices in research projects to support community-centered, community-partnered, and community-led research. Funders can use this Roadmap as a collaborative document to help foster collaboration across organizations, understand other funders organizations’ contributions in these research areas, and identify common goals for advancing policy-relevant contraceptive research and evidence-informed policy. Collaboration between funders may be especially useful for large, fundamental research questions like defining contraceptive access.

Implementation Considerations for Researchers

Researchers who study sexual and reproductive health topics and research organizations may use this Roadmap to guide their contraceptive access research priorities and approaches to generate policy-relevant evidence. Effective implementation of the Roadmap may involve mapping research portfolios and planned projects to the Roadmap to understand how the research and its findings can advance evidence-informed contraceptive access policy. Leaders in research organizations may also use this Roadmap to set an organizational research agenda around contraceptive access. There is an opportunity for researchers to further collaborate with policymakers by becoming trusted partners and sources of information for research evidence and to also build authentic, ongoing partnerships with advocates and advocacy organizations that are already effectively communicating with policymakers. Researchers can support research accessibility for policymakers by helping policymakers understand how research findings can be translated into the effective policy.

Researchers may use this Roadmap as a tool to foster collaboration within the profession by building communities of practice.¹⁵ Communities of practice can bring together a broad range of researchers and research organizations to share progress on making the Roadmap a reality. This could include shaping best practices guided by the equity-informed research principles; discussing the research landscape to understand what projects other researchers are engaged in; sharing interim research findings prior to publication; and highlighting opportunities to disseminate research findings directly to policymakers and advocates. A community of practice could also serve as or help to develop models for a reusable infrastructure for community stakeholder partnership and research engagement.

Communities of practice (“a process of social learning that occurs when people who have a common interest in a subject or area collaborate over an extended period of time, sharing ideas and strategies, determine solutions and build innovations”) can help researchers implement the Roadmap recommendations.¹⁶

Implementation Considerations for Policymakers

Finally, policymakers and advocates who shape or educate around policy that promotes universal, equitable access to contraception may use this Roadmap for awareness of research on the horizon that may support their efforts. Policymakers and advocates have an opportunity to use this Roadmap to collaborate with researchers to support the development of evidence-informed policy. For effective implementation, policymakers may need a require a baseline education on how to use evidence, how to effectively discuss the findings of contraceptive access research with other policymakers and constituents, what evidence to support contraceptive access policymaking is available, and what evidence is still being generated. Policymakers also need an understanding of how research findings will help to advance policy objectives and improve policy for more meaningful impact.¹⁶

Additional Considerations for Implementation

While the key steps for implementation presented here highlight considerations for each implementer group, there is a need for ongoing convening and collaborative conversation across various stakeholder groups to advance policy-relevant contraceptive access research and policy. These stakeholders include clinicians that provide contraceptive care, health system administrators, health services research and policy associations, public health professional organizations and associations, and community and advocacy organizations who may use the Roadmap to frame strategic priorities, decide which research projects to participate in or host, guide investments in research, and inform advocacy.

While this process did not involve the development of a formal evaluation plan, it is necessary to consider strategies to explore the impact of the Roadmap in the future and ensure accountability for long-term success. Markers of successful implementation of the Roadmap include:

- Adoption of the research principles put forth in the Roadmap among funders and researchers.
- Funding announcements and research that cite the Roadmap as the basis for research conduct.
- Strategic investments by funders in researchers who are not the “usual suspects” (e.g., research investments for Reproductive Justice organizations).
- Increased coordination and collaboration between researchers and policymakers to produce and implement the findings of policy relevant contraceptive access research.

The Workgroup also discussed strategies for future updates to the Roadmap to reflect emerging priorities and understand its impact. As research and policy advance, this document will need periodic updates to retain its relevance. The full Roadmap process should occur at least every ten years, with more targeted updates every three to five years. Future iterations should also consider integrating a formal evaluation to assess the impact of the Roadmap.

CONCLUSION

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

- **Integrate equity as an aim from the outset.** Among the lessons CECA identified during the review of previous research roadmap efforts was how important initial goal setting is for determining the course of the process. Given the importance of equity in CECA's mission and the work of the field, this meant that sexual and reproductive health equity was named as a goal, explicitly defined, and discussed by the Workgroup at the first convening. This ensured that the agenda was developed with equity at the center, rather than as a peripheral goal (or not at all). This focus inspired the Workgroup to devise and include equity-informed research principles to guide the conduct of research and influence the policy problems, levers, and research questions.
- **Include diverse expertise in the process.** The Workgroup included researchers from diverse fields, clinicians and other healthcare leaders, funders, policymakers, and reproductive justice and policy advocates. This led to generative and incisive discussion. There were relatively few funders and policymakers in the group, relative to other experts, and future processes should strive to engage more funders and policymakers throughout the process to ensure that these important implementer perspectives are adequately represented.
- **Orient the process around policy problems in need of solutions.** The Workgroup identified the most significant policy problems impeding contraceptive access to ensure that the Roadmap would have the greatest possible impact. The research questions generated by this process are specifically intended to influence the policy levers capable of addressing these policy problems.
- **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. This was deemed necessary and important to move the field forward. Research has a critical role to play in generating new knowledge, including essential frameworks for how contraceptive access efforts are carried out.
- **Plan for dissemination in the short, medium, and long term.** As more time elapses since the launching of the Roadmap, additional stakeholders (e.g., funders new to the contraceptive access arena, newly trained researchers, newly elected or appointed policymakers) will need to be educated about the Roadmap. An ongoing dissemination strategy, as well as updates to ensure the continued relevance of the Roadmap, will be needed.
- **Identify spaces for ongoing gathering and visioning.** Many participants described the Roadmap process as a powerful venue for collaborative and forward-looking discussion. These opportunities are rare but essential for coalescing work and values across the field and shaping the future in alignment with evidence and equity.

The Roadmap in its current form can be accessed and adopted immediately by anyone interested in expanding contraceptive access. All readers are encouraged to examine how they can shift their work to achieve the goals laid out in this document and to collaborate with others interested in contraceptive access to advance this agenda.

ACKNOWLEDGEMENTS

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APPENDIX A. SAMPLE RESEARCH PROJECTS

FRAMEWORK – RESEARCH QUESTIONS AND SAMPLE PROJECTS

F.1. How do we define, disseminate, and implement a holistic, equitable, and just framework for contraceptive access? What matters most to communities?

- Qualitative research exploring with different groups of people describing what they want from contraceptive care and access what they prioritize in care, what makes them trust providers, what types of settings make them feel more confident about the care and the quality of care they receive
- Participatory approaches to develop and gather input and feedback on proposed framework (e.g., Delphi model, open comment, web-based crowdsourcing and collaborative editing, listening sessions; participatory design/change-making model such as the Research Prioritization for Affected Communities protocol)¹⁷
- Environmental scan and qualitative studies to assess process and impact of previous/existing efforts
- Surveys and/or qualitative studies examining effective communications strategies for policymakers (what aspects of the framework would bring policymakers along)

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?

- Literature review/synthesis of literature on history of reproductive harms and coercion and identifying systems-level solutions
- Body of research to develop, validate, and implement scales/measures to understand reproductive coercion from health care providers. These could be particularly useful in evaluating whether contraceptive access projects or other interventions are causing coercion.

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?

- Foundational research further validating and expanding person-centered scales and metrics across varying populations and settings
- Comparative studies investigating different approaches to implementing contraceptive care measures (i.e., provision measures and PCCC)
- Randomized controlled trials in which some settings implement contraceptive care measures and others do not, to determine impact on quality of care at various intervals
- Mixed methods research to conceptualize, pilot, and validate measures that address the spectrum of contraceptive access
- Body of research to develop, validate, and implement measures to understand holistic concepts like reproductive autonomy/wellbeing. These measures could be used to evaluate the population-level impact of clinical and policy interventions.

F.4. How can payment and incentive systems best support expanded access to person-centered contraceptive care?

- Comparison between Title X providers and providers being paid by Medicaid or commercial insurance
- How changes in Medicaid and how reimbursing has shifted utilization and patient access

INFRASTRUCTURE – RESEARCH QUESTIONS AND SAMPLE PROJECTS

I.5. How do various elements of healthcare access impact access to high-quality contraceptive care?

- Comparative analysis of state policy impacting coverage for contraception and impact on access exposures (e.g., cost, method availability)
- Test outcomes with different elements of care, uptake and use, and satisfaction with different types of providers in different settings

I.6. What systems-level barriers obstruct expanded access to contraceptive care? What systems-level facilitators support expanded access to contraceptive care?

- Comparative analysis comparing institutions with refusal of care policies and institutions without such policies and impact on access (e.g., receipt of service, cost, provider choice, method availability)
- Qualitative or mixed methods research with people who have experienced barriers to contraceptive care on their experiences, what facilitates access, and changes that would improve experience
- Qualitative or mixed methods research with providers and administrators to explore barriers and facilitators to expanding contraceptive access
- Evaluation studies or case study analysis of various approaches to reducing barriers to care and improving quality of care
- Structured interviews or case studies in different types of institutional settings with higher levels and lower levels of contraceptive access and quality
- Comparative studies of policy implementation using implementation science determinants frameworks and mixed methods data collection

I.7. How does an expanded contraceptive care workforce impact contraceptive care delivery and access?

- Literature review/synthesis of contraceptive care workforce implementation projects (e.g., provider training interventions) and findings
- Design and testing of interventions aimed at improving team-based contraceptive care delivery (e.g., various incentives for improving care)
- Intervention study integrating Community Health Workers (CHW) compared to standard team composition. Measure impact on access and quality of care (e.g., receipt of service, satisfaction, method availability and choice). Possible study designs: cluster randomized trial or comparison of clinical quality data.
- Analysis of audio recorded clinical visits to assess contraceptive counseling, compare across provider types
- Surveys and/or qualitative studies with individuals on experiences of care with specific provider types

I.8. What training and education are needed to support the contraceptive care workforce?

- Comparison of program curricula for the extent to which they include key competencies and standards related to contraception
- Evaluation of the extent to which graduates of various programs offer evidence-based contraceptive care and what factors (e.g., curriculum design, clinical experiences) affect likelihood to offer this care
- Qualitative or mixed methods research exploring the knowledge and confidence of CHW and other non-clinicians on contraceptive care
- Intervention studies building on model of past LARC intervention studies but incorporating the full range of methods and person-centered counseling^{18,19}
- Rigorous, long-term assessment of training interventions (e.g., [Upstream](#), [Beyond the Pill](#)) to increase person-centered counseling

I.9. How can systems-level capacity building approaches support the contraceptive care workforce?

- Literature review/synthesis of prior workforce diversity and provider retention interventions and findings
- Data analysis from electronic health records and electronic practice management systems to optimize day-to-day practice (e.g., ideal number of patients per day to ensure person-centered care, duration of person-centered counseling sessions, time needed to provide various methods, including LARC)

I.10. What are lessons learned and impacts of contraceptive access interventions and policy changes?

- Evaluation of statewide initiatives in-progress to assess impact on equitable access, service receipt, contraceptive use, satisfaction
- Systematic review of statewide initiatives' interventions and findings

TECHNOLOGY AND INNOVATION – RESEARCH QUESTIONS AND SAMPLE PROJECTS

T.11. How do new care delivery models impact contraceptive access?

- Multi-site evaluation of health centers offering telehealth and impact on service receipt, contraceptive use, satisfaction
- Evaluation of cost-effectiveness of telehealth delivery of contraceptive care
- Observational studies of individuals' contraceptive care utilization patterns and satisfaction with care across different delivery models, including telehealth and internet-based services
- Prospective comparative analysis of various models of care
- Comparison of “high-performing” pharmacist prescribing areas (e.g., high levels of availability, high awareness of service, high levels of counseling) with “low-performing” areas to document variation and effective intervention components, including but not limited to training and reimbursement
- Comparative analysis of contraceptive access in states with expanded scope of practice for pharmacists (or other provider type) to states without limited scope and impact on contraceptive access (e.g., service receipt, provider availability, satisfaction)

T.12. What are lessons learned from prior and current implementation efforts of new care delivery models?

- Retrospective and prospective analyses of clinical data related to telehealth implementation (e.g., comparison of approaches, who is being served in new modalities)
- Literature review/synthesis of findings from telehealth contraceptive care delivery during Covid-19 and document successful components
- Surveys and/or qualitative studies of provider and patient experiences with telehealth during Covid-19
- Demographic investigation of patterns of contraceptive care use to identify factors associated with use of telehealth

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?

- Qualitative study/focus groups with individuals who faced structural barriers (e.g., digital literacy, broadband access, language) to telehealth during Covid-19
- Quantitative analysis of survey data to examine patterns of contraceptive care among individuals who face structural barriers (e.g. limited broadband access, digital literacy, language)
- Qualitative study/focus groups with providers who faced structural barriers (e.g., digital literacy, reimbursement issues) to telehealth during Covid-19

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?

- Test various methods for the integration of person-centered contraceptive counseling measure (PCCC) for pharmacist-prescribing
- Test various methods for the integration of PCCC for telehealth contraceptive care delivery
- Body of research assessing the relationship between PCCC and outcomes like contraceptive method choice, method continuation, pregnancy, pregnancy outcomes and consider variation in these relationships by individual characteristics

T.15. To what extent is care delivered via new care delivery models equitable?

- Body of research assessing the extent to which care delivered via new care delivery models varies based on individual and community characteristics

APPENDIX B. WORKGROUP MEMBERS AND ORGANIZATIONS

Workgroup Members	Organizations (<i>asterisk denotes CECA Core Members</i>)
Angela Aina	Black Mamas Matter Alliance*
Denicia Cadena	Bold Futures
Elizabeth Cope	AcademyHealth
Kelly Davis	National Birth Equity Collaborative
Amanda Dennis	Society of Family Planning
Jennifer Driver	State Innovation Exchange
Jamille Fields Allsbrook	Center for American Progress
Mara Gandal-Powers	National Women’s Law Center
Lorrie Gavin	CECA Advisory Board
Anu Machikanti Gomez	University of California, Berkeley
Shaina Goodman	National Partnership for Women and Families*
Sharita Gruberg	Center for American Progress
Laura Lindberg	Guttmacher Institute
Fran Linkin	State Innovation Exchange
Kristi Martin	CECA Advisory Board
Liz McCaman	National Health Law Program
Heidi Nelson	Kaiser Permanente School for Medicine
Renee Nickelson	Black Mamas Matter Alliance*
Jamila Perritt	Physicians for Reproductive Health
Ellen Pliska	Association of State and Territorial Health Officials*
Raquel Z. Rivera	Bold Futures
Alina Salganicoff	Kaiser Family Foundation
Mimi Spalding	CECA Advisory Board
Terri-Ann Thompson	Ibis Reproductive Health
Crystal Tyler	University of Chicago
Amita Vyas	George Washington University
Vikki Wachino	CECA Advisory Board

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