



Coalition to Expand Contraceptive Access

Committee on the Assessment of NIH Research on Women's Health

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

CECA is a convener of committed partners working to ensure access to contraception as part of a broader vision to achieve sexual and reproductive health equity (SRHE) for the U.S.



What is Sexual and Reproductive Health Equity (SRHE)?

"I think [SRH care] empowers individuals to make informed decisions about their bodies, relationships, and futures, enhancing their sense of autonomy and control over their lives."

- Lived Experience Panel Participant

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.

What is our vision for contraceptive access?

“Reproductive healthcare IS healthcare – everything is connected”

- Lived Experience Panel Participant

*We envision a world where all people who want contraception can **access the contraception that works best for them** – when, how, and where they want it, free of barriers and bias.*

*Contraception is part of **routine healthcare** and it should be accessible to all people for any reason, not only to prevent pregnancy.*

*Finally, any approach to contraceptive access must be **holistic**; contraception cannot be presented as a remedy to abortion restrictions or an alternative to comprehensive sexual and reproductive healthcare access, including abortion care.*

How is CECA advancing SRH research in the Post-Roe environment?

Process



Focus Areas



**Individuals most impacted by inequitable contraceptive access may include, for example, minors, people traveling for care, those living on low incomes, BIPOC communities, people with disabilities, and those living in restrictive regions.*

What are the most pressing gaps in SRH research?

Research Priority	Examples of Needed Research
1. How has the <i>Dobbs</i> decision affected access to, preferences for, use of, quality of, and provision of contraception?	<ul style="list-style-type: none">• Document patterns of contraceptive use and provision• Investigate individual preferences, concerns, and attitudes• Develop a consistent and person-centered definition of access
2. What is the extent, nature, and impact of misinformation and disinformation on the public, providers, and policymaking?	<ul style="list-style-type: none">• Query public attitudes toward and understanding of hormones, IUDs, and contraception in general
3. What is the current state of the contraceptive care workforce (e.g., distribution, gaps, needs) and how has this been affected by <i>Dobbs</i> ?	<ul style="list-style-type: none">• Determine how an expanded contraceptive care workforce can impact care delivery and access• Support the contraceptive care workforce through systems-level capacity building

What are the most pressing gaps in SRH research (cont'd)?

Research Priority	Examples of Needed Research
4. What impact will new delivery approaches (e.g., over-the-counter oral contraception, pharmacy access) have on contraceptive access and patient-centeredness?	<ul style="list-style-type: none">• Monitor how over-the-counter oral contraception increases (and doesn't increase) access and its impact on patient's experiences of care
5. What new approaches are needed to meet people's contraceptive needs?	<ul style="list-style-type: none">• Understand the needs and desires of young people and men of all ages• Identify and test new contraceptive methods and ways of delivering care
6. How can we use person- and justice-centered measurement to better capture people's own lived experiences of sexual and reproductive experiences and health?	<ul style="list-style-type: none">• Develop more accurate and person-centered measures of:<ul style="list-style-type: none">○ Access and quality of care○ Experience of pregnancy○ Sexual and reproductive wellbeing• Document health systems improvement efforts focused on equity, justice, and patient-centeredness

What factors are the most important to consider when prioritizing SRH 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.**

What barriers hinder progress on SRH research?

- The lack of a **consistent framing of contraceptive access** that is holistic, equitable, and just means that existing systems of care can continue to deprioritize person-centeredness and/or use harmful/coercive practices
- **The siloing of abortion and infertility care away from contraception** and language or actions that over-promote contraception, or present contraception as a “solution” for limited abortion access
- **The persistence of normative and patriarchal narratives about reproductive health**, including the planning framework and teen pregnancy prevention
- **Technology and innovations related to SRH 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

What should we be asking ourselves as researchers, funders, supporters of research?

"The data is there... We need more representatives of the people in the rooms where laws are being made."

- Lived Experience Panel Participant

- **How have we engaged communities throughout the research lifecycle?**
 - In shaping the research agenda?
 - In designing studies?
 - In conducting studies?
 - In interpreting results?
- **What impact is our research having? How can it have more direct impact?**



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Thank you!



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