Society of Family Planning RESEARCH FUND

In their hands: Exploring the potential of self-administered injectable contraception

2021 Request for proposals

Context

Self-administered subcutaneous depot medroxyprogesterone acetate (DMPA-SC) has untapped potential to expand people's contraceptive choice and access. Self-administration, which puts this highly effective, long-acting method into the hands of users, can shift the locus of control from providers to people. On May 21, 2021, the United States Centers for Disease Control and Prevention (CDC) issued a U.S. Selected Practice Recommendations for Contraceptive Use providing strong support for self-administration and clearing the path for more widespread provision of this method.

While only 2% of US women* aged 15 to 49 use an injectable for contraception, reliance on injectable contraception is more common among younger women (ages 15 to 24), non-Hispanic Black women, and women with lower incomes. Further, current use likely does not reflect true demand for DMPA-SC, given that the option to self-administer is not widely known or available. The recent CDC practice recommendation offers clear guidance on the safety and efficacy of this method; however, expanding the evidence base around user experience and spurring practice change accordingly is a necessary next step to ensure this method is accessible for people seeking to prevent pregnancy.

In an effort to generate this evidence, the Society of Family Planning Research Fund (the Society) is offering the *In their hands: Exploring the potential of self-administered injectable contraception* request for proposals (RFP). The deadline for proposals is November 23, 2021. Awards will be announced in January 2022 and funds will be available for immediate use.

*We use "women" here to mirror the specific data cited; the Society recognizes people across multiple gender identities have contraceptive needs.

Research focus

The Society invites proposals focused on peoples' experience with self-administration of DMPA-SC in US settings. While research conducted in other countries suggests that people find DMPA-SC to be less painful and experience decreased side effects, there is more to understand about peoples' experience with self-administration of DMPA-SC in US settings. We invite proposals that generate new evidence, with a focus on (but not limited to) the following questions:

- Demand:
  - What drives interest in and usage of self-administered DMPA-SC?
  - How, if at all, is interest in self-administered DMPA-SC distinct from the interest in in-office administered DMPA-SC or intramuscular DMPA (DMPA-IM)?
  - Among those using self-administered DMPA-SC for the first time, what were their previous contraceptive methods, if any?
  - Are people who have experienced barriers to contraceptive access or continuation more likely to choose self-administered DMPA-SC than those who have not experienced barriers?
  - How, if at all, do providers, payors, and health systems shape individual interest in and usage of self-administered DMPA-SC?

- Counseling:
  - Does including updated information for self-administered DMPA-SC in standard contraceptive counseling approaches increase interest in and usage of the method?
  - What concerns do potential users of self-administered DMPA-SC hold prior to method adoption?
  - What specific counseling, if any, is required to support the use of self-administered DMPA-SC?
  - Do patients who choose to adopt self-administered DMPA-SC as their contraceptive method report comparable Person-Centered Contraceptive Counseling (PCCC) scores to those who choose to adopt other contraceptive methods?

- User experience:
  - How do side effects of self-administered DMPA-SC compare to in-office administered DMPA-SC or DMPA-IM?
  - How does ease of use of self-administered DMPA-SC compare to in-office administered DMPA-SC or DMPA-IM?
  - How does user satisfaction of self-administered DMPA-SC compare to in-office administered DMPA-SC or DMPA-IM?
  - How does method continuation of self-administered DMPA-SC compare to in-office administered DMPA-SC or DMPA-IM among people desiring to prevent pregnancy?

Proposed research must be positioned to generate empirical evidence with a clear, concrete, and strategic path to changes in clinical practice or health services delivery. Teams should be attentive to the Society's diversity, equity, and inclusion vision statement and should seek to uphold equity-informed principles for contraceptive access research throughout the research process.

Funds and duration

The Society invites proposals for research studies with budgets up to $50,000 that can be completed within 18 months of award. We anticipate supporting five research projects via this funding opportunity. Given the size of the award, investigators are encouraged to leverage existing infrastructure and research efforts, if possible. The Society will prioritize funding for projects that are ready for immediate implementation, recognizing the potential for research to direct practice change.

Additional benefits

In addition to receiving funds for research, the investigators and key team members will join a learning community of peers supported by this funding opportunity. The learning community will provide space for additional scientific feedback and capacity building. Specifically, the Society will:

- Host a space for discussion with stakeholders from community-based organizations engaged in reproductive justice work. This discussion will provide a critical touchstone at the outset of research efforts focused on long-acting reversible contraception to support a person-centered frame and conserve the time and energy of these stakeholders who may otherwise respond to multiple requests.
- Engage researchers in the Reproductive Health Division of the CDC to provide a targeted briefing on the efforts leading up to and following the practice recommendation. This discussion will provide alignment between investigators and a key agency spurring practice change.
- Elevate thought leaders on the conceptual frameworks related to side effects and other undesired effects. This discussion will strengthen the conceptual models related to side effects, an often inappropriately minimized aspect of people's contraceptive experiences and especially important in the context of this method.
- Support discussion with experts on policy, payment, and institutional infrastructure related to practice change. This discussion will offer a critical incubator space for how research can be aligned with potential shifts in insurance coverage and reimbursement that limit widespread use and provision of this method.
- Provide a space for discussion on integrating equity-informed principles for contraceptive access research with the architects of these principles. This discussion will provide an opportunity to engage in best practices for conducting contraceptive research informed by equity.
- Facilitate connections with researchers with work underway in the international context on self-administered DMPA-SC. This discussion will provide comparators from the international space where major investments in self-administered DMPA-SC are underway.

Application submission opens on
September 28, 2021 and closes **November 23, 2021.**
Awards will be announced in January 2022 and funds will be available for immediate use.

Eligibility

Grants will be made to organizations on behalf of a named principal investigator (PI). Grants are limited, without exception, to tax-exempt organizations. Applicants do not need to be members of the Society of Family Planning.

Review process

All proposals will undergo peer review using specific criteria. The goal of peer review is to make recommendations for enhancing the research proposal and to identify the projects with the greatest potential impact. The funders of this RFP may also be involved in the selection of grants; this helps ensure that the research funded through the Society is one of many strategic components working together to strengthen the family planning sector. All proposals will be reviewed according to the following criteria:

Impact (25%)
The Society seeks to fund projects that are positioned to generate empirical evidence with a clear and strategic path to changes in clinical practice or health services delivery.

Methods (25%)
The Society seeks to fund methodologically sound and rigorous projects.

Study population (15%)
The Society seeks to fund projects that focus on study populations that are aligned with the proposed research questions.

Equity (10%)
The Society seeks to fund projects that are informed by the equity principles developed by the Coalition to Expand Contraceptive Access.

Team (15%)
The Society seeks to fund projects where the team composition is an asset to the project, including teams that bring together individuals with diverse skill sets, backgrounds, and perspectives. The Society also prioritizes study teams that leverage the expertise and skills of Black and Indigenous researchers and researchers of color.

Budget (5%)
The Society seeks to fund projects with budgets that are fully justified and appropriate in relation to the proposed project.

Timeline (5%)
The Society seeks to fund projects that are feasible to complete within 18 months of receiving the award.

Proposal instructions

1. **Online application form:**
   Includes contact and demographic information for the PI, institution, and parties responsible for accounts payable and grants management if the project is funded.
2. **Summary (250 words):**
   Provide a brief summary of the proposed project. This information may be used in our newsletter, website, and other educational and promotional purposes should the application be funded.
3. **Study team:**
   List key team members, including contact and demographic information.
4. **Proposal narrative (7 to 9 pages):**
   All proposals should include:
   a. Background: Describe the issue and justify how the proposed research project will generate data that will produce empirical evidence with a clear, concrete, and strategic path to changes in clinical practice or health services delivery now and in the future.
   b. Research question(s): Include the question(s) that will be answered through the proposed project.
   c. Methods: Describe the research methods that will be used to answer the research question(s) at hand.
   d. Study population: Describe the specific study population. The study population must align with the research question(s). Sample size should be based on power calculations or other appropriate methods as determined by the study approach; sample size should account for subgroup analyses as appropriate.
   e. Timeline: Describe the timeline for conducting research activities. Data collection and analysis must be feasible to complete within 18 months of receiving the award.
   f. Use of research results: Narrate the target audience(s) with whom you plan to share your research findings, the actions you would like them to take in response to your findings, and the desired outcomes.
   g. Next phase of research: Concisely forecast what results of the proposed study would necessitate additional research investment and what results would suggest further research is not needed. For a scenario where additional investment is needed, briefly describe what that investment might look like in terms of study design and potential significance.
   h. Equity principles: Describe your plans for upholding equity-informed principles (see page 5) throughout the research project.
   i. Team composition: Team composition must be an asset to the project, including teams that bring together individuals with diverse skill sets, backgrounds, and perspectives relevant to the proposed project. Elaborate on the expertise and skills of the individuals composing your study team. Describe the positionality (eg, the social and political context that creates your identity in terms of race, class, gender, sexuality, and ability status) of the team and its effect on the proposed project's design, feasibility, and impact. Note that the Society prioritizes study teams that leverage the expertise and skills of Black and Indigenous researchers and researchers of color.
   j. References: Works cited should be listed as an appendix to the proposal; reference page is not included in the 7 to 9 pages of the proposal narrative.

Proposal instructions, continued

5. Budget and budget narrative:
Studies should be $50,000 or less. The budget narrative must provide sufficient detail to assess feasibility and suitability in the peer review process and must justify the relevance of requested resources to the project's success. Additional secured or requested funds for the proposed project must be named, if applicable. Direct project costs include personnel, research expenses (eg, equipment, supplies, travel, materials), activities related to use of research results, and other related costs. Indirect costs are permitted at no more than 20% of total direct costs. For subcontracts and sub-awards, the budget itself may include the 20% indirect cost charges, but the subcontract total may not be included in the main budget when calculating the overall indirect cost charges. Budget documents should be included as an appendix and are not included in the 7 to 9 pages of the proposal narrative.

6. Study team:
NIH-style biosketches are encouraged for all established scientists. Professional resumes are encouraged for those whose careers have not focused on research. Team members can submit the format that works best for the individuals on the team; however, each submitted biosketch or resume should not exceed 10 pages in length. These documents must be included as an appendix and are not included in the 7 to 9 pages of the proposal narrative.

7. Tax exempt status:
Proof of the agency/institution's tax-exempt status determination letter must be included as an appendix and is not included in the 7 to 9 pages of the proposal narrative. Documentation should also be included for subcontracts with tax-exempt organizations that exceed 20% of the budget. These documents must be included as an appendix and are not included in the 7 to 9 pages of the proposal narrative.

Required formatting: Font size must be at least 11 points and 1.5 line spacing must be used. Please upload as a single PDF file. All grant applications must be submitted electronically through the online application portal.

The Society welcomes the opportunity to provide clarification around or assistance with any components of the application. Please contact **Grants@SocietyFP.org**.

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