

Increasing Access to Medication Abortion in the US, Part II

2019 Request for Proposals

This request for proposals (RFP) is open to any individual working in a 501(c)(3) organization with an interest in conducting research to understand how to expand access to medication abortion in the US. Applicants do not need to be members of the Society of Family Planning (SFP), nor do they need to have an established research career to apply, as this RFP also seeks applications from those working in community-based organizations. Applicants without formal research training are encouraged to partner with a researcher or team of researchers to conduct this work. The Society of Family Planning Research Fund (SFPRF) may help identify research partners for non-research Principal Investigators (PIs).

Introduction

Many people believed that the approval of medication abortion in the US in 2000 would revolutionize access to abortion. Medication abortion, which includes a range of products (eg, mifepristone, misoprostol, methotrexate, letrozole), can theoretically be provided at a variety of care points (eg, abortion clinics, primary care settings, pharmacies, and outside the health service infrastructure) and through a number of different modes of delivery (eg, in clinic, telemedicine, pharmacy pick up, mail order, or community health worker). In short, medication abortion was thought to open up new avenues of access and to de-medicalize abortion while shifting power to the individual. These alternative means of delivery were also expected to enhance privacy and thereby to reduce the stigma of seeking and having an abortion.

However, this revolutionary potential has yet to be fulfilled in the US. Instead of widespread use outside the traditional abortion clinic setting, persistent barriers including a complicated clinical provision model, the high cost of the service to patients, specific dispensing requirements, increasingly restrictive state-level abortion policies, and general social stigma toward abortion have stalled advances. And despite almost 20 years of availability, most people know very little about medication abortion.

Social, political, and medical interventions are needed to unlock medication abortion's potential. Specific to this RFP, research can offer a space for controlled experimentation. It can capture the outcomes of natural experiments triggered by external factors, such as policy changes, and can systematically explore dynamics between this technology, its users, and other actors. Researchers, as skilled and collaborative partners to those advancing service delivery, policy, practice, and culture change, play a critical role in stimulating the potential of medication abortion.

In an effort to advance research on medication abortion, SFPRF is offering the *Increasing Access to Medication Abortion in the US, Part II* RFP. Central to this RFP is an understanding that individuals do not have equal access to medication abortion. People's social locations (eg, race, ethnicity, religion, social class, gender, age, health, geography) are powerful determinants of abortion access. As such, this RFP calls for research focused on populations not currently benefitting from medication abortion.

What would it take to increase access to medication abortion in the US, specifically for populations not currently benefiting from its availability?

Background

In 2018, SFPRF issued a [funding opportunity](#) focused on resolving issues that impede access to medication abortion in the US and funded [14 grants](#) related to medication abortion access. While robust, these grants did not address all the known barriers to medication abortion. To understand the gaps, SFPRF convened the PIs of these grants and relevant community partners at an in-person meeting in April 2019. The conclusions from this meeting, built on a prior literature review and best practices for collaboration, resulted in the development of this funding opportunity. Key conclusions from the meeting highlighted the need for:

- Research designed to ensure all people have access to medication abortion, not just those currently accessing the service,
- Experimentation and testing of ideas through small and pilot grants,
- Partnerships between researchers and those working directly with affected communities, and
- A theory of change to demonstrate how research can contribute to the bold goal of safe abortion without social or legal repercussions, when and where desired.

Description

Research focus

Applicants should focus their proposals around the following question: what would it take to increase access to medication abortion in the US, specifically for populations not currently benefiting from its availability? Proposed research must be positioned to generate empirical evidence with a clear and strategic path to changes in clinical practice, public policy, health services delivery, or cultural understandings. Research that stimulates the disruptive potential of medication abortion will be prioritized.

Proposals addressing the following topics are of particular interest, although reviewers will evaluate proposals addressing other topics.

Individual-level factors, such as:

- Nuanced documentation of knowledge, understanding, attitudes, beliefs, behaviors, pathways, and/or access to information and support related to medication abortion among specifically defined (eg, race, ethnicity, religion, social class, gender, age, health, geography) populations
- Interventions designed to influence knowledge, understanding, attitudes, beliefs, behaviors, pathways, and/or access to information and support related to medication abortion among specifically defined populations
- Identifying how to best inform and support people in various settings in using medicines safely and effectively
- The self-determination of gestational age or completion of medication abortion
- Understanding and meaning making of medication abortion within and outside the formal health care system
- Preference for aspiration/surgical abortion compared to medication abortion or among medication abortion options (eg, mifepristone/misoprostol and misoprostol only)
- The role of “choice” in satisfaction with abortion modality
- Linguistic narratives around ending a pregnancy using medication abortion
- Expectations compared to experience in having a medication abortion
- Managing pregnancy products at home, with attention to variation in living and housing arrangements
- Levels and types of support accessed during the medication abortion process

Health systems factors, such as:

- Innovations in service delivery that enhance access for underserved or poorly-served populations
- Cost-effectiveness of service delivery models
- Supply chain issues
- The impact of payment systems on provision and use (eg, Medicaid, private insurance, out of pocket)

Natural experiments associated with medication abortion, such as:

- Policy-driven shifts in service delivery
- The relationship between the expansion of medication abortion services and the availability of aspiration/surgical abortion services
- The introduction of generic mifepristone into the marketplace
- Opening and closure of clinics offering medication abortion only
- The potential for medication abortion to reduce or (re)produce inequity

Clinical care, such as:

- Evaluations of the safety and accessibility of medication abortion in and outside of clinical settings
- Testing counseling or information recommendations for people to manage their bleeding and pregnancy products, particularly those without access to a private toilet or absorbents
- Replication of clinical research occurring in settings representative of populations with limited access to medication abortion

The following topics are not aligned with this funding opportunity:

- Projects focusing on questions where significant [research](#) is already underway, but results are not yet known (eg, the use of RhoGAM, current prevalence or practices of self-managed abortion)
- Projects exploring non-pharmaceutical substances (eg, vitamin C, pennyroyal) or contraceptive devices (eg, copper intrauterine device) that are potential pregnancy disruptors
- Projects that promote the use of self-managed abortion outside the clinical setting

Projects focused on the self-management of abortion are encouraged to proactively engage legal expertise to assess and manage risk associated with study activities.

Funds and duration

SFPRF invites proposals in two different categories:

- 1. Pilot or analysis studies:** Budgets of \$25,000 or less; projects require no more than one year to complete. Projects aim to document proof of concept for further inquiry or to conduct analysis on previously collected data. Pilot studies requiring expensive biomedical research materials and equipment may request limited additional funds beyond the maximum request amount. Those pilot projects with results warranting further study may be eligible for additional funding.
- 2. Full research studies:** No predetermined budget limit. Investigators should request the funds and time needed to accomplish the aims of the project. Please note that the size and scope of the budget should reflect the importance of the research question and the capacity of the findings to effect change. For large projects, the research team should have proven experience successfully completing projects (research or program) of a similar scale.

Eligibility

Grants will be made to organizations on behalf of a named PI.

Grants are limited, without exception, to tax-exempt organizations. The PI does not need to work for a research institution. Rather the PI should be the individual with curiosity about the proposed question who will drive the scientific inquiry, complemented by a team that can successfully execute the project.

The organization that receives the award may provide a subcontract for specific activities unable to be completed by the primary organization. Subcontracts to non-profit organizations should be justified by the distribution of the proposed activities. Subcontracts to for-profit entities cannot exceed 20% of the budget.

Grantees of the [2018 Medication Abortion RFP](#) are discouraged from applying for this opportunity.

Review Process

All proposals will undergo peer review. The goal of peer review is to make recommendations for enhancing the research proposal and to identify the projects with the greatest potential for increasing access to medication abortion. “Peers” involved in the review process include people with research design or methodological training, as well as those with policy, legal, or community expertise. Our funder will also be involved in the selection of grants; this ensures that the research funded through SFPRF is one of many strategic components working together to strengthen the family planning sector.

After the peer review process, PIs leading projects recommended for funding will attend an SFPRF-hosted workshop to integrate feedback from peer reviewers and other meeting participants. PIs will then submit revised proposals to SFPRF for a second round of review and final decisions related to funding. These steps in the review process are discussed in detail below.

Step 1: Peer review

All proposals will undergo peer review with a focus on how the work can be strengthened. Proposals will be reviewed using the following criteria:

- Significance: How likely is it that the proposed project will produce evidence needed to increase access to medication abortion in the US?
- Methods: How methodologically sound and rigorous is the proposed study?
- Relevance: Does the proposed project build from the existing literature or pilot project data?

- Study population: Is the selected study population well defined and aligned with the goals of the funding opportunity and the aims of the research?
- Impact: Do the investigators clearly describe how their research could be leveraged for impact? Is there a defined path between the outcomes of the proposed project and its intended impact?
- Team composition: How well-suited is the team for completing the research study? Does the team have deep connections to the population of interest? Where projects are focused at the individual-level, does project leadership represent the population under study?
- Budget: Is the budget appropriate for the study? Is the investment requested well-matched to the potential significance of the proposed project?
- Timeline: Is the requested period of support fully justified and are the tasks and milestones appropriate in relation to the proposed project?

Step 2: Proposal workshop

PIs of proposals recommended for funding after the peer review process will be required to attend an in-person proposal workshop hosted by SFPRF in order to refine proposals. In addition to the feedback received in the peer review process, proposals will benefit from discussion with other PIs recommended for awards and select research and community experts.

Step 3: Final proposals

Revised proposals will be submitted to SFPRF for final review of the budget and proposal milestones. In consultation with the funder of this RFP, a decision will be made about the final number of awards to be given.

The deadline for proposals is February 14, 2020. The peer review process will be completed and applicants will be notified if they have been recommended for funding by April 16, 2020. **The meeting will be held May 13 and 14, 2020 in Denver, CO.**

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. **Proposal narrative (15 pages):** All proposals should include:
 - a. **Background:** Describe the issue and justify how the proposed research project will generate data needed to increase access to medication abortion in the US.
 - b. **Research question(s):** Include the question(s) which 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. **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. SFPRF will fund research that is attentive to partner engagement, robust dissemination activities, and the translation of knowledge into policy and practice.
 - f. **Team composition:** Team composition will depend on the research question(s). SFPRF seeks multidisciplinary teams, including non-researcher stakeholders, as appropriate. Please describe how individual members bring complementary and diverse skill sets and represent a range of backgrounds and perspectives.
 - g. **References:** Works cited should be listed as an appendix to the proposal; reference page is not included in the 15 pages of the proposal narrative.
4. **Theory of change worksheet:** [Research primed for impact](#) requires long-range and foresighted thinking to guide partner engagement, dissemination activities, and the translation of knowledge into policy and practice. Using the SFPRF provided worksheet, map the proposed project onto the provided theory of change.

5. Budget: Pilot or analysis studies should be \$25,000 or less. There is no predetermined budget limit for full research projects. Investigators should determine the category of the proposed project and request the funds needed to accomplish the aims of the project. Direct project costs should 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 15 pages of the proposal narrative. Research pricing for mifepristone may be available to qualified studies. Contact Grants@SocietyFP.org for more information.

6. NIH-style biosketches are encouraged for all established scientists. Professional resumés 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 resumé should not exceed 10 pages in length. These documents must be included as an appendix and are not included in the 15-page limit.

7. Agency/institution's federal 501(c)(3) status determination letter or proof of tax-exempt status must be included as an appendix and is not included in the 15-page limit. Documentation should also be included for subcontracts with 501(c)(3) organizations that exceed 20% of the budget.

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](#).

SFPRF welcomes the opportunity to provide clarification around or assistance with any components of the application. Please contact Grants@SocietyFP.org. Note this funding mechanism is complementary to existing SFPRF funding mechanisms. A PI need not be a current SFP member in order to apply.

Application submission opens on
November 20, 2019 and closes **February 14, 2020**