

NPWH Research Agenda for Nurse Practitioners in Women's Health 2013-2016:

Priorities for Evidence-Based Practice

Introduction

The National Association of Nurse Practitioners in Women's Health's mission is to ensure the provision of quality primary and specialty health care to women of all ages by women's health and women's health focused nurse practitioners. Our mission includes protecting and promoting a woman's right to make her own choices regarding her health within the context of her personal, religious, cultural, and family beliefs.

We advance our mission by providing leadership to ensure high quality comprehensive, collaborative health care to women throughout the lifespan. We seek to:

- improve women's access to primary and specialty health care,
- increase women's wellness and health outcomes,
- decrease health disparities affecting women,
- enhance women's access to and knowledge of health resources,
- protect and promote women's rights to make choices regarding their health within the context of their personal belief system, and
- increase clinical competencies for health care providers for women.

We do this by serving health care providers with an emphasis on advanced practice registered nurses (APRN) through:

- providing education and resources,
- advocating for health care policies that support women and APRNs,

- collaborating with interprofessional strategic partners,
- mentoring the next generation of women's health nurse practitioners and other women's health-focused APRN leaders, and
- fostering evidence-based practice in women's health through research.

The use of best evidence to guide practice is crucial to providing quality health care for women. Nurse Practitioners who provide women's health care, who educate future women's health care providers, and who contribute to the formation and evaluation of health policies related to women's health seek and rely on the best evidence available.

NPWH determined two goals for establishing a Research Agenda for Nurse Practitioners in Women's Health. First, was to identify gaps in evidence for practice and to establish clinical research priorities to address these gaps. Second, was to provide information that will encourage researchers and organizations that support clinical research activities to pursue these priorities.

The agenda development process included establishment of a Research Agenda Work Group from members of the NPWH Research Committee. The Work Group began by conducting an extensive review of current national level recommendations regarding women's health, women's health research, and care provided by nurse practitioners. From the information obtained in the review, the Work Group developed a research priorities survey. The survey was distributed electronically to NPWH members to rate the research priorities. From these ratings, the Work Group identified the top 10 clinical research priorities and exemplars of research topics for each priority. A draft of the document was distributed electronically to NPWH members for a 30 day public

comment opportunity. The Work Group reviewed the comments and made clarifications in response to the comments.

The NPWH Research Agenda for Nurse Practitioners in Women's Health 2013-2016 describes clinical research priorities for women's health care in primary care settings as well as women's health specialty practices. Each research priority includes an overview of current gaps in knowledge and exemplars of research topics for that priority. The exemplars are not intended to be comprehensive but to spark conversation that will lead to action in research for each of the identified clinical research priorities. Although not specifically addressed in each priority section, it is recognized that research must give attention to vulnerable populations who because of social, cultural, racial, ethnic, economic or other status, as well as age are at greater than average risk for specific health problems and health disparities.

Family Planning

In the past two decades we have made significant advances in development of contraception methods and modes of delivery that are safe and effective. Despite this, the United States rate of unintended (unwanted or mistimed) pregnancies exceeds that of many other developed countries. Currently close to 50 percent of pregnancies in the United States are unintended. Rates are highest among women ages 18 to 24, poor women, women with less than a high school education, and black and Hispanic women. One in five unintended pregnancies each year is among teenagers (Institute of Medicine [IOM], 2010). Unintended pregnancies are associated with negative health and economic consequences for women and children.

There is a need to increase understanding of the social and behavioral factors that enhance successful contraceptive use and reproductive life planning. Family planning services that are affordable, accessible, culturally acceptable, and youth-friendly are important to facilitate use by those most in need.

Exemplars for research in this priority area include:

- Development and testing of strategies to:
 - increase access to effective, acceptable methods of contraception;
 - support adherence to effective contraceptive use to prevent unintended pregnancies;
 - address lack of adequate motivation to prevent pregnancy; and
 - reduce adolescent pregnancy rates.
- Measurement of outcomes related to:
 - programs and counseling designed to support effective contraceptive use; and
 - programs designed to reduce adolescent pregnancy rates

Sexually Transmitted Infections (STI)

Sexually transmitted infections (STI) pose a major public health threat in the United States with an estimated incidence of 19 million new infections each year. Almost half of these infections occur in young people, ages 15 to 24 with rates of gonorrhea and Chlamydia highest in this age group (Center for Disease Control and Prevention [CDC], 2012a). Adolescent and young adult females are at risk for some of the most serious complications related to STIs including pelvic inflammatory disease, ectopic pregnancy,

infertility, chronic pelvic pain and cervical cancer. STIs that occur during pregnancy may increase the risks for miscarriage, low birth weight, and premature delivery as well as serious health problems for the newborn. Exposure to STIs increases the risk for HIV infection.

There continues to be a need for improvement in reaching individuals most at risk for STIs with effective safer sex practice counseling. Social, economic and behavioral factors that present obstacles to STI prevention and treatment include racial and ethnic disparities, access to care, and the stigma associated with STIs.

Exemplars for research in this priority area include:

- Development and testing of strategies to:
 - enhance the adoption of safer sex practices;
 - decrease barriers to and increase STI screening consistent with current guidelines;
 - decrease barriers to and increase use of preventive vaccines; and
 - decrease barriers to partner treatment to help prevent STI re-infection.
- Measurement of outcomes related to programs designed to prevent STIs.

Preconception Care

The goal of preconception care is the prevention or identification and management of medical, behavioral, and social risk factors prior to pregnancy to improve maternal and infant outcomes. Preconception care includes interventions to reduce unintended pregnancy, improve pregnancy outcomes, reduce birth defects, and reduce disorders

caused by preterm birth. The integration of preconception care at every health care visit opportunity rather than at a single health care visit may be most effective.

Many women remain unaware of how their health and their lifestyle behaviors influence future childbearing and pregnancy outcomes. Less than one-third of women report they have ever received preconception counseling (Healthy People 2020 [HP2020], 2012a).

Strategies to reach reproductive age women at multiple points of health care and to provide evidence-based preconception screening, health promotion and interventions are important. Focused interventions for risk factors such as smoking, substance abuse, and obesity are needed.

Exemplars for research in this priority area include:

- Strengthening of the evidence-base for standards of preconception care
- Development and testing of strategies to:
 - increase the number of women who receive evidence-based preconception care;
 - support the practice of recommended preconception health behaviors; and
 - promote timely preconception clinical interventions for identified risk factors.
- Measurement of outcomes including cost-effectiveness related to preconception health programs and projects.

Preterm Birth

Each year in the United States, one out of every eight infants is born preterm. These infants are at risk for death, severe health problems, and lifelong disabilities. The

premature birth rate has continued to rise over the last 25 years with only small improvements seen in the past few years (CDC, 2012b; March of Dimes, 2013). There continues to be a need for research to identify causes, predictors, preventive treatments for women who are at high risk, and interventions to stop preterm labor when it does occur. At the clinical level, efforts to decrease risk for preterm labor and birth must focus on current evidence.

A number of lifestyle and medical factors have been associated with an increased risk for preterm labor. There is evidence that infection or inflammation during pregnancy may contribute to preterm labor in some women. There is also evidence that for some women, chronic psychosocial stress may increase the risk for preterm labor and delivery. Preconception care strategies along with early and regular prenatal care will promote early identification and management of risk factors.

Exemplars for research in this priority area include:

- Development and testing of strategies to:
 - Increase the number of pregnant women who receive early and regular prenatal care; and
 - Identify and address psychosocial stressors during pregnancy.
- Measurement of outcomes related to programs and projects that address known risk factors for preterm labor.

Obesity

Obesity is an epidemic in the U.S. affecting 1 in 3 adults (35%) and 1 in 6 children (17%) (CDC, 2012c). Obesity-related conditions including heart disease, stroke, type 2

diabetes, and certain cancers are among the leading causes of death in our nation. More than one half of women are overweight or obese at the time of a pregnancy placing them at increased risk for preeclampsia, gestational diabetes, and cesarean deliveries. There is also an increased risk for adverse perinatal outcomes including neural tube defects, prematurity, macrosomia, and stillbirth as well as increased rates of ensuing childhood obesity (American Congress of Obstetricians and Gynecologists [ACOG], 2013). Overweight and obesity significantly increase medical costs placing a staggering burden on the U.S. health care delivery system.

There is need for a better understanding of the multiple risk factors associated with obesity, as well as development and evaluation of obesity prevention and treatment strategies that will be effective across differing age, race, ethnicity and socioeconomic backgrounds.

Exemplars for research in this priority area include:

- Development and testing of strategies to:
 - improve healthy eating and exercise behaviors in adult and adolescent females;
 - engage communities in efforts to improve access to healthy foods and safe environments for physical activity;
 - improve health care provider screening for overweight and obesity in adult and adolescent females; and
 - improve health care provider provision of evidence-based, comprehensive behavioral interventions to promote sustained weight loss for obese adult and adolescent females.

- Measurement of outcomes related to programs designed to prevent and treat obesity

Cancer

Breast cancer is the most common cause of cancer and the second most common cause of cancer death, after lung cancer, in women. Colorectal cancer is the third leading cause of cancer death in women. Gynecological cancers such as cervical, ovarian, uterine, vaginal and vulvar cancers account for nearly 28,000 cancer deaths each year in the United States (CDC, 2013). Addressing known risk factors, early detection through evidence-based screening, and assuring access to high quality treatment are all important in reducing cancer morbidity and mortality.

The large disparity in breast cancer mortality in African American women continues to need to be better understood and addressed. African American women are disproportionately more likely to die from breast cancer than any other racial or ethnic group.

Some breast and other cancer survivors experience persistent problems such as fatigue, cognitive changes, and sexual difficulties that impact quality of life. We need a better understanding of the bio-psycho-social mechanisms behind these problems to address them effectively.

Exemplars for research in this priority area include:

- Development and testing of strategies to:
 - improve consistent, evidence-based health care provider counseling concerning cancer prevention and screening;

- decrease barriers to and increase cancer screening consistent with current guidelines;
 - decrease barriers to and increase use of preventive vaccines;
 - improve health care provider identification of women with family history associated with increased cancer risk and referral for genetic counseling and evaluation; and
 - specifically reach African American women to improve breast cancer screening and awareness.
- Measurement of outcomes related to programs designed to improve early detection of cancer.
 - Increased understanding of the bio-psycho-social aspects of breast cancer and its treatment that can impact quality of life (e.g., persistent fatigue, cognitive changes, sexual difficulties).
 - Development and testing of strategies to eliminate and/or manage these symptoms.

Mental Health

Mental health is essential to both physical and psychological well-being. Untreated mental disorders are associated with long-term morbidity, disability, and mortality. Adolescents and adults with untreated mental disorders have an increased risk for unhealthy and unsafe behaviors such as alcohol and drug abuse, violence, self-destructive behaviors, and suicide. Untreated mental health illness is associated with an increased prevalence and poorer outcomes for chronic health conditions such as cancer, heart disease, diabetes, obesity, and HIV/AIDS (HP2020, 2012b; IOM, 2010).

Depression is the most common mental illness in the United States affecting more than 26% of adults (CDC, 2011). Women are disproportionately affected with onset rates twice that of men (IOM, 2010). This gender difference emerges in early adolescence and persists into adulthood. Abuse, chronic stress, and interpersonal dependency are factors that may influence the higher rate of depression in women.

Primary prevention of depression, early diagnosis, and access to effective mental health treatment are important. Unrecognized and untreated depression has serious long-term psychosocial, physical and economic consequences for individuals, families, and communities.

Exemplars for research in this priority area include:

- Development and testing of strategies to:
 - identify individuals at most risk for depression and other mental health disorders;
 - promote effective stress management, decrease abuse, and increase self-esteem;
 - increase evidence based screening for depression for adolescents and adults; and
 - improve treatment access and effectiveness through collaboration between primary and mental health care providers.
- Measurement of outcomes related to programs designed to improve prevention, diagnosis and treatment for depression and other mental health conditions.

- Development of increased understanding of the link between mental health disorders common to women and other chronic health conditions.

Violence

Violence against women is a major health problem in the United States impacting women of all ages, racial and ethnic backgrounds, socioeconomic status, and sexual preference. This violence takes many forms including dating violence; bullying; stalking; intimate partner emotional, physical and sexual abuse; sexual assault, violence in the workplace, and elder abuse.

Approximately one-fourth of all women in the U.S. report a history of intimate partner violence (IPV) (HP2020, 2012c). The direct effects are physical injury and death with one-third of murdered women killed by an intimate partner each year (CDC, 2012e). Adolescent and adult females who experience IPV are at risk for long-term physical, psychological, reproductive, and social consequences. They are also at risk for engaging in unhealthy and unsafe behaviors that may lead to unintended pregnancy, STIs, HIV infection, alcohol/drug abuse, and eating disorders. Pregnant women who experience IPV are at increased risk for miscarriage and low-birth-weight infants.

Exemplars for research in this priority area include:

- Development of increased understanding of social norms that impact acceptability of violence.
- Development and testing of strategies to improve problem solving skills (e.g., parenting, conflict resolution, coping).

- Development of an increased understanding of causes and prevention strategies related to violence among youth to include bullying, dating violence, and sexual violence.
- Development of an increased understanding of the link between violence against women and other adverse health outcomes (e.g., mental health disorders, drug/alcohol abuse, risk for HIV and STIs, risk for unintended pregnancy, gynecologic problems).

Menopause

Menopause is a normal, natural event. Over 2 million women reach menopause each year in the United States and as the baby-boom generation (born between 1945 and 1960) moves through midlife the numbers of postmenopausal women continues to grow (The North American Menopause Society [NAMS], 2010). The manner in which women experience menopause is influenced by social, economic, cultural, lifestyle, overall health and other factors. For some women, quality of life and sense of well-being are impacted by symptoms attributed to menopause such as hot flashes, night sweats, vaginal dryness, painful intercourse, and sleep disturbances.

Exemplars for research in this priority area include:

- Strengthening of evidence-base for safe, effective management of common menopause symptoms.
- Identification of cultural and social factors that impact a woman's menopause experience.

- Development and testing of culturally appropriate strategies to promote healthy lifestyles for menopausal and aging women.

Access to Care

Access to comprehensive, quality health care impacts life expectancy, productivity and quality of life through prevention of disease and disability and detection and treatment of health conditions. Access to health services encompasses four components: coverage, services, timeliness, and workforce (HP2020, 2012d). Access requires the ability to gain entry into the health care system, access to a health care location where needed services are provided, and being able to find a health care provider with whom the patient can communicate and develop trust.

In 2014, The U.S. health care system will be faced with an increase of 32 million Americans who have health insurance for the first time (HP2020, 2012d). As ability to gain entry into the health system increases, the issues of timely access to a health care location that provides needed services and ability to find a health care provider with whom one can communicate and trust will require the development of new models and strategies for providing care.

Exemplars for research in this priority area include:

- Development and evaluation of innovative, patient centered care models to improve access to, quality of, and cost-effectiveness of care.
- Evaluation of removal of APRN scope of practice barriers on access to, quality of, and cost of care.

- Development of increased understanding of the underlying causes of health disparity specific to women.
- Development and testing of strategies to:
 - eliminate the underlying causes of health disparity specific to women; and
 - improve health literacy for women across cultures, educational levels, and socioeconomic status.

References

American Congress of Obstetricians and Gynecologists. (2013). *Committee opinion # 549: Obesity in pregnancy*. Retrieved from [http://www.acog.org/Resources And Publications/Committee Opinions/Committee on Obstetric Practice/Obesity in Pregnancy](http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Obstetric_Practice/Obesity_in_Pregnancy).

Centers for Disease Control and Prevention. (2013). *Gynecologic cancers*. Retrieved from <http://www.cdc.gov/cancer/gynecologic>.

Centers for Disease Control and Prevention. (2012a). *Sexually transmitted diseases*. Retrieved from <http://www.cdc.gov/std/>

Centers for Disease Control and Prevention. (2012b). *Preterm birth*. Retrieved from <http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PretermBirth.htm>

Centers for Disease Control and Prevention. (2012c). *Overweight and obesity*. Retrieved from <http://www.cdc.gov/obesity//index.html>

Centers for Disease Control and Prevention. (2012d). *Breast cancer*. Retrieved from <http://www.cdc.gov/cancer/breast>.

Centers for Disease Control and Prevention. (2012e). *Injury and violence prevention and control*. Retrieved from <http://www.cdc.gov/injury>.

Centers for Disease Control and Prevention (2011). *Mental health*. Retrieved from <http://www.cdc.gov/mentalhealth>.

Healthy People 2020. (2012a). *Family planning*. Retrieved from <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=13>.

Healthy People 2020. (2012b). *Mental health and mental disorders*. Retrieved from <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28>.

Healthy People 2020. (2012c). *Injury and violence prevention*. Retrieved from <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=24>

Healthy People 2020. (2012d). *Access to health services*. Retrieved from <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>.

Institute of Medicine.(2010). *Women's health research: Progress, pitfalls, and promise*. Washington, DC: The National Academies Press.

North American Menopause Society. (2010). *Menopause practice: A clinician's guide (4th ed.)*. Mayfield Heights, OH, North American Menopause Society.

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July 11, 2013