

Maternal and Child Health Bureau Strategic Research Issues

The Maternal and Child Health Bureau (MCHB), within the Health Resources and Services Administration, has updated the Strategic Research Issues (SRIs) goals and objectives in order to: provide an updated framework for extramural research funded by MCHB; guide research and data to support MCHB programs, the Bureau itself, and the field of maternal and child health (MCH); and set clear expectations to grant applicant organizations in Notices of Funding Opportunities. The SRIs are composed of four guiding principles and six goals. The guiding principles provide the big picture; they are the core of the SRIs and describe MCHB's overarching research aims. The goals, along with their corresponding objectives and sub-objectives, outline the targeted and measurable ways that MCHB will address the guiding principles. Throughout the development process, internal and external stakeholders and thought leaders were consulted to provide their input.

Guiding Principles

Principle 1: Incorporate social determinants of health¹ and health equity² frameworks into MCH research.

1.1: Advance a holistic view of health³ focused on well-being, prevention, and health promotion of MCH populations.

Principle 2: Improve the quality and accessibility of health and community resources and services for mothers, children, and families, especially those of underserved⁴ MCH populations.

Principle 3: Strengthen the evidence base for the field of MCH.

3.1: Increase research on the identification of critical/sensitive periods across the life course that impact health outcomes.

3.2: Strengthen the evidence to assure that MCHB performance measures are valid.

Principle 4: Accelerate the coordination, translation, and implementation of evidence-based/evidence-informed research.

4.1 Increase the development, testing, implementation, and evaluation of interventions, clinical guidelines, practice guidelines, toolkits, tools, etc.

4.2: Enhance the coordination of research and dissemination across sectors (e.g., clinical care settings, schools, Title V and other MCHB programs, community-based programs).

¹ Social determinants of health are defined as the conditions in the environments in which people are born, live, learn, work, play, worship, and age (e.g., race, income, education) that affect a wide range of health, functioning, and quality of life outcomes and risks. ([Healthy People 2020](#))

² Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. ([Center for Disease Control and Prevention](#))

³ Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. ([World Health Organization](#))

⁴ Underserved populations include low-income, racial/ethnic minorities, immigrants, tribal, geographically remote and other groups that are not already well-represented in current research.

Goal 1. Improve Maternal and Child Health Infrastructure and Systems Throughout the Lifespan

Objective 1.1: Address health inequities and disparities in the health care system to maximize health outcomes.

Sub-objective 1.1.1: Improve access to adequate health insurance.

Objective 1.2: Identify the service system and infrastructure changes that are needed at the community, state, and/or national levels to maximize health outcomes as they apply to different MCH populations, including individuals with special health care needs, autism spectrum disorder and other developmental disabilities (ASD/DD).

Objective 1.3: Develop and assess technology-based strategies to increase access to services, especially for underserved populations.

Objective 1.4: Promote data integration and utilization of public health surveillance systems to identify and track health risks and outcomes.

Objective 1.5: Promote the patient- or family-centered medical home model of care.

Goal 2. Promote the Health and Well-Being of Women of Childbearing Age

Objective 2.1: Improve the health of childbearing-aged women.

Sub-objective 2.1.1: Increase the uptake of preventive health care services among childbearing-aged women (e.g., screenings during well-women visits such as: cervical and breast cancer, intimate partner violence, and mental health).

Sub-objective 2.1.2: Improve the availability and uptake of preconception services.

Objective 2.2: Improve perinatal health (during pregnancy and up to 1 year postpartum).

Sub-objective 2.2.1: Encourage early and adequate prenatal care to promote healthy and safe pregnancies.

Sub-objective 2.2.2: Reduce pregnancy-related morbidity and mortality with special attention to improving health equity and reducing racial/ethnic disparities.

Sub-objective 2.2.3: Improve screening, identification, prevention, and care for perinatal psychosocial well-being to prevent mental health disorders during pregnancy and after delivery.

Goal 3. Promote the Healthy Development and Well-Being of Infants, Children, Adolescents, and Young Adults

Objective 3.1: Support health, development, and well-being from preconception to young adulthood.

Sub-objective 3.1.1: Identify both protective and risk factors and interventions to support healthy births.

Sub-objective 3.1.2: Reduce the overall risk of perinatal and infant mortality with special attention to improving health equity and reducing racial/ethnic disparities.

Sub-objective 3.1.3: Reduce substance use during pregnancy (e.g., alcohol, tobacco, marijuana, opioids) to prevent adverse birth outcomes.

Sub-objective 3.1.4: Promote, test, and scale-up strategies that promote newborn/developmental screenings, safe sleep, and breastfeeding.

Sub-objective 3.1.5: Broaden the research on social, linguistic, cognitive, and emotional development.

Sub-objective 3.1.6: Support physical, social, and home environments to improve children’s health and well-being.

Sub objective 3.1.7: Increase research in Adverse Childhood Experiences (ACES), child maltreatment, and promotion of protective factors.

Sub-objective 3.1.8: Develop interventions that promote school readiness.

Sub-objective 3.1.9: Encourage healthy decision-making to prevent and reduce substance use (e.g., tobacco, alcohol, vaping, e-cigarettes, opioids, and marijuana) and other unhealthy behaviors (e.g., driving under the influence or engaging in criminal behavior) among youth, adolescents, and young adults.

Sub-objective 3.1.10: Encourage healthy eating habits and adequate physical activity.

Sub-objective 3.1.11: Improve uptake and availability of preventive and restorative dental care.

Sub-objective 3.1.12: Foster resiliency and positive youth development⁵ to facilitate the successful transition to adulthood.

Sub-objective 3.1.13: Promote safe and responsible sexual health development.

Objective 3.2: Improve the health of children and youth with special health care needs.

Sub-objective 3.2.1: Increase research on transitions (e.g., care coordination, vocational training, access and provision of services, education) across the life course.

Sub-objective 3.2.2: Improve the knowledge base on how to better deliver health care to meet the physical, behavioral, and mental health needs of children and youth with special health care needs.

Sub-objective 3.2.3: Advance the evidence base for the [six MCHB children and youth with special health care needs core outcomes](#), including family participation, medical home, insurance coverage, screening, organization of services, and transition to adulthood.

Objective 3.3: Improve the health of children and youth with ASD/DD across the life span.

Sub-objective 3.3.1: Improve early detection of ASD/DD, with special attention to improving health equity and reducing racial/ethnic disparities.

Sub-objective 3.3.2: Understand the underlying biological factors of ASD/DD to inform interventions.

Sub-objective 3.3.3: Mitigate the physical, developmental, and behavioral comorbidities of ASD/DD.

Sub-objective 3.3.4: Increase research on transitions for those with ASD/DD (e.g., care coordination, job and life skills,, access and provision of services, education).

Sub-objective 3.3.5: Improve interventions to maximize positive life outcomes for those with ASD/DD.

Goal 4. Promote the Health and Well-Being of Families

Objective 4.1: Study the effects of father involvement on maternal and/or child health and well-being.

⁵ Positive youth development is an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people’s strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths. ([Youth.gov](#))

Sub-objective 4.1.1: Study the barriers and facilitators to engagement of fathers in perinatal programs (e.g., Healthy Start, parenting classes).

Sub-objective 4.1.2: Study the engagement and impact of fathers in different child developmental stages and periods (e.g., language development and acquisition, early childhood, adolescence).

Objective 4.2: Promote family-centered care grounded in a partnership among patients, families, and providers.

Sub-objective 4.2.1: Engage families in the development of well-being⁶ and treatment plans.

Sub-objective 4.2.2: Incorporate family, social, and environmental conditions into well-being and treatment plans.

Sub-objective 4.2.3: Promote health literacy and the ability to navigate the health system.

Sub-objective 4.2.4: Improve care coordination between families and health providers.

Objective 4.3: Develop and nurture relational health⁷ between parents/caregivers and children.

Sub-objective 4.3.1: Support resiliency and well-being of individuals, families, and communities.

Sub-objective 4.3.2: Enhance relational health between caregivers and children.

Sub-objective 4.3.3: Examine intergenerational health factors that affect families.

Objective 4.4: Engage community stakeholders to guide and participate in research.

Sub-objective: 4.4.1: Promote partnerships across multiple sectors in the community in order to maximize health and well-being among families.

Sub-objective 4.4.2: Involve families and self-advocates in the planning and implementation of research.

Goal 5. Build the Evidence Base for MCH Practice and Measurement Capacity

Objective 5.1: Build the evidence base in order to inform MCH strategies and interventions.

Sub-objective 5.1.1: Develop and test new technologies and treatments.

Sub-objective 5.1.2: Improve evidence-based preventive medicine (primary, secondary, and tertiary).

Sub-objective 5.1.3: Evaluate the impact of MCHB research investments.

Sub-objective 5.1.4: Create a continuous learning environment to improve implementation research.

Objective 5.2: Develop and improve MCH measures on key topics and populations.

Sub-objective 5.2.1: Develop, refine, and validate MCH measures.

⁶ Well-being is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well. This includes what people think and feel about their lives, such as the quality of their relationships, their positive emotions and resilience, the realization of their potential, or their overall satisfaction with life. ([Center for Disease Control and Prevention](#))

⁷ Relational health is the complex interpersonal interactions between children and their parents, extended family, and caregivers. Relational health recognizes, supports, and strengthens the emergent development of all early caregiver childhood relationships. Key elements include 1) maternal and family well-being; 2) positive, attuned, and nurturing caregiver-child relationships; 3) a focus on resiliency in the face of trauma; 4) an explicit effort to advance equity, family engagement, and social supports; and 5) a paradigm shift in early childhood to improve child and family health, development, and well-being through the focus on relationships. ([Georgetown University](#))

Sub-objective 5.2.2: Increase and evaluate the use of MCH measures in national measurement sets (e.g., Healthcare Effectiveness Data and Information Set (HEDIS), Centers for Medicare & Medicaid Services (CMS) electronic clinical quality measures).

Goal 6. Support Innovation and Interdisciplinary Research

Objective 6.1: Provide researchers with the opportunity to pose new questions, test hypotheses, utilize new technology and methods, and challenge existing paradigms or clinical practices to improve health care and health care access.

Objective 6.2: Build the research capacity and support the development of diverse and representative culturally sensitive MCH researchers.

Sub-objective 6.2.1: Support and mentor diverse emerging MCH researchers.

Objective 6.3: Increase capacity and agility to respond to emerging research areas.

Sub-objectives 6.3.1: Develop and test rapid solutions addressing emerging issues affecting MCH populations.