MATERNAL AND CHILD HEALTH BUREAU (MCHB) STRATEGIC RESEARCH ISSUES: Fiscal Years (FYs) 2004—2009

Strategic Research Issue #I. Public health service systems and infrastructures at the community, State and/or national levels, as they apply to different maternal and child health (MCH) populations ⁽¹⁾ based on demographic*, epidemiological, and/or other factors**.

(Correlates to MCHB Strategic Plan: FYs 2003-2007, Goal 4: Improve the Health Infrastructure and Systems of Care.)

- *Demographic factors may include age and developmental status, gender, race/ethnicity, geography, economic status, etc.
- ** Other factors may include legislation, policies, etc that may influence availability and access to specific services.

IMPORTANT: To assist the reader in better understanding what is meant by MCHB Strategic Research Issue #I, the following are examples of possible areas of study addressing this issue. **They are only examples for illustrative purposes and do not constitute preferences for funding consideration.** The Bureau strongly encourages research studies that specifically address issues related to MCHB investments and programs.

- •Effectiveness of Screening Programs for Women: Study the individual, system, and community factors associated with screening and assessment programs that lead to referral and utilization of intervention for risk factors such as substance abuse and other conditions (e.g., obesity, diabetes) that may affect health outcomes for women and/or their children.
- •Integrated systems of care specifically identified in Title V legislation for Children with Special Health Care Needs (CSHCN) ⁽²⁾: Determine the impact of Care Coordination ⁽³⁾ provided in the medical home and other settings on child and family outcomes for CSHCN.
- •Study public-private partnership models for provision of services, such as public health provision of "wrap around" or "enabling" services, and their overall relative efficacy and compared with private practice or public clinic only.
- •Investigate the processes involved in the **transition of adolescents** with special health care needs to adult health care, particularly the role of State health

systems in facilitating or hindering transitions.

- •Investigate the effects of the organization and delivery of comprehensive, continuous services on the health status and services utilization of children/adolescents, including those with special health care needs and those vulnerable for poor psychosocial outcomes (e.g., children/youth in foster care, involved with the juvenile justice system, or who are homeless).
- •Assess the impact of integration of newborn screening program (NBS) on other MCH programs and enhanced data sharing at the State level and evaluate if screened children have access to **medical homes** ⁽⁴⁾.

Strategic Research Issue #II. MCH services and systems of care efforts to eliminate health disparities and barriers to health care access for MCH populations. These health disparities and barriers to health care access may include racial/ethnic, cultural, linguistic, gender, developmental, geographic, immigrant, underserved, economic considerations, etc.

(Correlates to MCHB Strategic Plan: FYs 2003-2007, Goal 3: Eliminate Health Barriers and Disparities.)

IMPORTANT: To assist the reader in better understanding what is meant by MCHB Strategic Research Issue #II, the following are examples of possible areas of study addressing this issue. **They are only examples for illustrative purposes and do not constitute preferences for funding consideration.** The Bureau strongly encourages research studies that specifically address issues related to MCHB investments and programs.

- •Determine the effectiveness, impact, and cost benefits of **cultural and linguistic competence** ⁽⁵⁾ in public health care and service systems.
- •Study the causes for disparities in access to and utilization of early and adequate prenatal care in different regions of the country, differentiating by rural, urban and frontier areas, and the effects of such disparities.
- •Investigate the effects of interdisciplinary and collaborative practice of health professions (including but not limited to nursing, oral health, pharmacy, mental health and pediatrics) on reducing barriers to health care access.
- •Assess the impact of community-based genetic counseling and education programs in medically underserved communities to evaluate whether increased genetic counseling and education programs will make a difference

in access by underserved communities to genetic resources and services.

- •Study interventions to reduce racial/ethnic disparities in pre-term/low birth weight and other infant health outcomes.
- •Study the contribution of contextual effects on disparities in MCH outcomes.

Strategic Research Issue #III. Services and systems to assure quality of care $^{(6)}$ for MCH populations.

(Correlates to MCHB Strategic Plan: FYs 2003-2007,

Goal 5: Assure Quality of Care.)

IMPORTANT: To assist the reader in better understanding what is meant by MCHB Strategic Research Issue #III, the following are examples of possible areas of study addressing this issue. **They are only examples for illustrative purposes and do not constitute preferences for funding consideration.** The Bureau strongly encourages research studies that specifically address issues related to MCHB investments and programs.

- •Explore mechanisms of information transfer of evidence-based MCH strategies that lead to enhanced quality of provider practices and consumer behavior.
- •Determine the effectiveness and impact of the current system of care (both public and private) to assure that women and infants receive risk-appropriate perinatal care.
- •Study the extent to which children and adolescents needing **emergency medical services** actually receive them and the quality of care received from hospital emergency departments.
- •Study the impact of specific characteristics of the medical home, such as the use of written "care plans," ⁽⁷⁾ on improvements in the quality of care for CSHCN.
- •Study how duration, organization and content of visits for clinical preventive services affect the quality of anticipatory guidance/health counseling provided to children, adolescents and women.
- •Investigate the factors that promote quality of health care service delivery, with attention to understanding the effectiveness and impact of interdisciplinary

training of MCH professionals.

•Investigate factors that decrease fragmentation of MCH service delivery.

Strategic Research Issue #IV. Promoting the healthy development of MCH populations.

(Correlates with MCHB Strategic Plan: FYs 2003-2007,

Goal 2: Promote an Environment that Supports Maternal and Child Health.)

IMPORTANT: To assist the reader in better understanding what is meant by MCHB Strategic Research Issue #IV, the following are examples of possible areas of study addressing this issue. **They are only examples for illustrative purposes and do not constitute preferences for funding consideration.** The Bureau strongly encourages research studies that specifically address issues related to MCHB investments and programs.

- •Study the effectiveness of health promotion and prevention strategies for infant, child, adolescent and adult populations (e.g., **Bright Futures Guidelines**) that use coordinated strategies and a variety of venues involving the clinical setting, the community and the home environment.
- •Conduct **longitudinal studies of health and normative development** in special populations of children such as minority children; children with special health needs; and children of low socioeconomic status (SES), rural, migrant and homeless backgrounds.
- •Study the effectiveness of health promotion and prevention strategies to promote healthy weight and prevent **obesity** in children and adolescence.
- •Study child, parental (including fathers) and family strengths, i.e., coping and resilience associated with pregnancy, childbearing and parenting; significant injuries; chronic and catastrophic disease conditions; and natural and man-made catastrophic events.
- •Study the effects of **family/professional partnerships and integrated community systems** on the health (including mental and oral health) and development of children.
- •Study the factors associated with health care utilization that positively influence health care utilization and **preventive health behaviors of women at various stages of and throughout their life span**.

- •Study the effectiveness of community outreach workers in increasing **breastfeeding** duration rates in underserved populations.
- •Develop and validate instruments that assess health and development of the MCH population.
- •Assess emerging research in the prevention of dental caries in pregnant women and its effects on their children through the use of oral rinse and varnish, chlorhexidine, xylitol, and/or iodine.

DEFINITIONS

- ¹. **MCH Population** includes all of the Nation's women, infants, children, adolescents, and their families, including fathers and children with special health care needs (**MCHB Strategic Plan: FYs 2003-2007**)
- ². **Children with Special Health Care Needs (CSHCN)** those who have, or are at increased risk for, a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.
- ³. **Care Coordination Services** those services that promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for children with special health care needs and their families (**Title V sec. 501** (b) (3))
- ⁴. **Medical Home** a medical home can be a physician's office, a hospital outpatient clinic, a community health center or school-based clinic, as long as it provides the services that constitute comprehensive care continuous access to medical care; referral to pediatric medical subspecialties and surgical specialists; and interaction with child care, early childhood education programs and schools to ensure that the special needs of the child and family are addressed (**The American Academy of Pediatrics**)
- ⁵. **Cultural Competence** a set of behaviors, attitudes, policies, practices and structures that come together in a system, agency or among professionals and enable that system and agency or those professionals to work effectively in cross-cultural situations (**National Center for Cultural Competence, 2002**)

Linguistic Competence - the capacity of an organization and its personnel to communicate effectively with persons of limited English proficiency, those with low literacy skills or who are not literate, and individuals with disabilities (**National Center for Cultural Competence, 2002**)

⁶. **Quality of Care** - 1) safe-avoiding injuries to patients from the care that is intended to help them; 2) effective-providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit; 3) patient-centered—providing care that is respectful of and responsive to individual preferences, needs and values and ensuring that patient values guide all clinical decisions; 4) timely-reducing waits and sometimes harmful delays for both those who receive and those who give care; 5) efficient-avoiding waste, including waste of equipment, supplies, ideas and energy; and 6) equitable-providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status (**National Committee for Quality Assurance-NCQA**)

⁷. **Care Plan** - a comprehensive care plan combines a medical summary, an emergency care plan, and an action care plan. It provides information that can be shared across providers; a ready reference in an emergency; and an action plan that prioritizes concerns, identifies specific tasks to address concerns, assigns responsibility for tasks, evaluates outcomes, and is done in collaboration with the child/youth and family (**Division of Services for Children with Special Health Needs, MCHB, HRSA**)