

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

Maternal and Child Health Bureau
Office of Epidemiology and Research

R40 Maternal and Child Health Research Program

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: November 8, 2013

Ensure your Grants.gov registration and passwords are current immediately!

Deadline extensions are not granted for lack of registration.

Registration may take up to one month to complete.

Release Date: September 11, 2013

Issuance Date: September 12, 2013

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Authority: Social Security Act, Title V, § 501(a)(2), as amended (42 U.S.C. 701(a)(2))

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Maternal and Child Health Bureau/Office of Epidemiology and Research is accepting applications for fiscal year (FY) 2014 R40 Maternal and Child Health Research program. The purpose of this grant program is to support innovative applied and translational research that have the potential to improve health care services and delivery, and to promote health and wellbeing among maternal and child health (MCH) populations.

This funding opportunity announcement includes instructions for three (3) **separate grant competitions**:

HRSA-14-007: R40 MCH Research (MCHR) Program supports applied research relating to maternal and child health services, using research designs that allow for strong causal inference such as Randomized Controlled Trials (RCTs), and that have the potential to improve health services and delivery of care for maternal and child health populations.

HRSA-14-008: R40 MCH Secondary Data Analysis Studies (SDAS) Program supports applied empirical research relating to maternal and child health services, that utilizes exclusively the secondary analysis of existing national databases and/or administrative records. These projects should have the potential to improve health services and delivery of care for maternal and child health populations.

HRSA-14-009: R40 MCH Policy Analysis Program supports: (1) analyses of policy changes that support improved access, quality, and integration of health care and services for MCH populations; (2) assessments of the key social determinants that may serve as barriers to effectively implementing policies which attempt to improve access, quality, equity, and/or integration of services among MCH populations; and (3) identification of key components of policy changes that effectively promote access, quality, and integration of systems of social, behavioral, and physical health among MCH populations. Policy analyses include describing the characteristics of various policy options (i.e., what are the policy levers, how does the policy work and what are the components, what are the current institutional and social forces that may either serve as barriers or opportunities to a policy's capacity to effect desired change, what are the potential cultural perspectives associated with the policy option, economic issues, state of knowledge and data and existing gaps, level of government involved); evaluating the policy in terms of health impact with Title V populations – morbidity, mortality, scalability and timing, feasibility, fiscal and economic impact, and evaluating a policy after it has been implemented. Such analyses and assessments may rely on the existing literature and data or may require the collection of new information through activities such as surveys, focus groups, and analyzing qualitative and quantitative data. It is expected that projects funded under the Policy Analysis Program will yield peer-reviewed publications, with preceding contributions to the grey and white literature.

Examples of possible MCH-related policy analyses topics include but are not limited to:

- Health care coverage and gaps in services for screening in primary care settings, including screening for maternal/postpartum depression and intimate partner violence, as well as developmental screening for children and youth;

- Health care coverage and gaps in services for adolescents and young adults with special health care needs and other complex medical issues who are transitioning from pediatric to adult health care systems;
- Key features of successful community and clinical partnerships that serve to advance the integration of behavioral health and primary care services for mothers and children;
- Key characteristics of collaborative public-private and community relationships that support the effective implementation of policy changes that attempt to improve access, quality, equity, and/or integration of services among MCH populations;
- Key domains within service models that are effective in improving access, quality, equity, and/or integration of services among MCH populations;
- Key elements that create sustainability of a program in ever-changing environments;
- Overview of research evidence that demonstrates the key components and characteristics of effective health care systems;
- Workforce training needs to prepare the next generation of researchers and practitioners to promote effective collaboration and coordination among health care systems;
- Utilization of the Children’s Health Insurance Program Reauthorization Act (CHIPRA) quality measures by State Title V programs;
- Assessment of MCH Title V programs to inform the design and implementation of ACA;
- Coordination of efforts between Federal agencies such as Medicaid and MCH Title V;
- Key components in the effective regionalization of MCH health care delivery systems.

Funding Opportunity Title:	R40 Maternal and Child Health Research Program
Funding Opportunity Number:	HRSA-14-007: R40 MCHR HRSA-14-008: R40 MCH SDAS HRSA-14-009: R40 MCH Policy Analysis
Due Date for Applications:	November 8, 2013
Anticipated Total Annual Available Funding:	HRSA-14-007: R40 MCHR: \$1,600,000 HRSA-14-008: R40 MCH SDAS: \$1,000,000 HRSA-14-009: R40 MCH Policy Analysis: \$ 800,000
Estimated Number and Type of Awards:	HRSA-14-007: R40 MCHR: Approximately six (6) grants HRSA-14-008: R40 MCH SDAS: Approximately ten (10) grants HRSA-14-009: R40 MCH Policy Analysis: Approximately four (4) grants
Estimated Award Amounts:	HRSA-14-007: R40 MCH Research: Subject to the availability of appropriations, the ceiling amount of an individual award is \$300,000 total cost per year. HRSA-14-008: R40 SDAS: Subject to the availability of appropriations, the ceiling amount of an individual award is \$100,000 total cost. HRSA-14-009: R40 MCH Policy Analysis: Subject to the availability of appropriations, the ceiling amount of an individual award is \$200,000 total cost per year.
Cost Sharing/Match Required:	Not required
Length of Project Period:	HRSA-14-007: R40 MCHR: Approved projects will be awarded project periods of up to three (3) years. HRSA-14-008: R40 MCH SDAS: Approved projects will be awarded a project period of one (1) year. HRSA-14-009: R40 MCH Policy Analysis: Approved projects will be awarded a project period of up to two (2) years.
Project Start Date:	April 1, 2014
Eligible Applicants:	As cited in 42 CFR Part 51a.3(b), only public or nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs are eligible. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guides* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for *three (3) separate competitions, R40 MCH Research, R40 MCH Secondary Data Analysis Studies (SDAS), and R40 MCH Policy Analysis Program.*

HRSA-14-007: R40 MCH Research (MCHR) Program

The R40 MCH Research Program supports applied and translational research relating to maternal and child health services including services for children with special health care needs, which show promise of substantial contribution to advancement of the current knowledge pool, and when used in States and communities should result in health and health services improvements. Findings from the research supported by the MCH Research Program are expected to have potential for application in health care delivery programs for mothers and children. Research proposals should address critical MCH questions such as public health systems and infrastructure, health disparities, quality of care, and promoting the health of MCH populations, which also support the goals of the Health Resources and Services Administration. The “life course perspective” is currently being integrated into MCHB’s strategic directions, and can serve as a helpful frame of reference for study proposals designed to address the critical MCH questions defined by the Bureau.

Applicants are encouraged to propose translational research studies that specifically address issues related to MCHB investments and programs. Addressing one of the four identified Strategic Research Issues (see [Appendix A](#)), is a review criterion worth up to 10 points in the overall score of an application.

HRSA-14-008: R40 MCH Secondary Data Analysis Studies (SDAS) Program

The R40 MCH SDAS program supports applied research relating to maternal and child health services that utilizes exclusively the secondary analysis of existing national databases and/or administrative records. These projects should have the potential to improve health care services and delivery and to promote health and wellbeing among maternal and child health populations.

HRSA-14-009: R40 MCH Policy Analysis Program

The R40 MCH Policy Analysis Program supports: (1) analyses of policy changes that support improved access, quality, and integration of health care and services for MCH populations; (2) assessments of the key social determinants that may serve as barriers to effectively implementing policies which attempt to improve access, quality, equity, and/or integration of services among MCH populations; and (3) identification of key components of policy changes that effectively promote access, quality, and integration of systems of social, behavioral, and physical health among MCH populations. Policy analyses include describing the characteristics of various policy options (i.e., what are the policy levers, how does the policy work and what are the components, what are the current institutional and social forces that may either serve as barriers or opportunities to a policy’s capacity to effect desired change, what are the potential cultural perspectives associated with the policy option, economic issues, state of

knowledge and data and existing gaps, level of government involved); evaluating the policy in terms of health impact with Title V populations – morbidity, mortality, scalability and timing, feasibility, fiscal and economic impact, and evaluating a policy after it has been implemented. Such analyses and assessments may rely on the existing literature and data or may require the collection of new information through activities such as surveys, focus groups, and analyzing qualitative and quantitative data. It is expected that projects funded under the Policy Analysis Program will yield peer-reviewed publications, with preceding contributions to the grey and white literature.

Examples of possible MCH-related policy analyses topics include but are not limited to:

- Health care coverage and gaps in services for screening in primary care settings, including screening for maternal/postpartum depression and intimate partner violence, as well as developmental screening for children and youth;
- Health care coverage and gaps in services for adolescents and young adults with special health care needs and other complex medical issues who are transitioning from pediatric to adult health care systems;
- Key features of successful community and clinical partnerships that serve to advance the integration of behavioral health and primary care services for mothers and children;
- Key characteristics of collaborative public-private and community relationships that support the effective implementation of policy changes that attempt to improve access, quality, equity, and/or integration of services among MCH populations;
- Key domains within service models that are effective in improving access, quality, equity, and/or integration of services among MCH populations;
- Key elements that create sustainability of a program in ever-changing environments;
- Overview of research evidence that demonstrates the key components and characteristics of effective health care systems;
- Workforce training needs to prepare the next generation of researchers and practitioners to promote effective collaboration and coordination among health care systems;
- Utilization of CHIPRA quality measures by State Title V programs;
- Assessment of MCH Title V programs to inform the design and implementation of ACA;
- Coordination of efforts between Federal agencies such as Medicaid and MCH Title V;
- Key components in the effective regionalization of MCH health care delivery systems.

2. Background

The Maternal and Child Health Research Program is authorized by Title V, § 501(a)(2); 42 U.S.C. 701(a)(2) of the Social Security Act, as amended, and is a component of the Special Projects of Regional and National Significance (SPRANS). The program is administered by the Division of Research, Office of Epidemiology and Research, Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA). The MCH Research Program, built on over 40 years of experience, has supported investigations which have significantly influenced clinical management, organization and delivery of health care services, preventive care and early intervention for the maternal and child health population. More information about the MCH Research Program, funded projects and current activities can be found at: <http://www.mchb.hrsa.gov/research> .

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

HRSA-14-007: R40 Maternal and Child Health Research (MCHR) Program

The MCH Research Program will provide funding during Federal fiscal years 2014 – 2016. Approximately \$1,600,000 is expected to be available annually to fund approximately six (6) grantees. Applicants may apply for a ceiling amount of up to \$300,000 total cost per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the MCH Research Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

HRSA-14-008: R40 MCH Secondary Data Analysis Studies (SDAS)

The MCH Research Program will provide funding during Federal fiscal year 2014. Approximately \$1,000,000 is expected to be available to fund approximately ten (10) grantees. Applicants may apply for a ceiling amount of up to \$100,000 total cost. The project period is one (1) year.

HRSA-14-009: R40 MCH Policy Analysis Program

The MCH Research Program will provide funding during Federal fiscal years 2014 – 2015. Approximately \$800,000 is expected to be available annually to fund approximately four (4) grantees. Applicants may apply for a ceiling amount of up to \$200,000 total cost per year. The project period is two (2) years. Funding beyond the first year is dependent on the availability of appropriated funds for the MCH Research Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR Part 51a.3(b), only public or nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs are eligible. Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply, if they otherwise meet these eligibility criteria.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for any of the three (3) announcements/programs in this FOA.

3. Other Eligibility Information

Applications for the **R40 MCHR Program** must not exceed the \$300,000 total cost per year ceiling amount of an individual award. Applications for the **R40 MCH SDAS Program** must not exceed the \$100,000 total cost ceiling amount of an individual award. Applications for the **R40 MCH Policy Analysis Program** must not exceed the \$200,000 total cost per year ceiling amount of an individual award. These ceilings include both direct and indirect expenses.

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are allowable.

The following are additional eligibility requirements:

An individual cannot be named as the Principal Investigator (PI) on more than one application submitted in response to this FOA (i.e., an individual named as PI on an R40 MCHR (HRSA-14-007), cannot be PI on a second R40 MCHR proposal, PI on an R40 MCH SDAS proposal (HRSA-14-008), or PI on an R40 MCH Policy Analysis proposal (HRSA-14-009)). All applications that do not comply with these requirements will be deemed non-responsive, and will not be considered for funding under this announcement.

Due to funding limitations and in order to diversify the R40 portfolio, the following additional eligibility requirements apply to **the R40 MCHR, R40 MCH SDAS and R40 MCH Policy Analysis Programs**:

- Applications that overlap in project period with a currently funded MCH Research project headed by the same Principal Investigator (PI) will not be considered for funding (i.e., a Principal Investigator cannot have two (2) R40 MCH Research grants in effect simultaneously). A no-cost extension of a current MCH Research project counts as part of the total project period during which an overlap in project period with a new grant period is not allowable.
- A current PI of an MCH Research grant can serve as personnel on a new grant proposal submitted for HRSA-14-007, HRSA-14-008, or HRSA-14-009, but the percent effort cannot exceed 10% time.
- A grantee who currently has or in the past has had an R40 grant cannot apply for a grant to follow longitudinally the population used in their previous R40 grant. Not excluded are: applications which include a longitudinal design within the proposed three-year project period; applications submitted for the MCH SDAS (HRSA-14-008) mechanism, which involve analyzing pre-existing longitudinal data; and applications which involve collecting follow-up data on a population targeted in a grant funded by another agency.
- Analysis of secondary data previously collected by an applicant PI will not be considered for funding using the MCH SDAS (HRSA-14-008) Program. MCH SDAS applications should propose the use of existing national data sets or State or local administrative records.
- Secondary data analysis projects will not be considered for funding under the multi-year R40 MCHR (HRSA-14-007) grant competition.

- Analysis of multiple datasets that require linkage or integration (e.g., combining administrative records from Medicaid, the child welfare system, and hospitals) will not be considered for funding under the multiyear R40 MCHR (HRSA-14-007) grant competition.
- Projects addressing autism will not be considered for any of the three grant competitions (i.e., neither the multiyear R40 MCHR, R40 MCH SDAS, nor R40 MCH Policy Analysis).
- Proposals addressing oral health will not be considered for the multiyear R40 MCHR program (HRSA-14-007) only. Proposals addressing oral health will be considered for the R40 MCH SDAS (HRSA-14-008) and R40 MCH Policy Analysis (HRSA-14-009) programs.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 Research and Related (R&R) application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the [Application Guide](#) and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under the announcement.

Program-specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 R&R Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following.

i. Project Abstract

Please refer to instructions provided in HRSA's [SF-424 R&R Application Guide](#). Briefly state the principal needs and problems which are addressed by the project, including the project's

relationship to current MCHB Strategic Research Issues ([Appendix A](#)). Also describe the research design and methods within the abstract and include data collection methods. A complete and informative abstract is critical to the review of your application.

From the list of key terms found in [Appendix B](#), select a maximum of eight significant key terms that describe your project. You can also select an additional 9th key term that is not found in [Appendix B](#). Include the selected significant key terms at the end of your abstract.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

A. Introduction (for resubmission only): Only a single amendment to the original application (called a resubmission application) will be accepted.

NOTE: FOR RESUBMISSIONS, MARK THE APPLICATION AS “RESUBMISSION” ON THE SF-424 R&R.

For a resubmission of a previously reviewed proposal, begin the Introduction by specifying that it is a resubmission; state the application/tracking number of the prior submission, its title, and HRSA announcement number of the prior submission. **Example: This is a resubmission of application #, Determinants of Racial Disparities in Infant Mortality Rates, that was submitted for HRSA-13-139.** There is no time limit for a resubmission application. The following requirements pertain to a resubmission:

- A resubmission must be identified as such.
- The PD/PI(s) must make significant changes to the previous submission.
- An Introduction must be included that summarizes the substantial additions, deletions, and changes to the application. The Introduction must also include a response to the issues and criticism raised in the Summary Statement. The Introduction **should not exceed three pages**.
- The substantial scientific changes must be marked in the text of the application by bracketing, indenting, or change of typography. Do not underline or shade the changes. Deleted sections should be described but not marked as deletions. If the changes are so extensive that essentially all of the text would be marked, explain this in the Introduction. The Preliminary Studies/Progress Report section should incorporate work completed since the prior version of the application was submitted.

B. Specific Aims (Related Review Criteria: Need, Response, Impact, Evaluative Measures):

List succinctly the specific objectives of the specific research proposed, for example, to test a stated hypothesis, create a novel design, perform policy analysis, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop new technology. State concisely the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will exert on the research field(s) involved.

Write a statement of the research problem, indicate the relevance of the problem to maternal and child health or children with special health care needs programs and identify the envisioned application of findings to the clinical management of mothers and children and/or the ways that maternal and child health services are organized and delivered. Identify relevance to MCHB Strategic Research Issues ([Appendix A](#)) and relationship to specific Healthy People 2020 objectives. The applicant is responsible for explaining the project's relevance to an MCHB Strategic Research Issue.

R40 MCHR (HRSA-14-007) and R40 MCH SDAS (HRSA-14-008) ONLY (Not applicable to R40 MCH Policy Analysis (HRSA-14-009):

Hypothesis and Specification of Variables. Present the specific questions that are to be answered by the study. These should include not only predictions as to findings (hypotheses) but also justifications for the predictions. A summary table of the variables, classified as independent, intervening, mediating, and dependent, etc. should be presented, specifying the nature of the variables, the measures to be employed as indicators for these variables, and the units and levels of measurement of the indicators. If possible, construct and present a model or graphical representation of the set of relationships held to be operative among the variables. **Make sure that there is congruence between the associations depicted by the graphic model, the table of variables, the statement of hypotheses, and the plan for data analysis.**

R40 MCH Policy Analysis (HRSA-14-009) ONLY

Present the specific policy analysis questions that are to be answered by the study. These should include background detail on the importance of the topic/questions.

C. Research Strategy:

Organize the Research Strategy in the specified order using the instructions provided below. Start each section with the appropriate section heading – Significance, Innovation, Approach. Cite published experimental details in the Research Strategy section and provide the full reference in the Bibliography and References Cited section.

The Research Strategy section (Significance, Innovation, Approach) is limited to 12 pages in length for R40 MCHR (HRSA-14-007) and R40 MCH Policy Analysis (HRSA-14-009). For R40 MCH SDAS (HRSA-14-008) applications, this section is limited to 6 pages in length. Applications that exceed these page limits in the Research Strategy section will be deemed non-responsive, and will not be considered for funding under this announcement.

(a) Significance (Related Review Criteria: Need, Response, Impact)

- Explain the importance of the problem or critical barrier to progress in the field that the proposed project addresses.
- Explain how the proposed project will improve scientific knowledge, technical capability, public policy, and/or clinical practice in one or more broad fields.
- Describe how the concepts, methods, technologies, treatments, services, policies, or preventive interventions that drive this field will be changed if the proposed aims are achieved.

(b) Innovation (Related Review Criteria: Response, Evaluative Measures)

- Explain how the application challenges and seeks to shift current research, policy, or clinical practice paradigms.
- Describe any novel theoretical concepts, approaches or methodologies, policies, instrumentation or interventions to be developed or used, and any advantage over existing methodologies, instrumentation, policies, or interventions.
- Explain any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, instrumentation, policies, or interventions.

(c) Approach (Related Review Criteria: Evaluative Measures)

- Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. Include how the data will be collected, analyzed, and interpreted as well as any resource sharing plans as appropriate.
- Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the aims.
- If the project is in early stages of development, describe any strategy to establish feasibility, and address the management of any high risk aspects of the proposed work.
- Point any procedures, situations, or materials that may be hazardous to personnel and precautions to be exercised.
- As applicable, provide an account of the PD/PI's preliminary studies pertinent to this application, including his/her preliminary experience with and outreach to the proposed racial/ethnic group members.

D. Proposed Sequence or Timetable (Related Review Criteria: Evaluative Measures):

Provide a sequence or timetable for the project that includes the activities or steps that will be taken to achieve each of the activities proposed during the entire project period. Use a timeline that includes each activity and identifies responsible staff. Provide assurance that the research team will conduct the study as designed. Due to the competitive nature of the MCH Research Program grant competitions and limited availability of funding, it is important that the applicant address the feasibility of conducting and completing the study as proposed. Once funded, it is critical that the study is implemented and completed as proposed and approved.

E. Financing (Related Review Criteria: Support Requested):

State whether this proposal has been submitted or will be submitted to any other Federal agency or private foundation for consideration and review.

F. Protection of Human Subjects (Related Review Criteria: Evaluative Measures):

If human subject are involved, the project should be in compliance with the Department of Health and Human Services (HHS) regulations for protection of human subjects (45 CFR Part 46) (<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>). Please refer to instructions provided in HRSA's [SF-424 R&R Application Guide](#), Appendix B: Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan, for specific instructions on preparing the human subjects section of the application.

This section is required for applicants answering “yes” to the question “Are human subjects involved?” on the R&R Other Project Information form. If the answer is “No” to the question but the proposed research involves human specimens and/or data from subjects, applicants must provide a justification in this section for the claim that no human subjects are involved.

Discuss plans to seek Institutional Review Board (IRB) approval. IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent the page limits of the Research Strategy.

G. Targeted/Planned Enrollment (Related Review Criteria: Evaluative Measures):

Provide details about the Targeted/Planned Enrollment for the study. Information should include targeted/planned enrollment totals by:

- Ethnic Category (Hispanic Heritage): “Hispanic or Latino” or “Not Hispanic or Latino”
 - Gender distribution within each Ethnic Category (Hispanic Heritage)
 - Total planned enrollment by Ethnic Category (Hispanic Heritage)

- Racial Categories
 - American Indian/Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Black or African American
 - White
 - Gender distribution within each racial category
 - Total planned enrollment by racial category

The “Ethnic Category (Hispanic Heritage): Total of All Subjects” must be equal to the “Racial Categories: Total of All Subjects. Also list any proposed racial/ethnic subpopulations, if applicable. The “Total Planned Enrollment” means the number of subjects that are expected to be enrolled during the entire period of the study and are needed to evaluate the research question. The “Total Planned Enrollment” will be reported in two ways in the table: by self-reported “Ethnic Category (Hispanic Heritage)” and by self-reported “Racial Categories.”

Describe how the project will assure cultural competence. For **R40 MCHR (HRSA-14-007) and R40 MCH Policy Analysis (HRSA-14-009)**, describe how the project will assure cultural competence in terms of including individuals from the study population in the planning and implementation of the research project and in adapting the research methodology to reflect an understanding of and valuing the culture of the study population. For **R40 MCH SDAS (HRSA-14-008)**, describe how the analytic plan will reflect an understanding of and valuing the culture of the study population.

H. Dissemination Plan (Related Review Criteria: Impact):

Describe plans for dissemination of project results. State whether the project results are regional or national in scope and if they are replicable. It is expected that **R40 MCHR (HRSA-14-007)** research grantees will produce at least 3 peer-reviewed publications per study, **R40 MCH Policy Analysis (HRSA-14-009) grantees** will produce at least 2 peer-reviewed publications which may be preceded by contributions to the grey and white

literature, and that **R40 MCH SDAS (HRSA-14-008)** research grantees will produce at least 2 peer-reviewed publications resulting from their MCH Research project. The dissemination plan should include information on how you will accomplish this minimum number of publications. Past MCH Research Program grantees should demonstrate publications from their previous MCH research grant. (NOTE: Peer-reviewed publications are the cardinal measure of success of the MCH Research Program).

I. Environment (Related Review Criteria: Resources/Capabilities): This information is used to assess the capability of the organizational resources available to perform the effort proposed. NOTE: The SF-424 R&R Table of Contents Page, found in the [SF-424 R&R Application Guide](#) refers to Environment as “Facilities & Other Resources.” This section on “Environment” can be included as an attachment in the Other Project Information Form, box 10 or included as part of the research narrative.

- Identify the facilities to be used (laboratory, clinical, computer, office, other). If appropriate, indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project. Describe only those resources that are directly applicable to the proposed work.
- Describe how the scientific environment in which the research will be done contributes to the probability of success (e.g., institutional support, physical resources, and intellectual rapport). In describing the scientific environment in which the work will be done, discuss ways in which the proposed study will benefit from unique features of the scientific environment or subject populations or will employ useful collaborative arrangements.
- For Early Stage Investigators, describe institutional investment in the success of the investigator, e.g., resources for classes, travel, training; collegial support such as career enrichment programs, and availability of organized peer groups; logistical support such as administrative management and oversight and best practices training; and financial support such as protected time for research with salary support.
- If there are multiple performance sites, describe the resources available at each site.

iii. Staffing Plan and Personnel Requirements

Please refer to instructions provided in HRSA’s [SF-424 R&R Application Guide](#). Include the position descriptions (roles, responsibilities, and qualifications of proposed project staff) in the “Budget Narrative” section that will be uploaded in SF-424 R&R Budget Period – Section F – K Form, Box K. The staffing plan information should be included in the Budget Narrative, under Personnel costs. If the project is collaborative or has multiple investigators, the staffing plan should describe the complementary and integrated expertise of the investigators and show that the leadership approach, governance and organizational structure are appropriate for the project. The staffing plan should reflect the commitment of the research team in conducting and completing the study. (NOTE: A current PI of an MCH Research grant can serve for no more than 10% time on a new proposal in a capacity other than as Principal Investigator). Copies of biographical sketches for all senior/key personnel and other significant contributors must also be submitted as an attached file to each SF-424 R&R Senior/Key Person Profile. Refer to the [SF-424 R&R Application Guide](#) on the required format for biographical sketches.

iv. Program-Specific Forms

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) Performance Measures for the MCH Research Program and Submission of Administrative Data

To prepare successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/R40_2.HTML

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information would be due to HRSA within 120 days after the Notice of Award.

v. Attachments

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

Attachment 1: Letters of Agreement/Letters of Support

Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreement and letters of support must be dated.

Attachment 2: Key publications or condensed citations with abstracts.

Do not include unpublished theses, or abstracts/manuscripts **submitted** (but not yet accepted) for publication.

Attachment 3: Surveys, questionnaires, data collection instruments, clinical protocols. Surveys, questionnaires, and other data collection instruments; clinical protocols and informed consent documents may be submitted as an Attachment as necessary.

Attachment 4: Explanation on delinquent Federal debt, if applicable.

Attachment 5: Evidence of Non-Profit status and invention related documents, if applicable (Not counted in the page limit).

Attachments 5-15: Other Relevant Documents

Include here any other documents that are relevant to the application,.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *November 8, 2013 at 11:59 P.M. Eastern Time.*

4. Intergovernmental Review

The MCH Research Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Funds under this announcement for R40 MCHR (HRSA-14-007), R40 MCH SDAS (HRSA-14-008), and R40 MCH Policy Analysis (HRSA-14-009) may not be used for the following purposes: foreign travel.

HRSA-14-007: R40 MCH Research Program (MCHR)

Applicants may request funding for a project period of up to three (3) years, at no more than \$300,000 total cost (direct plus indirect expenses) per year.

Awards for the first year are subject to the availability of appropriations. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the government.

HRSA-14-008: R40 MCH Secondary Data Analysis Studies (MCH SDAS)

Applicants may request funding for a project period of one (1) year, at no more than \$100,000 total cost (direct plus indirect expenses).

HRSA-14-009: R40 MCH Policy Analysis

Applicants may request funding for a project period of up to two (2) years, at no more than \$200,000 total cost (direct plus indirect expenses) per year.

Awards for the first year are subject to the availability of appropriations. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation,

satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the government.

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the *Consolidated and Further Continuing Appropriations Act, 2013 (P.L. 113-6)*, apply to the three MCH Research Programs included in this FOA. Please see Section 4.1 of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

NOTE: The terms *research project* and *study* are used interchangeably.

Review Criteria are used to review and rank applications. The *R40 MCH Research (HRSA-14-007)*, *R40 MCH SDAS (HRSA-14-008)* and *R40 MCH Policy Analysis (HRSA-14-009)* Programs have six (6) review criteria:

Criterion 1.	Need	10 points
Criterion 2.	Response	20 points
Criterion 3.	Evaluative Measures	40 points
Criterion 4.	Impact	10 points
Criterion 5.	Resources/Capabilities	10 points
Criterion 6.	Support Requested	10 points
TOTAL:		100 points

Criterion 1: NEED (10 points) – Corresponds to Section IV’s Specific Aims

The extent to which the application describes an important strategic MCH research problem/issue and associated contributing factors, as described in the MCHB Strategic Research Issues ([Appendix A](#)). The Bureau strongly encourages research studies that specifically address issues related to MCHB investments and programs, particularly those with expected broad public health impact.

- The extent to which the research project addresses an important MCH problem, a critical barrier to progress in the field, components of policy changes or factors affecting policy implementation .

- The extent to which the research project addresses an MCHB Strategic Research Issue ([Appendix A](#)).
- The extent to which the research project identifies its relationship to specific Healthy People 2020 objectives. (See HRSA’s [SF-424 R&R Application Guide](#), section 2.2: *Administrative and National Policy Requirements*).

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV’s Specific Aims, Research Strategy: Significance and Innovation

The extent to which the proposed project responds to the “Purpose” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the scientific activities described in the application are capable of addressing the problem and attaining the project objectives.

- The extent to which the overall scientific approach is thoughtful, logical and original.
- The extent to which the investigators demonstrate awareness of previous and current work in the area of the project. The extent to which the cited literature is pertinent to the research problem and provides a rationale for the research.
- The extent to which the hypotheses or policy analytic research questions are logically derived from the literature, clearly stated, and are related to the defined problem.
- The extent to which the goals and objectives are clear, concise and appropriate.
- The extent to which scientific knowledge, technical capability, policies, and/or clinical practice will be improved, if the aims of the project are achieved.
- The extent to which successful completion of the aims will change the concepts, methods, technologies, treatments, services, policies, or preventive interventions that drive this field.
- The extent to which the application challenges and seeks to shift current research, policy, or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions.
- The extent to which the concepts, approaches or methodologies, instrumentation, policy analysis, or interventions are novel to one field of research or novel in a broad sense.
- The extent to which a refinement, improvement, or new application of theoretical concepts, policies, approaches or methodologies, instrumentation, or interventions is proposed.

Criterion 3: EVALUATIVE MEASURES (40 points) – Corresponds to Section IV’s Specific Aims, Research Strategy: Innovation and Approach, Protection of Human Subjects, Targeted/Planned Enrollment

The effectiveness of the methods proposed to conduct the research project. Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project?

Proposed measures must be able to assess to what extent the project objectives have been met. Are potential problems, alternative strategies, and benchmarks for success presented? How will particularly risky aspects of the project be managed? Is the project feasible as proposed?

If the project involves primary data collection, are plans included for: 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders?

Is the proposed inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

Scientific and Technical Merit:

- The appropriateness of the research plan and methodologies described.
- The extent to which the research plan is coherent as a whole.
- The extent to which the proposed project is feasible in terms of subject recruitment, as well as in terms of conducting and completing the study as proposed within the given time frame.

Tests and Measurements:

- The extent to which data gathering procedures are described.
- If new data are to be collected, the extent to which instruments have been selected or developed and are adequate and appropriate.
- The extent to which adequate attention is given to reliability and validity (psychometric properties).
- If secondary analysis of existing data is proposed, the extent to which the data are available to the investigator and are appropriate for this study. The extent to which the secondary data provide convincing validity for intended measurements, e.g., self-reported blood pressure, parent-reported anthropometric data. (NOTE: The MCH SDAS grant program does not support analysis of data previously collected by the applicant PI).

Study Design:

- The appropriateness of the study design to answer the research questions.
- The degree to which proper controls are included.
- The extent to which the description of the design is explicit enough to permit replication.
- The extent to which all the significant threats to internal and external validity of the design have been adequately acknowledged and addressed.
- The extent to which the method of randomization, if used, is clearly described and criteria for entering the study are well defined.

Population Description and Sampling Plan:

- The degree to which the study population is described.
- The degree to which the sampling design is appropriate.
- The degree to which the sample size is adequate and justified in terms of statistical power.
- The extent to which expected differences between groups are defined in terms of statistical as well as clinical significance.
- The extent to which there is a basis for anticipating the quality of sample estimates and the degree to which the quality is adequate for the purpose of the study.

Plan for Data Analysis:

- The degree to which plans for data analysis are presented in detail.
- The extent to which the plans describe the process of data analysis and the rationale for the sequence of steps to be taken.
- The appropriateness of the plans to the nature of the data, design and samples.

- The appropriateness of the statistical methods.
- The extent to which sufficient time is allocated for data analysis and reporting.

Protection of Human Subjects:

- The extent to which adequate protections are afforded to human subjects.
- The extent to which the proposal is in compliance with the Department of Health and Human Services (HHS) regulations for protection of human subjects (45 CFR Part 46). See the instructions in HRSA's [SF424 R&R Application Guide](#), Appendix B: Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan.
- The extent to which the applicant discusses plans to seek Institutional Review Board (IRB) approval or exemption (IRB approval or exemption notification is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects).

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Specific Aims, Significance, and Dissemination Plan

The extent and effectiveness of plans for dissemination of project results; the extent to which project results may be regional or national in scope and/or degree to which the project activities are replicable. The likelihood for the project to exert a sustained, powerful influence on the research field(s) involved.

- The extent to which there is an effective publication and dissemination plan.
- The degree to which the applicant has a sound plan for how they will meet the expectation to produce the expected minimum number of peer-reviewed publications (i.e., 3 publications expected for each **R40 MCH Research (HRSA-14-007)** study, 2 publications which may be preceded by contributions to the grey and white literature expected for each **R40 MCH Policy Analysis (HRSA-14-009)** study, and 2 publications expected for each **R40 MCH SDAS (HRSA-14-008)** study).
- The extent to which the problem addressed by the proposed research is unique to a community or region or is one of national proportion.
- The extent to which the findings will be generalizable and of regional or national significance.
- The extent to which the number of mothers or children affected by the problem or who will benefit from the research is significant.
- The degree to which the proposed project will advance the research field by having a sustained and powerful influence.
- If the investigators are past MCH Research Program grantees, the extent to which they have demonstrated publication success from their previous grant(s).

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's Preliminary Studies, Environment; Staffing Plan in Budget Narrative, Biographical Sketches

The extent to which project personnel are qualified by training and/or experience to implement and carry out the research project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed research project.

- The extent to which the Principal Investigator (PI), collaborators, staff, and other researchers are well qualified by training and/or expertise to conduct the research.

- If Early Stage Investigators or New Investigators, the appropriateness of their experience and training. If established, the degree to which they have demonstrated an ongoing record of accomplishments that have advanced their field(s).
- The extent to which the scientific environment in which the work will be done contributes to the probability of project success.
- The adequacy of the institutional support, equipment, and other physical resources available to the PI and co-investigators for the proposed project.
- The extent to which the project will benefit from unique features of the scientific environment, subject populations, or collaborative arrangements.
- The extent to which all key personnel have indicated other current and pending support in their biographical sketches. (Note: A current PI of an MCH Research grant can serve for no more than 10% time on a new proposal).
- The degree to which the applicant provides assurance that the research team will conduct and complete the study as proposed. (It is expected that funded projects will demonstrate ongoing progress and completion as proposed and approved).
- The degree to which the PI and other key personnel demonstrate current and/or past success in publishing the findings of their research. In particular, if investigators are past MCH Research Program grantees, the degree to which they demonstrate publication success from their previous grant(s).

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Financing; Budget Justification

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which budget line items are well described and justified in the budget justification.
- The extent to which time allocated by key personnel is realistic and appropriate to achieve project objectives.
- The extent to which the application addresses other current and pending support for the current project.

2. Review and Selection Process

Please see section 5.3 of the HRSA’s [SF-424 R&R Application Guide](#).

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of April 1 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of April 1, 2014. See section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See section 2 of HRSA's [SF-424 R&R Application Guide](#).

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) and the following reporting and review activities:

1) **Progress Report(s).** (Not Applicable to R40 MCH SDAS (HRSA-14-008)) The awardee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

2) **Mid-Project Progress Report(s).** For **R40 MCH Research (HRSA-14-007) and R40 MCH Policy Analysis (HRSA-14-009)**, submit a **Mid-Project Progress Report**. For **R40 MCH SDAS (HRSA-14-008)**, submit a **Mid-Year Progress Report**. Further information will be provided in the NoA.

3) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

4) Performance Report(s).

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

1. Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/R40_2.HTML.

2. Performance Reporting

Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/R40_2.HTML. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each grant year of the project period. Grantees will be required, within 120 days of the NoA, to enter HRSA's EHBs and complete the program specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant summary data as well as finalizing indicators/scores for the performance measures.

3. Project Period End Performance Reporting

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/R40_2.HTML. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Janene P. Dyson, Grants Management Specialist
Attn.: R40 MCH Research Program
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11-103
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8325
Fax: (301) 594-4073
Email: Jdyson@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Robin Harwood and Hae Young Park
Program Officers, Division of Research
Attn: R40 MCH Research Program
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2207
Fax: (301) 443-4842
Email: rharwood@hrsa.gov; hpark@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

Bright Futures

<http://www.brightfutures.aap.org/>

Healthy People 2020

<http://www.healthypeople.gov/2020/>

Human Subjects Assurances

<http://www.hhs.gov/ohrp>
<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

Inclusion of Children Policy Implementation

<http://grants.nih.gov/grants/funding/children/children.htm>

Institute of Medicine

<http://www.iom.edu>

Making Websites Accessible: Section 508 of the Rehabilitation Act

<http://www.section508.gov/>

MCH Training Web Site

<http://www.mchb.hrsa.gov/training>

National Center for Cultural Competence

<http://nccc.georgetown.edu/>

National Center for Medical Home Implementation

<http://www.medicalhomeinfo.org/>

IX. Tips for Writing a Strong Application

See section 4.7 of HRSA's [*SF-424 R&R Application Guide*](#).

Appendix A: Maternal and Child Health Bureau (MCHB) Strategic Research Issues

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⁾.
- 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.

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.

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 (**The American Academy of Pediatrics**)
 - 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**)

Appendix B: Key Terms for Project Abstracts

Access to Health Care

Acculturation

ADD/ADHD

Asthma

Autism

Breastfeeding

Capacity & Personnel

Cesarean

Child Care

Chronic Illness

Clinical Practice

Cognitive & Linguistic Development

Coordination of Services

Cost Effectiveness

Cultural Competence

Depression

Developmental Disabilities

Down Syndrome

Early Childhood Education

Early Intervention

Emergency Care

Fathers

Health Care Costs

Health Care Utilization

Health Disparities

Health Education & Family Support

Home Visiting

Hospitalization

Immigrant Populations

Immunization

Infections & Illness

Labor & Delivery

Low Birthweight

Medicaid, SCHIP, & Health Insurance

Medical Home

Mental Health & Wellbeing

Mortality

Neighborhood
Nutrition & Diet

Obesity & Weight Gain
Oral Health

Parent-Child Relationship
Parenting
Perinatal
Physical Activity
Physical Growth
Postpartum
Pregnancy
Preconception Health
Preterm
Primary Care

Rural
Risk Behaviors

Safety
School Health Programs
School Outcomes & Services
Screening
Sexually Transmitted Diseases
SIDS
Sleep
Smoking
Social & Emotional Development
Special Health Care Needs
Stress
Substance Use

Telehealth & Health Information Technology
Trauma & Injury

Violence & Abuse

Well-Child Pediatric Care