**MCH-MRN Theory of Action**

<table>
<thead>
<tr>
<th>If we do the following...</th>
<th>...then we will impact the following</th>
<th>... and we will achieve the following results.</th>
</tr>
</thead>
</table>
| **Fill key conceptual gaps** | • Gain support for filling priority conceptual gaps.  
• Support rapid research and action.  
• Align with and leverage existing frameworks and initiatives. | • Improved capacity to monitor health and well-being of MCH populations across the life course.  
• More stakeholder engagement.  
• Greater equity for MCH populations.  
• Better informed policy, program, and family leaders.  
• More information for planning across the MCH workforce, programs, and initiatives. |
| **Increase use and application** | • Identify a sets of measures and promote their use to address emerging priority areas.  
• Leverage existing measures for strategic use. | • Use of more effective measures, tools, and approaches by providers in practice.  
• Increased use of community-level measures and data to drive action, build knowledge, and improve well-being. |
| **Address barriers to equity analyses** | • Advance measurement, data collection, and communication practices for socio-economic, racial-ethnic, and gender topics.  
• Promote data collection methods that protect individuals and fit with law. | • More capable and prepared measure and data users and developers.  
• More efficient and effective use of measures, data, and the resources it takes to apply them. |
| **Improve data use at local level** | • Use local area estimation techniques.  
• Develop training and technical assistance to support local data use. | • Greater shared accountability for program results and health outcomes. |
| **Promote alignment & shared accountability** | • Create common core sets of measures relevant across programs.  
• Promote alignment across programs for shared accountability.  
• Promote data linkages. | |