

Strengthening Partnerships Between Researchers and Communities to Improve Maternal Health

PROGRAM OVERVIEW

The **Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone Community Implementation Program (IMPROVE-CIP)** supports community-engaged implementation research to address factors contributing to maternal mortality and severe maternal morbidity, such as mental health, substance use, psychosocial factors, and social and structural determinants of health.

IMPROVE-CIP is a program of the National Institutes of Health (NIH) Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE) initiative. This initiative was launched in 2019 in response to high rates of pregnancy-related complications and deaths in the U.S. The NIH IMPROVE initiative funds research to reduce preventable causes of maternal deaths and improve health before, during, and after delivery.

Like the broader IMPROVE initiative, IMPROVE-CIP focuses on health differences among populations hardest hit by maternal mortality and severe maternal morbidity.

As part of CEAL, IMPROVE-CIP emphasizes community involvement in all aspects of research. Like the Maternal Health Community Implementation Program (MH-CIP), another CEAL program, IMPROVE-CIP develops and tests community-based implementation strategies to increase the adoption, uptake, scale up, and scale out of evidence-based practices or interventions to improve health before, during, and after pregnancy. The program supports research coalitions firmly connected to and embedded in affected communities.



IMPROVE-CIP Goals

- Use implementation science to bring effective maternal health interventions into communities severely impacted by maternal health differences.
- Empower the most impacted communities across the U.S. to be full partners in community-engaged implementation research to reduce difference in outcomes in maternal mortality and severe maternal morbidity.
- Identify and distribute effective implementation strategies that harness community strengths and knowledge to address facilitators or barriers affecting the adoption of evidence-based practices or interventions to improve maternal health.
- Strengthen partnerships between researchers and community-based organizations to support the translation of research into usable tools and knowledge.

IMPROVE-CIP Research Coalitions

IMPROVE-CIP supports four coalitions of research organizations and community partners. These coalitions are conducting formative work to understand communities' needs and priorities. This work sets the stage for the second phase of research, when coalitions will examine community-

informed strategies to begin evidence-based interventions to reduce maternal mortality and severe maternal morbidity. Community partners are co-leading these efforts, ensuring that local knowledge, values, priorities, and strengths are fully incorporated into the research.

COALITION	Arizona State University	Texas Tech University Health Sciences Center	Thomas Jefferson University	University of Nebraska Medical Center
PROJECT	Listen to the Villages: A responsive, community-engaged process to promote maternal-infant health	VIBRANT MOMS: Verifying & Implementing evidence-Based pROgrams Addressing Needed Transformations for Maternal health Outcomes, Measures, & Support	Addressing the needs of pregnant women with opioid use disorder (OUD)	Wellness Advocacy Zones: Opportunities for Kinship Involvement (WAZOKI)
INTERVENTION	Community-engaged doulas provide support to reduce maternal stressors, such as mental health challenges, substance use, and obesity	Prevention (low-dose aspirin), screening, and blood pressure management to address preeclampsia	Adaptation of the Centering Pregnancy model to enhance prenatal care in pregnant women with OUD	Kinship involvement to improve maternal health outcomes, including maternal mental health in the Winnebago Tribe
LOCATION	Urban and rural communities in Arizona	Women experiencing health differences in the rural and urban counties of the Texas Panhandle	Pregnant women with OUD in Philadelphia, PA	Winnebago, Nebraska
ACADEMIC LEADS	Cady Berkel, Ph.D. (Multiple Program Investigator)	Christine D. Garner, Ph.D., R.D., M.S. (Principal Investigator); Julie St. John, Dr.P.H., M.P.H., CHWI; Stephanie Stroeve, Ph.D., M.P.H.	Vanessa Short, Ph.D., M.P.H. (Principal Investigator); Diane Abatemarco, Ph.D., M.S.W.; Meghan Gannon, Ph.D., M.S.P.H.; Dennis Hand, Ph.D.	Regina Idoate, Ph.D., M.A. (Cherokee Nation of Oklahoma)
COMMUNITY LEADS	Jennie Bever, Ph.D., IBCLC (Multiple Program Investigator); Lakisa Muhammad, L.M., CPM; Kimberly Moore-Salas, IBCLC	Casie Stoughton, R.N., M.P.H.; America Adame	Nicole Leighton, CRNP, PMHNP-BC, Lead Nurse Practitioner; Kimberly McLaughlin, Ph.D., Executive Program Director; and Kelliann O'Hare, Program Manager at Maternal Addiction Treatment Education and Research (MATER), Thomas Jefferson University Hospital	Mona Zuffante, Ph.D., M.P.H., CPH (Seneca-Cayuga Nation)

For more information about the IMPROVE-CIP program, visit [NIHCEAL.org](https://nihceal.org).

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FOLLOW CEAL

 COMMUNITY ENGAGEMENT ALLIANCE (CEAL)

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