National Institutes of Health Community Engagement Alliance (NIH CEAL)

Maternal Health Community Implementation Program (MH-CIP)



In the United States, people who are Black/African American, American Indian/Alaska Native, or Hispanic/Latina, as well as people living in rural areas experience higher rates of maternal morbidity and mortality. The Maternal Health Community Implementation Program (MH-CIP) supports community-engaged implementation research, working with affected communities to improve heart, lung, blood, and sleep health before, during, and after delivery.

MH-CIP aligns with the CEAL mission by emphasizing community engagement in all aspects of research promoting health equity. MH-CIP develops and tests community-based implementation strategies to increase the adoption, uptake, and scaling up of evidence-based interventions to improve health before, during, and after pregnancy. The program supports research coalitions that are firmly connected to and embedded in affected communities.

MH-CIP Goals

- Use implementation science to bring effective maternal health interventions into communities severely impacted by maternal health disparities.
- Empower disproportionately impacted communities across the U.S. to be full partners in communityengaged implementation research to reduce disparities in maternal mortality and severe maternal morbidity.
- Identify and disseminate 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.

MH-CIP Research Coalitions

MH-CIP supports four research coalitions comprised of research organizations and community partners. Research coalitions are using Hybrid Type 2 or Type 3 Effectiveness-Implementation study designs to examine the effectiveness and implementation of evidence-based interventions. Community partners co-lead these efforts, ensuring that local knowledge, values, priorities, and strengths are fully considered and incorporated into the research.





National Institutes of Health Community Engagement Alliance (NIH CEAL)

Maternal Health Community Implementation Program (MH-CIP)

Coalitions	Morehouse School of Medicine	New York University Langone Health	Tulane School of Public Health and Tropical Medicine	Center for Women's Health Research, University of North Carolina at Chapel Hill
Studies	IMPACT	RESTORE	STRIVE	AC3HIEVE
	Improving Preconception Actions and Choices for Tomorrow	bRidging maternal lifestyle Education and counSeling with CommuniTy health wORkers and health Equity	Strategies for Implementing a Postpartum Lifestyle Intervention in WIC Clinics: A Cluster Randomized Trial	Advancing Community and Clinical Care for Childbirth- related Hypertension through Implementation, Engagement, and Valuing Equity
Interventions	Pre-pregnancy counseling based on recommendations from the American College of Obstetrics and Gynecology	Just Mothers, a web application used to deliver the Starting Early Program (StEP) - a supportive nutrition and lifestyle counseling program for pregnant women	Type 2 Diabetes prevention program at 36 WIC sites	Community-informed training, facilitation, and simulations to support the implementation of the Outpatient Severe Hypertension (O-HTN) Safety Bundle
Locations	Healthy Start and similar clinics in Georgia, North Carolina, and South Carolina	Family Health Centers at NYU Langone and NYC Health + Hospitals	WIC clinics in Louisiana	Outpatient clinics in North Carolina
Academic Leads	Natalie Hernandez, PhD, MPH (Principal Investigator); Latrice Rollins, PhD, MSW; Cheryl Franklin, MD, MPH, FACOG; Amy Huebschmann, MD, MSc, FACP (Implementation Science Subject Matter Expert); Meredith Fort, PhD (Implementation Science Subject Matter Expert)	Natasha Williams, EdD, MPH, MSW (Principal Investigator) Gbenga Ogedegbe, MD, MPH, FACP (Multi- Principal Investigator); Mary A. Sevick, ScD; Mary Messito, MD (Multi Principal Investigator); Laura Ibanez Gomez, MS; Rachel S. Gross, MD, Erinn M. Hade, PhD; Heather T. Gold, PhD; Angela Aifah, PhD; Hye, Heo, MD; Wendy Wilcox, MD, MBA, MPH	Kirsten S. Dorans, ScD (Multi-Principal Investigator); Jiang He, MD, PhD (Multi-Principal Investigator); Mary E. Schultheis, LPN (Multi- Principal Investigator); Flor Alvarado, MD, MHS; Alessandra Bazzano, PhD, MPH; Hua He, PhD; Leanne Redman, MS, PhD; Sarah Schrauben, MD, MSCE; Lizheng Shi, PhD, MSPharm	Kathryn Menard, MD, MPH (Principal Investigator); Jennifer Leeman, DrPH, MDiv (Implementation Science Lead), Narges Farahi, MD (Clinical Integration Lead); Alex Lightfoot, EdD (Community Engagement Lead); Sarahn Wheeler, MD, MsC (Health Equity Lead)
Community Leads	Danette McLaurin Glass	Lydie Pierre, Juliana Staten, Damalia Jackson, Ashley Vital, Myla Flores, Yomaha Gordon, Victoria St. Clair, Tania Batres, Nathaly Rubio, Marguerite Pierce, Helena Grant	Courtney R. Martin, BS, CLC; Celia Bridgforth, PhD, RDN, LDN (community partner)	Kamara Barnett (Lead Patient Representative); Jen Medearis Costello, MS

For more information about the MH-CIP, visit NIHCEAL.org. MH-CIP is supported by the National Heart, Lung, and Blood Institute and the Office of Research on Women's Health.





