ALLIANCE FOR INNOVATION ON MATERNAL HEALTH
Community Care Initiative (AIM CCI)

AIM CCI Overview

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AIM CCI Overview

Alliance for Innovation on Maternal Health (AIM)

HRSA funds three AIM projects:

AIM Technical Assistance (TA) Center:

providing national expertise in the development and use of "patient safety bundles."

AIM Capacity:

providing funding to states, jurisdictions, and territories so that they can expand AIM "patient safety bundles" to their hospitals and birth centers.

AIM Community Care Initiative (AIM-CCI):

promoting bundles for outpatient clinical settings and community-based organizations, coordinated at the national level, but carried out on the community level.

What is AIM CCI?

The purpose of the AIM – Community Care Initiative is to:

1) support the development and implementation of non-hospital focused maternal safety bundles within community-based organizations and outpatient clinical settings across the United States and
2) build upon the foundational work of AIM by addressing preventable maternal mortality and severe maternal morbidity among pregnant and postpartum women outside of hospital and birthing facility settings

One Agreement Awarded

National Healthy Start Association

Five-year Pilot w/ 1 year extension

Pilot Period 2019 - 2024

Extension Period 2024 - 2025

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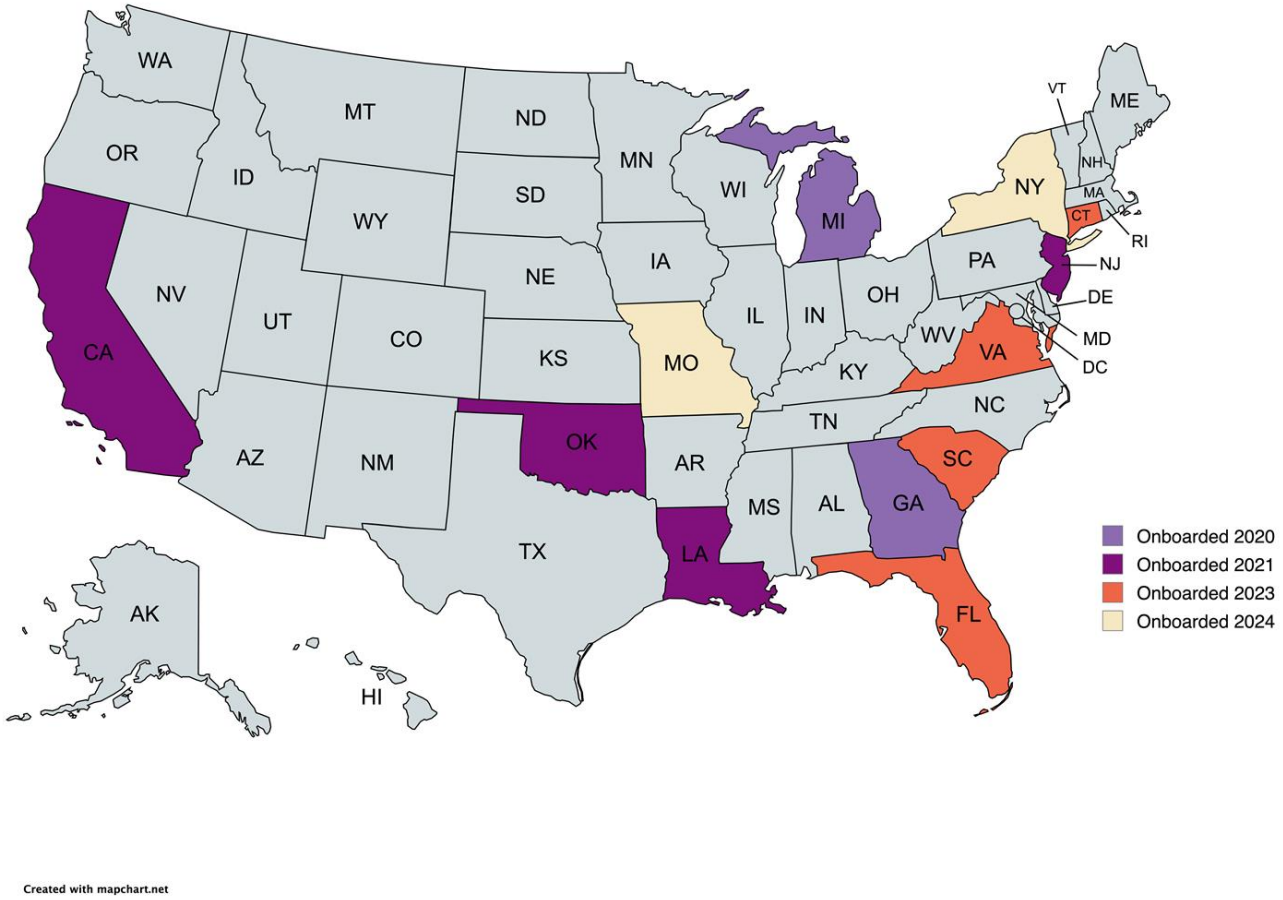
Community Care Initiative (AIM CCI)

NATIONAL HEALTHY START ASSOCIATION

Where is AIM CCI happening?



Created with mapchart.net

12 States & 14 Communities

Grand Rapids, MI
Atlanta, GA
Fresno, CA
San Bernadino, CA
Tulsa, OK
New Orleans, LA
Newark, NJ
Paterson, NJ
Middletown, CT
Norfolk, VA
Williamsburg, SC
Stuart, FL
Staten Island, NY
St. Louis, MO

Bundle Implementation

What are Patient Safety Bundles?

Patient Safety Bundles

- A Bundle is a small set of evidence-based interventions that combines medical and improvement science to achieve improved outcomes
  - When care processes are grouped into simple bundles, caregivers are more likely to implement them by making fundamental changes in how the work is done.
  - When the care processes are evidence based, subsequent outcomes will improve.
  - Encourages interdisciplinary teams to organize work, adapt the delivery system, and deliver bundle components reliably.

Why non-hospital focused safety bundles?

For the period of 2017 to 2019:

- **21.6**% of deaths occurred during pregnancy
- **13.2%** of deaths occurred on day of delivery
- **12.0**% of deaths occurred 1-6 days postpartum
- **23.3**% of deaths occurred 7-42 days postpartum
- **30.0**% of deaths occurred 43-365 days postpartum

In the United States, over 800 birthing persons die as a result of pregnancy or pregnancy-related complications each year.

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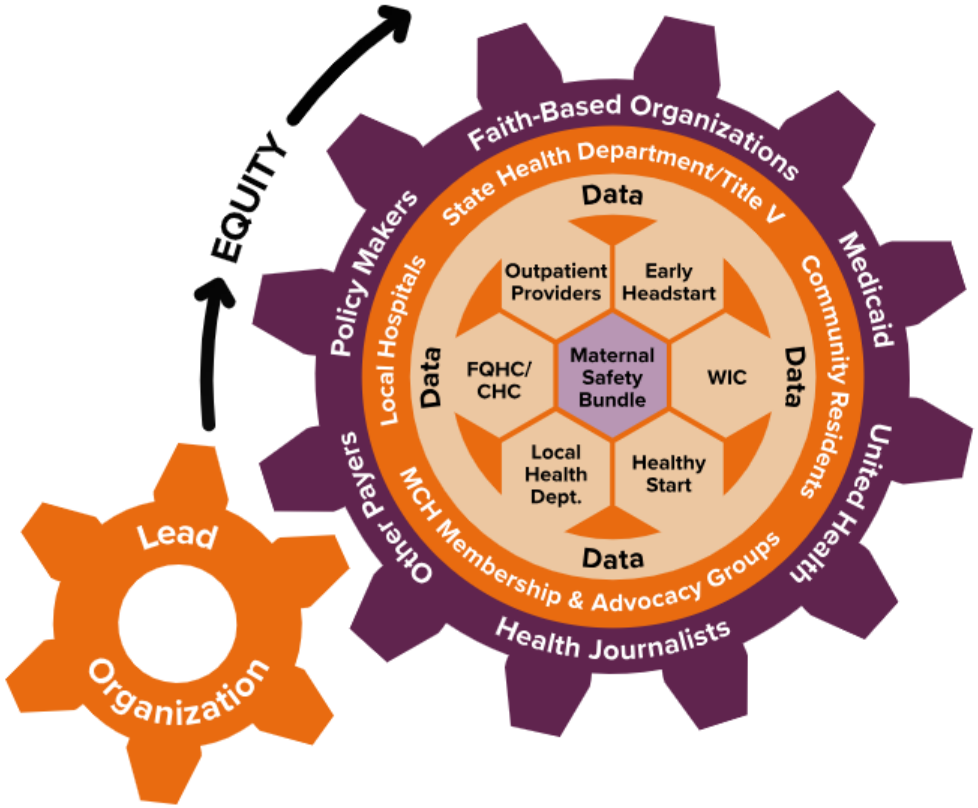
Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019 (cdc.gov)

The AIM CCI Approach: National Maternal Safety Committee

We are proud to partner with these organizations in our efforts to reduce maternal mortality and morbidity across communities in the United States.

The AIM CCI Approach

Bring



Who are Local AIM CCI Partners?

Local partners include all community providers or representatives from provider organizations that treat, interact, advocate for, and serve pregnant and postpartum women. To implement AIM CCI at the local level, we recommend a structure that includes an overarching advisory council comprised of partners from groups as noted below, a subset of which will form the implementation team or workgroup.

Implementation: The **IMPLEMENTATION GROUP** meets monthly. This group should be able to implement the bundle elements and collect and share aggregate data relative to AIM CCI performance measures. The model allows you to include local partners that may be exclusive to your community. Who might that be?

Advisory: The **LMSW** meets monthly. These are relationships that you may cultivate to garner high-level support, advise on best practices, or otherwise leverage their interest in guiding and supporting the initiative.

Awareness: The **AWARENESS GROUP** are those community partners that you might consider MCH champions that should have AWARENESS of the AIM CCI activities in your community. This group may be invited to LMSW meetings or kept abreast via mailing lists and individual meetings as milestones are achieved.

AIM CCI Bundles

Community Care for Postpartum Safety and Wellness

This bundle seeks to ensure that all women receive the care and support that they need to have to recover from birth, acclimate to motherhood and transition to well woman care.

BUNDLE DETAILS

Community Care for Maternal Mental Health & Wellness

This bundle seeks to ensure that all pregnant and postpartum women/birthing persons receive the care and support needed in responses to perinatal stress, trauma, anxiety, and depression.

BUNDLE DETAILS

Community Care to Address Intimate Partner Violence During and After Pregnancy

This bundle seeks to ensure that all pregnant and postpartum women/birthing persons receive education, assessment, and support needed in response to IPV.

BUNDLE DETAILS

Community Care to Address the Management of Chronic Conditions during Pregnancy

This bundle seeks to assure that all women/birthing persons affected by diabetes, hypertension, and overweight/obesity have equitable access to recommended preventive services, primary and specialty care that is congruent with their needs during pregnancy.

BUNDLE DETAILS

Community Care to Address the Management of Chronic Conditions during Postpartum

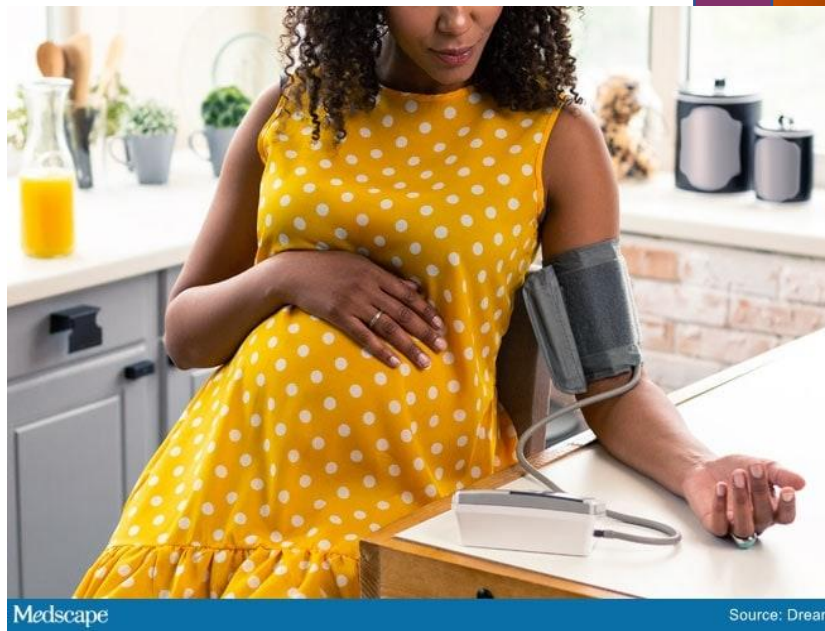
This bundle seeks to assure that all women/birthing persons affected by diabetes, hypertension, and overweight/obesity have equitable access to recommended preventive services, primary and specialty care that is congruent with their needs after giving birth.

BUNDLE DETAILS

Year 6:
Focus on Hypertension

Why Hypertension?

- Approximately **1 in 7 delivery hospitalizations** in the U.S. are affected by HDP, encompassing chronic hypertension and pregnancy-associated hypertension (CDC 2022)
- This condition affects approximately **5% to 7% of all pregnancies** in the U.S.
- Hypertensive disorders are a **leading cause of maternal mortality**. During 2017–2019, 31.6% of maternal deaths during delivery hospitalizations had an HDP documented (CDC 2022).
- Preeclampsia has been estimated to account for **6% of preterm births** and **19% of medically indicated preterm births** in the U.S. (USPSTF 2023)
- Advanced maternal age (≥35 years), nulliparity, and certain sociodemographic characteristics (e.g., Black race, low socioeconomic status) are associated with an increased risk of preeclampsia. (Ayyash et al 2024)



Year 6: Mental Health, IPV & Hypertension

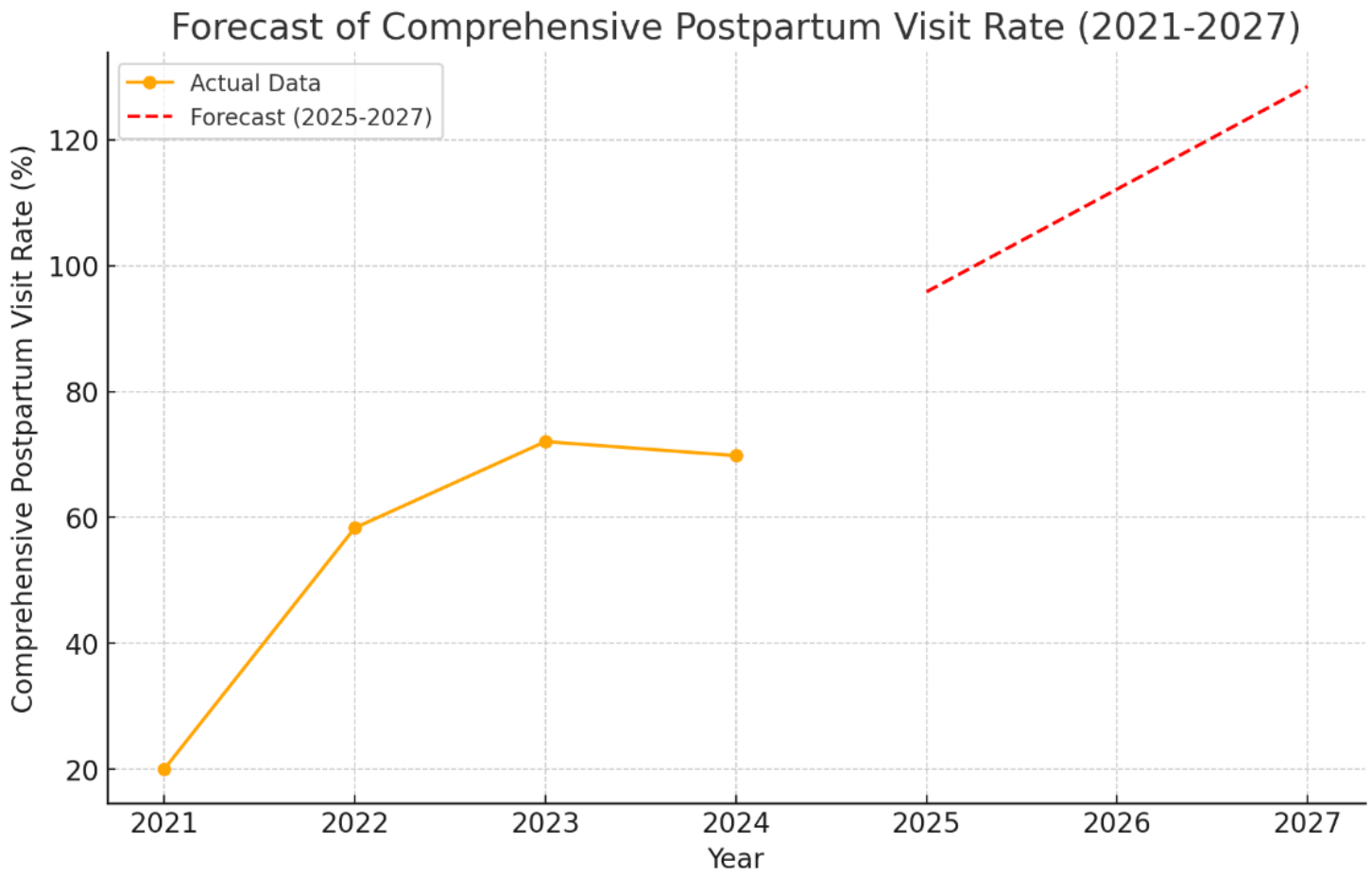
Correlations Between Hypertension, Mental Health & IPV

- The risk of postpartum depression increases by 12% for individuals who experience preeclampsia compared to those who do not have preeclampsia. (Shang et al., 2024).
- The severity of mental illness symptoms is linked to the severity of hypertension. (Roberts & Davis, 2019).
- Women experiencing severe emotional abuse had a 24% higher rate of hypertension compared to those not exposed to emotional abuse. (Mason & Right, 2012).
- The prevalence of intimate partner violence among pregnant women is linked to negative health outcomes, including hypertension. (Sanchez et al, 2013).
- Women who have experienced violence and abuse are at a significantly increased risk of poor health outcomes and require a specialized and tailored primary care approach.(Stubbs & Szoeke, 2021).

Data Strategy

Saanie Sulley

Successes/Accomplishments



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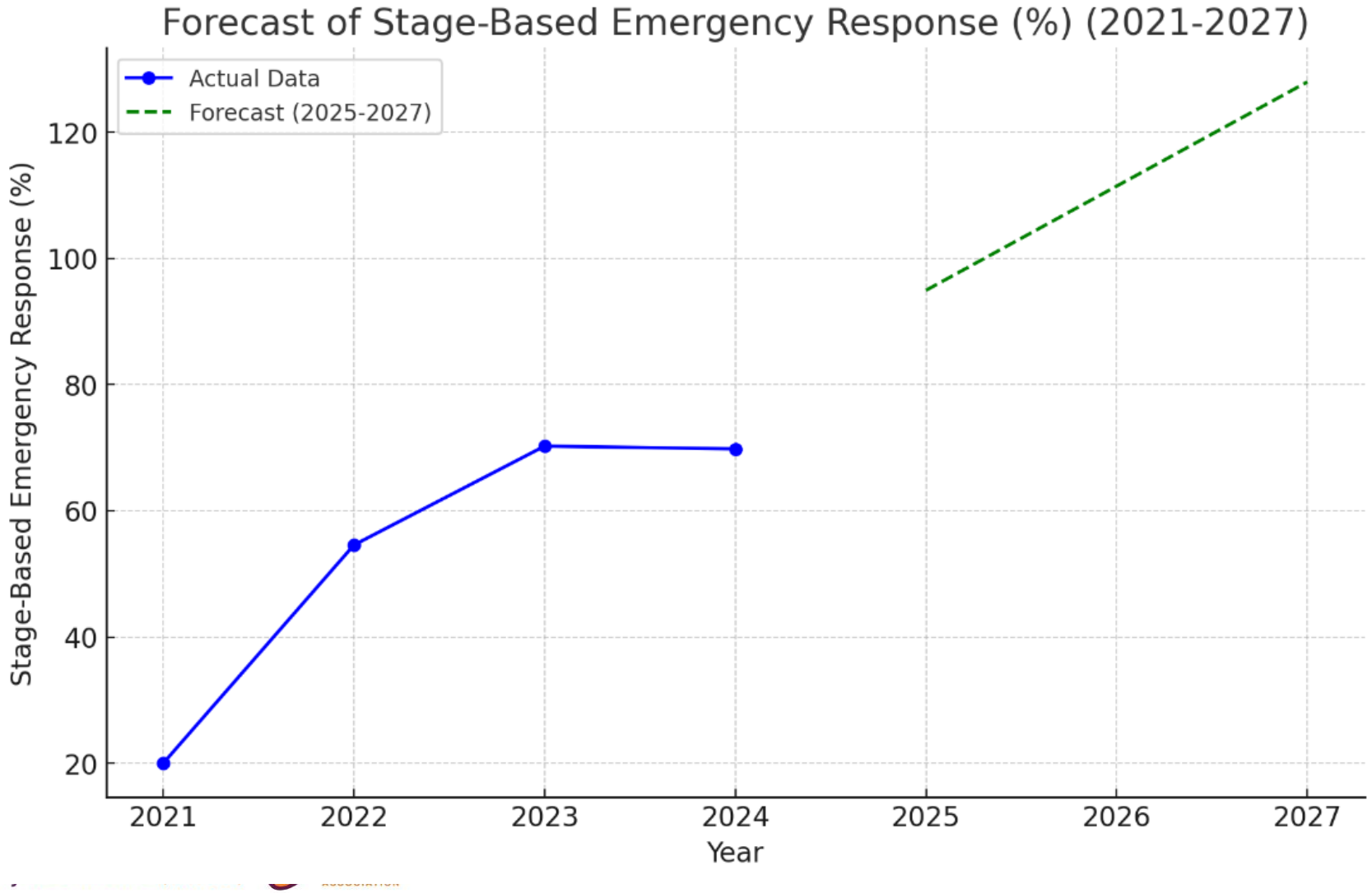

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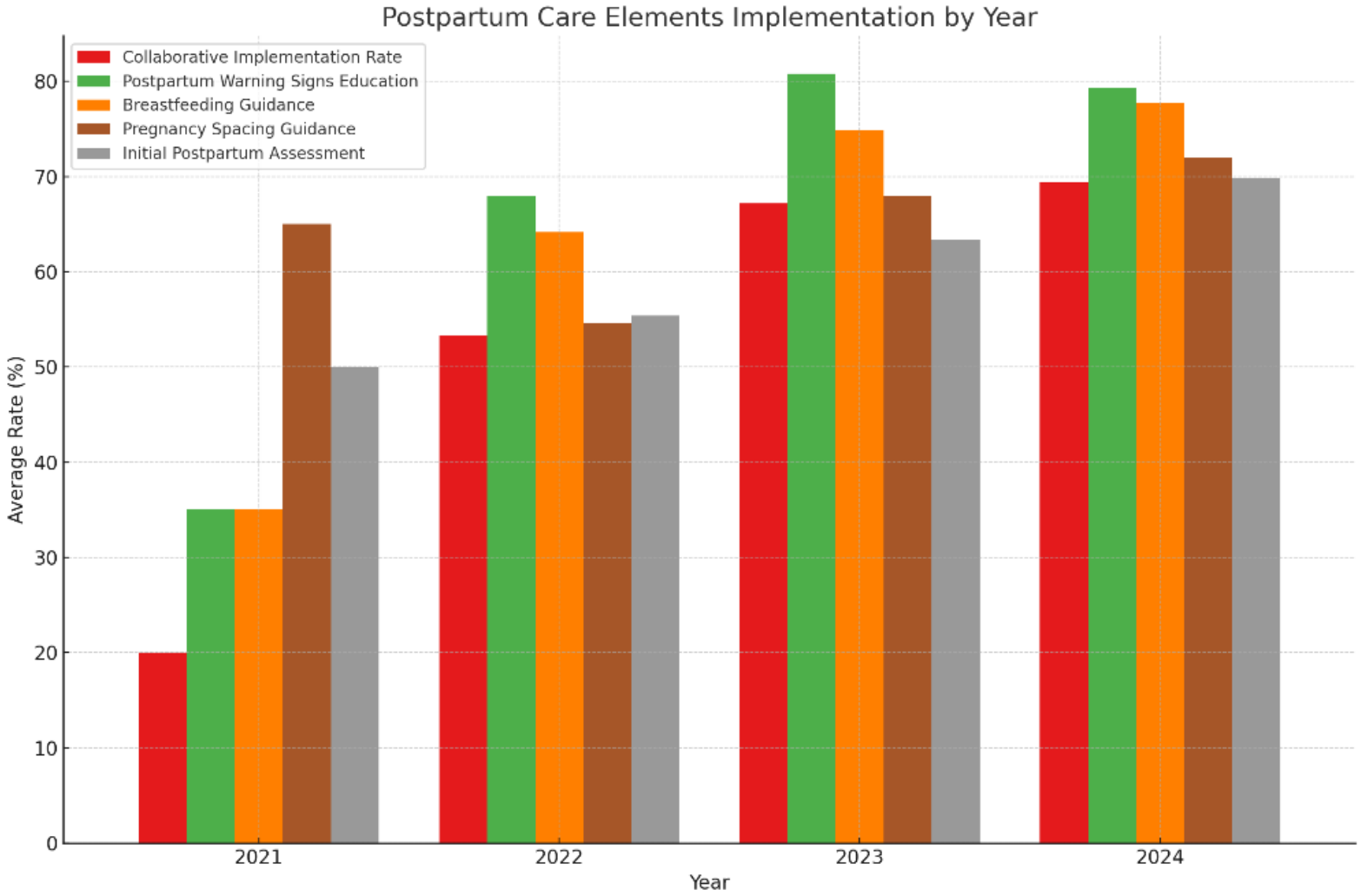

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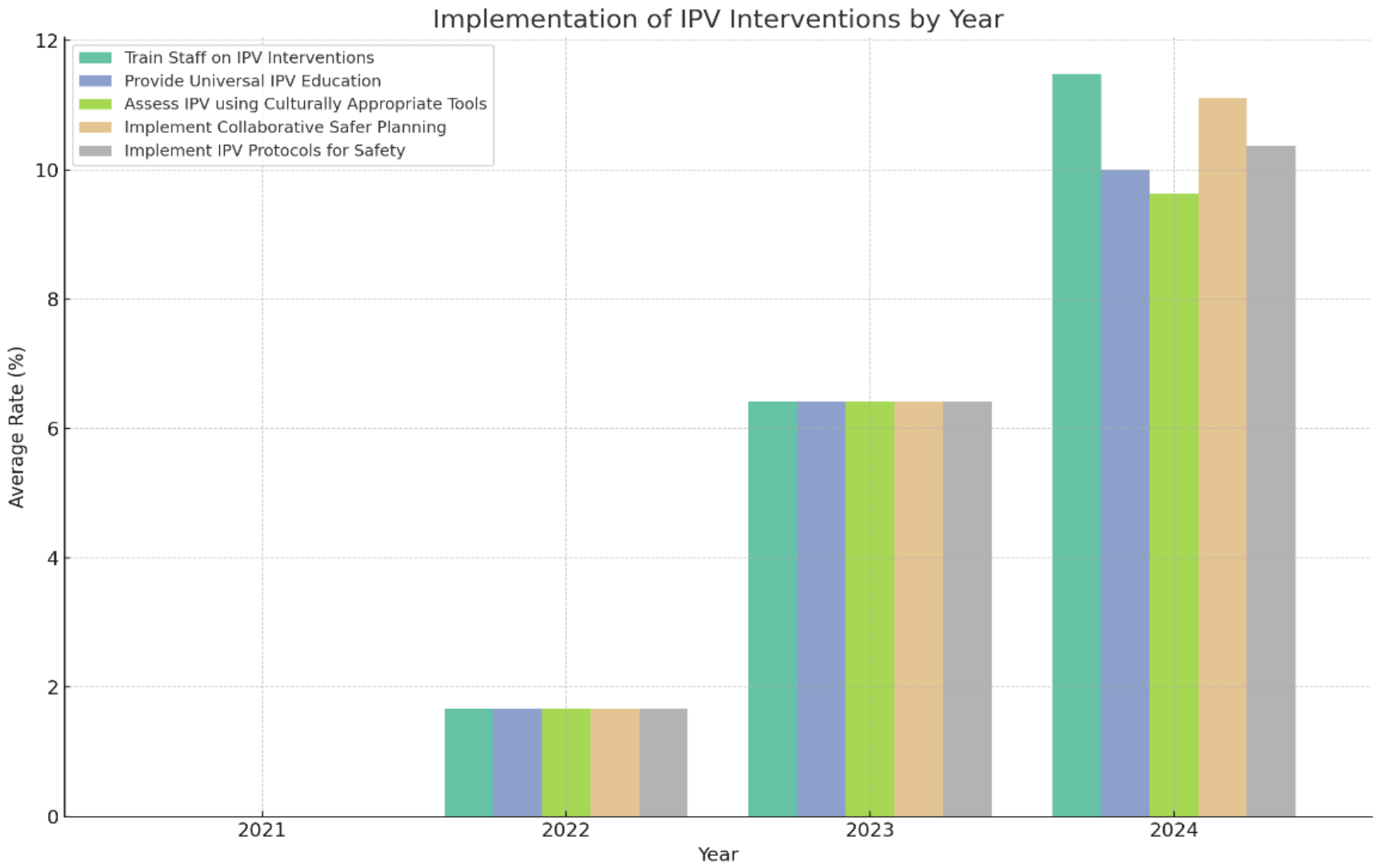

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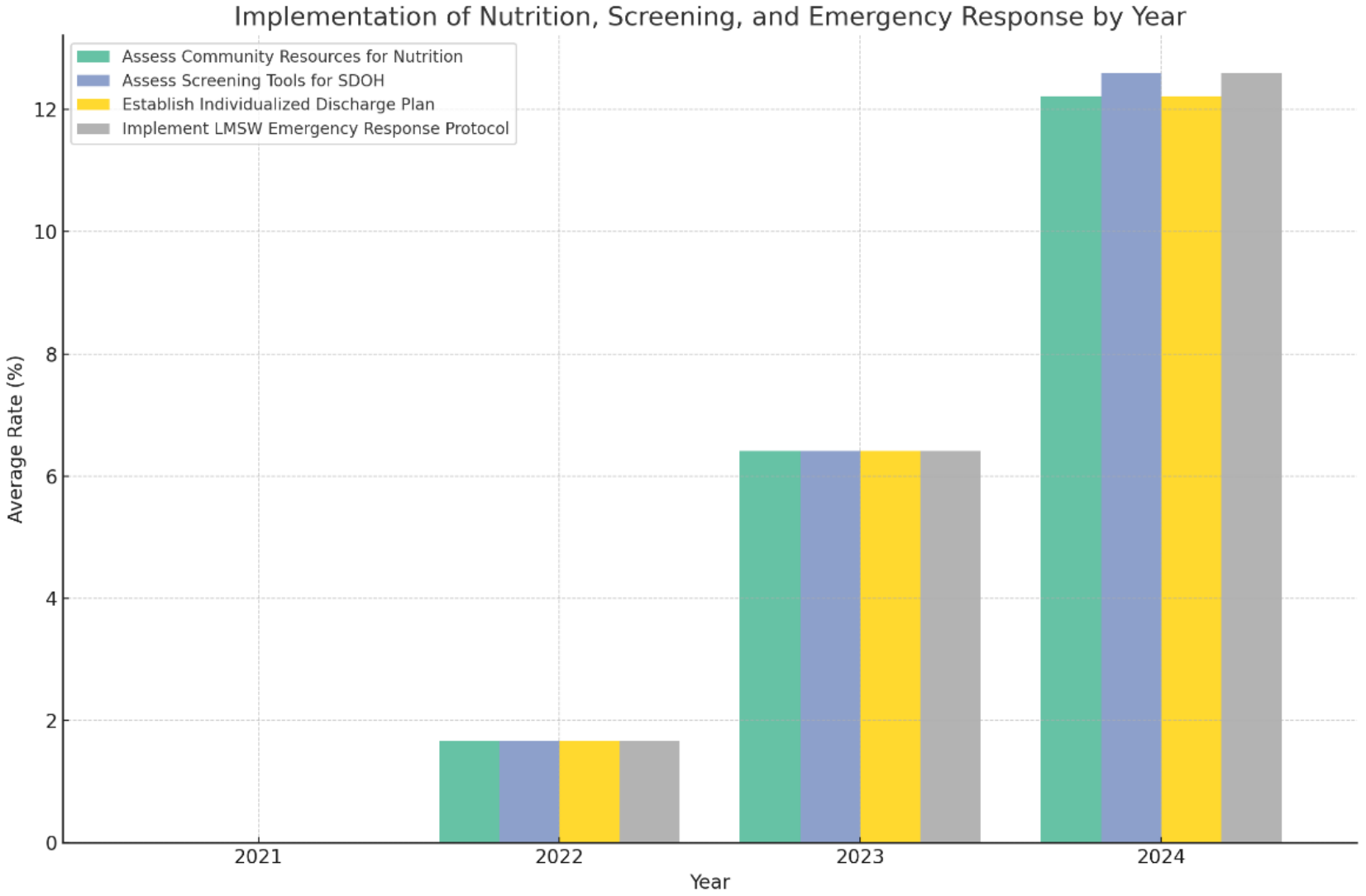

Measure	Type	Associated Organization(s)	Description	Evidence
Blood Pressure Screening and Monitoring	Process	WIC, Community Health Centers, Home Visiting Programs, Healthy Start	Conduct regular BP screenings in community settings to detect hypertension early.	Routine BP screening reduces hypertension-related complications (ACOG, 2020).
Home BP Monitoring Program Enrollment	Process	Home Visiting Programs, Community Health Centers	Enroll at-risk postpartum women in home BP monitoring for self-management and early intervention.	Improves BP control and reduces emergency visits (Bove et al., 2019).
Provider Training on HTN Management	Process	Community Health Centers, Healthy Start	Train providers in hypertensive disorder management in pregnancy to ensure guideline adherence.	Training improves diagnostic accuracy and outcomes (Smith et al., 2020).
CHW-Led HTN Management Programs	Implementation	Community Health Workers, Healthy Start	Equip CHWs to educate and support women in BP management and self-monitoring.	Increases BP control and reduces readmissions (Babamoto et al., 2019).
Postpartum Follow-Up Visits Focused on HTN	Process	Community Health Centers, WIC	Schedule postpartum visits for BP checks within 1–2 weeks after delivery for early intervention.	Early follow-up lowers risk of HTN complications (Chamberlain et al., 2020).
Reduction in Hypertensive Disorders Postpartum	Outcome	All Organizations	Track reductions in hypertension-related complications over time.	Community programs report significant HTN reduction postpartum (CDC, 2021).
Health Literacy Assessment	Implementation	WIC, Healthy Start, Community Health Centers	Assess health literacy to customize hypertension education and improve understanding.	Health literacy increases engagement in BP management (Nutbeam, 2021).
Reduction in Racial/Ethnic Disparities in Hypertensive Outcomes	Outcome	All Organizations	Monitor outcomes by race/ethnicity to identify and address disparities in BP control.	Addressing disparities improves health equity (IOM, 2022).

Questions and Answers

Thank You!

AIM CCI General Information
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Find us on social media and access resources:
https://linkin.bio/nathealthystart

Let's Stay Connected!
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