

Birth equity starts here

Centering[®]
Healthcare
Institute



30 years of changing lives
through culturally responsive
pregnancy care



Tamea Tyler, MSW/MBA

Chief Executive Officer

“Black women still face significant disparities in birth outcomes, with a 3-4 times higher likelihood of experiencing pregnancy-related complications leading to maternal mortality. The CenteringPregnancy® model is improving birth outcomes and narrowing racial disparities, especially for African American women who have historically faced deep inequities.”

At Centering Healthcare Institute, we believe that every birthing person deserves access to quality, equitable prenatal care. Over the past 40 years—despite advancements in healthcare and technology—maternal and infant mortality rates throughout the U.S. have continued to climb. At present, the U.S. sits atop the list of worst maternal and infant mortality rates of the world’s wealthiest nations. Worse yet, health outcomes are three times higher on average for Black birthing patients and their children.

Addressing this public health crisis cannot be done alone. Since joining CHI in August 2023, I have had the privilege to witness firsthand the impact that Centering provides to clinicians, patients and their families. Centering offers more than its signature, group-based care model, it transforms care through patient empowerment and community-building.

When Centering Healthcare Institute set out to determine its direction and its strategy for the next three years, we made the conscious decision to prioritize, resource and address the root causes of today’s urgent maternal care crisis via CenteringPregnancy—CHI’s flagship program for group prenatal care. By empowering pregnant individuals through education, support and community, we can create a future where maternal and infant health disparities are a thing of the past.

As CHI continues to serve all people and communities, the new 2025-2027 Strategic Plan will launch focused and intentional pilot programs to scale operations and Centering site saturation to ensure our programs are accessible to the most vulnerable patient populations—particularly Black birthing people and Medicaid-qualifying patients.

Thank you for taking an interest in CHI, and let us work collaboratively to ensure that every family in the U.S. experiences a healthier, safer, more joyful childbirth journey.

With appreciation,

A handwritten signature in white ink on a blue background, consisting of stylized, overlapping loops and lines.

Tamea Tyler, MSW/MBA
Chief Executive Officer

A public health crisis: Maternal and infant mortality in the U.S.

The United States is facing an acute maternal and infant healthcare crisis—especially among communities of color. Despite technological advancements, U.S. maternal and infant mortality rates are not only rising, but are the highest among developed nations. Research shows that despite record-breaking spending, the U.S. healthcare system is causing harm to birthing people and their children at rates unseen in developed nations around the globe. Black birthing people and infants and Medicaid-qualifying patient populations are disproportionately affected, often lacking access to quality prenatal care.

Black birthing people are three-to-four times more likely to die from pregnancy-related causes.

Additionally, Black birthing patients are almost twice as likely to receive delayed or no prenatal care as compared to white birthing patients—and heightened risks persist regardless of individuals' socio-economic status.

50%

of maternal deaths are preventable²

Systemic biases continue to perpetuate within our modern-day healthcare system, causing gaps in care experience and negative health outcomes that risk the health of birthing patients of color and their children. Structural limitations within the current healthcare ecosystem impede access—rather than incentivize access—to critical, quality care. Further, clinical providers are facing record levels of burnout post-pandemic, with many clinicians leaving the field causing staff shortages.¹

CenteringPregnancy significantly reduces preterm births and promotes healthier outcomes for birthing individuals and their children.



Addressing health disparities by centering equity in all we do



To address maternal and child health disparities, we must first start with addressing the needs of our most vulnerable patient populations. At CHI, we aim to improve health outcomes, transform care and disrupt inequitable systems through our signature group care model. By leveraging values-based care models we can improve health and financial outcomes for patients, families and Centering sites across the nation.

What we are up against, and what Centering aims to address:

Over 700 pregnancy-related deaths each year in the U.S. 50% of these deaths are preventable.²

Black birthing patients' risk of pregnancy-related deaths is 3-4 times higher than white birthing patients.³

From 2019-2023, the average hospital experienced over 106% staff turnover.⁴



1 Forbes, "Healthcare Worker Burnout Is Rampant- Here's What Should Be Done," 8 March 2023 20 Health Financial Management Association, "Healthcare organizations continue to deal with turnover and workforce shortages," 21 July 2023

2 Centers for Disease Control and Prevention. (2019). Pregnancy-related deaths.

3 Centers for Disease Control and Prevention. (2024) Working Together to Reduce Black Maternal Mortality.

4 Nursing Solutions Inc., "2024 NSI National Health Care Retention & RN Staffing Report," 2024

Centering's Origin Story

In the 1990s, overworked nurse-midwife, Sharon Schindler Rising, launched the concept of group prenatal visits with the goal to spend more time with her patients. By offering facilitated, group-based medical appointments and care delivery that incorporated health assessments, interactive learning and community building opportunities, Centering groups took off quickly among colleagues who witnessed its profound impact on patient care experiences. The group care methodology allowed more time for provider-patient discussion and transitioned what was formerly an impersonal and rushed medical check-in to a more enjoyable, satisfying experience for patients and providers.

Centering Healthcare Institute (CHI), founded in 2001, is now a national nonprofit organization and works closely with healthcare providers from all sectors to improve health, transform care and disrupt inequitable systems through the Centering group model.



“Care should be so much more than belly checks. Care should also involve time for discussion and opportunity to make connections with other women and couples.”

Sharon Schindler Rising
MSN, CNM, FACNM
*Founder and President Emeritus,
Centering Healthcare Institute
Founding member, Group Care Global
(current)*



Our reach

Over the past 20 years, CHI has become the recognized leader in the field, with the expertise and tools to help practitioners implement high-impact group care with fidelity. CHI has developed and sustained the Centering model, including CenteringPregnancy[®], CenteringParenting[®] and CenteringHealthcare[®] in nearly **600 clinical sites, across 46 states and territories**. To date, **Centering has served over 500,000 patients** and is partnered with some of the largest health systems in the world.

With 80% of Centering programs offering CenteringPregnancy, and over one-third of current Centering sites being located at Federally Qualified Health Centers (FQHCs) and community health systems, CHI is positioned to continue serving priority populations, especially Black birthing people and Medicaid-qualifying populations.



“CenteringParenting is a breakthrough strategy for advancing early relational health and transforming the child health delivery system to be ever more family-centric, equitable, and resiliency focused.”

David W. Willis, MD, FAAP | *Senior Fellow, Center for the Study of Social Policy*

What is CenteringPregnancy?

CenteringPregnancy is facilitated, group-based prenatal care consisting of:

- A group visit of 8-12 birthing people due around the same time
- Visits that are 90-120 minutes, giving pregnant people 10x more time with their provider
- One-on-one time with the provider for a belly and baby check
- Assessment training for participants to learn how to record some of their own health data
- Facilitated “circle-up” discussions and activities
- Centering curriculum and materials that include everything from nutrition, common discomforts, stress management, labor and delivery, breastfeeding and infant care are covered
- Lasting community friendships

Groups are comprised of pregnant people of different ages, races, and socio-economic backgrounds, and participants see those differences diminish as they share the common experience of pregnancy, birth and family care.

How CHI supports healthcare providers nationwide:

- **Implementation support for system change**
- **Training in group facilitation and group care**
- **Site accreditation for model fidelity and quality assurance**
- **Practice management and curriculum support materials for providers and patients**



Why CenteringPregnancy works

CenteringPregnancy changes the way women receive their prenatal care. Centering disrupts inequitable systems, improves experiences and improves health outcomes.

- Patients are empowered to actively take part in their healthcare, experience higher quality care and benefit from better overall health outcomes
- Clinical providers are able to deliver care with less pressure around their schedule and more opportunity to listen to their patients' experience, evaluating their patients' needs and strengthening relationships in settings outside of the exam room
- Healthcare administrators see increased patient and provider satisfaction rates and can experience cost savings due to improved outcomes and potential enhanced reimbursements
- Payors understand the ROI of Centering and experience savings from improved health outcomes

A Model That Works

Centering has tangible benefits for patients, care givers and the entire healthcare system.



**IMPROVED
HEALTH OUTCOMES**



**BETTER HEALTH CARE
EXPERIENCE**



**IMPROVED
JOB SATISFACTION**



**REDUCED COSTS
TO THE SYSTEM**

Evidence-based findings

- Reduced risk of preterm birth by 33–47%, further reduced risk for Black pregnant people
- Increased breastfeeding initiation
- Increased likelihood of LARCs (Long-Acting Reversible Contraception) use by 70%
- Reduced risk of NICU admissions by 37%
- Reduced emergency room utilization

CENTERING RESULTS IN MEDICAID SAVINGS WITH BETTER OUTCOMES⁵



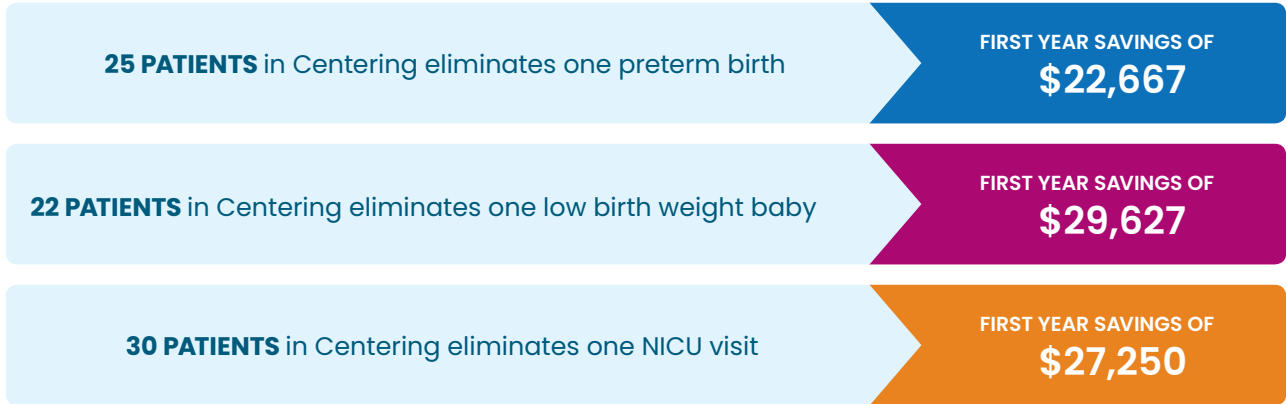
36%
REDUCTION
IN RISK OF
PRETERM BIRTH



44%
REDUCTION IN
RISK OF LOW
BIRTH WEIGHT



28%
REDUCTION
IN RISK OF
NICU STAY



Preterm births before 37 weeks gestation by race⁶



⁵ Gareau, Sarah, et al. "Group prenatal care results in Medicaid savings with better outcomes: a propensity score analysis of CenteringPregnancy® participation in South Carolina." Maternal and Child Health Journal 20.7 (2016): 1384-1393.

⁶ The Greenville study also showed a flattening of racial disparities for women in Centering with an overall preterm birth rate for black women virtually the same as white women.

Looking ahead: Testing for catalytic growth

The mission of Centering Healthcare Institute is to improve health, transform care and disrupt inequitable systems through the Centering group model.

By 2028, CHI will have strengthened and evolved its operating infrastructure with the aim to deliver step-change scale in our CenteringPregnancy group care model. Through partnerships with Federally Qualified Health Centers and large healthcare systems, our goal is to exponentially expand support to Black birthing people and Medicaid-qualifying patients.



Our vision for impact through CenteringPregnancy is to create a future where maternal and child health outcomes are strengthened across the board, where disparities in outcomes, particularly by race, are greatly reduced, and where all birthing people have access to prenatal care that is substantially and equitably improved. Successful long-term impact at scale through CenteringPregnancy would look like transformation at three levels:

- **All birthing people have access to group prenatal care that meets their needs and provides a joyful care experience**
- **Healthcare providers are trained and have bandwidth to deliver quality, culturally informed and patient-centered group prenatal care**
- **The U.S. healthcare system is transformed with equitable policies that provide group prenatal care that is rooted in community, responsive to needs, high-quality and patient-centered**

Our Three-Year Strategy:

We will anchor our strategy in four interrelated strategic priorities and associated initiatives to achieve step-change scale. Across these priorities, CHI will embed a racial and gender equity lens, externally and internally.

CENTERING EQUITY: FOUR STRATEGIC PRIORITIES



MODEL AND SERVICES FOR SCALE

Evolve CHI's services and resources to support fidelity to the model and sustainability at scale in ways that meet and elevate community needs



CHANNELS FOR SCALE

Test partnerships and new channel-level services to determine whether FQHCs and health systems are viable channels to reach priority populations more efficiently at scale



LEARNING AND INNOVATION

Build a strong organizational culture of learning and innovation needed to evolve CHI's services and support longer-term plans for learning, evaluation, and measurement at scale



SUSTAINABLE ORGANIZATION

Build a thriving, sustainable organization that centers equity and is ready to embark on a next stage of impact at scale

“The outcomes speak for themselves. The patients are much more knowledgeable. When they go to the hospital, it’s easy for the staff to know who has had Centering. They ask the right questions. They know what’s being said.”

Mary Traub, APRN, CNM, MS, CCFT
Director of Midwifery Section, Department of Obstetrics & Gynecology,
Baylor College of Medicine

Strategic priorities and key initiatives

Priority 1: Model and services for scale

Current state: Evidence shows the Centering model reduces racial disparities in preterm births and leads to positive outcomes for birthing people and newborns—yet implementing the Centering model at clinical sites around the nation can be a challenge. Launching a Centering program takes significant time, resources and training, and in a post-pandemic world, long-term program sustainability for our Centering site partners can be a struggle. Over the past two years, our team has been engaging with our Centering site partners to better understand their immediate needs and to test different approaches for support.

What comes next: The work for the next three years will streamline the Centering essential elements and identify ways to incorporate local context and needs into Centering practices, as strong sites already do.

Key initiatives:

- **Strengthen site-level implementation services** to enable sites to hold Centering Pregnancy groups with fidelity at scale
- **Invest in site-facing sustainability measures** to enable sites to sustain Centering Pregnancy groups over time





Priority 2: Channels for scale

Current state: Over the last 30 years, we have grown our network through individual outreach and inbound requests. This has achieved a network of nearly 500 sites but has required a level of engagement and resourcing that will not be replicable at step-change scale. To systematically pursue partnerships that could unlock many new sites at once will require shifts internally at CHI.

What comes next: We will explore a fundamentally new approach to growth by seeing what it would take to secure partnerships that unlock many more Centering sites in healthcare channels where our priority populations receive care. We will focus on lean tests and establish partnerships to test the engagement lifecycle, if there are services a system would pay for to support site fidelity and sustainability, and whether a system-level partnership could offset costs to sites or CHI.

We will prioritize exploring partnerships with large health systems and FQHCs systems to shift from site-by-site recruitment, towards system-wide implementation. Such partnerships will unlock opportunities to scale and onboard dozens of sites at once.

Key initiatives:

- **Explore partnerships with FQHC systems** to determine channel viability for impacting catalytic growth
- **Explore partnerships with large health systems** to determine whether this can be a viable channel for achieving step-change scale
- **Explore how enabling conditions (e.g. policy) may influence channels** for scaling site growth and accessibility

Priority 3: Learning and innovation

Current state: We are committed to driving positive outcomes for patients, providers and healthcare systems through data-informed decision-making. To date, CHI has made a number of investments to gather data from Centering site partners and track sites' feedback on our support services. While we have streamlined data requests from Centering sites through pilot programs, data collection from site partners remains a challenge. Barriers to data collection have impacted our ability to evaluate Centering model fidelity, Centering's key principal elements that drive site accreditation and other key metrics to analyze Centering's impact and site sustainability.

What comes next: To achieve step-change scale, CHI needs to build and embrace innovation and learning approaches. While we will continue to maintain current data collection processes, we will focus on building the internal capabilities and practices needed to enable organization-wide learning and a culture of innovation in the near-term. These shifts will enable CHI to effectively evaluate the sophisticated data we seek to ensure impact as we scale across channels.

Key initiatives:

- **Build out organization-wide learning and innovation approaches**, including the processes, capacity and skills needed to support innovation and collaboration
- **Develop longer-term plans for tracking Centering model fidelity** and measuring impact needed to scale across channels





Priority 4: Sustainable organization

Current state: Like many healthcare nonprofits, CHI is still responding to the changing needs of the healthcare sector in a post-pandemic world. Over the past two years, CHI has successfully recaptured previously canceled Centering sites, welcomed a new Chief Executive Officer, addressed hiring key leadership roles for core operations and leaned into building a strong culture of equity and belonging.

What comes next: Over the next three years, CHI will double its capacity and continue to build out core operational functions to focus on advancing the other priorities of the Strategic Plan. This includes expanding the leadership team to spearhead the work of each priority and establish a culture of equity, innovation and philanthropy. Expertise in the Strategic Plan’s core testing and learnings will also allow CHI to focus on diversifying revenue streams to sustain annual operations beyond the next three years.

Key initiatives:

- **Invest in people and culture** to live our values and prioritize equity, inclusion and belonging
- **Diversify revenue** and assess our economic model for long-term sustainability
- **Address foundational organizational gaps**, particularly high-priority hiring and projects for effective daily operations
- **Evolve CHI’s operating model** (e.g. organizational structure and cross-departmental work)

Three-year goals

Together, all four Strategic Plan priorities will position CHI to transform healthcare and advance birth equity through its focus on driving step-change scale.

PRIORITY	3-YEAR GOAL
Model and services for scale	<p>CHI has completed an implementation study to inform its understanding of and how to best present the minimum set of Centering model fidelity elements</p> <p>The completed implementation study has resulted in:</p> <ol style="list-style-type: none">1. The development of fidelity metrics/KPIs that track progress toward outcomes and sustainability2. The identification of the data structure needed to support ongoing tracking of these metrics, and3. A refined set of services that CHI can sustainably offer to support implementation with fidelity at scale





PRIORITY	3-YEAR GOAL
Channel for scale	CHI has secured pilot partnerships with at least two FQHC systems and a minimum of two major health systems that demonstrate the viability of at least one of these channels in reaching priority populations more efficiently at scale
Learning and Innovation	Practices and functions of cyclical learning and innovation have been built across the organization and adopted and championed by organizational leadership to drive data-informed decision-making
Sustainable organization	<ul style="list-style-type: none"> ■ Full budget raised through an increasingly sustainable mix of revenue that includes increased philanthropy, Centering site revenue, contracts and payors ■ CHI has received an unqualified opinion for FY24, FY25 and FY26 audited financials and a clean governance report submitted within six months after the close of the fiscal year

How you can help

It will take all of us to create joyful, safer pregnancies for birthing people. Only together can we advance birth equity and eliminate maternal and infant health disparities for Black birthing people and Medicaid-qualifying populations. These outcomes depend on your philanthropy, partnerships with system influencers and advocating for state policies to provide enhanced reimbursement or Alternative Payment Models for group pregnancy care services. Support at every level is critical to driving access to CenteringPregnancy and ensuring that every birthing person has the option to choose a Centering experience.



Philanthropy

Donations fuel the life-changing work of expanding access to CenteringPregnancy to birthing individuals and families around the nation. From Centering site expansion, to site quality assessments, to the cost of Centering materials or training for providers, donors directly impact and influence the care provided to birthing patients and their families, as well as their clinical providers. Philanthropic support of CenteringPregnancy directly contributes to improving maternal and infant health outcomes.



Partner

Leadership and collaboration with government entities, departments of health, healthcare systems, FQHCs and insurance payors are at the heart of our success. We work with dedicated individuals and organizations to build a future where group prenatal care becomes the standard of care. Through partnerships, we have created a movement for empowered, community-centric pregnancy care. Join us and together we will continue to revolutionize maternal and infant health care.

Policy

We have seen success in bringing awareness for the need to develop policy around enhanced reimbursement for group medical care. States that prioritize health equity or maternal and child health share our goals to eliminate racial disparities and address the current public health crisis facing birthing people and their families. Join us in our work to advocate for policy change that benefits payors, health systems and patients alike.

While all providers are reimbursed for the patient encounter that occurs as a part of a CenteringPregnancy session, not all are reimbursed for the related costs and time associated with providing group prenatal care.

We seek to build upon the success in thirteen states where substantial progress has been made toward payment for group prenatal care through Medicaid-managed care organizations or a model that pays for group prenatal care in excess of individual prenatal care. As of 2021, there are five state Medicaid programs and 14 health plans that participate in payment strategies for CenteringPregnancy. CHI tracks these and other efforts to establish payment for group prenatal care through value-based payment such as alternative payment models (APMs), enhanced reimbursement and other funding mechanisms, including grants and one-time funding streams.

On behalf of all of us in the fight to advance birth equity and improve health outcomes for birthing people and infants, thank you for your interest in learning more about Centering Healthcare Institute. Your support is vital for continuing to implement the CenteringPregnancy model across the nation.

The logo for Centering Healthcare Institute is a teal circle containing the text "Centering® Healthcare Institute" in white. The background of the page is a soft-focus photograph of a pregnant woman in a pink shirt sitting at a desk, talking to a healthcare professional in a white lab coat who is looking at a laptop.

Centering[®]
Healthcare
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HEADQUARTERS

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