# Centering® Healthcare Institute Request for Applications (RFA)

**Name of Grant:** Strengthening Maternal and Infant Health through the Expansion of CenteringPregnancy Group Medical Care in New Jersey

**Important Dates:**

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| **RFA Release Date** | August 13, 2021 |
| **Full Application Close Date** | November 12, 2021 |
| **Award Notification** | December 20, 2021 |
| **CHI Contracting Window** | January 2, 2022-April 30, 2022 (estimated) |
| **Implementation Start Date** | Approximately 1-2 months after completion of contracting |

**How to Apply:** Details on how to respond to this opportunity can be found on the CHI Implementation Award webpage and on page 12 of this RFA.

**Questions:** Please direct questions about the CenteringPregnancy model or this RFA to Mary Fitzmaurice, MSN CNM, Regional Director, Centering Healthcare Institute at mfitzmaurice@centeringhealthcare.org.

## Project Goals

The goals of the "Strengthening Maternal and Infant Health through the Expansion of CenteringPregnancy Group Medical Care in New Jersey" grant program are to (1) improve maternal and infant health outcomes, with a particular focus on reducing health disparities among under-resourced populations, (2) embed the transformative CenteringPregnancy group care model into the culture and operational systems of the selected practice sites, and (3) build community support, both from local stakeholders (e.g. community-based organizations that could serve as referral sources) and from patient consumers. High-quality implementation along with a commitment to elevate the visibility and value of

the intervention will be critical to achieve positive health outcomes, to improve patient satisfaction with the health care received, and to help ensure the program's ongoing sustainability.

## Project Description

Centering Healthcare Institute (CHI), with support from the Burke Foundation, is bringing the evidence-based and relationship-based Centering® group healthcare model to more families and regions in New Jersey. Currently, 20 Centering sites operate in New Jersey, including five sites implemented as part of the state's Department of Health's Healthy Women, Healthy Families (HWHF) Initiative. CHI provides training, technical assistance, and implementation support to all Centering practice sites in the state.

This RFA seeks to identify practice sites committed to improving health outcomes by transforming care through CenteringPregnancy groups. Preference will be given to practice sites in geographic areas with poor maternal health trends where positive outcomes would have the greatest impact. This includes sites with sizable Medicaid, charity care, and/or uninsured populations such as Federally Qualified Health Centers (FQHCs), community health centers, and hospital-based clinics.[1] Funding for this RFA will support a total of five (5) CenteringPregnancy sites for a period of two years (24 months), contingent upon successful completion of deliverables and progress achieved in the first year of the grant.

To meet the goals of this initiative and set sites up for success, all applicants should commit to implementation that follows the fundamental tenets of Centering ("model fidelity"): (1) collaborating with and receiving support from CHI staff; (2) engaging with a Centering community of practice; (3) conducting quality improvement activities, and (4) completing data collection, quarterly reporting following group start, and any evaluation-related deliverables. Adherence to these evidence-based elements of the Centering model will be crucial to improving health outcomes, reducing health disparities, improving patient satisfaction with received health care, and ultimately resulting in lower costs to the practice and overall health care and social support systems.

**NOTE:** This RFA is for applicants interested in offering the **CenteringPregnancy** model. Applicants may apply for funding to support implementation of one or both models. Many practices consider CenteringParenting to be a natural follow-on to the CenteringPregnancy model, promoting continuity of care for patients.

## Anticipated Number and Size of Awards

In 2022, CHI intends to launch a total of five (5) CenteringParenting sites and five (5) CenteringPregnancy sites, for a total of 10 awards (or fewer if there are applicants that want to implement both models).[2]

[1] Please see *New Jersey Maternity and Pediatric Health Trends: A County-level Review* conducted by the New Jersey Healthcare Quality Institute as a potential resource.

[2] Funding to support additional CenteringPregnancy sites may be available in future years. Promising applicants not funded in the initial round may be considered for future grant cycles.

Selected practice sites will benefit from in-kind support equivalent to approximately $34,000 to $35,000 over the course of two years per practice site. This includes in-kind services provided by CHI to implement CenteringPregnancy (e.g., training, implementation support, notebooks, a leader kit, and a starter set of CHI marketing materials) as well as costs covered through the grant (e.g., workshop fees and accreditation costs). In addition, practice sites will be eligible to receive direct funding as an operational mini-grant of up to $10,000 from the Burke Foundation that practice sites can use towards operational expenses associated with implementation (e.g., medical equipment, space enhancements).

## Context

Low-income mothers of color are at the highest risk of poor birth outcomes in the United States. Despite being one of the wealthiest states in terms of per capita income, New Jersey continues to grapple with some of the worst pregnancy, birth, and infant health outcomes in the country, especially among under-resourced communities. New Jersey ranks among the worst U.S. states for maternal mortality – 47th out of the 50 states – with a rate of more than 46 deaths per every 100,000 live births, nearly 50 percent greater than the national average.[3] For women and babies of color, the statistics are even more dire. A Black mother in New Jersey is seven times more likely to die than a white mother due to pregnancy-related complications, with the most recent data showing a marked increase in this inequity.

Outcomes for infants also reflect these disparities. Although the overall infant mortality rate in New Jersey is lower than the national rate (4.5 per 1,000 live births versus 5.8 per 1,000 live births in 2017), the disparity in infant mortality between non-Hispanic white and non-Hispanic Black infants is significant. In 2017, the infant mortality rate for white babies was 2.7 per 1,000 births, while for Black babies the rate was 9.4 per 1,000 births.[4] This means that in New Jersey a Black baby is three times more likely to die than a white baby in their first year of life, a troubling disparity trend that has persisted for years.

Disparities along racial lines also persist in other important health indicators. For example, the statewide preterm birth rate in 2017 was 9.5 percent and the low birthweight rate was 8.0 percent. However, preterm and low birthweight rates among Black mothers (13.1 percent and 12.3 percent) notably exceeded rates among white mothers (8.3 percent and 6.4 percent).[5] Preterm births increase the probability that infants will develop short-term complications (e.g., greater likelihood of developing anemia, infections, and respiratory and gastrointestinal conditions) as well as longer-term complications (e.g., vision and/or hearing problems, developmental delays, behavioral challenges, and chronic health conditions).

These troubling statistics fueled the Murphy Administration's commitment to improve maternal and infant health for all New Jersey families, with a particular focus on reducing health disparities along racial, ethnic, and economic lines. In January 2019, First Lady Tammy Murphy launched Nurture NJ, a

[3] America's Health Rankings analysis of CDC WONDER Online Database, Mortality files, United Health Foundation, AmericasHealthRankings.org, Accessed 2020.
[4] New Jersey State Health Assessment Data (NJSHAD) – Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health (NJDOH) and Linked Infant Death-Birth Database, Center for Health Statistics, NJDOH.
[5] NJSHAD – Birth Certificate Database, Office of Vital Statistics and Registry, NJDOH.

statewide campaign to reduce maternal and infant mortality and morbidity. The initiative includes the development of a comprehensive, actionable strategic plan that was unveiled in January 2021 and focuses on improving outcomes and achieving equity in maternal and infant health. The Nurture NJ plan aims to reduce maternal mortality by 50 percent and eliminate racial disparities in birth outcomes. Moreover, it highlights CenteringPregnancy as a high-quality prenatal care model and recommends increasing access to CenteringPregnancy across the state as a method to improve the quality of care for communities of color and to achieve greater health equity.

To meet the challenge of making New Jersey "the safest place in the nation to give birth,"[6] outlined in the Nurture NJ plan, public and private investments must be laser-focused on programs with demonstrated effectiveness. Along with such proven strategies as community doulas, maternal and infant home visitation, and community health workers, CenteringPregnancy offers an evidence-based solution to support positive health behaviors, improve patient satisfaction with care, drive better health outcomes, and lower health care costs.

## Overview of the CenteringPregnancy Model

Centering is neither a supplement nor add-on to individual one-on-one well-child appointments – **it is the means of primary health care delivery.** Centering brings patients out of the exam room and into a comfortable group setting where they learn from their providers and each other. The model enables families to have significantly more time with their primary care providers than they would in traditional care settings and consists of a series of facilitated group sessions. During each two-hour visit that makes up the Centering experience, there is ample time for health assessment, interactive learning, community building, and brief one-on-one exam time with the clinical provider. Visits meet nationally recognized standards[7] and are facilitated by a care team made up of a credentialed health provider (i.e., the individual who can bill for health care visits) and a co-facilitator (e.g., community health worker, lactation consultant, licensed clinical social worker, or medical assistant). As part of an ongoing group, patients form a supportive peer community where they build social capital and develop the skills and confidence to take control of their own health and that of their children.

CenteringPregnancy, CHI's flagship model, is an established group prenatal care model. Facilitators lead a cohort of eight to ten women of similar gestational age through a curriculum of 10 interactive group discussion sessions that cover important, timely medical and non-medical aspects of pregnancy, such as nutrition, stress management, fetal development, common physical discomforts, labor and delivery, breastfeeding, and newborn care. Women engage in their care by taking their own weight and blood pressure and then recording the health data during the private one-on-one time with their clinical provider for a belly check. The format of the "circle-up" discussions are designed to address important and timely health topics while leaving room to address questions and concerns raised by participating patients.

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[7] CenteringPregnancy follows the American College of Obstetricians and Gynecologists' Guidelines for Prenatal Care, while CenteringParenting follows the American Academy of Pediatrics' Bright Futures Guidelines schedule.

In nearly 120 published studies and peer-reviewed articles, Centering demonstrates improved outcomes.[8] According to the What Works for Health review of CenteringPregnancy at the University of Wisconsin Population Health Institute, participants are on average more likely to engage in breastfeeding, have more appropriate gestational weight gain than non-participants, and report feeling better prepared for delivery and more satisfied with their prenatal care than non-participating women.[9] The most recent published study examined Medicaid claims data and found that Medicaid-enrolled women in CenteringPregnancy who attended at least five group sessions had higher rates of postpartum visit attendance compared to women in individual prenatal care (71.5 percent vs. 67.5 percent); women with any CenteringPregnancy group attendance were more likely to receive contraception within three days (19.8 percent vs. 16.9 percent) and to receive a long-acting reversible contraception within eight weeks postpartum (18.0 percent vs. 15.2 percent).[10]

Moreover, research strongly suggests that CenteringPregnancy holds promise in reducing health disparities by supporting improved birth outcomes for Black women and their babies, particularly reducing the risk of preterm births. The first published randomized controlled trial (RCT) of CenteringPregnancy demonstrated an overall reduction of 33 percent in preterm births among Centering patients compared to those in standard individual care, reducing the instance of preterm births by 40 births per 1,000 deliveries.[11] This study also found that Black women had an even greater benefit with a 41 percent reduction in preterm births (15.8 percent to 10.0 percent) than other racial/ethnic groups. A second RCT at the Greenville Health System in South Carolina found that CenteringPregnancy reduced very early preterm delivery (before 32 weeks) to 1.3 percent compared to 3.1 percent for individual care, and preterm delivery to 7.9 percent compared to 12.1 percent for individual care. The racial disparity in preterm birth for Black women relative to white and Hispanic women was virtually eliminated in this study.[12]

## Services and Supports Provided by Centering Healthcare Institute

CHI is the national standards organization that supports the dissemination, implementation, and continuous quality assurance of Centering group models of care in the United States. Successful applicants will benefit from training, coaching, technical assistance, and tools from CHI's expert consultants – valued at $34,000 to $35,000 over 24 months – to support their healthcare delivery system transformation. CHI partners with local practice sites to offer:

- Implementation support for system change, including guidance on developing the ***Centering Implementation Plan*** (CIP) that incorporates processes and tools to help sites identify and

[8] A bibliography of published studies and peer-reviewed articles can be accessed here: https://www.centeringhealthcare.org/uploads/downloads/Documents/Centering-Bib-2019-with-Branding.pdf.
[9] What Works for Health, University of Wisconsin Population Health Institute, School of Medicine and Public Health. Accessed 8/14/20: http://whatworksforhealth.wisc.edu/program.php?t1=22&t2=16&t3=110&id=433.
[10] Heberlein E, Smith J, Willis C, Hall W, Covington-Kolb S, and Crockett A. (2020). The Effects of CenteringPregnancy Group Prenatal Care on Postpartum Visit Attendance and Contraception Use. *Contraception,*102(1): 46-51.
[11] Ickovics JR, Kershaw TS, Westdahl C, Magriples U, Massey Z, Reynolds H, and Rising SS. (2007). Group Prenatal Care and Perinatal Outcomes. *Obstet Gynecol*, 110(2): 330-339.
[12] Picklesimer AH, Billings D, Hale N, Blackhurst D, and Covington-Kolb S. (2012). The effect of CenteringPregnancy group prenatal care on preterm birth in a low-income population. *Obstet Gynecol*, 206(5): 415.

address barriers. The CIP aims to position the site to successfully complete the accreditation process. Over the first 4-6 months, CHI collaborates with each site on the following areas:

1. Creating your Steering Committee
2. Engaging Leadership
3. Building a Shared Vision
4. Goal Setting and Evaluation
5. Creating your Centering Schedule
6. Creating your Centering Space
7. Patient Enrollment
8. Provider Productivity
9. Financing and Budgeting
10. Billing and Reimbursement

- Comprehensive training and certification in group facilitation and group care. ***Basic and Advanced Facilitation Workshops*** offer providers and staff the opportunity to explore facilitative leadership and practice skill-building. These workshops model the Essential Elements of Centering and are an opportunity for participants to understand the shift from didactic provider-patient conversations to facilitative leadership through a group-based model.

- Access to and guidance on using ***CenteringWorks*****,**™ an interactive and collaborative project management tool for tracking implementation progress against a CIP that provides sites with content and activities to support decision making during implementation.

- Access to and guidance on using ***CenteringCounts,***™ an online group management and quality assurance tool that measures model fidelity, sustainability, and health outcomes as well as operational indicators and demographic information.

- Access to a library of ready-to-use resources and tools, including: curricula materials; supplies to support providers and patients; educational media; and a weekly live webinar series to address innovations and common challenges in Centering practice.

- Access to the ***CenteringConnects***™ platform, an online peer learning network that links Centering professionals across the U.S. to a national community of practice.

- Site accreditation for model fidelity and quality assurance.

## Project Activities and Timeline

| Anticipated Timeline for CenteringPregnancy Implementation (Years 1-2) | | |
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| **Phase/Milestone** | **Timeframe** | **Description** |
| **Start-up** | Months 1-3 | An assigned CHI team guides a site during the initial Steering Committee meeting, and throughout the start-up process, as the site establishes a shared vision and goals, creates a group space and schedule, enrolls patients, and establishes financial systems. |

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| **Kickoff Event** | Month 3-5 | Site leadership, Centering staff and other clinical team members, and community partners (Steering Committee and others) meet with the CHI implementation team for an immersive introduction to Centering to strengthen buy-in at every level. CHI provides targeted on-site support to finalize implementation and prepare for the successful launch of groups. |
| **Basic Facilitation Workshop** | Month 5-6 | In a two-day training, facilitator teams explore Centering principles and build essential facilitation and group management skills. |
| **Groups Start** | Month 6 | Site begins group sessions. Typically, a site introduces one new group per month during this period. CHI consultants provide assistance through check-in calls and support ongoing group management and data tracking through CenteringCounts™. |
| **Data Entry using CenteringCounts™ Begins** | Month 6 | Following the formation and launch of groups, a site records patient demographic, attendance, and outcomes data into the CenteringCounts™ online data system. |
| **Advanced Facilitation Workshop** | Months 12-18 | Group facilitators who have completed CHI's Basic Facilitation Workshop are invited to attend the Advanced Facilitation Workshop to further hone their facilitation skills with peers. Completing the advanced workshop prepares participants for achieving CHI's Certified Centering Facilitator credential.[13] |
| **Site Accreditation** | Months 12-18 | With multiple groups running, a site evaluates progress and receives constructive feedback from its CHI team to strengthen implementation and position the site for long-term success. |

## Data Collection and Evaluation

Selected applicants will be required to use the CenteringCounts™ online data system for reporting on process and outcome metrics. A Business Associate Agreement (BAA) is required to access the system. Applicants will agree to share de-identified aggregated demographic data, process indicators, and outcome indicators (monthly, quarterly, and/or annually) with both CHI and the Burke Foundation.[14] CHI does not share CenteringCounts™ data disaggregated by individual sites with third parties (such as funders, advocacy groups, or research groups) unless a site provides explicit written approval. CHI may share aggregated data by demographic or outcome indicators for three or more sites combined.

The following birth outcome indicators will be collected and recorded in CenteringCounts™:

[13] The CCF credential is a rigorous credentialing process that recognizes the strengths and professional commitment of Centering facilitators. They are recognized for their expertise, experience, and personal investment with an evidence-based model of group care. Moreover, patients, practices, and payers are assured of the quality of care being provided.

[14] If required by a selected applicant's organization, the Burke Foundation will execute a BAA to access requested data.

| Birth Outcome Indicators | |
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| Live birth | BMI post pregnancy (auto-calculated by height & weight) |
| Labor induction | Postpartum visit attendance |
| Preterm birth (auto-calculated by due date & delivery date) | Domestic violence screening |
| Low birthweight (auto-calculated by birthweight) | Postpartum depression screening (using the Edinburgh Postnatal Depression Scale) |
| Method of delivery | Family planning method identified |
| NICU admission | Number of non-Centering prenatal visits |
| Number of days in the NICU | Completion of postpartum glucose tolerance testing |
| Breastfeeding at discharge (any & exclusive) | Neonatal hypoglycemia |
| Breastfeeding postpartum | Medications needed for diabetes control |
| Weight post pregnancy | |

In addition to collecting and entering data through the CenteringCounts™ system, selected applicants agree to participate in additional evaluation activities as agreed upon with CHI and the Burke Foundation during the Start-Up phase.[15] If any additional evaluation activities are identified beyond the scope outlined in this RFA, funding will be provided to support those activities.

## Application Requirements

Interested organizations must meet the following criteria to be considered a competitive applicant for CenteringPregnancy grants.

*Please note: Existing Centering practices that operate a Pregnancy or Parenting group care model are welcome to apply to expand their capacity of Centering services. If you are applying to expand a model that you already operate, the expansion site must be located at a different practice location/geography.*

*Organizational Capacity and Staffing:*

- Has adequate patient volume for group care, defined as 150 newborn patients per year per location for CenteringPregnancy, to support starting one new group each month.

[15] Such evaluation activities would likely include implementation research beginning during months 4-10 of group visits and may leverage online surveys, focus groups, and/or key informant interviews to identify and synthesize lessons learned and to inform the ongoing expansion of Centering in New Jersey.

- Has group space appropriate for Centering delivery, providing adequate space and privacy. If this space is not exclusively dedicated to group care, Centering will have priority use of the space at any and all times needed for program implementation.

- Will commit 4 hours to each Centering session and 8 hours per week for the Centering Coordinator.
    - The 4 hours is inclusive of the group time itself. Each Centering session runs 90-120 minutes. Additional time before and after is needed for group preparation, co facilitator process evaluation, charting, data entry into Centering Counts, and any other site-specific tasks or group needs.
    - Based on the implementation pathway and the project management responsibilities in CenteringWorks, the 8 hours weekly allocated for the Centering Coordinator is the recommended amount of time to ensure implementation success and long-term sustainability.

*Program Implementation with Fidelity:*

- Agrees to implement Centering with fidelity to the model. As an evidence-based model, Centering has developed a list of 9 Essential Elements that are integral to program implementation. Adhering to these 9 Elements will maximize the likelihood that a practice will achieve results comparable to previous randomized controlled trials and quasi-experimental studies.
    1. Health assessment happens in the group space.
    2. Patients engage in self-care activities.
    3. Groups are facilitated to be interactive.
    4. Each session has a plan, but emphasis may vary.
    5. There is time for socializing.
    6. Groups are conducted in a circle.
    7. Group members, including facilitators and support people, are consistent.
    8. Group size is optimal for interaction.
    9. There is ongoing evaluation.

*Commitment to Quality Improvement and Ongoing Learnings:*

- Agrees to participate in a Community of Practice leadership activities to deepen knowledge and expertise with and from other CenteringPregnancy sites.

- Agrees to communicate at least monthly with the New Jersey Centering Program Manager or other designated CHI team members for regular and as-needed consultation calls to discuss progress toward deliverable completion, site-specific challenges, and potential solutions.

- Agrees to achieve site accreditation within 18 months of signing a site agreement with CHI.

*Supporting Data and Evaluation:*

- Has experience with data collection and evaluation, including routine continuous quality improvement activities (e.g., Plan-Do-Study-Act), and embraces a culture of learning.

- Agrees to enter data into CenteringCounts™ at the end of each Centering group session or monthly as is relevant.

*Community Engagement and Sustainability:*

- Has demonstrated experience successfully collaborating with community partners (external to your practice) to jointly implement programs or initiatives (e.g., direct services, outreach/community engagement activities, training/professional development), and/or conducting cross referrals for resources and services.

- Willing and able to develop and maintain a Centering Steering Committee with active engagement from a diverse group including frontline staff, pediatric staff, practice leadership, and cross-sector participation from areas beyond primary health care.[16] Cultivating cross-sector champions for the Centering Steering Committee will help elevate the program in the community and contribute to long-term sustainability. Priority will be given to applicants with greater than 25 percent representation from external community stakeholders.

- Leadership within the practice demonstrates commitment to an on-going budget for Centering; scale-up to sustainable patient volume over time; dedicated time for the Centering Coordinator and co-facilitators; and buy-in and support for Centering implementation throughout the organization, from the C-suite to front-line team members. This commitment will be demonstrated by a letter of support from the executive level to be included with the application.

## Additional Selection Criteria:

In addition to the application requirements outlined in the previous section, the selection process will take into account practice types and geographies. First, preference will be given to entities that provide clinical care to predominantly Medicaid, charity care, and/or uninsured patients (e.g., FQHCs, community health centers, hospital-based clinics, etc.). In addition, the following counties have been identified as priority communities for CenteringPregnancy expansion based on analysis of New Jersey pediatric outcome data.[17]

[16] Examples of those external to your practice include representatives from WIC, community-based doula programs, parenting education, home visiting, behavioral health, early childhood education, breastfeeding coalitions, early intervention, health plans, and former Centering participants.

[17] Data sources include New Jersey State Health Assessment Data (NJSHAD), New Jersey KidsCount, New Jersey Department of Education, Health Resources and Services Administration (U.S. Department of Health and Human Services), and the Leapfrog Group.

| 10 Priority NJ Counties for CenteringPregnancy | |
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| 1. Camden | 6. Burlington |
| 2. Essex | 7. Cumberland |
| 3. Hudson | 8. Middlesex |
| 4. Mercer | 9. Monmouth |
| 5. Passaic | 10. Union |

These counties report greater maternal health disparities and thus are a higher priority for investment. However, we recognize that community-level data may indicate other areas of need, and CHI welcomes applications from providers that serve a high percentage of under-resourced pediatric patients anywhere in the state. Any practices located outside of these 10 counties and interested in applying should contact Mary Fitzmaurice, CNM MSN at CHI to discuss further: mfitzmaurice@centeringhealthcare.org.

## What the Grant Funding Supports

Funding provided by the Burke Foundation will cover the costs of in-kind support provided to practice sites by CHI valued at $34,000 to $35,000. Grant funding may also include up to $10,000 provided directly to individual practice sites to defray operational expenses associated with implementation during Year 1. This funding is intended to offset start-up costs associated with the launch of a new Centering program site, which can be an implementation barrier for some practices. The Burke Foundation funding is intended to help cover expenses that are critical for supporting high-quality implementation, ensuring that practices are set up for success as they transform their healthcare delivery system to achieve positive health outcomes, optimal patient and provider satisfaction, as well as robust sustainability.

The program expenses listed below, including items and dollar amounts, should be used in developing a budget (budget worksheet will be sent to qualifying sites along with application questions). **Selected applicants should anticipate and plan to cover costs for the items listed below after the two-year grant period ends.** Please note that any travel would be within New Jersey, and some or all training workshops during the 2022 calendar year may be conducted virtually due to pandemic-related restrictions.

| Cost Category/Item(s) | Dollar Value | Notes |
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| Annual site license fee | $1,000<br>(FQHCs and multisite projects eligible for 10% discount, accredited sites eligible for 40% discount) | Not covered by this grant. Site is responsible for annual license fees. |

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| Basic Facilitation Workshop Fee<br><br>*Suggested minimum is 5 people; this is a CHI-hosted open workshop and travel is <u>not</u> included* | $995 per person<br>(does not include travel) | This amount will be paid directly to CHI by the Burke Foundation for Year 1 for five participants per site.<br><br>*Workshop attendance will cover a minimum of two medical providers (MD, DO, NP, CNM, PA, etc.) and two staff (RN, LPN, medical assistant, CNA, social worker, CHW, lactation consultant, etc.) who anticipate co-facilitating Centering groups in the following months. It is also recommended that the Centering Coordinator be trained.* |
| Advanced Facilitation Workshop Fee<br><br>*Suggested minimum is 4 people. This is a CHI-hosted open workshop and travel is <u>not</u> included* | $700 per person<br>(does not include travel) | This dollar amount will be paid directly to CHI by the Burke Foundation for Year 2 for four participants per site. This training will be open to those providers and staff who attended the basic facilitation training in Year 1 and have been facilitating groups. |
| Implementation Support Year 1<br><br>*In-person and remote consultation and implementation support for steering committee, systems change, and quality assurance measurement* | $6,500 | Covered by grant in Year 1 |
| Kickoff Day Site Visit by Centering Consultant<br><br>*Full day event. Includes staff presentation, facilities tour, and meeting with steering committee, site leadership, and clinical staff* | $6,500 | Covered by grant in Year 1 |
| Implementation Support Year 2<br><br>*In-person and remote consultation and support for sustainability and quality assurance* | $3,250 | Covered by grant in Year 2 |
| Site Accreditation process<br><br>*Includes application processing, site visit for assessment of practice, and report on site's Centering program* | $7,500 | Covered by grant in Year 2 |
| Leader Kit | $300<br>(1 per site) | Covered by grant in Year 1 |
| CHI marketing materials<br>(e.g., posters, rack cards, pens, etc.) | $150 value | Covered by grant in Year 1. |
| Patient notebooks | $20 per patient | Covered by grant in Years 1 and 2<br>(site is expected to cover these expenses in subsequent years) |

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| Medical equipment and supplies (e.g., blood pressure cuffs) | Need varies by site | *** |
| Group space enhancements (e.g., comfortable chairs, area rugs, pictures) | Need varies by site | *** |
| Healthy snacks | ~$25 per group session[18] | *** |

******* An operational mini-grant directly from the Burke Foundation will be available in Year 1 based on an individual site's needs, providing up to $10,000 of supplemental funding. A very short (one page) application form will be required to access these funds.

## Application Process

| ***Preliminary Review Period*** | |
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| Step 1 | All interested applicants are invited to complete the CHI Readiness Assessment, which gathers information about the practice site such as patient volume, proposed space to convene groups, and administrative support.<br><br>*The CHI Readiness Assessment tool assesses a site's preparedness to engage with CHI on Centering implementation. A site that demonstrates readiness is more likely to successfully sustain its CenteringPregnancy program in accordance with the evidence-based model and achieve positive outcomes. Applicants are strongly encouraged to view this short video about the Readiness Assessment process before completing the online form, which takes sites on average 30 minutes to complete.* |
| Step 2 | Once sites complete the CHI Readiness Assessment they will be contacted by Mary Fitzmaurice, Regional Director at CHI, to schedule a phone discussion to assess the site's readiness for CenteringPregnancy. |
| ***Application Period*** | |
| Step 3 | Qualifying candidates whose readiness is verified by the CHI team following the phone discussion will be invited to submit the application materials listed below. The application form will include supplementary questions to round out the information provided on your Readiness Assessment on the following topics: community need, patient engagement, measuring success, community buy-in and leadership, sustainability, and budget. Each site will be provided with a unique link to the relevant templates to be submitted as part of this application.<br>● Detailed Application Form |

[18] Each CenteringPregnancy cohort meets for 10 group sessions.

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| | • Planning Your Centering Budget document<br>• Letter of Support from practice leadership<br><br>**Deadline: All materials must be submitted to CHI no later than November 12, 2021**. Submitted applications will be reviewed collaboratively by CHI and The Burke Foundation. |
| ***Site Selection***<br>*CHI intends to notify successful applicants by approximately December 20, 2021.* | |
| ***Post-Award Period*** | |
| | Once selected and prior to implementation launch, grantees will need to complete all required CHI documentation associated with acquiring a Centering site license, including the annual site license fee. |

## About Centering Healthcare Institute

Centering Healthcare Institute is a national nonprofit based in Boston, Massachusetts, dedicated to improving health by transforming care through Centering groups. With over two decades of experience as the go-to resource for group health care, CHI is the national standards organization that supports the dissemination, implementation, and continuous quality assurance of Centering group models of care in nearly 600 practice sites – from small community clinics to some of the largest health systems in the world.