

Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to
intentionally enter this space.



Silence your cell
phone



Stretch



Close the door



Take a few deep
breaths



Close browser
windows



Emotionally release
your to-do list



Check your audio
and video



Take a bio break

Group-Based Education Webinar Series Part 3
Thursday, June 12th from 1:30-3:00 PM ET





Group-Based Education Webinar Series Part 3

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The Healthy Start TA & Support Center is operated by the National Institute for Children's Health Quality (NICHQ). This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 1 UF5MC327500100 titled Supporting Healthy Start Performance Project.



Learning Objectives

By the end of Part 3 of the GBE webinar series, grantees will:

- Deepen their knowledge of effective group-based prenatal care and GBE curricula/models.
- Enhance their ability to implement high-quality GBE through information sharing and the application of best practices.

Agenda

Welcome / Introductions and Housekeeping
Provider Model Disclaimer

Benita Baker
Division of Healthy Start & Perinatal Services, HRSA
Felicia Hanney
Healthy Start TA & Support Center

Group Based Education – Model Spotlight

- Centering Pregnancy
- Triple P
- 24:7 Dad
- Moms 2B

Presenters
Mary Fitzmaurice – Centering Pregnancy
Raquel Munarriz Diaz, Ed.D – Positive Parenting Program
Christopher Brown, President – 24:7 Dad
Tabitha Dennis, Associate Director – Moms2B

Grantee Q&A
Adjourn

Benita Baker
Division of Healthy Start & Perinatal Services, HRSA

Dr. Tonce' Jackson
Healthy Start TA & Support Center



Welcome

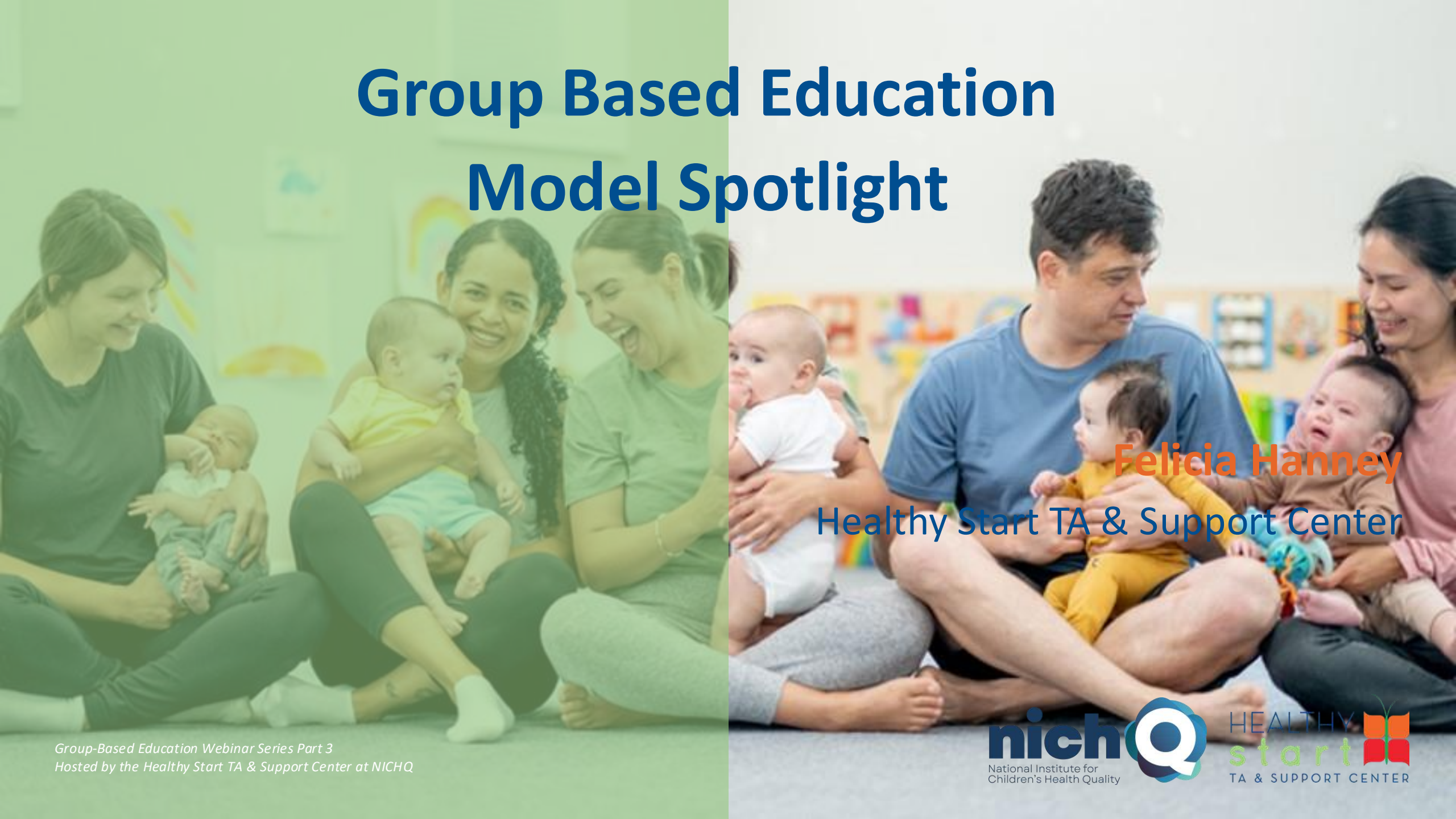
Benita Baker
*Division of Healthy Start & Perinatal
Services, HRSA*

Felicia Hanney
Healthy Start TA & Support Center

*Group-Based Education Webinar Series Kick-Off
Hosted by the Healthy Start TA & Support Center at NICHQ*



Group Based Education Model Spotlight



Felicia Hanney
Healthy Start TA & Support Center

Group-Based Education Webinar Series Part 3
Hosted by the Healthy Start TA & Support Center at NICHQ



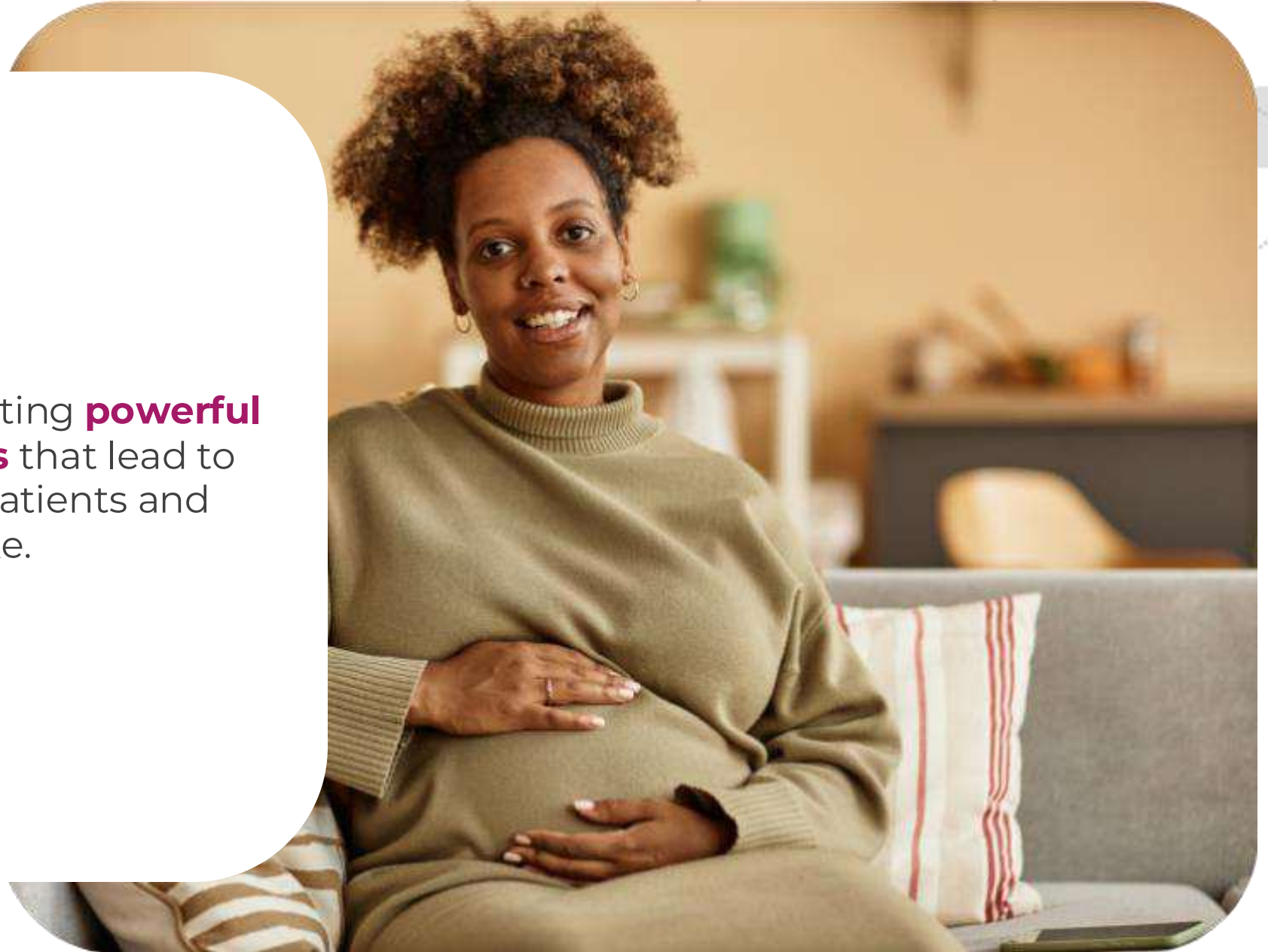
A woman with long, dark dreadlocks, some of which are dyed red and blue, is smiling and holding a baby. She is wearing a light pink top. The baby is wearing an orange shirt and a blue pacifier. The background is a soft-focus outdoor scene with a blue sky and greenery. The image is overlaid with a teal gradient at the bottom and right, and decorative dotted circles on the right side.

Centering[®]
Healthcare
Institute

**Backed by Evidence.
Built on Community.**

30 years of changing lives with culturally responsive pregnancy care

Our work focuses on creating **powerful group care experiences** that lead to **better outcomes** for patients and providers alike.



What is Centering?

Centering leverages facilitated, group-based medical appointments and care focused on health assessments, interactive learning and community building.

CHI offers three Centering Programs:

CenteringPregnancy®

Group care for prenatal patients

CenteringParenting®

Family-based group care for parents and babies

CenteringHealthcare®

Group care for patients with shared health experiences



Core Components of Centering



Health Assessment

Patients have one-to-one assessment time with their provider during each visit and learn to take their own vital signs which empowers them to participate in their own care.



Interactive Learning

Engaging activities and facilitated discussions help patients become more informed and confident in making healthy choices for themselves and their families.



Community Building

Patients find comfort in knowing they are not alone. Group visits lessen feelings of social isolation and stress while building friendships, community, and lasting support systems.

CenteringPregnancy®

CHI's primary expansion focus over the next three years is facilitated, group-based prenatal care which consists of:

- A group visit of 8-12 birthing people due around the same time
- Participants of different ages, races and socio-economic backgrounds
- 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



CenteringParenting®

CHI's focus on expanding facilitated, group-based pediatric and family care includes:

- Group visits for families with infants of similar ages for the first two years
- Diverse participants in terms of age, race, and socio-economic background
- Visits lasting 90–120 minutes, offering more time for personalized care and community connection
- One-on-one check-ins for baby growth and development, as well as caregiver health
- Support for families in recording and understanding their child's developmental milestones
- Guided discussions on key parenting topics such as feeding, sleep, safety, and wellness
- Resources and activities addressing parental mental health and well-being
- Creating lasting support networks for families as children grow



CenteringHealthcare®

CHI's broader approach to facilitated, group-based healthcare services encompasses:

- Adaptable group visits for various healthcare needs, such as chronic care, behavioral health, and wellness
- Extended visit durations allowing deeper discussions and enhanced patient-provider interaction
- Individualized time with healthcare providers for personalized assessments
- Empowering participants to actively engage with their health data and self-management
- Facilitated group discussions addressing specific health concerns and preventative care
- Educational materials tailored to support lifestyle changes, medication adherence, and mental health
- Building strong, supportive communities around shared health goals





The Evidence of Centering

Evidence Based Findings

A multi-site randomized control study of 1,047 women found a **33% reduction in risk of preterm births in Centering patients** compared to those receiving only individualized prenatal care. The reduction among African Americans was even higher at 41%.

-33%



-47%

A retrospective cohort study compared 316 women in Centering to 3,767 in traditional care and found a **47% reduction in risk of preterm birth** in Centering patients compared to those receiving only individualized care.

Preterm Birth (PTB) Risk Reduction

Preterm births before 37 weeks gestation by race:



Centering® Results in Medicaid Savings with Better Outcomes



36%
REDUCTION IN
RISK OF
PRETERM
BIRTH



44%
REDUCTION
IN RISK OF
LOW BIRTH
WEIGHT



28%
REDUCTION
IN RISK OF
NICU STAY

25 PATIENTS in Centering eliminates one preterm birth

FIRST YEAR SAVINGS
OF
\$22,667

22 PATIENTS in Centering eliminates one low birth weight baby

FIRST YEAR SAVINGS
OF
\$29,627

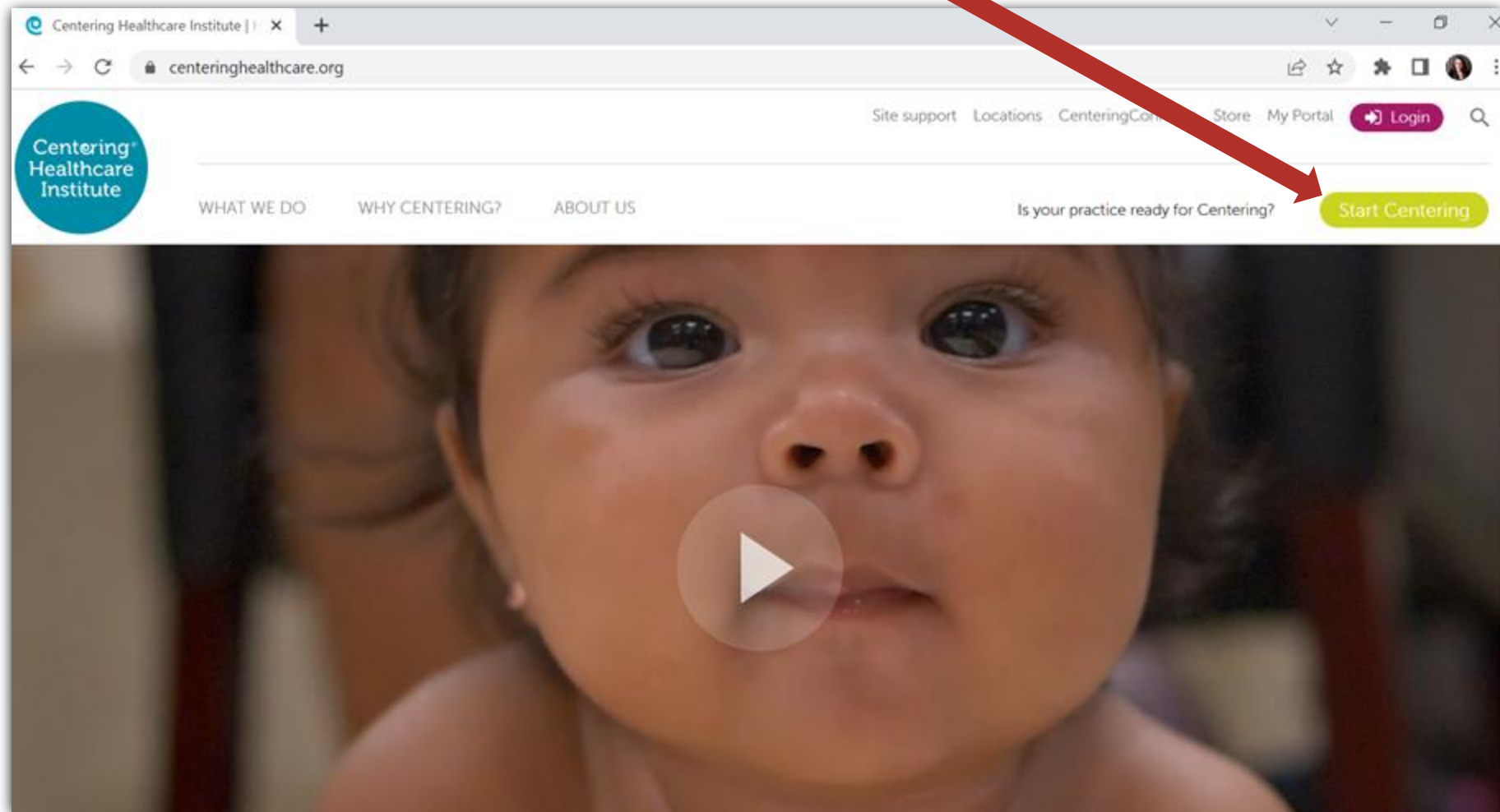
30 PATIENTS in Centering eliminates one NICU visit

FIRST YEAR SAVINGS
OF
\$27,250

How to Get Started



Start Centering



Centering Essential Elements

There is ongoing evaluation

Health assessment happens in the group space

Patients engage in self care activities

Groups are facilitated to be interactive

Each session has a plan, but emphasis may vary

There is time for socializing

Groups are conducted in a circle

Group members, including facilitators and support people, are consistent

Group size is optimal for interaction

Funding Opportunities

- Implementation awards in partnership with Blue Cross Blue Shield TX Special beginnings for **Texas**
- Awards available for prospective sites in Maryland, made possible by the **Maryland** Department of Health
- **Michigan** has implementation awards being funded by Blue Cross Blue Shield of Michigan and Michigan Department of Health and Human Services



Thank You!



Mary Fitzmaurice, CNM MSN

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(617) 904-9356

CenteringHealthcare®, CenteringPregnancy® and CenteringParenting® are Registered



Group-Based Evidence Series

June 12th, 2025

Raquel Munarriz Diaz, Ed.D.



Topics for Today

- Overview of the Triple P Model
- Introducing Triple P for Baby
- Tips for Recruitment, Enrollment, and Engagement
- Strategies for Building Partnerships
- Triple P for Baby in Action

Triple P Overview



What is Triple P?

The Triple P – Positive Parenting Program® is a system of evidence-based education and support for parents and caregivers of children and adolescents.

Population
Health
Approach

Tailored
support for
every family

35 + Years
and
Counting

Supported by
extensive
research base

Proven
Results

Improves
parenting skills
and confidence

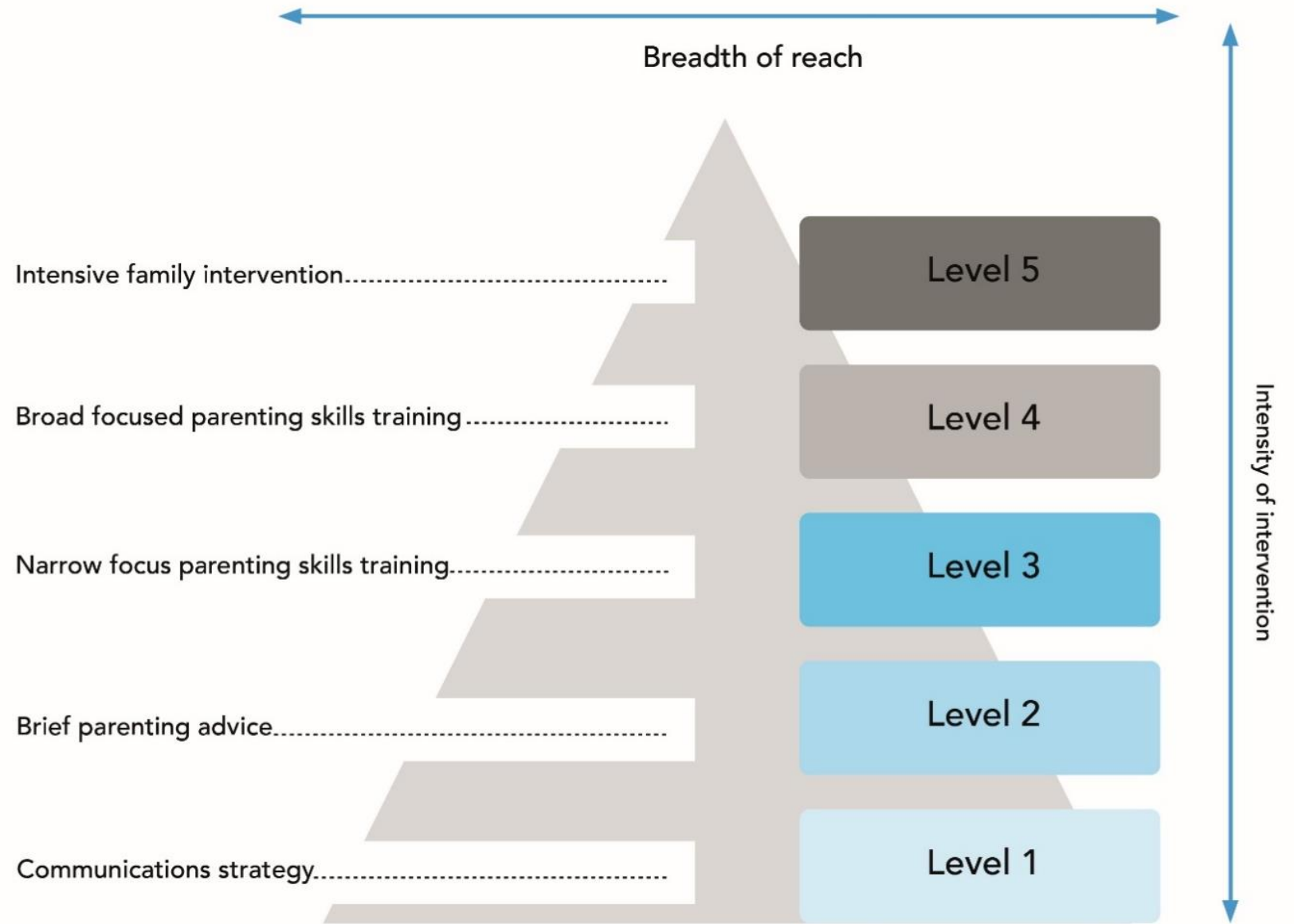
What does Triple P do?

- Promote children's social, emotional, developmental, and behavioral health
- Reduce the incidence of child maltreatment in the community
- Enhance the knowledge, skills, and confidence of parents
- Build upon parent strengths and abilities to be self sufficient and self-reflective

Community Wide Approach



Not a one-size
fits all model



Research Findings

The evidence consistently shows impact on:

- Increased positive parenting
- Reduced coercive parenting
- Lower social, emotional and behavior problems
- Improved parent-child relations
- Decreased parent stress

<https://pfsc-evidence.psy.uq.edu.au/>

Key Aspects

Use of strength-based self-regulatory framework

Parents determine the goals

Practitioners use examples that are relevant to the family

A menu of parenting strategies

Practitioner helps the parent to make informed choices

- Existing workforce allowing for fast uptake
- Practitioners should reflect diversity of the community
- Wide variety of professionals/paraprofessionals:
 - Case managers, early childhood consultants, child care providers, clinicians, nurses, physicians, social workers, librarians, guidance counselors, faith leaders, promotoras, parent educators, family support workers...
- Many different settings:
 - In-home services, mental health clinics, primary care clinics, schools, libraries, parks, recreation centers, faith-based organizations, family resource centers, child care centers, Head Start/Early Head Start
- Implementation planning involves matching practitioner skills, service setting, and intended outcomes

Flexible
Delivery

Triple P for Baby



Goals

Triple P for Baby aims to:

Increase positive parenting skills to promote secure attachment

Reduce parents and infant distress

Improve partner and social support to increase overall family well-being

Increase parental coping resources to reduce the risk of mental health problems developing

Outcome Data

Child Outcomes

- Babies around six months of age are awake and content significantly more often, with significantly lower frequency and duration of inconsolable crying
- At two years of age, pre-term children have significantly higher cognitive function and motor skills
- Better language skills for pre-term children at two years of age

Parent Outcomes

- First-time mothers report significantly lower levels of depression at post-intervention
- First-time fathers report significantly lower levels of anxiety at post-intervention, 12- and 24-month follow-up
- Improvements in maternal happiness, self-regulation, subjective bonding and depression at 3-month follow-up

Satisfaction

Parents reported being highly satisfied with the amount of help and the type of help provided, and with the extent to which the program met their needs.

One study found that the majority of mothers and their partners believed the program had helped to improve their relationship.

Another evaluation found high program acceptability across parents of very pre-term infants

Practitioner Delivered

8-session group program for parents at the transition to parenthood or with a baby up to 12 months of age

Sessions include four 2-hour group sessions and four 30-minute individual consultations that can be delivered across the pre- and/or postnatal period

Session 1

Positive Parenting

Session 2

Responding to your baby

Session 3

Managing the new role

Session 4

Partner support

Session 5-7

Check ins

Session 8

Closure

Triple P Online for Baby

- Triple P Online for Baby involves seven online modules with videos and interactive activities that parents complete independently in their own time and at their own pace, from a computer, tablet or smartphone
 - Module 1: Positive parenting
 - Module 2: Understanding your baby's development
 - Module 3: Developing a positive relationship
 - Module 4: Responding to your baby
 - Module 5: Survival skills
 - Module 6: Partner support
 - Module 7: Conclusion

Recruitment, Enrollment and Engagement



Tips

Focus on **building from families' strengths** and honoring what they're already doing well

Use **respectful, clear, and empowering language** that resonates with families' hopes and goals

Frame programs as offering **practical tools and fresh ideas** for everyday parenting challenges

Emphasize outcomes families care about—like **strengthening relationships** and understanding child development

Reduce barriers by offering **childcare, meals, or flexible scheduling** when possible

Engagement grows when families understand the **value and relevance** of what's being offered

Building Partnerships and Community Connections



Strategies

- Using collaboration as a key driver
 - PASS Sessions
 - Collaboratives
 - Peer Networks
- Landscape Analysis: learning and leveraging support services in the community

Triple P for Baby in Action

- Statewide roll outs in Wisconsin and North Carolina
- County-wide roll outs in Elkhart, IN

Questions



Contact Information:

raquel.diaz@triplep.net





Overview for Healthy Start



Christopher Brown
President
National Fatherhood Initiative®

Stories of Impact



FAIRFAX COUNTY
DEPARTMENT OF
FAMILY
SERVICES

National
Fatherhood
Initiative®

24:7 DAD®

24:7 Dad® Versions

**24:7 Dad®
comes in
two versions:**

**24:7 Dad® A.M.
and
24:7 Dad® P.M.**

A.M. = Foundational pro-fathering knowledge, attitudes, and skills.

P.M. = Advanced pro-fathering knowledge, attitudes, and skills.

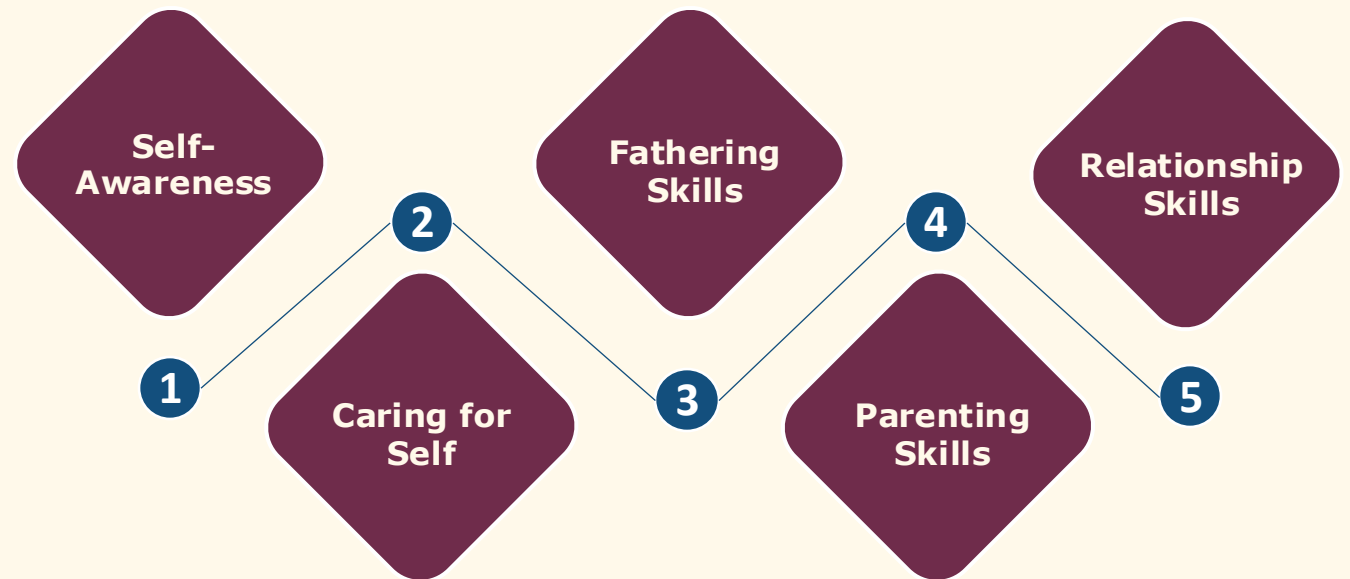
Each version stands alone and are often combined.

When combined, most organizations have fathers complete A.M. first followed by P.M.

Both versions have 12 sessions typically delivered one session per week (3 months total length).

Five Characteristics (Traits) of the 24:7 Dad

The 24:7 Dad® program builds **five cross-cultural pro-fathering traits** of confident, nurturing fathers.

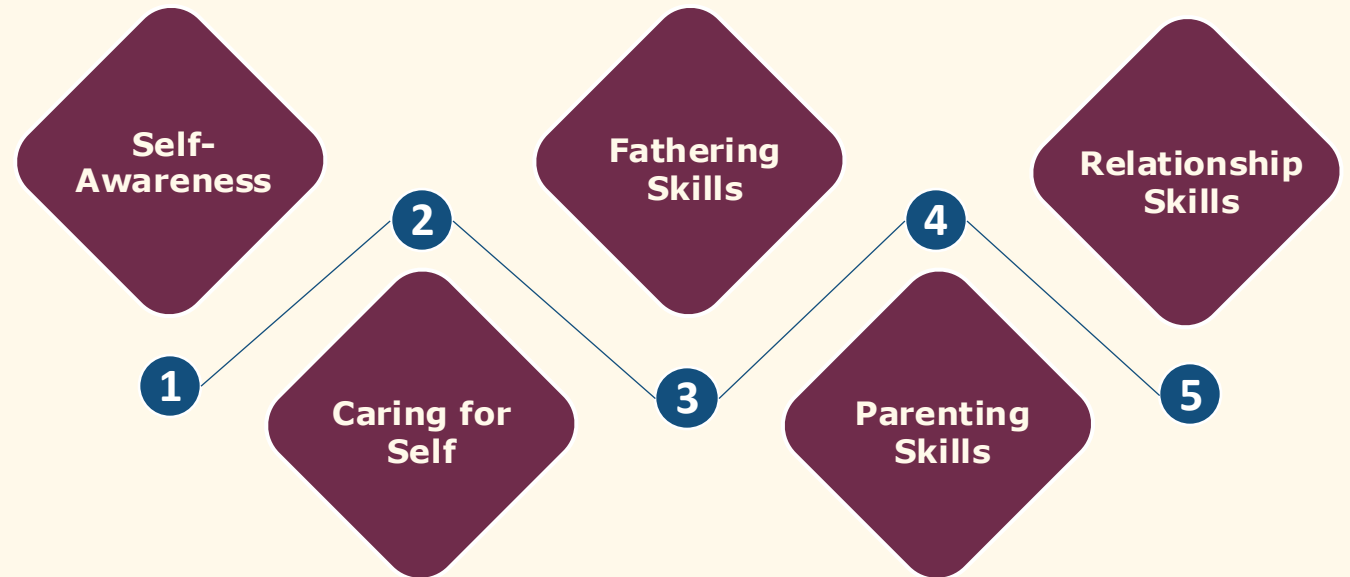


Five Characteristics (Traits) of the 24:7 Dad

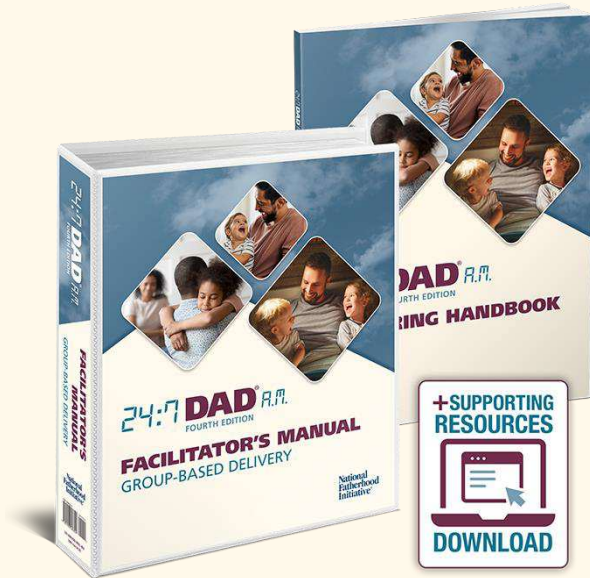
Build the man, then the father.

Positive **fathering self-efficacy**
is the primary objective.

(Review the Logic Model.)



Model is More Than the Program: Free Support



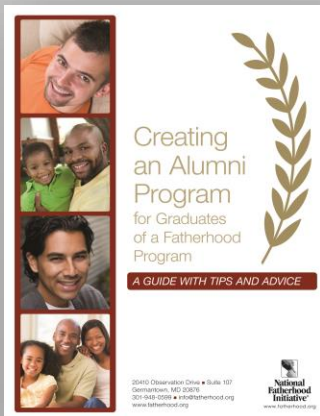
- Program updated regularly (4th edition April 2025)
- NFI staff available by phone and email
- Quarterly facilitator meetings provide guidance and peer support
- Championing Fatherhood Blog articles (e.g., success stories)
- Help creating a “father-ready” organization (e.g., Father-Friendly Check-Up™ and The Stages of Father Inclusion™)

Recruitment Tactics

“Must Have” Tactics

1. **Commitment from the organization’s leadership** to create a father-ready culture.
2. **Passionate program director/facilitator** who doesn’t mind a bunch of “NOs” and initial failure.
3. **Deliver the program in a location where it’s convenient (i.e., close) for fathers.** Don’t offer it only at the location of the organization.
4. **Willingness to try creative, innovative tactics and a commitment to measuring their effectiveness** (e.g., flyers on pizza boxes, incentives, and kick-off events for the families).

Recruitment Tactics



5. Develop a marketing plan for the long haul. NFI's Recruitment and Retention Certificate™ can help (fatherhoodpractitioners.org/courses/recruitment-retention-certificate).

6. Use an effective “hook” that might have nothing to do with fatherhood (e.g., job training or education services). Then introduce the program.

7. Schedule program sessions at convenient times for fathers to attend.

8. Start an alumni program. Extend fathers' learning beyond the initial program. Use alumni as “program ambassadors” to leverage the most powerful recruitment tool—positive word-of-mouth.

Recruitment Tactics

“Like to Have”

9. Consider alternative delivery formats/frequencies (e.g., two sessions/week or 6 sessions on two consecutive weekends) that lower the time commitment.

10. Consider virtual delivery! Many NFI partners have found it eases recruitment and retention. It addresses common barriers to participation (e.g., transportation, scheduling, and comfort.)

Tiered Partnership-Building Strategy

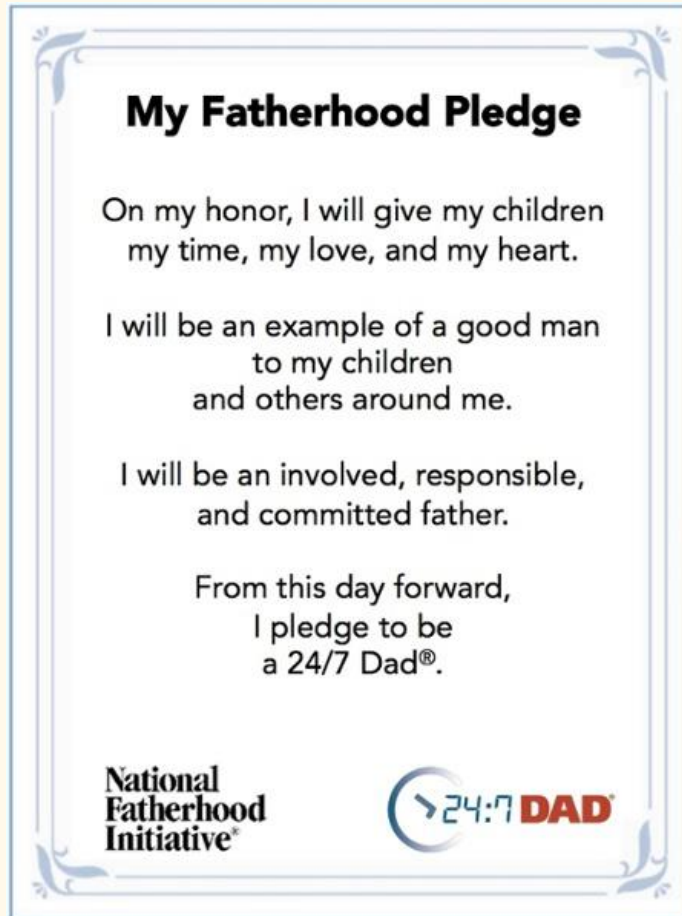
Tier 1

- Focuses on expectant and brand-new parents.
- Leverages the “golden moment” when fathers and mothers most highly motivated around fathers’ involvement.
- Start with healthcare-related organizations.
- OB/Gyn’s, hospitals, birthing centers, pregnancy care centers, WIC clinics, public health departments, Medicaid offices, etc.

Tier 2

- Focuses on parents of infants and toddlers still age-eligible.
- Start with current partners that don’t provide healthcare-related programs and services but provide help for parents’ most pressing needs. Contact non-partners later.
- Social service departments; food, clothing, housing assistance; child welfare organizations; reentry facilities; childcare centers, etc.

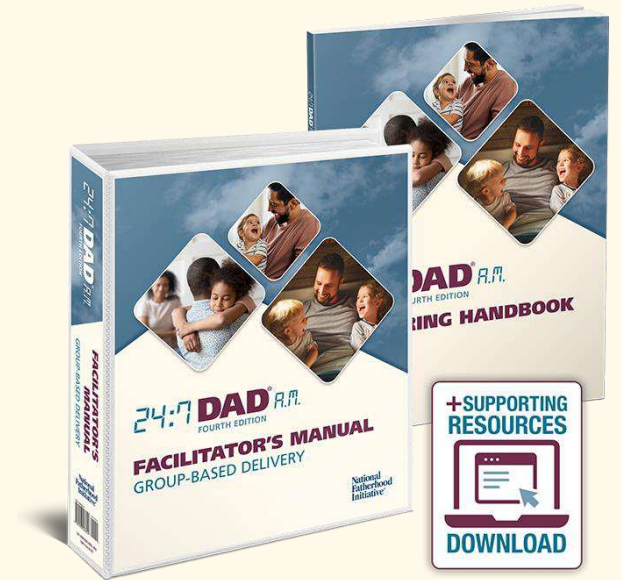
Program Retention Tools



- **Commitment Pledge**
 - When dads make a public commitment, they're more likely to follow through.
 - Say the pledge at start and end of every session.
 - Have dads sign them at the start of the program.
- **Reminder Cards (Planning Prompt)**
 - When dads write down the date and time of next session, they're more likely to attend.
 - Dads must complete it themselves.

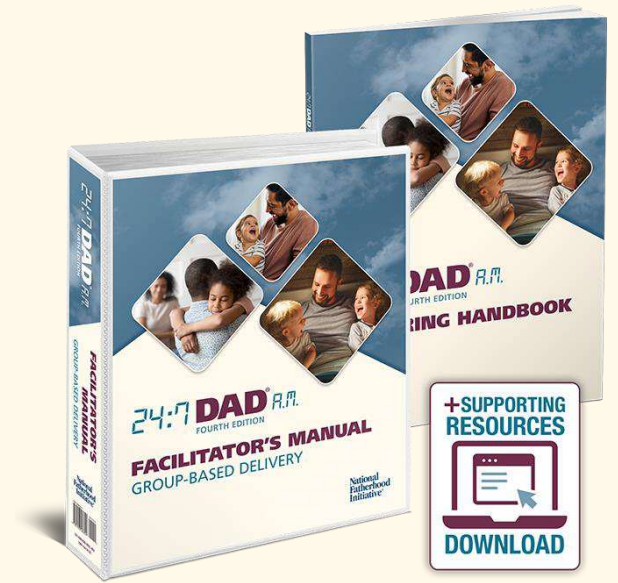
Retention Tactics

- A skilled, passionate, committed program facilitator and, ideally, co-facilitator
- Provide other programs and services (or referrals) for help with pressing needs
- Offer a program for mothers they can attend at the same time (provide childcare)
- Incentives, if you can afford them
- Hold events for the families (e.g., at night or on weekends)
- Call or text between sessions (customer service)

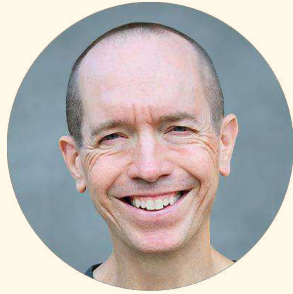


24:7 Dad® Links

- Florida Healthy Start Coalition Video (T.E.A.M. Dad)
 - youtube.com/watch?v=qNhQCnsQTjk&t=85s
- Program Web Page
 - store.fatherhood.org/shop-by-program/24-7-dad/
 - Evaluations
 - Samples
 - 24:7 Dad® A.M. and P.M. Comparison
- Father Friendly Check-Up™
 - www.fatherhood.org/father-friendly
- Stages of Father Inclusion™
 - www.fatherhood.org/father-inclusion



Thank You!



Christopher Brown
President

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240-912-1260

For questions on program implementation, contact:



Antoine Johnson
Program Success Director

ajohnson@fatherhood.org

240-248-3163



Moms2B: A Community Based Educational Program for Women in Franklin County

**Tabitha Dennis,
Associate Director**



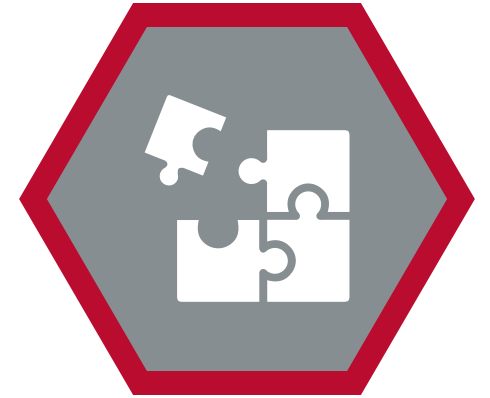
Visit Our Website

<https://wexnermedical.osu.edu/moms2b>



Moms2B Mission

To improve the health status of historically disadvantaged communities by empowering pregnant women to deliver full term healthy babies and to eliminate disparities in infant mortality. Moms2B addresses the social and clinical determinates of health and inspires future health care providers to serve with empathy.



OSUWMC Vision & Values

We will push the boundaries of discovery and knowledge, solve significant health problems and deliver unparalleled care.

We embody the Buckeye Spirit in everything we do through our shared values of Inclusiveness, Determination, Empathy, Sincerity, Ownership and Innovation



Moms2B Overview

Moms2B started in 2010 to address the **infant mortality** crisis in Franklin County.

- 2024 IMR: 7.4/1,000

Our approach: Fresh meal to kick things off, but most importantly, **education on vital health topics**.

Participants join the program **during their Pregnancy** and remain in Moms2B **until baby is 1 year** of age.



Moms2B Education Sessions

Moms2B provides education via a **hybrid model**. Weekly, we host:

3 In-Person Sessions	7 Virtual Sessions (Teams)
<p>Tuesdays</p> <ul style="list-style-type: none">•1:00pm-3:00pm (Epworth United Methodist Church) <p>Thursdays</p> <ul style="list-style-type: none">•11:00am-1:00pm (Mount Carmel West)•4:30pm-6:30pm (OSU Healthy Community Center)	<p>Mondays</p> <ul style="list-style-type: none">•12:00pm-2:00pm (Sister Circle/Large Group session)•3:00pm-5:00pm (Sister Circle/Large Group session) <p>Tuesdays</p> <ul style="list-style-type: none">•11:00am-11:30am (Breastfeeding Support Group) <p>Wednesdays</p> <ul style="list-style-type: none">•9:30am-10:30am (Baby Time)•11:00am-12:45pm (Sister Circle/Large Group session)•3:30pm-4:30pm (ROSE Plus)

Moms2B Education Topics

Multi-Disciplinary team covers an array of topics including:



Nurse Topics

- Finding your Medical Home
- Babys First Days
- Influences on Pregnancy and Milk Supply



Social Worker Topics

- Healthy Relationships
- Trauma
- Baby Blues and Maternal Depression



Child Development Topics

- Finding a Pediatrician
- Gross Motor & Fine Motor Skills
- Social Emotional Development



Dietitian Topics

- MyPlate
- Necessary Nutrients
- Exercise during Pregnancy



Patient Navigator Topics

- SMART Goals
- Community Resources
- Power Posing

AND MORE!

Key Partners at Sessions



And More!

Moms2B Incentives & Support



In-Person Sessions:

- Diapers, wipes, and other new donated items
- Fresh meals catered by Milos
- Transportation via Lyft & bus passes

General Celebrations:

- Welcome to Moms2B Kit - gift for joining which includes a blood pressure cuff, first aid kit, & other donated goodies
- Welcome to the World Bag - diaper bag of goodies after baby is born
- Graduation Gift - walking toy and party-at-home kit



Virtual Sessions:

- \$5 Amazon e-gift card

Additional Support

Almost every week, moms can expect a **phone call** from the team to complete **case management**. This is a set schedule **based on moms' gestational age**.

Discipline Checking in	Prenatal Check-in & Example Topic	Post-partum Check-in & Example Topic
Dietitians	9-18 Weeks – Prenatal Vitamins & nutrition 27-29 Weeks – Infant feeding plans/Breastfeeding	4-6 Weeks – Baby weight gain 20-24 Weeks – Transitional feeding
Child Development	N/A – Check in as needed from other disciplines.	8-10 Weeks – Tummy time, safe sleep, development, etc. 25-27 Weeks – Milestones, routines, age-appropriate activities, etc.
Social Worker	16-20 Weeks – Emotional wellness/ Self Care 32-34 Weeks – Edinburgh & planning for labor (social support)	2-4 Weeks – Postpartum depression check & Edinburgh follow up 16-18 Weeks – Continued Edinburgh follow up 31-37 Weeks – General check in and next steps
Patient Navigator	10-15 Weeks – Goals & other resource needs 30-31 Weeks – Baby items (Car seat & Pack n Play)	6-8 Weeks – Safe Sleep 40-41 Weeks – Preparing for Graduation 48+ Weeks – Connecting with other organizations for continued support
Nurse	at enrollment – Previous history/risk factors 21-26 Weeks – Glucose Test/Gestational Diabetes 35-42 Weeks – Birth Plan/ Stages of Labor	0-2 Weeks – Scheduling your Post-partum visit 11-15 Weeks -- baby basics 28-30 Weeks -- Mommy wellness, Safe Spacing/Birth Control

Sample Moms2B Case Management Checklist

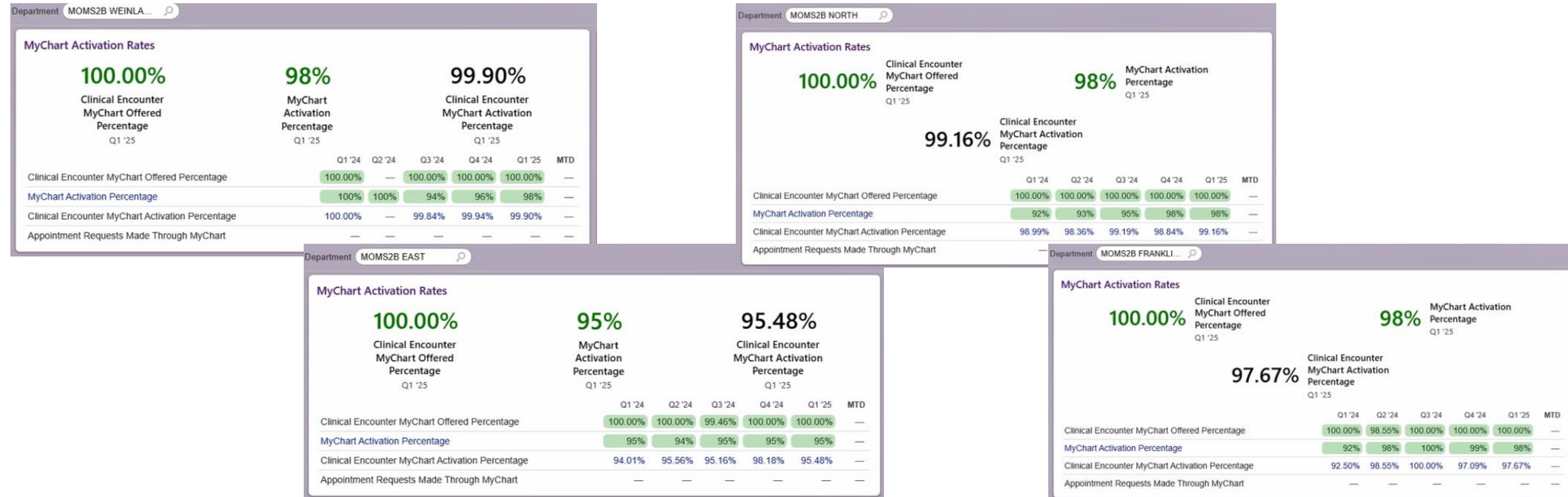
Moms2B Sample Check list

1. Do you plan on breastfeeding?
2. Do you have a car seat for the new baby?
3. Are you planning to have another baby in the next 2 years?
4. Do you have a safe place for the baby to sleep such as a crib or pack n play?
5. Do you have primary care?
6. Does your child(ren) have primary care?
7. Do you have stable housing?
8. Are you receiving WIC?
9. Do you have enough money to pay your bills this month?
10. Do you have health insurance?
11. Do you have enough food to get through the week?
12. Do you smoke?

Emotional Wellness

1. During your pregnancy, do you have someone who would help you if a problem came up? For example, would anyone help you if you need to borrow \$50 or you got sick and had to be in bed for several weeks?
2. Over the last two weeks, how often have you felt nervous, anxious, or on edge?
3. Over the last two weeks, how often have you felt unable to stop or control worrying?

Enhancing Communication & Breaking Down Barriers With MyChart



In April 2023, the Moms2B team prioritized the use of MyChart for outreach and enrollment with participants. During the enrollment process, the team ensures that participants are engaged with MyChart to facilitate ongoing communication between them and the staff, both at Moms2B and within the medical center. This approach fosters improved provider-patient communication and encourages a greater investment in health.

For 2024 specifically, the Moms2B team successfully sent out **5,692 MyChart messages** to enrolled participants.

Moms2B Impact

Women Served in 2024:

- 614 unique women in Franklin County
- 65% within CelebrateOne zipcodes for infant mortality.

Birth Outcomes 2024:

- 273 singleton deliveries
- 91.2% (248/272) were full term ($\geq 37W$)
 - 8.8% pre term at Moms2B compared to 11.3% for Franklin County.
- 90.3% (241/267) were healthy birth weight ($\geq 5lb\ 8oz$)
 - 9.7% low birth weight at Moms2B compared to 9.7% for Franklin County.



Moms2B Enrollment

Requirements:

- ☒ Must reside in Franklin County (any zipcode)
- ☒ Must be currently pregnant (any GA)

How are moms connected/referred?

- 1 Mom can attend a session in-person to be enrolled
- 2 Mom can call in to request a phone enrollment
- 3 Providers can refer directly to Moms2B either internally in IHIS (by placing an order) or externally (via email or telephone call)

Moms2B Events/Celebrations

2024 Events:

- Mother's Day Event
 - Attended by **49 Moms2B moms** and their families
- Back-to-School Bash
 - Provided **96 bookbags** to attendees filled with Back-to-school essentials
- Holiday Event
 - Supported **48 Moms2B moms** and **roughly 129 infants/children**

2025 Events:

- Past:
 - Mother's Day Event - **32 moms** and their families; largest attended event by organizations (**17**).
- Upcoming:
 - Back-to-School Bash - August*
 - Holiday Event - December*

**Donations welcomed!*



Moms2B vs. Group Prenatal Clinic Models



Moms2B Model

- Support within **community spaces** rather than solely hospitals or medical clinics.
- Focuses on **education, emotional support, and social determinants of health**—does not provide direct medical care.
- Continues **holistic postpartum support until baby is 1 year** of age.
- Open to **all women regardless of risk level or insurance** status.



Clinic Based Models

- Typically held **within healthcare facilities** with direct medical oversight.
- Emphasizes **prenatal check-ups in a group setting** alongside education.
- Structured around a standardized **clinical curriculum** and medical appointments.

Use of Centering in Community Setting

- **Interactive & Culturally Responsive:** Education tailored to the community's needs.
- **Peer Support & Connection:** Builds trust through shared experiences and peer support.
- **Education:** Moms2B centers around education and empowerment without direct medical check-ups.



Implementation Strategies



Weekly Sessions

Cover **prenatal health, parenting, and emotional support.**

Takes place in **community settings.**



Facilitators & Partners

Multi-disciplinary team:

- Nurses
- Social Workers
- Dietitians
- Child Development Specialist
- Patient Navigators

In addition to **Community Organizations and Partners**



Scalability

Easily replicated in different communities by adapting **curriculum, partnerships, and space availability.**



Moms2B Funders



& other community
donors

Contact Us

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A large red 3D geometric shape, resembling a staircase or a series of connected planes, occupies the left side of the image. Above it, several small triangles in red and grey are scattered. The bottom of the image features a grey geometric shape.

Thank You



Grantee Q&A

Dr. Tonce' Jackson
Healthy Start TA & Support Center

*Group-Based Education Webinar Series Kick-Off
Hosted by the Healthy Start TA & Support Center at NICHQ*



Satisfaction Survey

Please take a moment to complete the Zoom poll and provide your feedback on today's webinar.

Adjourn

Benita Baker

Division of Healthy Start & Perinatal Services, HRSA

Dr. Tonce' Jackson

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