May 31, 2007

Mary Gregory, Executive Director
Bella Vista Foundation
1660 Bush Street, Suite 300
San Francisco, CA 94109

Dear Ms. Gregory:

LifeLong Medical Care requests $30,003 to conduct an external evaluation of our Centering Parenting program, an innovative parenting support program implemented in 2004 in partnership with the Centering Pregnancy and Parenting Association, Inc (CPPA).[1] The Centering program empowers low income, high-risk women to achieve strong mother-infant bonding, self-efficacy, and improved mental and physical health for themselves and their babies through an innovative group care model. The proposed evaluation will gather formative data to improve the program and summative data to determine which aspects have the greatest impact. Disseminating the results of this study will also help LifeLong and CPPA in spreading the model to other medical practices, both locally and nationally.

Organizational Background

The mission of LifeLong Medical Care is to provide high-quality health and social services to underserved people of all ages; create models of care for the elderly and disabled; and advocate for continuous improvements in the health of our communities. LifeLong has a 30-year history of providing health services and advocacy through our six community health centers, which offer family care, perinatal, postpartum, pediatric, adult medicine and geriatric health care services, as well as mental health, psychosocial, and other specialty care services.

In response to the needs of its neighborhood, which experiences significant health disparities for infants[2], LifeLong's West Berkeley Family Practice (WBFP) clinic site specializes in providing care to women, children and families. The population served at West Berkeley Family Practice is culturally diverse (40% Latino, 30% African American, 20% White, and 10% Other), and 30% are best served in Spanish. In 2006, the

[1] Centeringpregnancy.com
[2] Berkeley is one of five health jurisdictions in California with the highest proportions of low birth weight infants, slightly behind Alameda County (7%) and tied with San Francisco (6%). There is also a pronounced racial and ethnic disparity in immunization rates in Berkeley.

clinic served 751 children aged 0-5 years, as well as 618 expectant mothers.

Centering Pregnancy and Parenting: Program Overview

West Berkeley Family Practice embraced CPPA's group model of care nearly 10 years ago, when WBFP midwives pioneered the Centering Pregnancy® program. This innovative model brings women out of exam rooms and into collaborative group sessions for their prenatal care. Groups of 8-12 expectant mothers with similar due dates meet regularly throughout their pregnancies. Group participants receive high quality health care services and education from providers, while also having the opportunity to learn directly from the experiences of their peers. Both English and Spanish-speaking groups are available.

WBFP staff members expanded the model in 2004 when they launched a Centering Parenting program—one of the first in the country—to complement the Centering Pregnancy experience. The Centering Parenting program extends the group care model throughout the first year of the baby's life. In these group sessions, new mothers (and fathers) engage in activities to promote parent-baby attachment, while also learning about crucial health and safety issues, as well as developmental milestones. Well-woman and well-baby care is also provided in the group, with private "pull out" sessions as needed. WBFP Centering Parenting groups have been meeting for the last 15 months, serving 52 mother/infant pairs.

The central idea of the Centering Parenting program is simple: a trained primary care provider and a trained facilitator provide knowledge and skills to mothers, and facilitate mother and infant care in a way that empowers mothers and improves mother and infant well being. Through these activities, Centering Parenting groups address important issues including maternal depression, mother/infant bonding, and ultimately children's social and emotional readiness for kindergarten—all of which are of interest to the Bella Vista Foundation.

The Need for Evaluation

The Centering Pregnancy model has been replicated in over 200 sites throughout the country and the world, and has been the focus of local and multi-site evaluations demonstrating positive outcomes for mothers and babies. **In contrast, there have been no formal studies demonstrating the effectiveness of the Centering Parenting program.**

This is a critical time in the development and broad implementation of this innovative program. Now that the program has been operational for more

than a year and has experienced initial success, formative evaluation data is necessary to identify and build upon the most effective aspects of the program, and summative data is required to evaluate the impact of the program. Disseminating the results of these studies will also assist efforts to spread this model of care to other practices in the Bay Area and beyond.

With generous support of the Bella Vista Foundation, this project will aim to evaluate the effectiveness of the overall intervention specific to four long-term outcomes:

Mother-infant bonding
Mother self efficacy/confidence in parenting skills
Mother mental and physical health
Infant health

All of these are fundamental factors which address Bella Vista's goal of giving children the best possible start in achieving healthy social and emotional development.

Evaluation Approach for the Centering Parenting Program

Our evaluator, Ruth Brousseau, Ph. D., will work closely with program staff, including Laura Wise, MD, MPH, and Gillian Fynn, LCSW as well as Ann Griego a student of the joint MD/MS program at UC Berkeley/UCSF, who has selected the evaluation of Centering Parenting as her thesis project. Dr. Brousseau will implement a 12-month program evaluation, consisting of three major phases. The work will be reviewed at least twice during the year by an advisory group of experts in the fields of maternal and child health, mental health, public health, and health disparities.

It is anticipated that this initial first year evaluation, as with most new programs, will be primarily formative, with an emphasis on putting data systems in place and obtaining program data and information, which will in turn be used to implement continuous quality improvement initiatives designed to clarify, strengthen, and tighten the program design and efficacy. Some outcome data will also be collected and analyzed. Each major phase of this process is outlined below, including approximate timeframes.

Phase One: Document, clarify, and tighten the intervention and logic model to clarify evaluation questions. Following the golden rule in evaluation to "evaluate no program before its time," this phase of the evaluation process assures the integrity of the program and its appropriateness for evaluation. The Centering Parenting program has a logic model (see page 5) that articulates components of the program,

activities that contribute to the program, and short-, medium-, and long-term outcomes anticipated to result from the intervention. As a first step, the evaluators will consult with staff to fully understand the intervention and all of its components; assess which pieces of the intervention articulated in the logic model are in place and how they are implemented; and identify where tighter linkages between the logic model and program practice need to be achieved in order to assure the integrity of the program and its evaluation. This process will identify steps that need to be taken to assure that the program as it is implemented closely reflects the logic model and that there is not significant variation from group to group. This phase will also identify the most important questions that the evaluation should answer.
Timeframe: Months 1-3 (approximate).

Phase Two: Develop and implement a plan for data collection. The collection of high quality data will be essential to the success of the evaluation. Both process and outcomes data will be required. Examples of process and outcome data likely to emerge as important include:

Process questions: Examples of questions for program participants that would provide formative feedback include: What did you expect from participating in the Centering Program? Were your expectations met? What did you learn about different aspects of your health? Your baby's health? About parenting? What, if anything, would have made the groups more valuable to you? What was the single most important aspect of the group for you?

Outcome data: Outcomes of greatest interest will likely have to do with clusters of questions centered on the health and health behaviors of mothers (e.g. contraceptive use, nutrition, weight, treatment for depression, etc.), the health of babies (e.g. height, weight, immunizations, breastfeeding, developmental milestones, etc.), and the health of the mother-child dyad (strong mother-child bonding, sources of support, etc.). Some of this information will be in medical records (appropriate consent will need to be obtained), and some will be obtained through data collection tools that will be designed specifically for this evaluation, such as periodic questionnaires to be administered to participating mothers. Focus groups may also be an important data source.
Timeframe: Months 3-6 (approximately) will be devoted to putting data collection processes in place.

Phase Three: Data collection, analysis and reporting. Following the evaluation design and instrumentation phases described above, data will be collected from current and, if possible, former program participants on the measures described above. It is anticipated that over the approximately six month period of time in which information is gathered

from participants (as they exit the program and from retrospective interviews with mothers who have already completed the program) there will be a sample size of approximately 20 mother-child dyads.

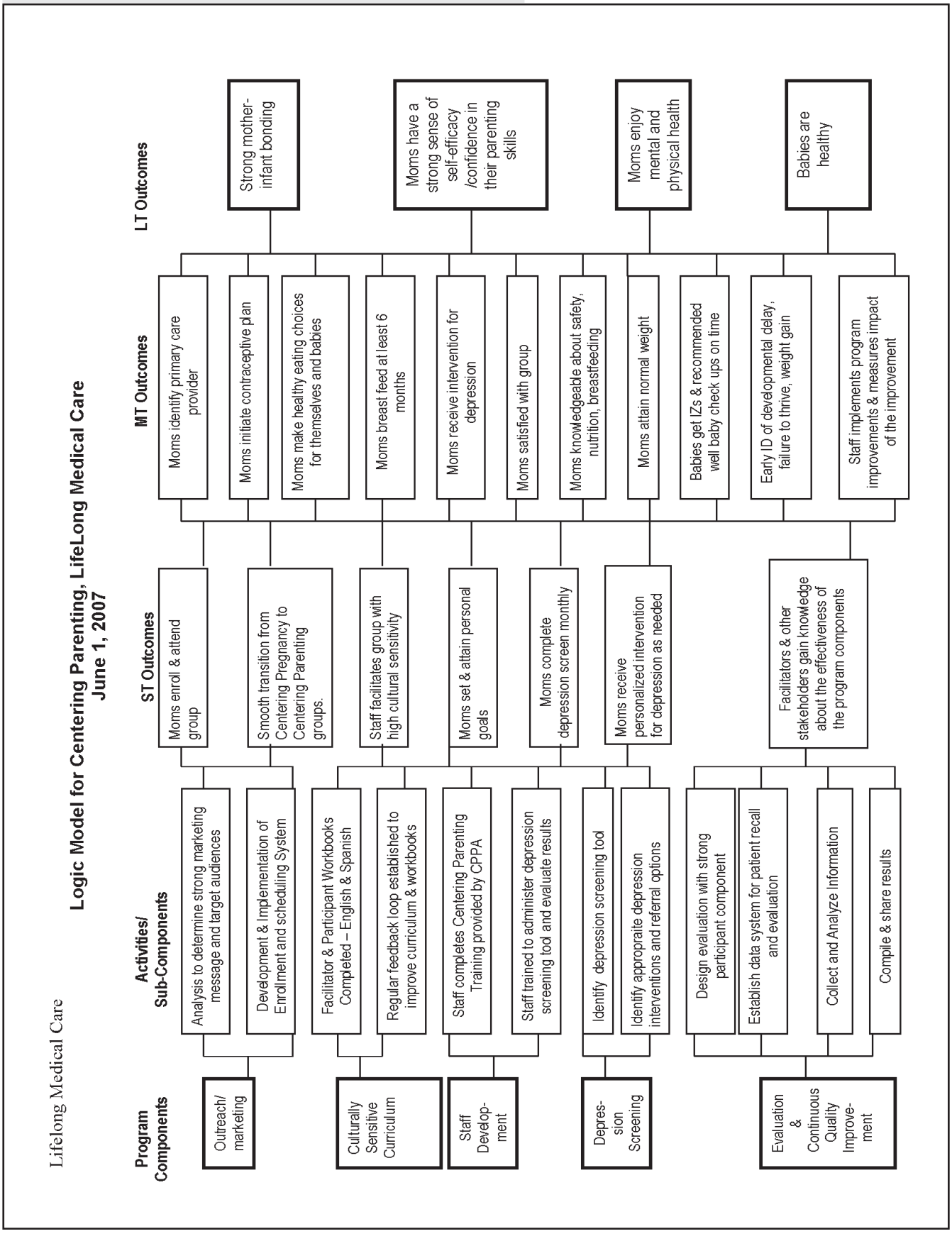
It is important to say at the outset that the primary value of data collected in this first year will be formative; it will provide important feedback that can be used internally to strengthen the program. Outcomes data will also be used to provide an indication as to whether the program is achieving its desired effects. It is also important to note that currently the evaluation does not include comparative information that would answer questions about the impact of the Centering Parenting program in relationship to other programs. As part of the first year of evaluation, the evaluators may discuss and consider data sources that could provide such a comparison. Timeframe: Months 6-12 (approximate).

Final Deliverable: This project will culminate with the completion of a 10-page report (approximately) documenting what has been learned through this evaluation, as well as consultation about dissemination strategies in philanthropic, public health, and other communities of interest.

Again, thank you for the opportunity to submit this proposal to Bella Vista; we look forward to your response. I can be reached at 510.981.4137 if you have questions.

Sincerely,

Nance Rosencranz
Director of Strategic Planning & Business Development


Lifelong Medical Care
Logic Model for Centering Parenting, LifeLong Medical Care
June 1, 2007
Program Components
Activities/ Sub-Components
ST Outcomes
MT Outcomes
LT Outcomes
Outreach/ marketing
Analysis to determine strong marketing message and target audiences
Development & Implementation of Enrollment and scheduling System
Moms enroll & attend group
Smooth transition from Centering Pregnancy to Centering Parenting groups.
Moms identify primary care provider
Moms initiate contraceptive plan
Moms make healthy eating choices for themselves and babies
Strong mother-infant bonding
Culturally Sensitive Curriculum
Facilitator & Participant Workbooks Completed – English & Spanish
Regular feedback loop established to improve curriculum & workbooks
Staff facilitates group with high cultural sensitivity
Moms breast feed at least 6 months
Staff Develop-ment
Staff completes Centering Parenting Training provided by CPPA
Staff trained to administer depression screening tool and evaluate results
Moms set & attain personal goals
Moms receive intervention for depression
Moms satisfied with group
Depres-sion Screening
Identify depression screening tool
Identify appropraite depression interventions and referral options
Moms complete depression screen monthly
Moms knowledgeable about safety, nutrition, breastfeeding
Moms have a strong sense of self-efficacy /confidence in their parenting skills
Evaluation & Continuous Quality Improve-ment
Design evaluation with strong participant component
Establish data system for patient recall and evaluation
Collect and Analyze Information
Compile & share results
Moms receive personalized intervention for depression as needed
Facilitators & other stakeholders gain knowledge about the effectiveness of the program components
Moms attain normal weight
Babies get IZs & recommended well baby check ups on time
Early ID of developmental delay, failure to thrive, weight gain
Staff implements program improvements & measures impact of the improvement
Moms enjoy mental and physical health
Babies are healthy

Lifelong Medical Care

Budget, Centering Parenting Evaluation
June 1, 2007

Personnel	Hours		Rate/hr		Total
MD, WBFP	32	$	XXXX	$	XXXX
Laura Wise, MD, MPH, will be the site coordinator for the evaluation. Her time is estimated at 10 hours in month 1, and 2 hours per month for the following 11 months.					
LCSW, WBFP					in-kind
Gillian Fynn, LCSW, has been facilitating the Centering Parenting groups since their inception. She will provide in-kind support to the evaluation team, estimated at 2 hours per month.					
Community Health Worker, WBFP	208	$	XXXX	$	XXXX
The CHW will distribute and collect surveys, arrange focus groups and interviews and serve as key liaison between the participants and the evaluator. Her time is estimated at 4 hours per week.					
Subtotal, Personnel				$	5,248
Benefits at 22%				$	1,155
Total Personnel				$	6,403
Other Direct					
Participant incentives @ $35 x 20 moms				$	700
Moms will be asked to complete several written surveys as well as participate in a focus group.					
Advisory Group meetings				$	560
At least 2 advisory group meetings will be convened to gather input regarding the evaluation design, and to review findings. This group will be composed of experts in infant and mother mental health, as well as public health and health disparities. (Fund will cover 2 dinner meetings for 8 members.)					
Overhead @ 10% personnel				$	640
Contract services					
Ruth Brousseau, evaluation consultant				$	XXXX
Bid received from Dr. Brousseau					
Sharon Rising, CPPA				$	XXXX
Ms. Rising will be retained to ensure that the link between the local evaluation and national evaluation efforst is strong and that the adaptations suggested by the evaluation are integrated into the CPPA curriculum and workbooks. She will also participate in the evaluation advisory group.					
TOTAL				$	30,003

Note: LifeLong received 2-year funding from First Five, Alameda County (which ends June 2007) to implement the Centering Parenting program. For 2007-09, First Five funds have been awarded to expand the depression screening and treatment component for new moms ($150,000 over 2 years).

7