



# Uzazi Village Trusted™

*A Community Standard for Equitable Maternal & Family Care*

## Letter of Intent & Pilot Proposal

Healthy Moms. Healthy Babies. Trusted Care.

### **Between Uzazi Village & University Health**

Proposed Pilot Period: 12-Month Enrollment and Implementation Period

Participant Service Continuum: Pregnancy through 12 Months Postpartum

### **Proposed Year-One Investment: \$250,000**

Proposed Cohort: Approximately 50-75 families referred by University Health staff

Primary Population: Black mothers, birthing people, infants, and families receiving care through University Health.



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# Part I: Letter of Intent

## Dear University Health Leadership,

Uzazi Village is pleased to submit this updated Letter of Intent to establish the Uzazi Village Trusted™ Equitable Maternal Care Partnership with University Health. The proposed partnership is rooted in a shared commitment to improving the health, experience, and well-being of Black mothers, babies, and families.

Uzazi Village believes meaningful improvement in Black maternal and infant health requires healthcare systems and community organizations to work together in ways that extend beyond traditional referral relationships. Families deserve care that is accessible, respectful, culturally responsive, coordinated, continuous, and accountable. The Uzazi Village Trusted™ framework is designed to create that accountability.

Through this partnership, University Health staff will refer approximately 50–75 eligible families to Uzazi Village. The model will combine clinical care with trusted community-based support, including doula services, lactation support, nutrition support, postpartum

care, education, navigation, resource connection, family engagement, and community accountability.

A central feature of the model is consistent engagement. Uzazi Village anticipates meaningful contact with participating families at least twice each month when appropriate to the family's needs and stage of care. This cadence is intended to identify needs earlier, strengthen coordination, improve follow-through, and reduce gaps between clinical and community-based care.

The partnership will place significant emphasis on data and evaluation. Baseline measures will be established before implementation, and a shared dashboard will be reviewed quarterly to track referrals, enrollment, service utilization, family experience, care gaps, outcomes, reimbursement activity, program cost, and improvement actions.

The proposed Year-One investment is \$250,000.

Continued on Page 4

# Part I: Letter of Intent

The investment is intended to support direct services as well as the staffing, nutrition, supplies, evaluation, data infrastructure, administration, and community-accountability functions necessary to operate the pilot responsibly. Medicaid and other payer reimbursement will be treated as part of a blended-financing strategy, with clear rules to prevent duplicate reimbursement and define how collections support sustainability.

At the conclusion of the initial evaluation period, University Health may be considered for recognition as an Uzazi Village Trusted™ Partner based on documented participation, family experience, community accountability, care integration, and measurable improvement. This designation is not medical accreditation or third-party certification.



**Sincerely,**  
*Shalese Clay*  
President & CEO  
Uzazi Village

# Part II: Executive Summary

**The Uzazi Village Trusted™ Equitable Maternal Care Pilot is a community-clinical partnership designed to strengthen the maternal and family healthcare experience for Black families receiving care through University Health. The initial implementation period will establish the referral, service, data, accountability, and financing infrastructure while enrolling approximately 50–75 families.**

## The pilot will combine:

- Clinical healthcare provided by University Health
- Community-based doula support
- Lactation and infant-feeding services
- Nutrition education and support
- Postpartum support through 12 months
- Family navigation and care coordination
- Community education and wellness support
- Family voice and experience feedback
- Health-equity accountability and quality improvement
- Quarterly data review and evaluation
- Medicaid and blended-financing sustainability

The model recognizes that maternal health does not end at delivery and postpartum recovery does not end at six weeks. Each enrolled participant will have an individualized service period that can continue from pregnancy through 12 months postpartum, even when that participant’s service period extends beyond the initial 12-month enrollment/implementation window. Funding responsibility for these continuing participant obligations will be defined in the final MOU and budget.

**Community Trust + Clinical Care + Continuous Support +  
Nutrition + Accountability + Data + Sustainable Financing =  
Better Maternal & Family Health**

Part III

# The Need

**Black mothers and babies continue to experience significant inequities in maternal and infant health. Improving outcomes requires more than access to medical care.**

Families also need trusted relationships, culturally responsive support, advocacy, care navigation, lactation support, nutrition support, postpartum continuity, social-resource connections, education, family engagement, and a meaningful voice in how healthcare systems operate.

Community organizations are uniquely positioned to understand family experiences and identify barriers that may not be visible through clinical data alone



Uzazi Village brings community trust and a wraparound model of support. University Health brings clinical expertise, healthcare infrastructure, providers, and the ability to implement system-level changes. This partnership is designed to bring those strengths together.

Uzazi Village has also identified a strong organizational outcome history that should be formally validated and incorporated into the pilot baseline. Uzazi Village reports one fetal mortality among families served during the past three years. The partnership will define the denominator, population, time period, data source, and comparison measures needed to interpret this outcome responsibly and track future results.

Part IV

# What Is Uzazi Village Trusted™?



Uzazi Village Trusted™ is a community-centered partnership and accountability framework designed to recognize healthcare organizations and partners that demonstrate a meaningful commitment to equitable, culturally responsive, family-centered care. It is based on the belief that trust must be demonstrated through actions.

The framework evaluates how organizations:



**Listen to families.**



**Respond to community concerns.**



**Improve the care experience.**



**Address barriers to access**



**Measure family experience & outcomes**



**Establish accountability and demonstrate measurable improvement**



**Integrate community-based support**



**Maintain continuity of care**



**Support nutrition & other social needs affecting family health**



**Respond to identified disparities**

Part V

# The Seven Pillars of Uzazi Village Trusted™

01 TRUST

Families should be able to trust that their healthcare providers and community partners will listen, respect them, communicate clearly, and act in their best interest.

03 ACCESS

Families should have meaningful access to healthcare, education, nutrition, support, resources, and community services.

05 COMMUNITY VOICE

Families must have opportunities to influence the systems that serve them.

07 OUTCOMES

The partnership will measure whether changes improve family experience, care integration, access, and maternal and infant outcomes.

02 RESPECT

Every family should receive care that recognizes dignity, culture, values, preferences, and individual needs.

04 CONTINUITY

Care should continue beyond delivery and include meaningful support throughout the first year postpartum.

06 ACCOUNTABILITY

Concerns should lead to action through a clear process: Concern → Action → Responsible Party → Timeline → Follow-up → Outcome.

Part VI

# Role of Uzazi Village

Uzazi Village will serve as both a service provider and community accountability co-leader. Services will be individualized, with participating families receiving meaningful engagement at least twice monthly when appropriate to their needs and stage of care.

Doula Support



- Prenatal support
- Birth preparation and birth support
- Postpartum support
- Education
- Advocacy and communication support

Community Accountability



- Gather family feedback
- Facilitate quarterly listening opportunities
- Identify recurring barriers
- Elevate community concerns
- Participate in quality-improvement meetings
- Review family-experience and utilization data
- Make recommendations
- Monitor agreed-upon improvements
- Report back to the community when appropriate

Nutrition Support



- Prenatal and postpartum nutrition education
- Family-centered nutrition guidance
- Food access screening and resource connection
- Support addressing nutrition-related barriers
- Coordination with Uzazi Village nutrition programming and community food resources
- Tracking nutrition-service utilization and identified food-access needs

Community Navigation



- Food resources
- Transportation
- Housing resources
- Diapers and family essentials when available
- Parenting resources
- Mental health resources
- Community programs
- Social-service supports

Lactation & Infant Feeding



- Prenatal lactation education
- Breastfeeding/chestfeeding support
- Infant-feeding education
- Postpartum lactation assistance
- Feeding-plan support and referrals as needed

Part VII

Role of University Health

- Provide clinical maternal and infant healthcare.
  - Identify and refer approximately 50-75 eligible families through University Health staff.
  - Establish and maintain a reliable referral pathway to Uzazi Village.
  - Support the integration of doula, lactation, nutrition, navigation, and postpartum services.
  - Participate in care coordination and appropriate information sharing consistent with privacy requirements.
- Participate in equity and quality-improvement activities.
  - Review family feedback and participate in quarterly community-accountability reviews.
  - Identify system-level barriers and implement agreed-upon improvement strategies.
  - Support provider and staff education.
  - Participate in pilot evaluation and shared dashboard review
  - Work with Uzazi Village to establish sustainable reimbursement pathways.

Proposed Eligibility Criteria

Final eligibility criteria will be mutually approved before launch. Proposed criteria include:

- Receiving prenatal, maternity, postpartum, or related family care through University Health.
- Pregnant or within the defined postpartum enrollment window at referral.
- Eligible for the service geography and able to participate in the community-based support model
- Provides informed consent for participation and appropriate data sharing
- Priority may be given to families experiencing care-navigation barriers, limited support, nutrition/food-access needs, lactation needs, social-reource needs, or other factors identified by the clinical/community team
- Participation will not replace or interfere with medically necessary clinical care



Part VIII

Participant Service Continuum: Pregnancy through 12 Months Postpartum



Part IX

# Community Accountability



01 Family Experience Surveys

Families will have opportunities to provide feedback at defined touchpoints, with results summarized quarterly. Measures may include respect, communication, trust, access, birth experience, postpartum care, lactation, nutrition/resource support, care coordination, and overall experience.

03 Community Review

Themes identified through surveys, service data, and listening sessions will be reviewed quarterly with University Health leadership and the joint leadership team.

02 Listening Sessions

Uzazi Village will facilitate at least quarterly opportunities, or an equivalent structured cadence agreed upon by the partners, for participating families to discuss their experiences and identify recurring barriers.

04 Corrective Actions

Identified concerns will be assigned a responsible party, timeline, proposed intervention, measurement strategy, follow-up date, and documented outcome.

Part X

# Mama Certified as a Guiding Resource

The partners may review Mama Certified and other maternal health equity frameworks as learning resources for policies, assessments, staff education, family engagement, transparency, and quality improvement. Uzazi Village Trusted™ is not Mama Certified and is not intended to duplicate or represent that certification. Uzazi Village Trusted™ is a distinct Kansas City community partnership and accountability framework created by Uzazi Village.



Part XI

# Medicaid & Blended Financial Sustainability

A major objective of the pilot is to demonstrate that community-based maternal health services can be integrated into healthcare delivery and supported through sustainable financing. The partnership will identify services that may be eligible for Missouri Medicaid/MO HealthNet or other payer reimbursement and will establish compliant billing and documentation workflows.

The \$250,000 University Health investment is intended to support pilot infrastructure, community accountability, noncovered or under-reimbursed services, participant supports, nutrition, data/evaluation, program management, supplies, and reimbursement gaps. Eligible services may be billed to Medicaid or other applicable payers when appropriate.

The final MOU and financial procedures will clearly define:

- Which services are funded by the University Health investment.
  - Which services may be billed to Medicaid or another payer.
  - Which party bills and retains payer revenue.
  - How duplicate reimbursement will be prevented.
  - How payer collections will be tracked and reported.
  - How additional collections will support program sustainability and continuing participant obligations.
- 

Quarterly Financial Tracking



  - Medicaid-eligible participants
  - Services delivered and potentially billable
  - Claims submitted
  - Claims paid/denied
  - Reimbursement barriers
  - Collections
  - Budget-to-actual variance
  - Cost per enrolled family
  - Remaining participant-service obligations
  - Opportunities for improved workflows and sustainable financing

Part XII

# Proposed Year-One Investment

**Proposed Investment: \$250,000**

The following is a planning allocation for negotiation and may be refined through the detailed service-cost model before execution.

| Investment Area                                        | Planning Amount |
|--------------------------------------------------------|-----------------|
| Doula, Birth, & Postpartum Support                     | \$100,000       |
| Lactation & Infant-Feeding Services                    | \$30,000        |
| Nutrition Support & Food-Access Programming            | \$20,000        |
| Program Manager/Care Coordination                      | \$30,000        |
| Data, Evaluation & Research Support                    | \$25,000        |
| Participant Supplies, Materials & Resource Support     | \$15,000        |
| Travel, Mileage & Home-Visit Support                   | \$10,000        |
| Administration, Billing, Technology & Shared Dashboard | \$20,000        |
| Total                                                  | \$250,000       |

A final detailed budget will be built from expected service frequency, provider compensation, staffing, caseloads, participant utilization, supplies, travel, administration, billing, evaluation, and indirect costs. The final budget should also identify funds reserved for families whose 12-month postpartum service obligations extend beyond the initial implementation period.

Part XIII

# Pilot Goals

- Enroll approximately 50–75 families referred by University Health staff.
- Establish clear eligibility and a reliable referral pathway.
- Integrate doula support into the care continuum.
- Provide individualized support from pregnancy through 12 months postpartum.
- Maintain meaningful family engagement at least twice monthly when appropriate.
- Expand access to lactation and infant-feeding services.
- Integrate nutrition support and food-access navigation into the care model.
- Establish baseline measures before implementation.
- Establish family feedback mechanisms and quarterly listening/community review.
- Identify and reduce care gaps and barriers experienced by participating families.
- Implement measurable improvement strategies.
- Establish Medicaid and other reimbursement workflows.
- Measure family experience, service utilization, outcomes, and financial performance.
- Determine the cost and operational requirements for responsible expansion.



Part XIV

# Measurement, Evaluation, & Quarterly Dashboard

**Data is a central component of Uzazi Village Trusted™. Before launch, the partners will agree on baseline measures, definitions, data ownership, reporting responsibilities, and a shared dashboard platform. Dashboard data will be reviewed at least quarterly by the joint leadership team.**

| Baseline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Participant Flow & Service Utilization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Family Experience                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Historical referral and service-utilization data when available</li><li>• Existing maternal/infant outcome measures available to the partners</li><li>• Current family-experience measures</li><li>• Current postpartum follow-up/engagement measures</li><li>• Existing lactation and nutrition utilization measures when available</li><li>• Uzazi Village historical outcome data, with denominators and definitions validated before comparison</li></ul> | <ul style="list-style-type: none"><li>• Families referred</li><li>• Families contacted</li><li>• Families enrolled</li><li>• Families completing/continuing services</li><li>• Time from referral to first contact</li><li>• Twice-monthly engagement rate when appropriate</li><li>• Doula utilization and birth attendance</li><li>• Lactation utilization</li><li>• Nutrition-service utilization</li><li>• Home/virtual visits</li><li>• Postpartum engagement through defined milestones</li><li>• Care coordination and resource referrals</li></ul> | <ul style="list-style-type: none"><li>• Feeling respected and heard</li><li>• Trust</li><li>• Communication</li><li>• Confidence navigating care</li><li>• Experience with clinical/community coordination</li><li>• Nutrition and resource support experience</li><li>• Overall satisfaction</li></ul>          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Care Gaps & Equity                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"><li>• Identified barriers</li><li>• Missed or delayed connections to care</li><li>• Resolution of family concerns</li><li>• Corrective actions completed</li><li>• Staff education</li><li>• Policy/workflow changes</li><li>• Community recommendations implemented</li></ul> |

Part XIV

# Measurement... cont.

Maternal & Infant Outcomes

- Outcome measures mutually selected based on available, reliable data
- Fetal/infant outcomes with clearly defined denominators and reporting periods
- Postpartum continuity measures
- Lactation/feeding measures
- Other clinical/community outcomes appropriate to the cohort

Financial Accountability

- Cost per enrolled family
- Budget-to-actual variance
- Provider capacity
- Claims submitted and paid
- Payer collections
- Reimbursement gaps
- Cost of remaining participant oblig
- Sustainable financing opportunities



Dashboard Platform: The parties will select the shared dashboard platform during implementation planning. Selection criteria will include privacy/security, role-based access, ease of quarterly reporting, integration or import capability, and the ability to maintain clear definitions and audit trails

Part XV

# Uzazi Village Trusted™ Partner Scorecard

At the conclusion of the evaluation period, University Health may be evaluated for recognition based on documented participation, progress, and demonstrated commitment.

| Category                              | Weight |
|---------------------------------------|--------|
| Community Engagement and Voice        | 20%    |
| Equitable Care Practices              | 15%    |
| Family Experience                     | 15%    |
| Care Integration & Continuity         | 15%    |
| Data, Outcomes & Improvement          | 15%    |
| Nutrition/Wraparound Access           | 5%     |
| Sustainability & Medicaid Integration | 10%    |
| Continuous Accountability             | 5%     |
| TOTAL                                 | 100%   |

Part XVI

University Health Trusted  
Partner Recognition

Upon successful completion of agreed requirements, Uzazi Village may designate University Health as an UZAZI VILLAGE TRUSTED™ PARTNER — Recognized for Commitment to Equitable, Community-Centered Maternal Care.

- Formal certificate
- Community recognition
- Public announcement
- Digital recognition badge
- Inclusion in Uzazi Village partnership materials
- Recognition at an appropriate Uzazi Village event
- Inclusion in annual reports
- Continued eligibility for annual renewal

The designation will be reviewed annually. Uzazi Village reserves the right to modify, suspend, or not renew the designation if the partnership no longer demonstrates the standards established by this framework.



Part XVII

Year-Two Expansion

Following Year One and review of cost, capacity, outcomes, and participant obligations, the partnership may consider expansion to additional families, Medicaid populations, clinical departments, pediatric integration, father/partner engagement, mental health partnerships, community health workers, nutrition services, lactation services, postpartum home visiting, research/evaluation, and additional healthcare partners.

Part XVIII

Governance

A joint Uzazi Village Trusted™ Leadership Team will oversee the pilot and conduct formal quarterly reviews.

| Uzazi Village Representation      | University Health Representation |
|-----------------------------------|----------------------------------|
| President and CEO                 | Maternal Health Leadership       |
| Clinical Leadership               | Clinical Leadership              |
| Program Manager/Care Coordination | Patient Experience               |
| Doula Program Leadership          | Quality Improvement              |
| Lactation Leadership              | Population Health                |
| Nutrition Representative          | Finance/Reimbursement            |
| Community Engagement              | Community Health                 |
| Data/Evaluation Representative    | Data/Evaluation Representative   |

Part XIX

# Data, Confidentiality, & Reporting

The parties will establish appropriate procedures for sharing and reviewing information necessary to operate and evaluate the pilot while complying with applicable federal and state privacy, confidentiality, and consent requirements. The partners will determine which data may be aggregated and reported publicly.

Quarterly reporting will include agreed dashboard measures, narrative interpretation, corrective actions, financial performance, and outstanding participant obligations. Public reporting will use aggregated information unless otherwise authorized and legally permissible.



Part XX

## Community Benefit

This partnership is designed to create benefits beyond the individual families enrolled in the pilot. Lessons learned may inform healthcare policy, maternal health programming, provider education, nutrition and food-access strategies, community partnerships, Medicaid strategy, quality improvement, future funding opportunities, and regional maternal health initiatives.

Part XXI

# Long-Term Vision

The vision of Uzazi Village Trusted™ is to establish a new model of partnership between healthcare systems and the communities they serve. Hospitals cannot transform maternal health alone. Community organizations cannot transform maternal health alone. Together, with families at the center and data guiding improvement, they can build systems that are more responsive, accountable, continuous, and equitable.



Healthy Moms. Healthy Babies.  
Trusted Care.

Part XXII

Proposed Implementation Timeline

➔ Month 1-2: Infrastructure & Baseline

- Execute MOU
- Establish leadership team
- Finalize eligibility criteria
- Finalize detailed service-cost budget
- Select shared dashboard platform
- Define baseline measures and data definitions
- Establish referral and data-sharing procedures
- Establish family feedback process
- Define billing/reimbursement workflows

➔ Months 3-4: Enrollment & Service Launch

- Begin University Health referrals and enrollment
- Launch doula, lactation, nutrition, navigation, and postpartum services
- Begin twice-monthly engagement cadence as appropriate
- Begin community-accountability activities
- Begin dashboard data collection

➔ Months 5-6: First Formal Quarterly Review

- Review referral, utilization, family feedback, outcomes, and financial data
- Identify care gaps and improvement opportunities
- Review reimbursement processes
- Assign corrective actions

➔ Months 7-9: Improvement & Continued Services

- Continue enrollment/services
- Implement corrective actions
- Conduct quarterly listening/community review
- Review sustainability strategy and remaining participant obligations

➔ Months 10-12: Year-One Evaluation & Continuation Planning

- Complete Year-One implementation evaluation
- Conduct Trusted Partner assessment as appropriate
- Review Medicaid and financing outcomes
- Calculate continuing service obligations for enrolled families
- Develop Year-Two/continuation plan
- Continue services for participants whose postpartum continuum extends beyond Month 12 under the agreed funding mechanism

Part XXIII

Success at the End of the Initial Implementation Period

- Success will mean that:
- Approximately 50–75 families were referred/enrolled according to the agreed model.
  - Families received continuous community-based support and appropriate twice-monthly engagement.
  - Doula, lactation, nutrition, navigation, and postpartum services were integrated into the care continuum.
  - Families had a meaningful voice in improvement activities.
  - Baseline and quarterly dashboard reporting were established.
  - Care gaps and barriers were identified, assigned, and acted upon.
  - University Health responded to agreed concerns and improvement opportunities.
  - Maternal, infant, family-experience, utilization, and financial measures were documented using agreed definitions.
  - Medicaid and other reimbursement pathways were strengthened.
  - The partnership established a financially responsible plan for continuing participant obligations and future scale.
  - University Health demonstrated progress toward the requirements for Uzazi Village Trusted™ Partner recognition.

Proposed Next Steps

- Review this updated Letter of Intent and pilot proposal.
- Identify executive sponsors and pilot leads.
- Finalize eligibility and referral criteria.
- Build and approve the detailed \$250,000 service-based budget.
- Define the enrollment period, participant-service period, and funding for continuing obligations.
- Establish baseline measures and select the shared dashboard platform.
- Establish quarterly reporting and community-accountability cadence.
- Finalize data-sharing and privacy procedures.
- Establish Medicaid and other reimbursement workflows, including revenue-retention and duplicate-payment rules.
- Develop and execute a formal MOU.
- Launch the pilot.

# Signatures

The parties acknowledge their intent to work collaboratively toward development of the proposed Uzazi Village Trusted™ Equitable Maternal Care Pilot. This proposal is intended as a basis for continued negotiation and planning and is not a final execution-ready agreement until the parties approve and execute definitive agreements.

## Uzazi Village

Shalese Clay  
President & CEO  
Uzazi Village

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## University Health

Authorized Representative

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Uzazi Village Trusted™

*Community. Care. Accountability. Outcomes.*  
**Healthy Moms. Healthy Babies. Trusted Care.**