

2026 NHMA La Próxima Generación Scholarship
Project Proposal

1. Project Title & Summary

Madres Sanas, Familias Fuertes (Healthy Mothers, Strong Families): A Community Health Worker-Led Maternity Navigation Program in Chicago's Greater Lawndale

This project proposes a bilingual, community health worker (CHW)-led maternity care navigation program serving Latina residents of Chicago's Greater Lawndale neighborhood. Drawing on the CHW model proven in clinical settings, the program will connect pregnant and postpartum Latinas to OB providers, address insurance and transportation barriers, and deliver culturally grounded prenatal education—directly confronting Illinois' maternity care crisis and the disproportionate risks it places on Latino communities.

2. Statement of Need / Problem Description

Illinois is experiencing a severe maternity care crisis that falls hardest on Black and Latina women. Illinois OB malpractice insurance costs average \$179,497 annually—3.9 times the national average—driving OB-GYNs out of underserved areas and leaving 35 Illinois counties classified as maternity care deserts. The consequences are not abstract: Illinois' maternal mortality rate for Latina women is nearly double that of non-Latina white women, and disparities in preterm birth, low birthweight, and prenatal care initiation persist across every metric.

In Greater Lawndale, a predominantly Latino neighborhood on Chicago's West Side, these systemic failures are acutely felt. Residents face a constellation of barriers: limited Spanish-language OB providers, Medicaid coverage gaps, distrust of medical institutions rooted in historical exclusion, transportation difficulties, and work schedules that make standard clinic hours inaccessible. Many Lawndale Latinas delay prenatal care until the second or third trimester—not by choice, but because the system has made timely access nearly impossible.

As a Community Health Worker at Northwestern Medicine Memorial Hospital supporting over 100 patients monthly, and as a policy intern at the Illinois Department of Public Health where I analyzed OB malpractice costs and maternity desert policy solutions, I have witnessed both the structural roots of this crisis and the transformative potential of trusted, community-based intervention. CHWs who share language, culture, and lived experience with patients are uniquely positioned to bridge the gap that policy alone cannot close.

3. Target Audience / Community Served

The program will serve Latina women of reproductive age (18–44) residing in Greater Lawndale, with priority given to those who are currently pregnant, recently postpartum, or planning a pregnancy. The neighborhood is approximately 80% Latino, predominantly Mexican and Mexican-American, with high rates of Medicaid enrollment, limited English proficiency, and overcrowded housing. Many residents are first-generation immigrants or the U.S.-born children of immigrants, navigating a healthcare system that was not designed with their needs in mind.

Cultural context shapes every aspect of this program's design: the central role of family and community (*familismo*) in health decisions, the importance of *personalismo* in patient-provider relationships, and the skepticism—often warranted—of formal health systems. The program is designed to meet women where they are, literally and culturally.

4. Proposed Program / Activities

Madres Sanas, Familias Fuertes will operate as a six-month, community-based maternity navigation program with three core components:

CHW Outreach & Care Navigation. Two bilingual CHWs will conduct outreach through community anchor sites—laundromats, churches, WIC clinics, and community centers in Greater Lawndale—to identify pregnant and postpartum Latinas not yet engaged in prenatal care. CHWs will conduct intake assessments, connect participants to OB providers who accept Medicaid and offer Spanish-language services, assist with enrollment in insurance programs, and coordinate transportation support for appointments. Each CHW will carry a caseload of approximately 20–25 women.

Bilingual Group Prenatal Education Sessions. Monthly two-hour group sessions, facilitated in Spanish by CHWs and a rotating public health nurse, will cover prenatal nutrition, warning signs, postpartum mental health, infant care, and how to advocate for oneself in clinical settings. Sessions will be held in the evenings at a trusted community site to accommodate working mothers. Childcare will be provided onsite.

Postpartum Check-In & Warm Handoff. CHWs will conduct structured postpartum check-ins at 2 weeks and 6 weeks following birth, screening for postpartum depression using the Edinburgh Postnatal Depression Scale and facilitating warm referrals to behavioral health services when needed. Participants will be connected to ongoing primary care and pediatric providers before the program concludes.

The program will be developed in partnership with Lawndale Christian Health Center and informed by community advisory input from program participants and Lawndale residents.

5. Evaluation & Impact

Success will be measured across three domains: access, experience, and outcomes. Process metrics will include the number of women enrolled, the proportion who initiate prenatal care in the first trimester, prenatal visit attendance rates, and referral completion rates. Participant experience will be assessed through brief post-session surveys and a structured exit interview at program completion, measuring satisfaction, perceived cultural responsiveness, and self-reported confidence in navigating the health system.

Clinical outcome data—including birthweight, gestational age at delivery, and postpartum depression screening results—will be tracked in partnership with linked health system providers using EPIC, with appropriate data sharing agreements. A comparison of prenatal care initiation rates between enrolled participants and a matched historical cohort will provide a preliminary measure of program effectiveness.

Over six months, the program aims to enroll at least 40 women, achieve first-trimester prenatal care initiation in 75% of pregnant participants, and conduct postpartum follow-up with 80% of participants who deliver during the program period.

6. Sustainability & Growth Plan

This program is designed for replication and scale. The CHW navigation model is cost-effective, evidence-based, and widely supported in Illinois Medicaid policy as a reimbursable service. Following the pilot phase, the program can pursue sustainability through Medicaid reimbursement for CHW services under Illinois SB 2787, HRSA Maternal and Child Health Bureau grants, and hospital community benefit funding from Northwestern Medicine and Cook County Health.

The program model can be replicated in other Chicago neighborhoods with significant Latino populations facing similar maternity care gaps—including Pilsen, Little Village, and Humboldt Park—and adapted for rural Illinois maternity desert counties identified in IDPH data. Lessons learned, including outreach strategies, session curricula, and data collection tools, will be documented and made available to other community organizations.

Madres Sanas, Familias Fuertes

Healthy Mothers, Strong Families

A Community Health Worker-led maternity navigation program serving Latina women in Chicago's Greater Lawndale — addressing Illinois' maternity care crisis at the community level.

Greater Lawndale · Chicago, IL · 6-Month Pilot

3.9x
IL OB malpractice cost vs. national average

34.3%
of IL counties are maternity care deserts

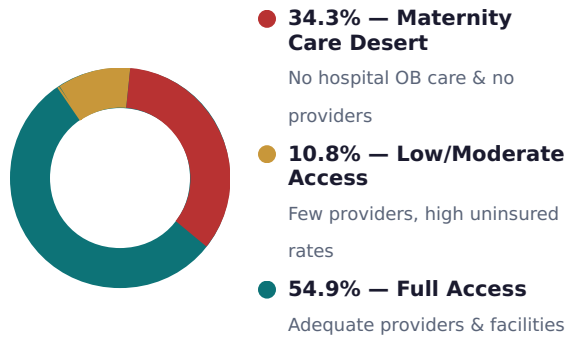
87%
of pregnancy-related deaths are preventable

80%
of Lawndale residents identify as Latino

DATA & DISPARITIES

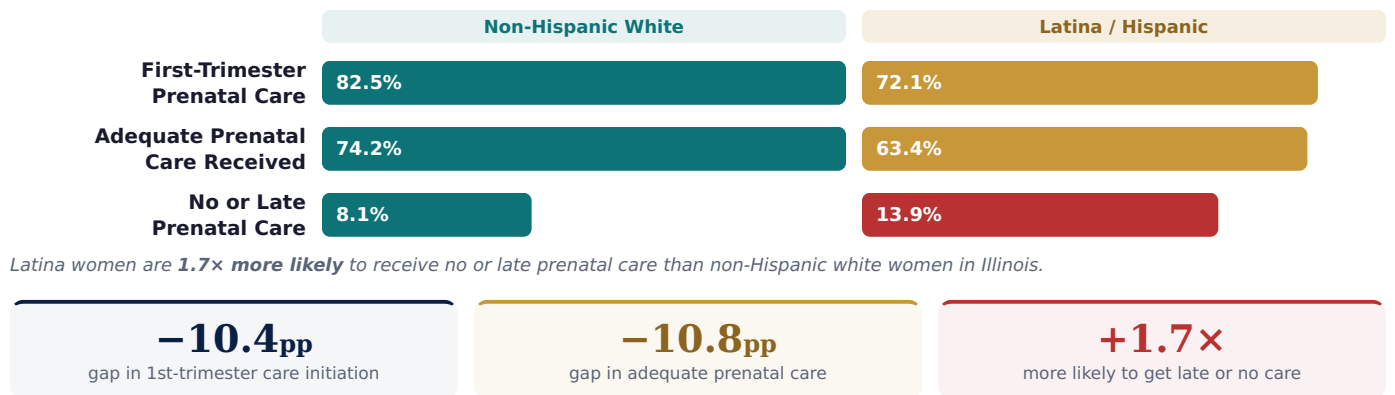
Illinois County Maternity Care Access

2024 · March of Dimes PeriStats



Prenatal Care Disparities by Race/Ethnicity — Illinois

NCHS Natality Data, 2022-2024 · March of Dimes 2025 IL Report Card



Annual OB-GYN Malpractice Premium

Illinois vs. National Average · IDPH / MEDPLI, 2023-25



Why this drives deserts

High premiums push OB-GYNs out of underserved areas — directly creating the access gaps that harm Latina mothers.

THE PROGRAM

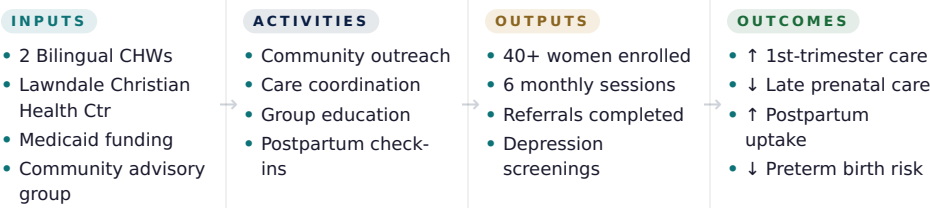
1 CHW Outreach & Care Navigation
Bilingual CHWs connect unengaged Latinas to Medicaid-accepting OB providers via outreach at churches, laundromats, and WIC sites. 20-25 women per caseload.

2 Bilingual Group Prenatal Education
Monthly evening sessions in Spanish: nutrition, warning signs, postpartum mental health, and clinical self-advocacy. Childcare provided onsite.

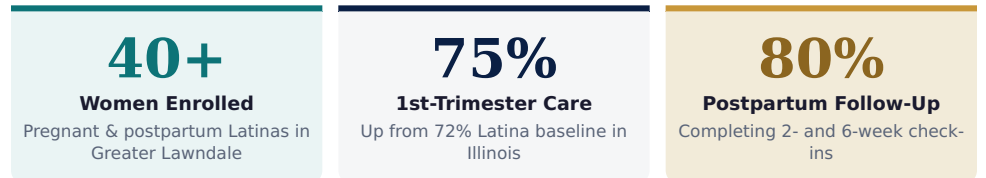
3 Postpartum Check-In & Warm Handoff
Edinburgh Depression Scale screening at 2 & 6 weeks postpartum, warm referrals to behavioral health, and connection to ongoing primary care.

LOGIC MODEL & GOALS

Program Logic Model



6-Month Program Goals



SOURCES & CITATIONS

- Illinois Dept. of Public Health (IDPH). OB Malpractice Insurance Cost Analysis. 2023.
- Fontenot J, et al. *Where You Live Matters: Maternity Care Deserts in Illinois*. March of Dimes; 2023.
- Stoneburner A, et al. *Nowhere to Go: Maternity Care Deserts Across the U.S.* March of Dimes; 2024.
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- America's Health Rankings. *Maternity Care Desert: IL, 2024*. United Health Foundation; 2024.
- MEDPLI. *2026 Illinois Malpractice Insurance Guide*. medpli.com; 2025.
- U.S. Census Bureau; CDPH. *Community Health Profiles: Lawndale*. 2020.
- IL Dept. of Public Health. *Fetal & Infant Mortality Report*. IDPH; 2024.

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