



Board of Commissioners of Cook County

Health & Hospitals Committee

Tuesday, June 10, 2025

1:00 PM

**Cook County Building, Board Room,
118 North Clark Street, Chicago, Illinois**

Issued on: 6/4/2025

NOTICE AND AGENDA

There will be a meeting of the Committee or Subcommittee of the Board of Commissioners of Cook County at the date, time and location listed above to consider the following:

PUBLIC TESTIMONY

Authorization as a public speaker shall only be granted to those individuals who have registered to speak, with the Secretary, 24 hours in advance of the meeting. To register as a public speaker, go to the meeting details page for this meeting at <https://cook-county.legistar.com/Calendar.aspx> to find a registration link. Duly authorized public speakers may speak live from the County Board Room at 118 N. Clark Street, 5th Floor, Chicago, IL or be sent a link to virtually attend the meeting and will be called upon to deliver testimony at a time specified in the meeting agenda. Authorized public speakers who are not present during the specified time for public testimony will forfeit their allotted time to speak at the meeting. Public testimony must not exceed three minutes; the Secretary will keep track of the time and advise when the time for public testimony has expired. After each virtual speaker has completed their statement, they will be removed from the meeting. Once removed, you will still be able to follow the proceedings for that day at:

<https://www.cookcountyil.gov/service/watch-live-board-proceedings> or in a viewing area at 69 W. Washington Street, 22nd Floor Conference Room F, Chicago, IL. Persons authorized to provide public testimony shall not use vulgar, abusive, or otherwise inappropriate language when addressing the Board; failure to act appropriately; failure to speak to an item that is germane to the meeting, or failure to adhere to the time requirements may result in expulsion from the meeting and/or disqualify the person from providing future testimony. Written comments will not be read aloud at the meeting, but will be posted on the meeting page and made a part of the meeting record.

[25-3086](#)

COMMITTEE MINUTES

Approval of the minutes from the meeting of 5/13/2025

[25-2513](#)

Presented by: ERIK MIKAITIS, M.D., Chief Executive Officer, Cook County Health and Hospitals Systems

REPORT

Department: Cook County Department of Public Health (CCDPH)

Report Title: CCDPH Quarter 2 Report

Report Period: Q2 2025

Summary: CCDPH Nursing Program Initiatives

Legislative History : 5/15/25 - Board of Commissioners - refer to the Health & Hospitals Committee

[25-2612](#)

Presented by: ERIK MIKAITIS, M.D., Chief Executive Officer, Cook County Health and Hospitals Systems

REPORT

Department: Cook County Department of Public Health (CCDPH)

Report Title: Semi-annual Disparities Report

Report Period: FY24 reporting year

Summary: Semi-annual disparities report

Legislative History : 5/15/25 - Board of Commissioners - refer to the Health & Hospitals Committee

[25-2301](#)

Sponsored by: DONNA MILLER, ALMA E. ANAYA, BRIDGET DEGNEN, BRIDGET GAINER, BILL LOWRY, SCOTT R. BRITTON, JOHN P. DALEY, DR. KISHA E. McCASKILL, JOSINA MORITA, KEVIN B. MORRISON, SEAN M. MORRISON, MICHAEL SCOTT JR., TARA S. STAMPS and MAGGIE TREVOR, Cook County Board of Commissioners

PROPOSED RESOLUTION

DECLARING MATERNAL MORBIDITY AND MORTALITY AS A PUBLIC HEALTH CRISIS

WHEREAS, each year in the U.S., hundreds of women die from complications related to pregnancy and childbirth, known as maternal death, at a rate many times greater than in other developed nations; and

WHEREAS, maternal death/mortality is defined by the World Health Organization (WHO) as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes, and maternal morbidity as “any health condition attributed to and/or complicating pregnancy, and childbirth that has a negative impact on the woman’s well-being and/or functioning”; and

WHEREAS, Health and Human Services officials and stakeholders stated that the pandemic worsened factors contributing to maternal health disparities, like access to care, cardiovascular problems and other underlying conditions; and

WHEREAS, in 2021, the U.S. had one of the worst rates of maternal mortality in the country's history going back to 1965. 1,205 people died of maternal causes in the U.S. in 2021, which represents a 40% increase from the previous year, and the U.S. rate for 2021 was 32.9 maternal deaths per 100,000 live births, which is more than ten times the estimated rates of some other high-income countries, including Australia, Austria, Israel, Japan and Spain which all reported between 2 and 3 deaths per 100,000 in 2020; and

WHEREAS, according to the CDC, cardiovascular conditions such as pulmonary embolisms, uncontrolled bleeding and problems emanating from hypertension are the leading cause of pregnancy-related deaths in the U.S. and sadly most, up to 80%, of maternal deaths due to clinical, system, social, community or patient factors are preventable, as the health-care solutions to prevent or manage complications are well known, and more than half of pregnancy-related deaths occur more than 60 days postpartum; and

WHEREAS, the maternal death rate for Black or African American women was 44.0 per 100,000 live births in 2019, then increased to 55.3 in 2020, and 68.9 in 2021. In contrast, White (not Hispanic or Latina) women had death rates of 17.9, 19.1, and 26.1, respectively; and

WHEREAS, the maternal death rate for Hispanic or Latina women was 12.6 per 100,000 live births compared with White (not Hispanic or Latina) women 17.9 in 2019, but increased significantly during the pandemic in 2020 to 18.2 and in 2021 to 27.5 per 100 live births; and

WHEREAS, according to the Centers for Disease Control and Prevention (CDC) the 12-month ending provisional maternal mortality rates by race ending June 2024 are as follows: Hispanic or Latina 13.8 per 100,000 live births, White non-Hispanic 15.3 per 100,000 births, Asian non-Hispanic 14.6 per 100,000 births and Black non-Hispanic 51.2 per 100,000; and

WHEREAS, according to the 2023 Illinois Maternal Morbidity and Mortality Report, 43% of women who died while pregnant or within one year of pregnancy died from a cause related to pregnancy, and the

leading cause of pregnancy-related death was substance use disorder, which comprised 32% of pregnancy-related deaths and the other 68% most common causes of pregnancy-related death were cardiac and coronary conditions, pre-existing chronic medical conditions, sepsis, mental health conditions, and embolism; and

WHEREAS, for mental health conditions and substance use disorders, all racial/ethnic groups had similar pregnancy related mortality ratios, but for medical causes of death, Black women had a pregnancy-related mortality ratio nearly three times that of White women; and

WHEREAS, disparities in other adverse maternal outcomes, such as preterm and low birthweight births and severe maternal morbidity, which represents a group of potentially life-threatening unexpected maternal conditions or complications that occur during labor and delivery that may cause long-lasting health problems that extend beyond the pregnancy, persisted for Black or African American women; and

WHEREAS, according to the 2022 Illinois Task Force on Infant and Maternal Mortality Among African Americans report, the crisis of non-Hispanic Black/African American infant and maternal mortality and morbidity in states, especially Illinois, mirrors the larger trends seen across the country. Non-Hispanic Black/African American women in Illinois are about three times as likely to experience a pregnancy-related death as White and Hispanic women, and Non-Hispanic Black/African American women also have the highest severe maternal morbidity (SMM) rate at 132.4 per 10,000 live births, more than two times the rate of non-Hispanic White women and significantly higher than Asian and Hispanic women; and

WHEREAS, overall, women in Illinois with no prenatal care had a severe maternal morbidity rate that was nearly three times that of women with adequate prenatal care; and

WHEREAS, Cook County Health (CCH), the Cook County Department of Public Health (CCDPH) and CountyCare have been actively studying and trying to improve maternal morbidity and mortality rates and the health disparities that contribute to adverse pregnancy outcomes;

NOW THEREFORE BE IT RESOLVED, that Cook County, led by the President and the Board of Commissioners, declare Maternal Morbidity and Mortality a Public Health Crisis in Cook County and affecting our entire society; and

BE IT FURTHER RESOLVED, that Cook County, Cook County Health and the Cook County Department of Public Health continue to work in collaboration with their government and community partners including community healthcare providers to;

1. Ensure a coordinated plan that aligns the CCH Strategic Plan and the CCDPH Strategic Plan to reduce maternal morbidity and mortality disparities in minority and other marginalized populations in Cook County.
2. Increase funding for maternal health services to address common causes of maternal morbidity and mortality, including applying for any available grant funding to augment such services.

3. Support local, State, and Federal programs that advance maternal health initiatives, and develop strategies that coordinate the efforts of local, state and where appropriate federal agencies in a targeted fashion that focuses said efforts in areas that are most affected by healthcare inequities in the City of Chicago and Suburban Cook County.
4. Recommend county programs or changes and additional services that could make maternal healthcare access more equitable in traditionally underserved and marginalized populations including expansion of CCH and CCDPH services.
5. Work with marginalized populations to provide education on maternal health issues and solutions.
6. Present data/performance metrics of efforts in target areas to improve maternal health equity and reduce disparities; and

BE IT FURTHER RESOLVED, that in collaboration with the CCH CEO or his designee, we dedicate funding to augment existing resources and advocate for additional external funding for educational campaigns to increase public awareness of maternal health services to reduce maternal health morbidity and mortality and address disparities in outcomes; and

BE IT FURTHER RESOLVED, that the County will encourage other local, State, and national entities to declare maternal morbidity and mortality a public health crisis; and

BE IT FURTHER RESOLVED, that the County Board hereby supports the efforts to address maternal health disparities and increase resources throughout Cook County.

Legislative History : 4/10/25 - Board of Commissioners - refer to the Health & Hospitals Committee



Secretary

Chair: Lowry

Vice-Chair: Anaya

Members: Committee of the Whole