



**Board of Commissioners of Cook County  
Minutes of the 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**

**ATTENDANCE**

**Present:** Anaya, Aguilar, Daley, Degnen, Gainer, McCaskill, Miller, K. Morrison, S. Morrison, Stamps, Trevor and Vásquez (12)

**Absent:** Lowry, Britton, Moore, Morita and Scott (5)

**Vice Chairwoman Anaya asked the Secretary to the Board to call upon the registered public speakers, in accordance with Cook County Code.**

**PUBLIC TESTIMONY**

No Public Speakers

[25-3086](#)

**COMMITTEE MINUTES**

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

**A motion was made by Commissioner Miller, seconded by Commissioner Degnen, to approve 25-3086. The motion carried by the following vote:**

**Ayes:** Anaya, Aguilar, Daley, Degnen, Gainer, McCaskill, Miller, K. Morrison, S. Morrison, Stamps, Trevor and Vásquez (12)

**Absent:** Lowry, Britton, Moore, Morita and Scott (5)

[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

**A motion was made by Commissioner Miller, seconded by Commissioner Degnen, to recommend for approval 25-2513. The motion carried by the following vote:**

**Ayes:** Anaya, Aguilar, Daley, Degnen, Gainer, McCaskill, Miller, K. Morrison, S. Morrison, Stamps, Trevor and Vásquez (12)

**Absent:** Lowry, Britton, Moore, Morita and Scott (5)

[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

**A motion was made by Commissioner Miller, seconded by Commissioner Degnen, to recommend for approval 25-2612. The motion carried by the following vote:**

**Ayes:** Anaya, Aguilar, Daley, Degnen, Gainer, McCaskill, Miller, K. Morrison, S. Morrison, Stamps, Trevor and Vásquez (12)

**Absent:** Lowry, Britton, Moore, Morita and Scott (5)

[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.

**A motion was made by Commissioner Miller, seconded by Commissioner Vásquez, to recommend for approval 25-2301. The motion carried by the following vote:**

**Ayes:** Anaya, Aguilar, Daley, Degnen, Gainer, McCaskill, Miller, K. Morrison, S. Morrison, Stamps, Trevor and Vásquez (12)

**Absent:** Lowry, Britton, Moore, Morita and Scott (5)

**ADJOURNMENT**

**A motion was made by Commissioner Daley, seconded by Commissioner Stamps, to adjourn the meeting. The motion carried by the following vote:**

**Ayes:** Anaya, Aguilar, Daley, Degnen, Gainer, McCaskill, Miller, K. Morrison, S. Morrison, Stamps, Trevor and Vásquez (12)

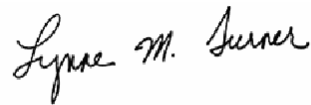
**Absent:** Lowry, Britton, Moore, Morita and Scott (5)

Respectfully submitted,



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Vice Chairwoman



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Secretary

A complete record of this meeting is available at <https://cook-county.legistar.com>.