



Board of Commissioners of Cook County

Health & Hospitals Committee

Wednesday, June 12, 2024

1:45 PM

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

Issued on: 6/4/2024

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.

[24-3517](#)

COMMITTEE MINUTES

Approval of the minutes from the meeting of 5/14/2024

[24-3522](#)

COMMITTEE MINUTES

Approval of the minutes from the meeting of 5/14/2024 - 2pm Public Hearing

[24-2304](#)

Sponsored by: DONNA MILLER, DENNIS DEER, FRANK J. AGUILAR, ALMA E. ANAYA, SCOTT R. BRITTON, JOHN P. DALEY, BRIDGET DEGNEN, MONICA GORDON, BILL LOWRY, STANLEY MOORE, JOSINA MORITA, SEAN M. MORRISON, ANTHONY J. QUEZADA, TARA S. STAMPS and MAGGIE TREVOR, Cook County Board of Commissioners

PROPOSED RESOLUTION

CALLING FOR A HEARING OF THE HEALTH AND HOSPITALS COMMITTEE TO RECEIVE AN UPDATE ON MATERNAL HEALTH MORBIDITY AND MORTALITY RATES IN COOK COUNTY

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, which contributed to a 78% rise in maternal mortality rates in the U.S. between 2000-2020 according to the WHO; and

WHEREAS, CDC data shows that maternal deaths increased during the COVID-19 pandemic and COVID-19 was a contributing factor in one quarter of all maternal deaths in 2020 and 2021 combined, and although the pandemic has been substantially brought under control, there will continue to be ramifications for maternal health outcomes into the future; 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 91%, 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 lower 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, in Illinois, 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, these dreadful numbers motivated Commissioner Donna Miller to call for the 1st maternal health public hearing of the Cook County Board of Commissioners' Health and Hospitals Committee to address this crisis, which occurred in June of 2023; and

WHEREAS, this impactful hearing, led Commissioner Miller to work with the leadership at Cook County Health (CCH) to secure \$1 million in the 2024 budget to create the 1st Doula program at CCH; and

WHEREAS, Doula services not only are shown to improve maternal health outcomes, but are a way of reducing costs associated with maternal mortality and morbidity due to less dependence on pain medication; shorter duration of labor, less time in the hospital; fewer operative deliveries, such as C-section episiotomy; higher APGAR (newborn) scores; decreased infant mortality; and decreased maternal mortality; and

WHEREAS, Commissioner Miller also sponsored a National Association of Counties (NACo) policy resolution at the February 2024 Legislative Conference that urges the Federal Government and Congress to assist counties by providing funding for increased doula services and training to ameliorate maternal health outcomes for all women and address racial disparities in maternal health, mortality, and morbidity; and

WHEREAS, Cook County Health (CCH) and the Cook County Department of Public Health (CCDPH) have been actively studying and trying to improve maternal morbidity and mortality rates and the health disparities that contribute to adverse pregnancy outcomes, including the above-mentioned doula care program, which is in the process of being created; and

WHEREAS, a meeting of the Health & Hospitals Committee, one year after the initial maternal health hearing, is the ideal platform to bring together stakeholders from CCH, CCDPH, CountyCare and other healthcare providers to receive an update on the data, and to learn about solutions being implemented to improve maternal morbidity and mortality rates in Cook County and beyond;

NOW THEREFORE BE IT RESOLVED, that the Cook County Board of Commissioners does hereby request a public hearing of the Health and Hospitals Committee be held to bring together key maternal health stakeholders in order to fully understand the factors leading to high maternal morbidity and mortality rates; and

BE IT FURTHER RESOLVED, that representatives from Cook County Health, the Cook County Department of Public Health, CountyCare, the Illinois Department of Public Health, outside healthcare providers and any other pertinent stakeholder representatives are requested to appear before the Health & Hospitals Committee and be prepared to give an overview to the committee and answer questions related to maternal health overall as well as disparities in maternal morbidity and mortality rates in Cook County and Illinois; and

BE IT FURTHER RESOLVED, that each stakeholder be prepared to provide the most up to date data

on such rates and the factors that have contributed to them; and

BE IT FURTHER RESOLVED, that each stakeholder be prepared to provide short and long-term recommendations to prevent pregnancy related deaths and improve maternal morbidity and mortality rates in Cook County and Illinois including initiatives that have been implemented or are in the process of being implemented.

Legislative History : 4/18/24 - Board of Commissioners - refer to the Health & Hospitals Committee

Legislative History : 5/14/24 - Health & Hospitals Committee - defer

Legislative History : 5/16/24 - Board of Commissioners - defer

[24-1373](#)

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

REPORT

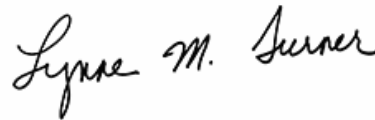
Department: Cook County Department of Public Health (CCDPH)

Report Title: CCDPH Quarter 2 Report

Report Period: Q 2 2024

Summary: TBD

Legislative History : 5/16/24 - Board of Commissioners - refer to the Health & Hospitals Committee



Secretary

Chair: Deer

Vice-Chair: Anaya

Members: Committee of the Whole