

File No. 140933

Committee Item No. \_\_\_\_\_  
Board Item No. 26

**COMMITTEE/BOARD OF SUPERVISORS**  
AGENDA PACKET CONTENTS LIST

Committee \_\_\_\_\_

Date \_\_\_\_\_

Board of Supervisors Meeting

Date September 9, 2014

**Cmte Board**

- |                          |                                     |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>            | Motion                                       |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/> | <input type="checkbox"/>            | Legislative Digest                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Budget Analyst Report                        |
| <input type="checkbox"/> | <input type="checkbox"/>            | Legislative Analyst Report                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | Introduction Form (for hearings)             |
| <input type="checkbox"/> | <input type="checkbox"/>            | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/>            | MOU  |
| <input type="checkbox"/> | <input type="checkbox"/>            | Grant Information Form                       |
| <input type="checkbox"/> | <input type="checkbox"/>            | Grant Budget                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Subcontract Budget                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Contract/Agreement                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Application                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | Public Correspondence                        |

**OTHER** (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Joy Lamug

Date September 4, 2014

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 20 pages. The complete document is in the file.

1 [Infant Mortality Awareness Month - September]

2  
3 **Resolution declaring September "Infant Mortality Awareness Month" in the City and**  
4 **County of San Francisco.**

5  
6 WHEREAS, The death of a baby before reaching his or her first birthday is called Infant  
7 Mortality and the loss of a baby takes a serious toll on families; and

8 WHEREAS, The Infant Mortality Rate (infant deaths per 1,000 live births) is often used  
9 as an indicator to measure the health and well-being of a nation and a municipality, because  
10 factors affecting the health of entire populations can also affect infant mortality; and

11 WHEREAS, Each week in the City and County of San Francisco, approximately thirty  
12 infants die, or the equivalent of one to two kindergarten classes; and

13 WHEREAS, Nationally, 58 percent of infant deaths are caused by Sudden Infant Death  
14 Syndrome, birth defects, preterm births, maternal complications during pregnancy and injury,  
15 which in turn are associated with economic, cultural, environmental and social conditions; and

16 WHEREAS, Inordinate and unacceptable disparities exist in Infant Mortality Rates  
17 throughout age, race, and ethnicity; and

18 WHEREAS, In San Francisco, the Infant Mortality Rate among African-Americans is  
19 7.2 per one thousand live births; Hispanics is 4.3; Asians is 2.0; and Caucasians is 2.2; and

20 WHEREAS, Over the past decade, the Infant Mortality Rate for African Americans has  
21 been three to five times that of Whites; and the rate for Latinos has been two times that of  
22 Whites; and

23 WHEREAS, The Maternal Child and Adolescent Health Section of the Department of  
24 Public Health has convened a group of multi sector stakeholders to participate in the Institute  
25

1 for Equity in Birth Outcomes to implement strategies to decrease Black-White disparities in  
2 Infant Mortality; and

3 WHEREAS, Family planning and prenatal care improve infant health outcomes and are  
4 available in San Francisco; and

5 WHEREAS, Grief support and counseling may offer valuable support to women and  
6 families impacted by Infant Mortality; now, therefore, be it

7 RESOLVED, That the Board of Supervisors declares September "Infant Mortality  
8 Awareness Month" to affirm the City's commitment to investing in, and protecting the lives of  
9 all infants.

# Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp  
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion, or Charter Amendment)
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning "Supervisor [ ] inquires"
- 5. City Attorney request.
- 6. Call File No. [ ] from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No. [ ]
- 9. Reactivate File No. [ ]
- 10. Question(s) submitted for Mayoral Appearance before the BOS on [ ]

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission       Youth Commission       Ethics Commission
- Planning Commission       Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative Form.

Sponsor(s):

Cohen

Subject:

Declaring September Infant Mortality Awareness Month in San Francisco

The text is listed below or attached:

[ ]

Signature of Sponsoring Supervisor: *Mattie Chen*

For Clerk's Use Only:

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