

COUNTY OF SANTA BARBARA
 IN THE MATTER OF COMMENDATION AND APPRECIATION
 TO THE SANTABARBARA COUNTY PUBLIC HEALTH
 DEPARTMENT NUTRITION SERVICES / WIC PROGRAM FOR **CALIFORNIA**
 WORLD BREASTFEEDING MONTH ACTIVITIES

WHEREAS, decades of research indicate that mother’s milk is healthiest for children and breastfeeding benefits both mothers and babies, by reducing the risk of depression, as well as breast and ovarian cancers, and by providing babies with optimal nutrition that contributes to reduction in the incidence and severity of diseases, such as Type 2 diabetes, respiratory infections, ear infections, obesity, asthma, and Sudden Infant Death syndrome; and

WHEREAS, breastfeeding prevents malnutrition in all its forms, ensures food security even in times of crisis, including natural disasters, and helps break the cycle of poverty; and

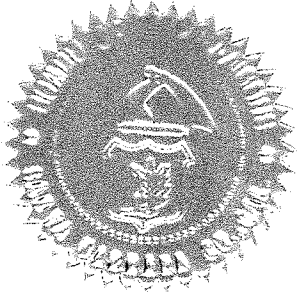
WHEREAS, Santa Barbara County Public Health Department Nutrition Services / WIC has some of the highest breastfeeding rates in California and the United States, along with a high number of International Board Certified Lactation Consultants and Educators; and

WHEREAS, Santa Barbara County PHD Nutrition Services / WIC pioneered a two- way breastfeeding texting program that meets the needs of Generation Y or Millennials; and was one of the six national recipients to receive the USDA Loving Support Breastfeeding Award of Excellence in 2017; and

WHEREAS, the California Department of Public Health's 2018 World Breastfeeding Week Campaign aims to raise awareness about lactation accommodation as a strategy to help working mothers to continue breastfeeding exclusively for the first six months of their child's life; and

NOW, THEREFORE, BE IT AND IT IS HERBY ORDERED AND RESOLVED that this Board of Supervisors proclaim August 2018 as Breastfeeding Awareness Month in Santa Barbara County. A breastfed baby is a healthy baby!

Passed and adopted by the Board of Supervisors of the County of Santa Barbara, State of California, this 14th day of August 2018, by a unanimous vote of all members present.



[Signature]
 Supervisor - 1st District

[Signature]
 Supervisor - 2nd District

[Signature]
 Supervisor - 3rd District

[Signature]
 Supervisor - 4th District

[Signature]
 Supervisor - 5th District

ATTEST: *[Signature]*
 Clerk of the Board