



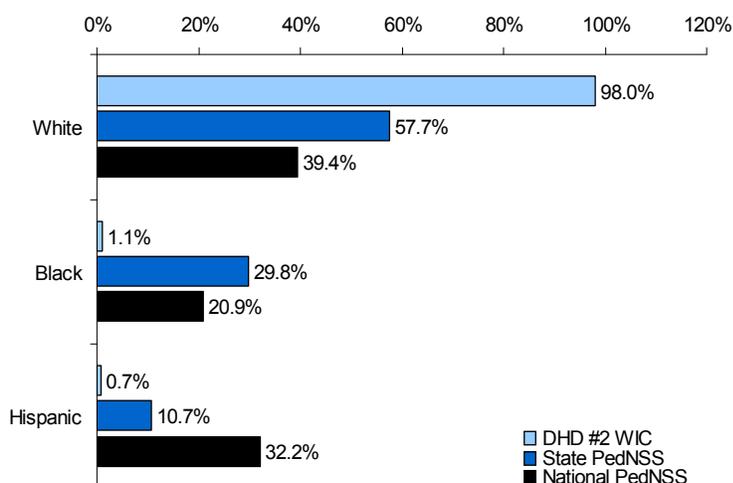
## 2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breast-feeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

District Health Department #2 (DHD#2) consist of four counties: Alcona, Iosco, Ogemaw, and Oscoda counties. Approximately 4.9% or the combined population of those counties were under the age of five years old, based on data from the 2000 U.S. Census. One out of five of children under five years old (21.6%) in the area served by DHD#2 lived below poverty. An estimated 1,697 of all children served by Michigan WIC were served by DHD#2 in 2003. Statistics about WIC participants under the age of five years old in DHD#2 showed:

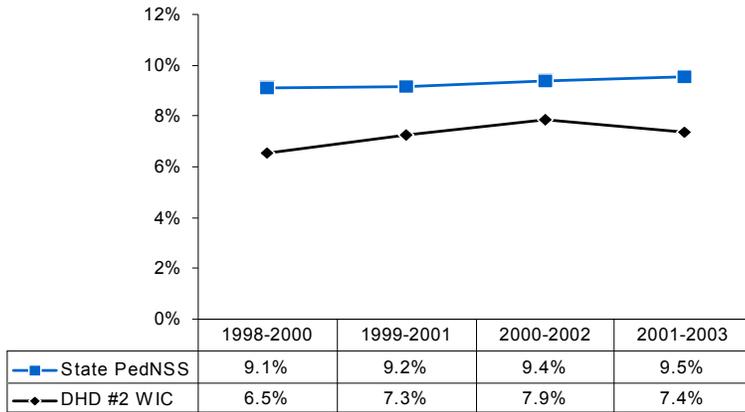
- The incidence of low birthweight and high birthweight was 7.4% and 10.7%, respectively;
- Even though the overall prevalence of short stature was 5.9% in DHD#2, 7.9% of infants and children under the age of two years old were short in stature;
- Among children two to five years old in DHD#2, 5.4% were underweight and 28.6% were either overweight or at risk of overweight;
- The overall prevalence of iron deficiency anemia was 12.3% among infants and children under five years old;
- Nearly half of infants (47.4%) were ever breastfed in DHD#2.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



The vast majority (98.0%) of DHD#2 WIC infants and children were non-Hispanic White. Consequently, this report will not show statistics for health/nutritional indicators stratified by race/ethnicity.

Figure 2. Local and state trends in **low birthweight\*** among infants in the DHD#2 WIC Agency, 1998-2003 MI PedNSS



Although the incidence of low birthweight declined in DHD#2 infants between 2000-2002 and 2001-2003, the trend in low birthweight for the agency increased, on average, by 4.4% per year.

\*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Figure 3. Local and state trends in **ever breastfed** among infants in DHD#2, 1998-2003 PedNSS

The prevalence of infants ever breastfed decreased approximately, 2.6% per year among participants of DHD#2.

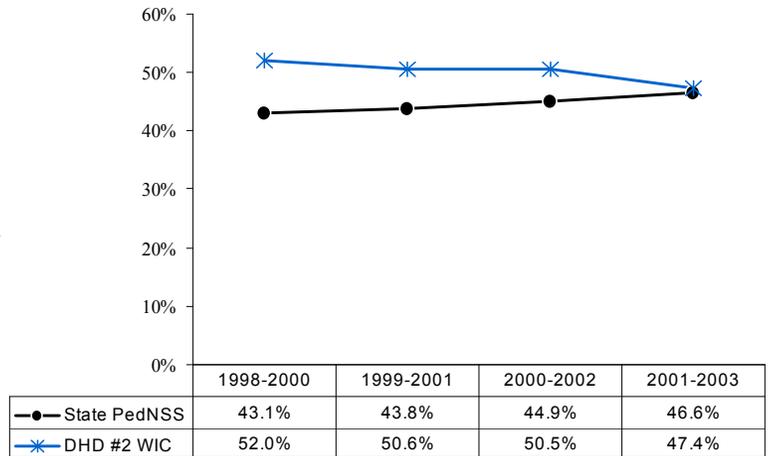
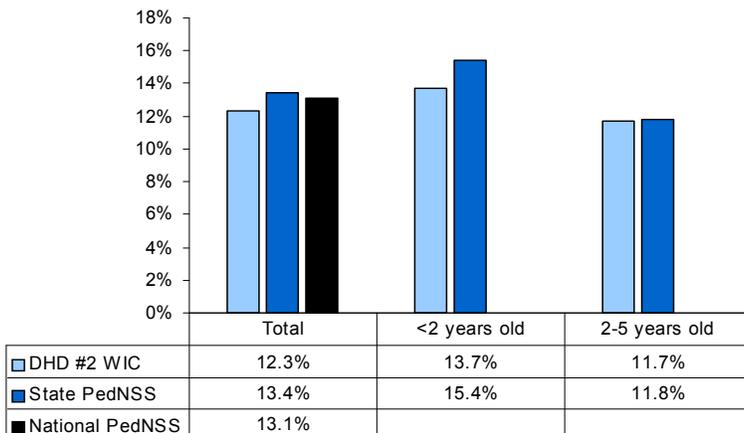


Figure 4. Average prevalence of **iron deficiency anemia\*** by age among infants and children under five years old, 2001-2003 PedNSS

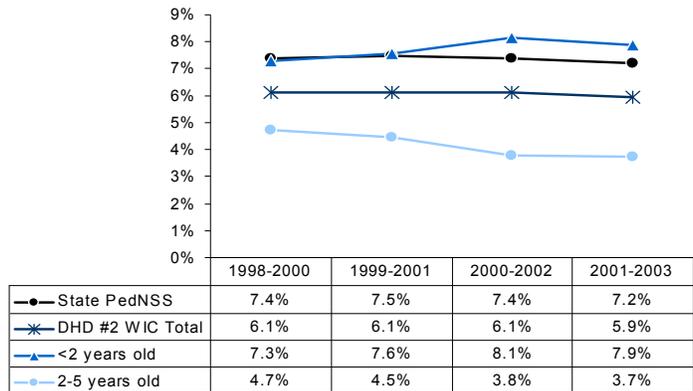


Overall the prevalence of iron deficiency anemia among infants and children of was slightly below that of their state and national peers: 12.3% compared to 13.4% and 13.1%.

\*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

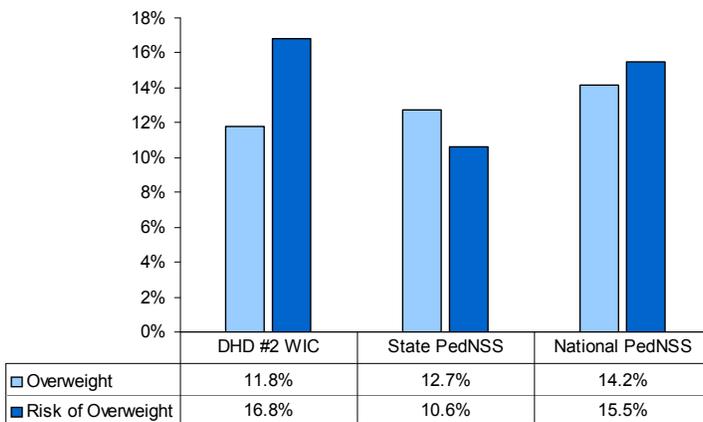
When stratified by age group, the prevalence of short stature increased, on average, by 2.6% per year among infants and children under the age of two years old, but among children two to five years old short stature decreased by about 7.5% per year .

Figure 5. Trend in **short stature\*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



\*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 6. State and local average prevalences of **overweight\*** and **risk of overweight\*\*** among children two to five years old, 2001-2003 PedNSS



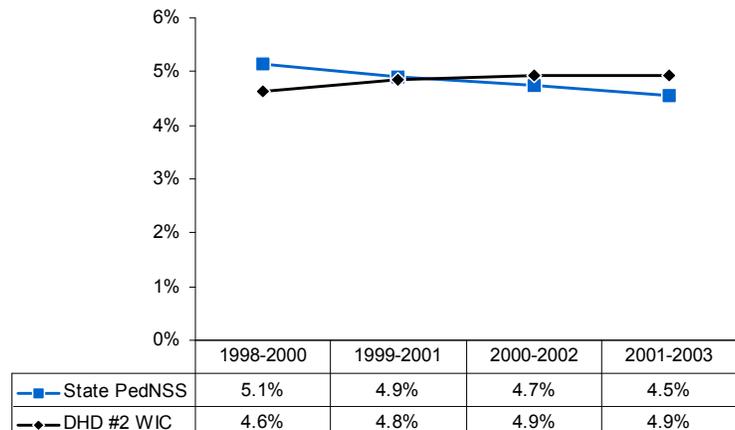
The prevalence of overweight among children of DHD#2, two to five years old, was lower than that of their state and national peers: 11.8% versus 12.7% and 14.2%.

\*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

\*\*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

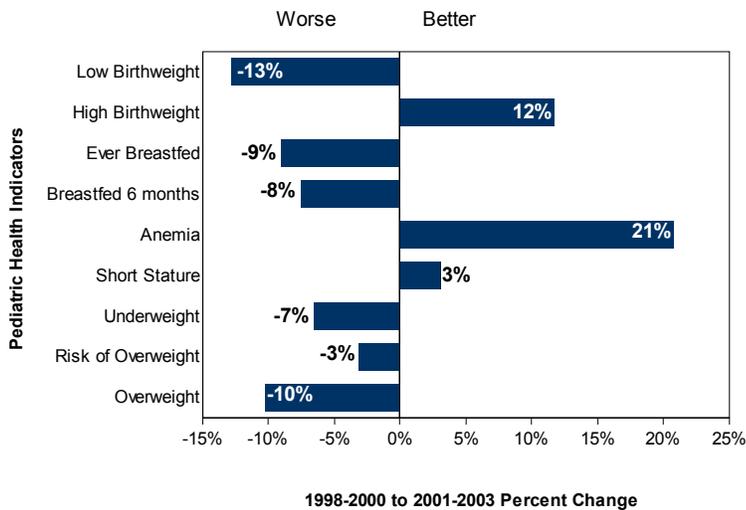
When stratified by age group, the prevalence of underweight was higher among DHD#2 infants and children under five years old compare to their state peers.

Figure 7. State and local average prevalences of **underweight\*** among infants and children under five years old, 2001-2003 PedNSS



\*Underweight is defined as having a weight-for-height less than the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 8. Pediatric **health progress review** for DHD#2 WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



In DHD#2, improvements are necessary in the area of birthweight, early childhood weight, and breastfeeding.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.