



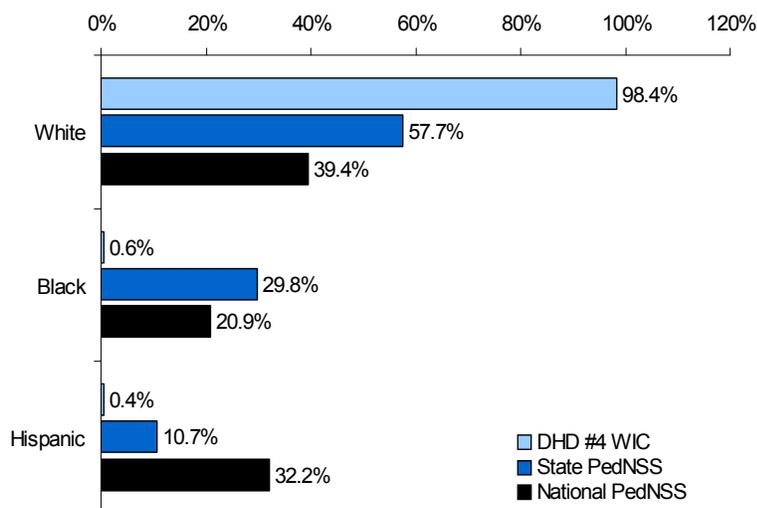
## 2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

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, breastfeeding 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 #4 (DHD #4) consist of four counties: Alpena, Cheboygan, Montmorency, and Presque Isle counties. In 2000, 5.4% of the combined population of Alpena, Cheboygan, Montmorency, and Presque Isle counties were under the age of five years old. Among those children 18.8% lived below poverty. In 2003, an estimated 1,963 of all children participating in Michigan WIC, were served by DHD#4. PedNSS statistics about WIC participants of DHD #4 revealed:

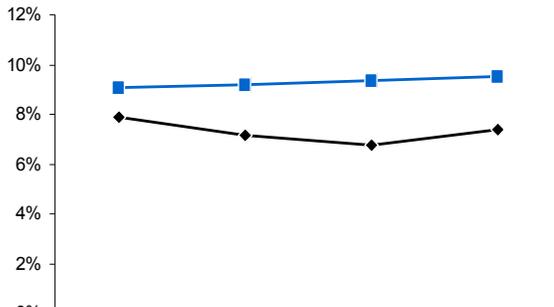
- 7.4% of infants of DHD #4 were low birthweight;
- The incidence of high birthweight ranged from 11.7% in 1998-2000 to 10.5% in 2001-2003;
- 5.2% of infants and children under five years old were short in stature;
- The prevalence of underweight was 3.1%among infants and children under five years old;
- One third of children two to five years old were either overweight or at risk of overweight;
- 15.4% of infants and children under the age of two years old had iron deficiency anemia;
- Over half of infants (57.7%) were ever breastfed and 17.6% were breastfed to six months of age.

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



The vast majority (98.4%) of DHD #4 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 #4 WIC Agency, 1998-2003 MI PedNSS

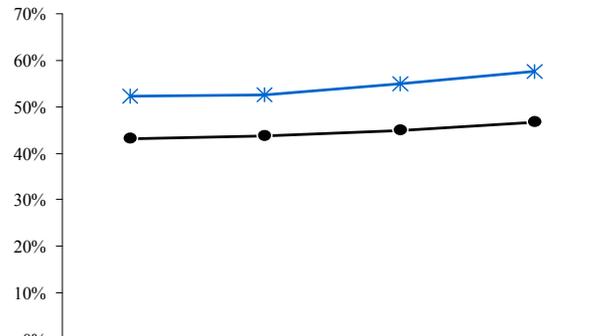


	1998-2000	1999-2001	2000-2002	2001-2003
State PedNSS	9.1%	9.2%	9.4%	9.5%
DHD #4 WIC	7.9%	7.2%	6.8%	7.4%

Although the incidence of low birthweight increased among participants of DHD #4 between 2000-2002 and 2001-2003, the trend declined an average of 1.9% per year.

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

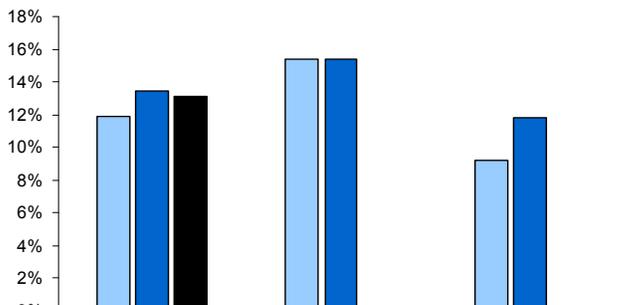
Figure 3. Local and state trends in **ever breastfed** among infants in DHD #4, 1998-2003 PedNSS



	1998-2000	1999-2001	2000-2002	2001-2003
State PedNSS	43.1%	43.8%	44.9%	46.6%
DHD #4 WIC	52.1%	52.6%	55.0%	57.7%

Since 1998, the average increase in the prevalence of infants ever breastfed was higher for participants of DHD #4 than state WIC infants: 3.4% compared to 2.6%.

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



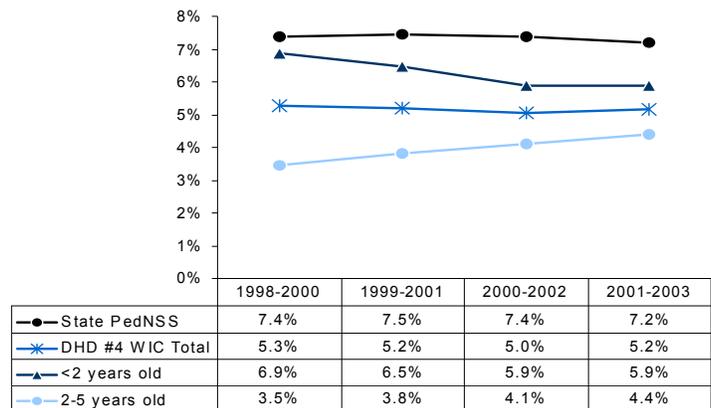
	Total	<2 years old	2-5 years old
DHD #4 WIC	11.9%	15.4%	9.2%
State PedNSS	13.4%	15.4%	11.8%
National PedNSS	13.1%		

The prevalence of iron deficiency anemia among infants and children of DHD #4 under the age of two years old was similar with their state WIC counterparts.

\*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%.

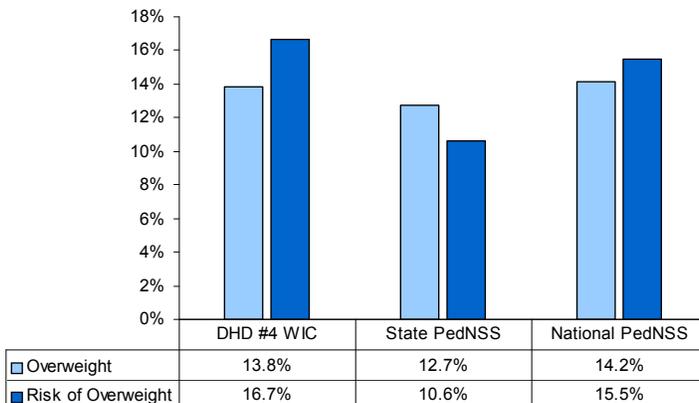
The prevalence of short in stature among children of DHD #4 two to five years old increased by an average of 8.4% per year.

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

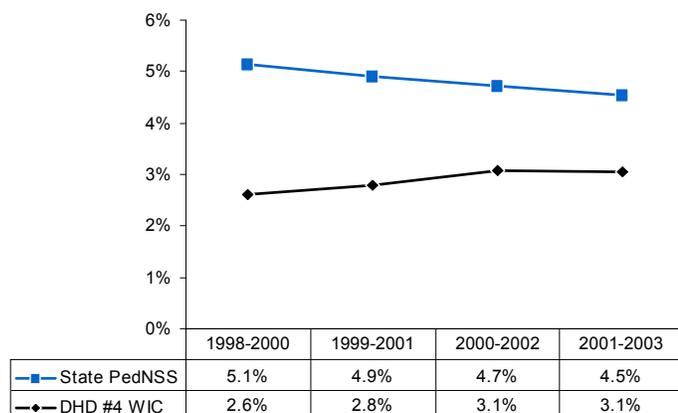


A higher percentage of DHD #4 children two to five years old were at risk of overweight compared to their state and national peers.

\*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.

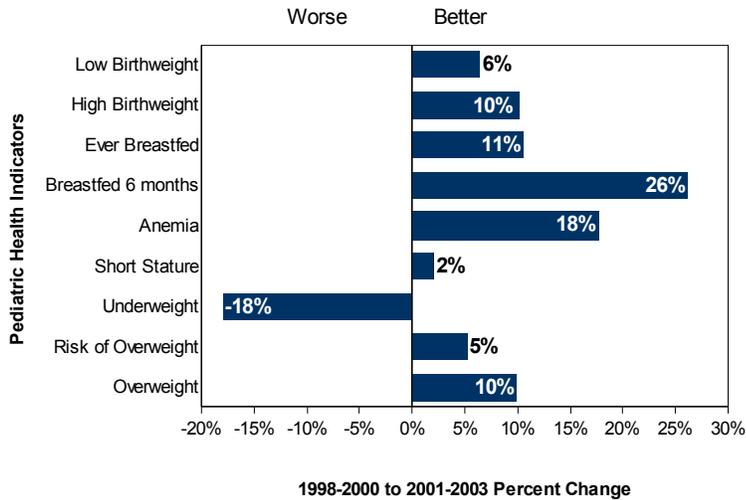
Figure 7. State and local average prevalences of **underweight\*** among infants and children under five years old, 2001-2003 PedNSS



\*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.

The prevalence of infants and children who were underweight in DHD #4 increased 5.8%, on average, per year since 1998.

Figure 8. Pediatric **health progress review** for DHD #4 WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



DHD #4 improved in all but one health/nutrition indicator: underweight.



Jennifer M. Granholm, Governor

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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.