

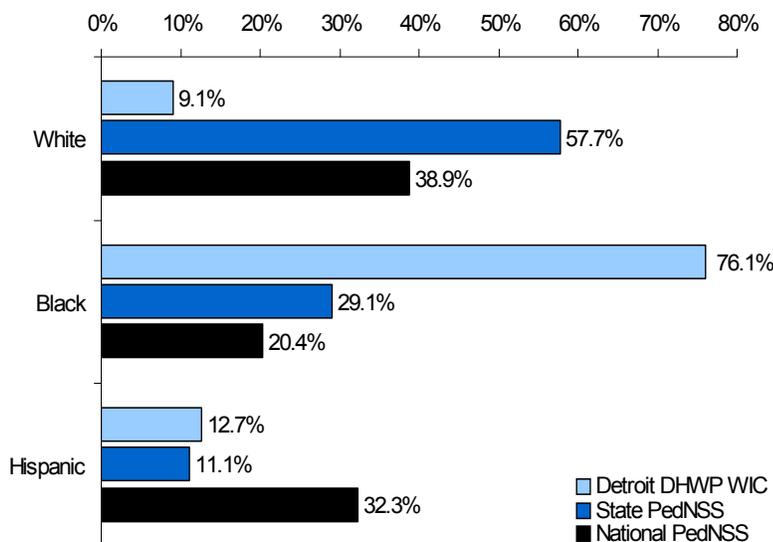


2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

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. Of the forty-nine local WIC agencies in Michigan, the Detroit Department of Health and Wellness Promotion (Detroit DHWP) is the largest. In 2003, the Detroit DHWP served 33,945 participants under the age of five years old (15.3% of Michigan WIC participants). The city had, according to the 2000 U.S. Census, 75,886 residents under the age of five years old, of which 36.9% lived below poverty. Statistics for the Detroit DHWP WIC showed:

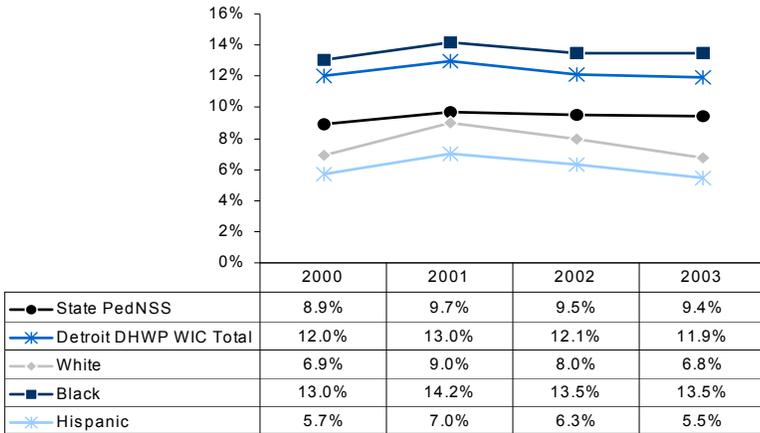
- The overall incidence of low birthweight (LBW) was 11.9%.
- The prevalence of high birthweight increased from 5.6% in 2000 to 6.6% in 2003.
- More than twice as many infants and children under two years old were of short stature (10.5%) compared with children two to five years old (4.2%).
- Underweight was almost twice as common among children two to five years old than children under two years old (9.4% versus 3.8%).
- The prevalence of overweight and risk of overweight changed little since 2000.
- Iron deficiency anemia declined from 23.2% in 2000 to 19.3% in 2003.
- Over a third (38.7%) of infants and children under two were reported being ever breastfed.

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



The Detroit DHWP served a racially and ethnically diverse population. Over 90% of the agency's population were racial/ethnic minorities. About 76% of the agency's infants and children under the age of five years old, were Black.

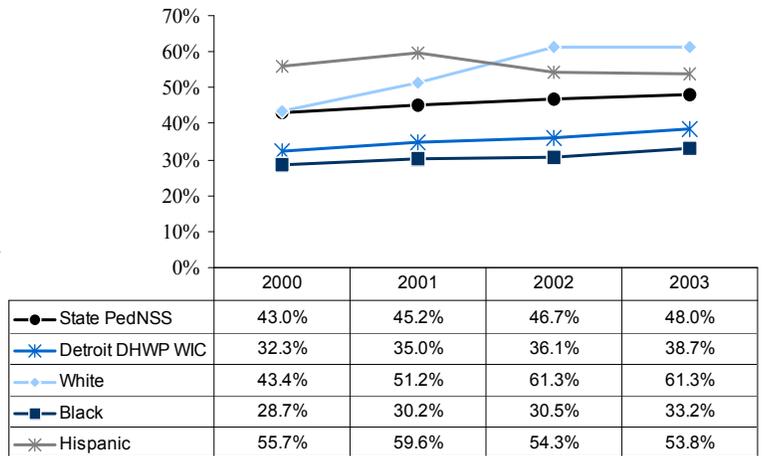
Figure 2. Trend in **low birthweight*** by race/ethnicity among infants in the Detroit DHWP WIC Agency, 2000-2003 MI PedNSS



Black infants at the Detroit DHWP have a consistently higher prevalence of LBW compared to other racial/ethnic groups.

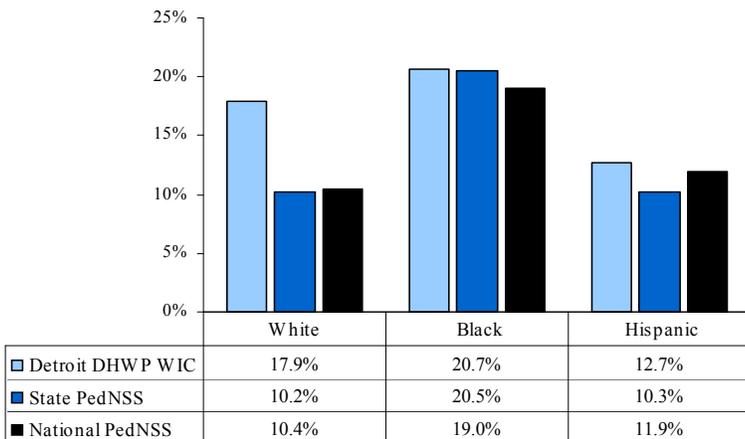
*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the Detroit DHWP WIC Agency, 2000-2003 PedNSS



Most racial/ethnic groups in the Detroit DHWP have experienced an increase in the prevalence of infants ever breastfed. White participants experienced an increase of nearly twenty percentage points since 2000.

Figure 4. Prevalence of **iron deficiency anemia*** by race/ethnicity among infants and children under five years old, 2003 PedNSS

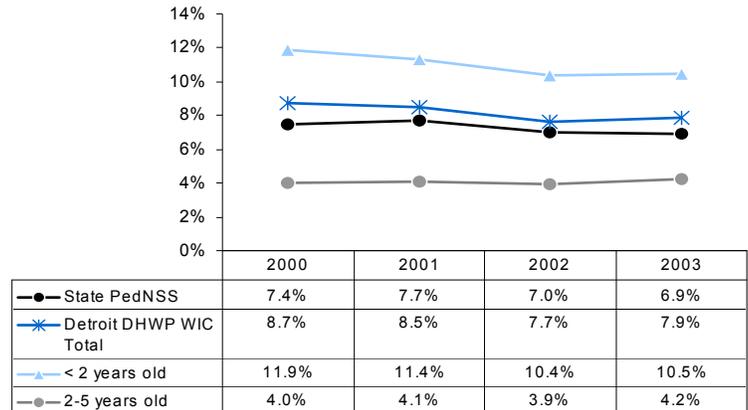


Difference in the prevalence of anemia is relatively small among Black and Hispanic children and infants at the agency, state, and national level. For White participants, however, there is about a seven percentage points increase between Detroit DHWP infants and children and their state and national peers.

*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%.

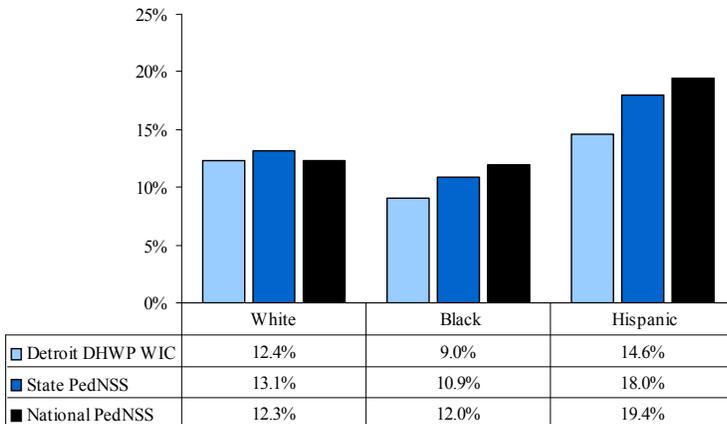
When stratified by age, the prevalence of short stature for Detroit DHWP infants and children under two is nearly three times higher than for children age two to five years old in the agency.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 2000-2003 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.

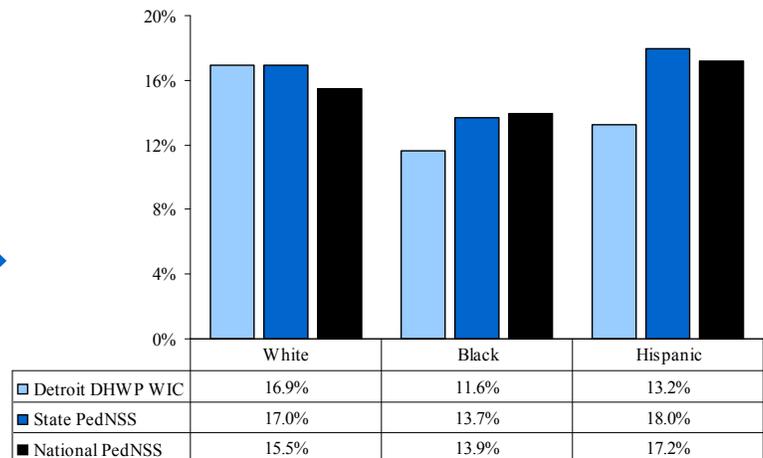
Figure 6. Prevalence of **overweight*** by race/ethnicity among children two to five years old, 2003 PedNSS



Black participants at the Detroit DHWP have the lowest prevalence of overweight compared to other racial/ethnic groups in the agency and Black children at the state and national level.

*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.

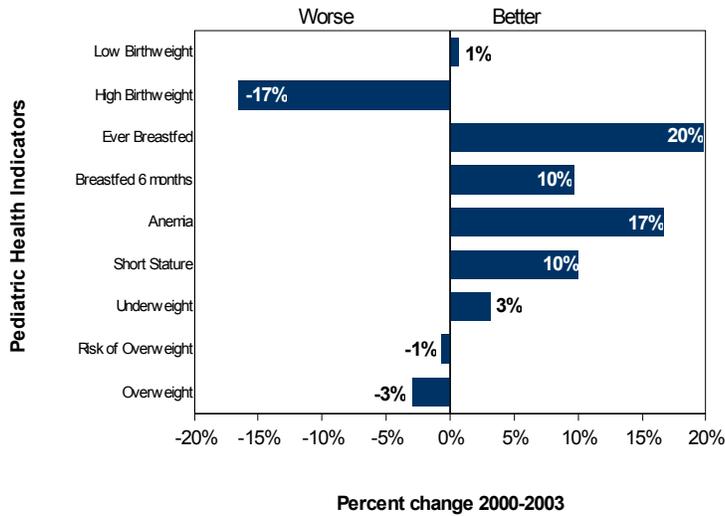
Figure 7. Prevalence of **risk of overweight*** by race/ethnicity among children two to five years old, 2003 PedNSS



*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.

Black and Hispanic children at the Detroit DHWP had the lowest prevalences of risk of overweight compared to their counterparts at the state and national level.

Figure 8. Pediatric health progress review for Detroit DHWP infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



The prevalence of short stature, iron deficiency anemia, ever breastfed and breastfed to six month have all increased by at least 10% in the Detroit DHWP between 1998 and 2003.



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.