



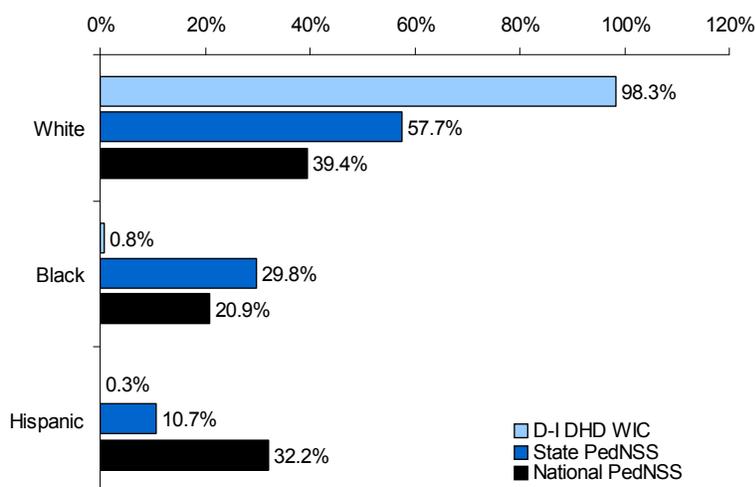
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

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.

Approximately 5.2% of the residents in Dickinson and Iron counties were under the age of five years old in 2000. An estimated 17.6% of those children lived below poverty. In 2003, an estimated 1,140 of all children served by Michigan WIC were served by Dickinson-Iron District Health Department (Dickinson-Iron DHD). Data for WIC participants under the age of five years old served by Dickinson-Iron DHD showed:

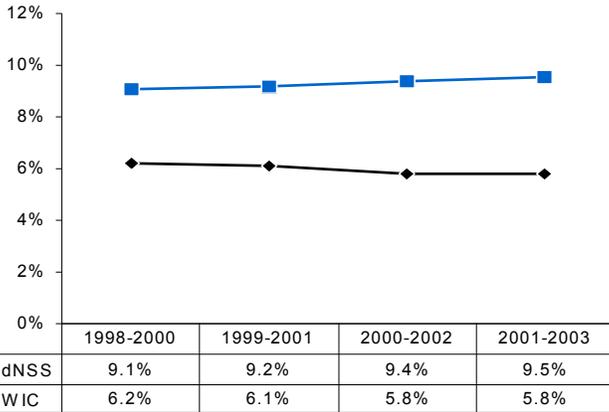
- 14.4% of infants were high birthweight infants, meanwhile 5.8% of infants were low birthweight;
- 6.2% of infants and children under five years old were short in stature;
- 3.1% of infants and children under the age of two years old were underweight;
- 13.9% of children two to five years old were overweight and an additional 18.7% were at risk of overweight;
- Nearly one in ten infants and children, 9.2%, under the age of two years old had iron deficiency anemia;
- 55.3% of infants were ever breastfed.

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



The vast majority, 98.3%, of Dickinson-Iron DHD 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 Dickinson-Iron DHD WIC Agency, 1998-2003 MI PedNSS



The incidence of low birthweight among infants of Dickinson-Iron DHD decreased, on average, by 2.2% per year.

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

The average annual percent increase of the prevalence of infants ever breastfed was 4.2% for participants of Dickinson-Iron DHD.

Figure 3. Local and state trends in **ever breastfed** among infants in the Dickinson-Iron DHD WIC, 1998-2003 PedNSS

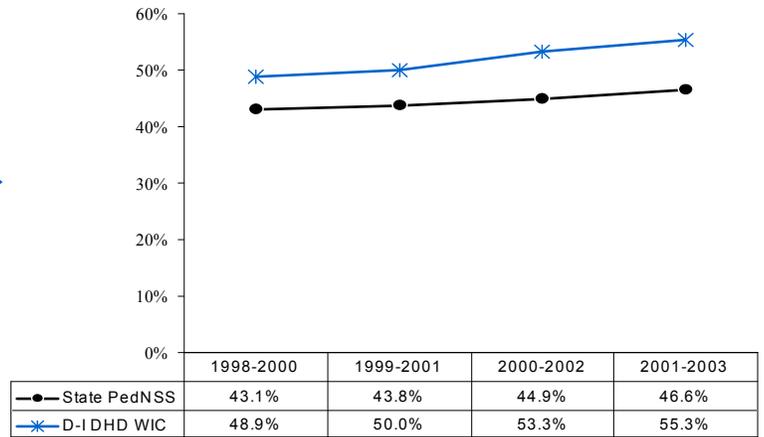
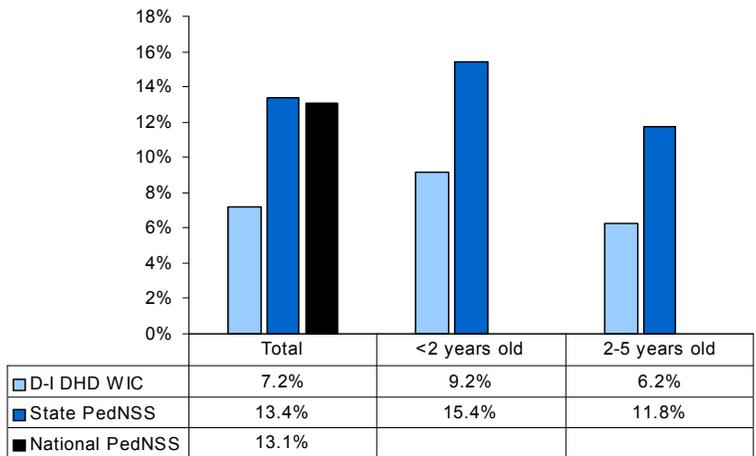


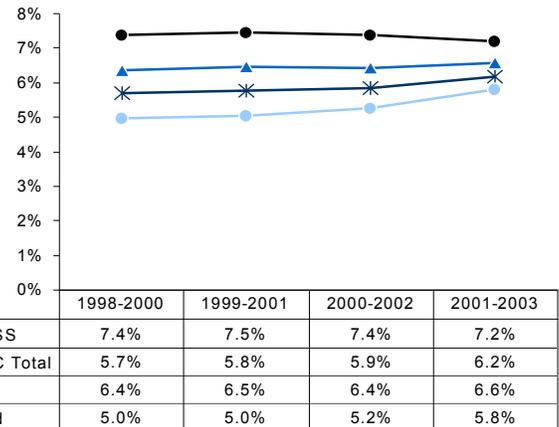
Figure 4. Average prevalence of **iron deficiency anemia*** by age among infants and children under five years old, 2001-2003 PedNSS



Compared to their state peers, the prevalence of iron deficiency anemia was lower for Dickinson-Iron DHD infants and children under five years old.

*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%.

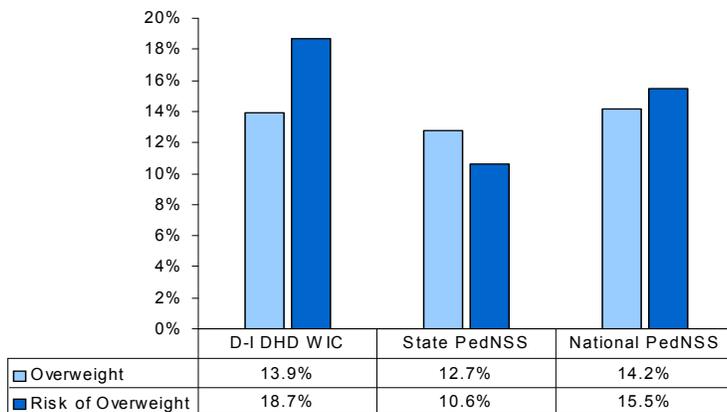
Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



*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.

The average annual percent increase of the prevalence of short stature was 5.3% for children two to five years old in Dickinson-Iron DHD WIC.

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



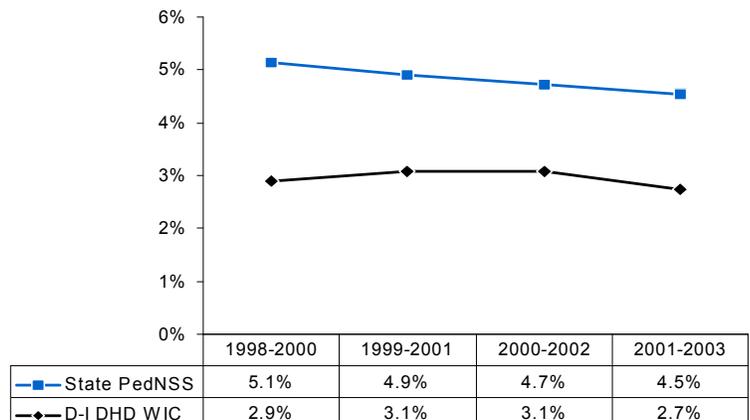
36.2% of children two to five years old in Dickinson-Iron DHD WIC were either overweight or at risk of overweight.

*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.

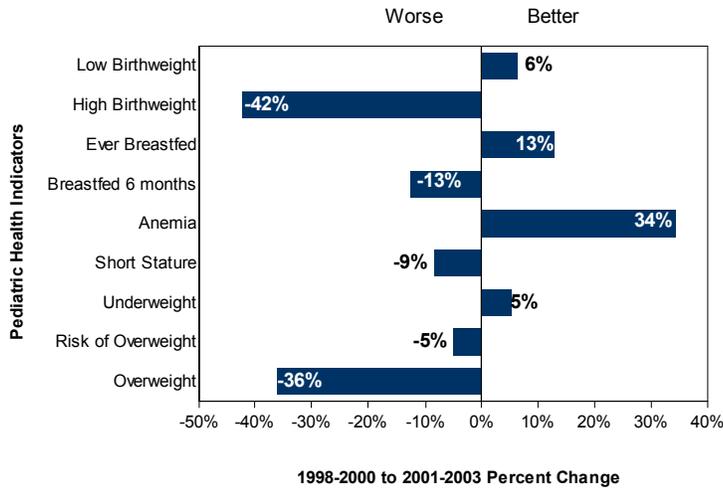
Underweight effected less than 5% of infants and children of Dickinson-Iron DHD WIC since 1998.

Figure 7. Local and state trends in **underweight*** among infants and children under five years old in the Dickinson-Iron DHD WIC Agency, 1998-2003 MI 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 Dickinson-Iron DHD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Dickinson-Iron DHD WIC improved in four of nine health/nutritional indicators since 1998-2000.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

Suggested Citation:

Larrieux C, Eghtedary K, Grigorescu V, Carr A. "2003 WIC Local Agency PedNSS Report Dickinson-Iron District Health Department." WIC Division, Bureau of Family, Maternal, and Child Health, Michigan Department of Community Health. April 2007.

For more information, please contact:

WIC Division
Michigan Department of Community Health
Lewis Cass Building
6th floor

320 South Walnut Street
Lansing, MI 48913

Website: <http://www.michigan.gov/wic>
E-mail: MichiganWic@michigan.gov

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.