



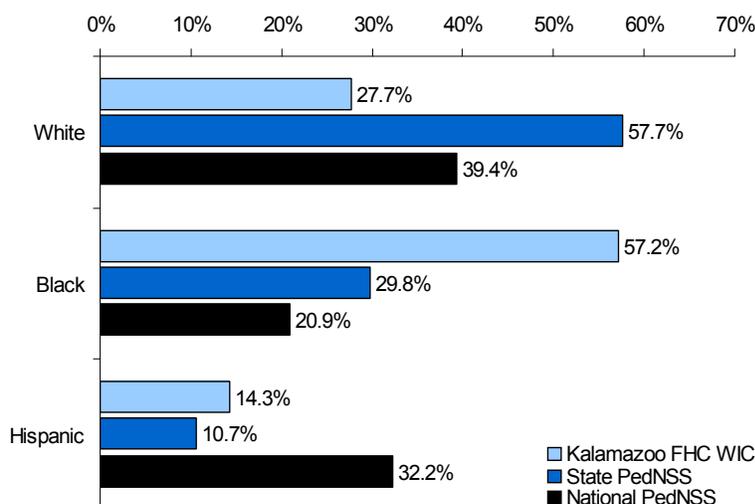
## 2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

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.

Of the 15,447 children under the age of five years old in Kalamazoo County in 2000 (6.5% of the county's population), 14.6% live below poverty. Eligible residents in Kalamazoo County are served by two WIC agencies: Kalamazoo County Health Department and Kalamazoo Family Health Center (Kalamazoo FHC). Kalamazoo FHC WIC served approximately 2,477 of all WIC infants and children under five years old in 2003. PedNSS data on WIC infants and children under the age of five years old in the Kalamazoo FHC WIC showed:

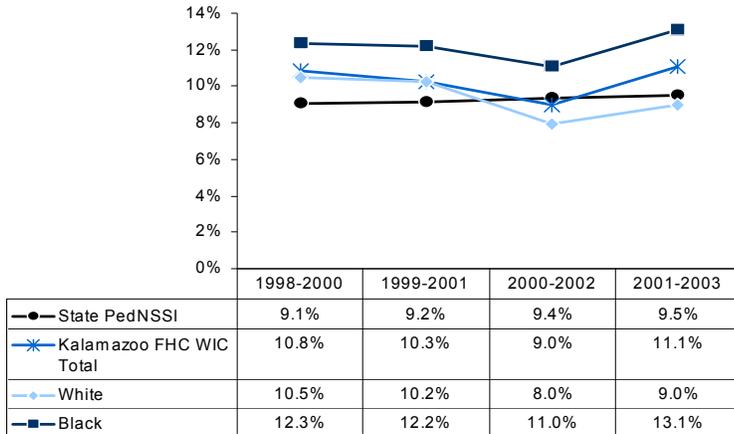
- 11.1% of infants were low birthweight and an additional 8.0% were high birthweight infants;
- Approximately one in ten Kalamazoo FHC WIC infants and children (11.7%) under the age of two years old were short in stature;
- Nearly one in ten infants and children (9.6%) under the age of two years old were underweight;
- 39.3% of Hispanic children two to five years old were either overweight or at risk of overweight;
- Almost one-third (28.0%) of Kalamazoo FHC WIC infants and children under five years old had iron deficiency anemia;
- 47.1% of infants of the Kalamazoo FHC WIC were ever breastfed and 11.6% were breastfed to six months of age.

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



The largest racial/ethnic in Kalamazoo FHC was non-Hispanic Black: 57.2%.

Figure 2. Trend in **low birthweight\*** by race/ethnicity among infants in the Kalamazoo FHC WIC agency, 1998-2003 MI PedNSS



The average annual percent increase of low birthweight for Kalamazoo FHC WIC was 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. Trend in **ever breastfed** by race/ethnicity among infants in the Kalamazoo FHC WIC agency, 1998-2003 PedNSS

The trend of infants ever breastfed increased for Black and Hispanic infants of Kalamazoo FHC WIC, but decreased for White participants.

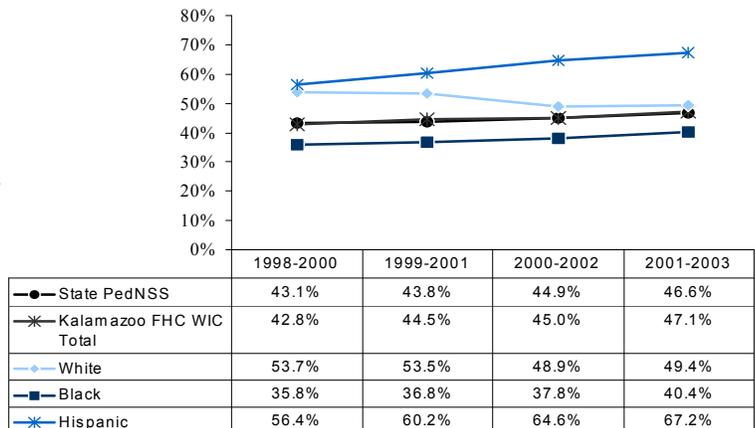
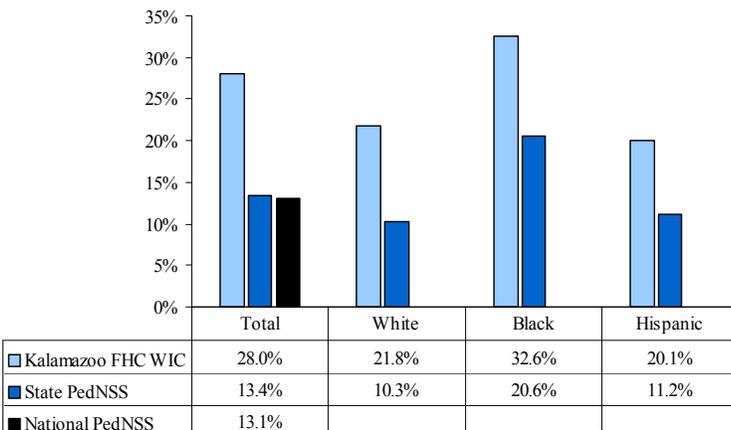


Figure 4. Average prevalence of **iron deficiency anemia\*** by race/ethnicity among infants and children under five years old, 2001-2003 PedNSS

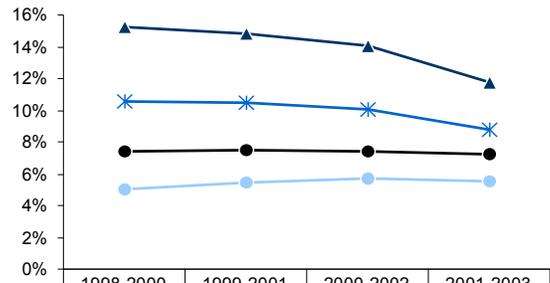


The prevalence of iron deficiency anemia was higher for Kalamazoo FHC WIC infants and children in each racial/ethnic group compared to their state peers.

\*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%.

The prevalence of short stature among Kalamazoo FHC WIC increased, on average, by 3.4% per year among children two to five years old.

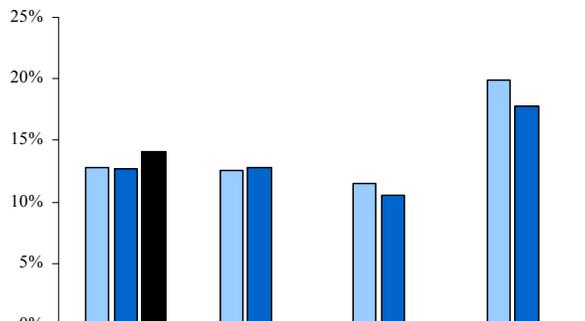
Figure 5. Trend in **short stature\*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



	1998-2000	1999-2001	2000-2002	2001-2003
● State PedNSS	7.4%	7.5%	7.4%	7.2%
* Kalamazoo FHC WIC Total	10.6%	10.5%	10.1%	8.7%
▲ <2 years old	15.2%	14.8%	14.0%	11.7%
● 2-5 years old	5.0%	5.4%	5.7%	5.6%

\*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. Average prevalence of **overweight\*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



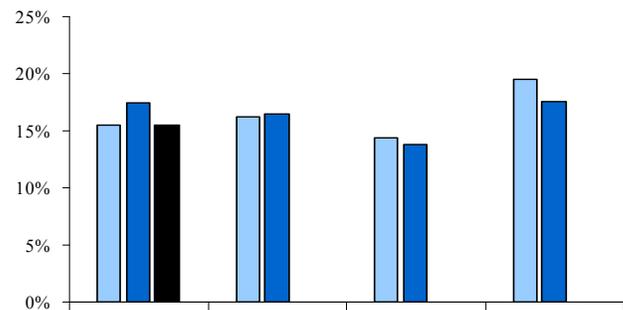
	Total	White	Black	Hispanic
■ Kalamazoo FHC WIC	12.8%	12.6%	11.5%	19.8%
■ State PedNSS	12.7%	12.7%	10.6%	17.7%
■ National PedNSS	14.2%			

\*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.

In Kalamazoo FHC WIC, one in five Hispanic children two to five years old were overweight.

Also one in five Hispanic children of Kalamazoo FHC WIC were at risk of overweight.

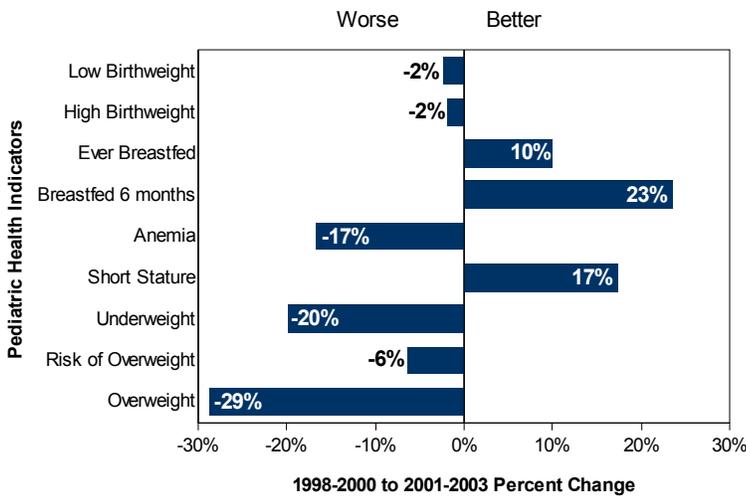
Figure 7. Average prevalence of **risk of overweight\*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



	Total	White	Black	Hispanic
■ Kalamazoo FHC WIC	15.5%	16.3%	14.4%	19.5%
■ State PedNSS	17.5%	16.5%	13.8%	17.5%
■ National PedNSS	15.5%			

\*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 8. Pediatric **health progress review** for Kalamazoo FHC WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



In Kalamazoo FHC WIC improvement is necessary in the areas of birthweight, anemia, and weight.



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.