



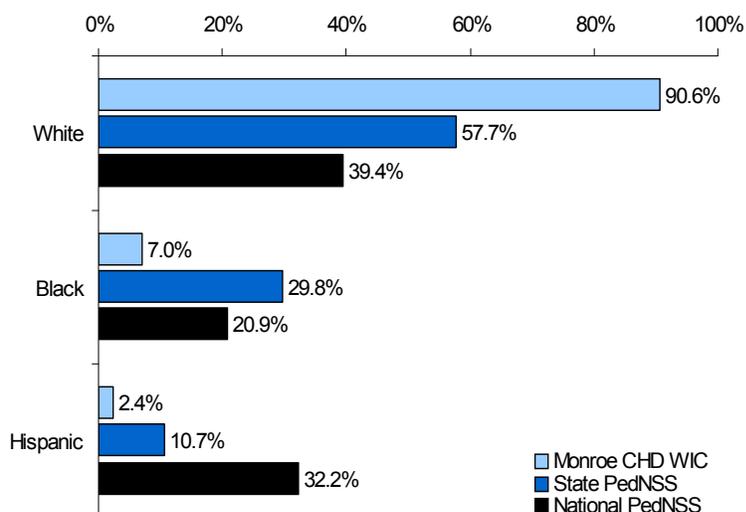
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

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.

Monroe County had 9,654 residents under five years old, according to the 2000 U.S. Census data. One in ten of those residents (10.1%) lived below poverty. In 2003, an estimated 2,640 of WIC infants and children state-wide were served by Monroe County Health Department (Monroe CHD) WIC. PedNSS data about Monroe CHD WIC infants and children under the age of five years old revealed:

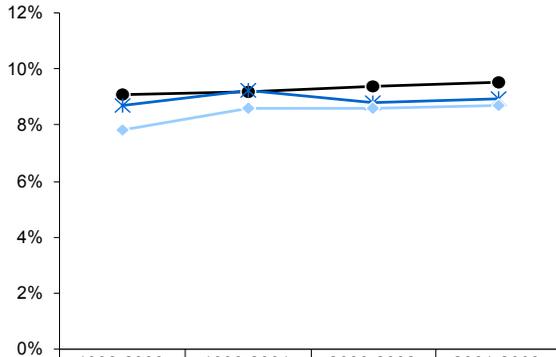
- 17.2% of Black infants were born with a birthweight less than 2500g (5 lbs 8oz) and an additional 8.2% had a birthweight greater than 4000g (13 lbs 8 oz);
- The overall prevalence of short stature for Monroe County WIC infants and children under the age of two was 9.5%, but among children two to five years old the prevalence was 4.1%;
- 1.8% of infants and children under the age of two years old were underweight;
- One-third of children two to five years old were either overweight or at risk of overweight;
- 16.8% of infants and children under five years old had iron deficiency anemia;
- 44.5% of Monroe County WIC infants were ever breastfed and 10.8% were breastfed to six months of age.

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



The majority of infants and children under five years old of Monroe County WIC were non-Hispanic White and only 7.0% were non-Hispanic Black.

Figure 2. Trend in **low birthweight*** by race/ethnicity among infants in the Monroe County HD WIC agency, 1998-2003 MI PedNSS

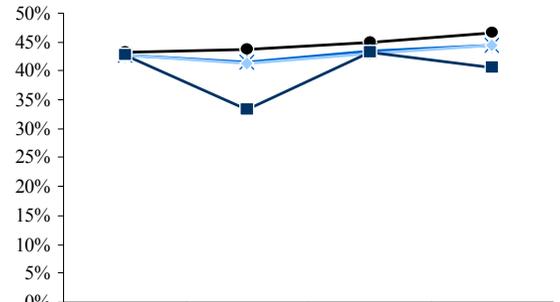


	1998-2000	1999-2001	2000-2002	2001-2003
State PedNSSI	9.1%	9.2%	9.4%	9.5%
Monroe CHD WIC Total	8.7%	9.2%	8.8%	9.0%
White	7.8%	8.6%	8.6%	8.7%

The trend of low birthweight among White infants in Monroe County WIC increased, on average, 3.6% per year.

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

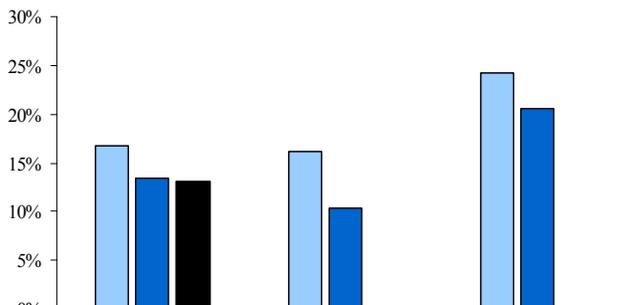
Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the Monroe County HD WIC Agency, 1998-2003 PedNSS



The trend of infants ever breastfed increased in Monroe County WIC participants, on average, 1.4% per year.

	1998-2000	1999-2001	2000-2002	2001-2003
State PedNSS	43.1%	43.8%	44.9%	46.6%
Monroe CHD WIC Total	42.8%	41.5%	43.6%	44.5%
White	42.8%	41.4%	43.0%	44.5%
Black	42.8%	33.4%	43.2%	40.6%

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



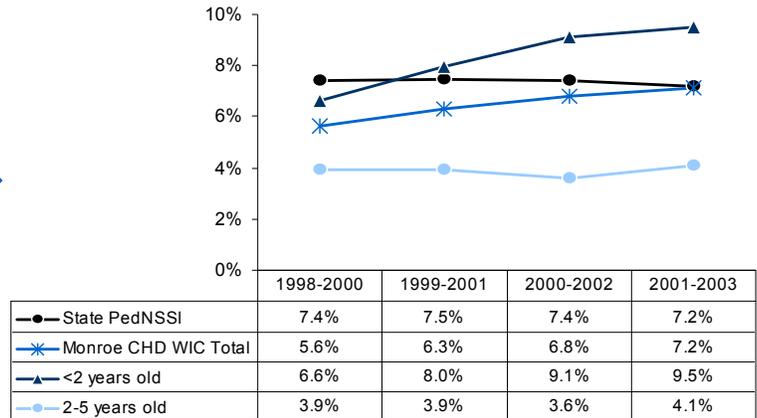
	Total	White	Black
Monroe CHD WIC	16.8%	16.2%	24.2%
State PedNSS	13.4%	10.3%	20.6%
National PedNSS	13.1%		

Almost one quarter of Black infants and children under five years old in Monroe County WIC had iron deficiency anemia.

*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%.

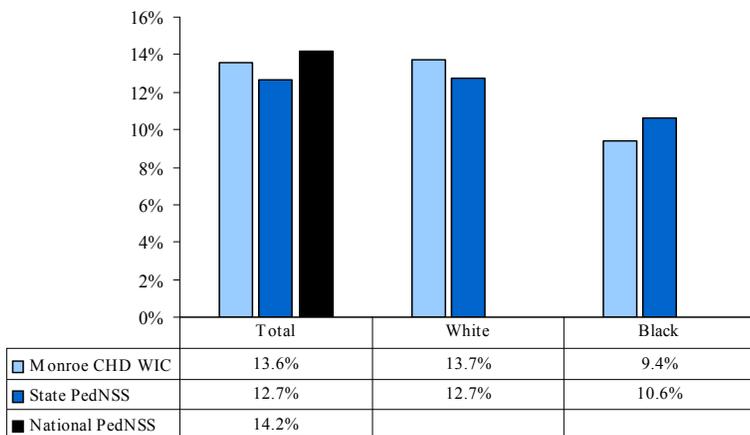
In Monroe County WIC the prevalence of short stature increased among children two to five years old, on average, by 1.6%, but the increase was noteworthy among infants and under the age of two years old: approximately 12.9% per year.

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.

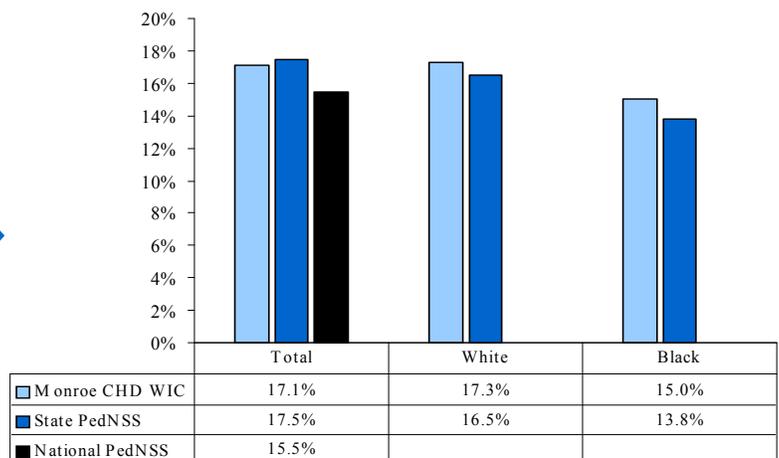
Figure 6. Average prevalence of **overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



The overall prevalence of overweight among Monroe County WIC children two to five years old was slightly higher than that of their state counterparts, but less than their 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.

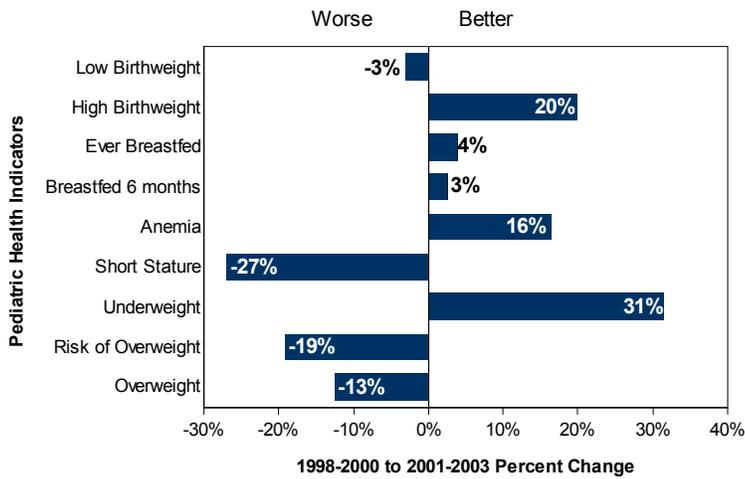
Figure 7. Average prevalence of **risk of overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



*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.

White and Black children of Monroe County WIC had a slightly higher prevalence of risk of overweight compared to their state peers.

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



In Monroe County WIC progress was observed for most health/nutritional indicators, but improvements are still necessary in the areas of low birthweight, short stature, and overweight.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

Suggested Citation:

Larrioux C, Eghtedary K, Grigorescu V, Carr A. "2003 WIC Local Agency PedNSS Report Monroe County Health Department." WIC Division, Bureau of Family, Maternal, and Child Health, Michigan Department of Community Health. April 2007.

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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.