



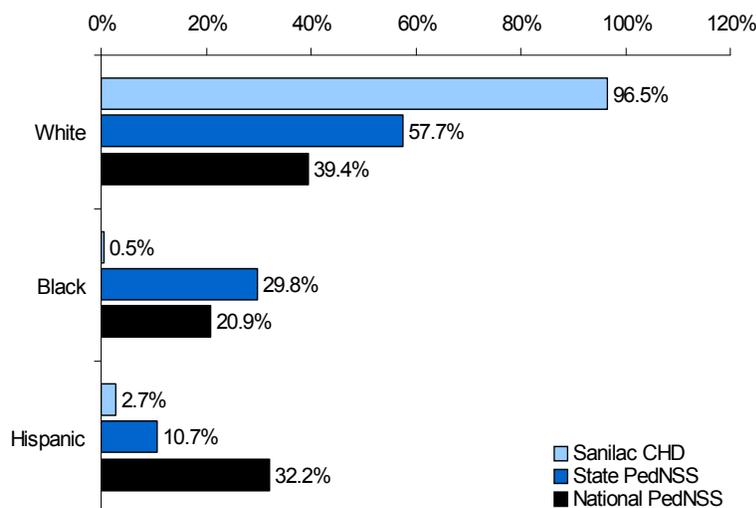
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

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.

Sanilac County had a population 44,547 residents, according to the 2000 Census data. Approximately 6.5% of its residents were under the age of five years old and about one in ten of those infants and children (10.9%) lived below poverty. The county health department provides WIC services to eligible residents in the area. In 2003, an estimated 1,106 infants and children participating in Michigan WIC were served by Sanilac County Health Department (Sanilac CHD) WIC. Data collected about WIC infants and children under the age of five years old participating in Sanilac CHD WIC revealed:

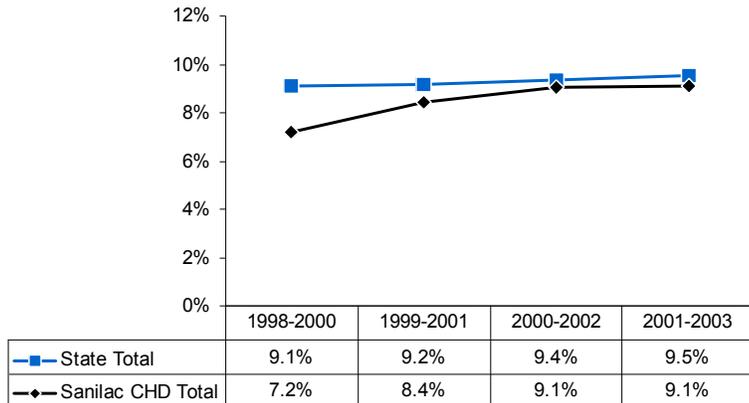
- Nearly one in ten (9.1%) infants had a low birthweight;
- The prevalence of high birthweight declined from 8.8% in 1998-2000 to 7.2% in 2001-2003;
- 6.9% of participants under the age of two years old were short in stature;
- One third of participants two to five years old (30.4%) were either overweight or at risk of overweight;
- Only 3.8% of infants and children under five years old had iron deficiency anemia;
- 57.0% of infants were ever breastfed.

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



Nearly all of Sanilac CHD WIC infants and children under five years old (96.5%) 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 Sanilac CHD WIC, 1998-2003 MI PedNSS



The incidence of low birthweight in Sanilac CHD WIC increased by an average of 8.5% per year since 1998.

*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 Sanilac CHD WIC, 1998-2003 PedNSS

The percentage of infants ever breastfed in Sanilac CHD WIC from 50.2% in 1998-2000 to 57.0% in 2001-2003.

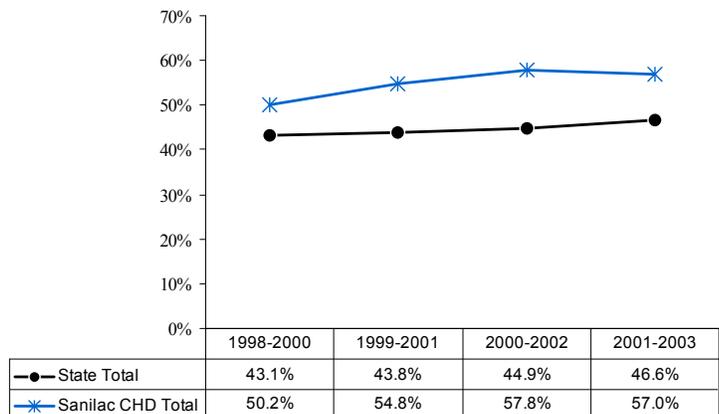
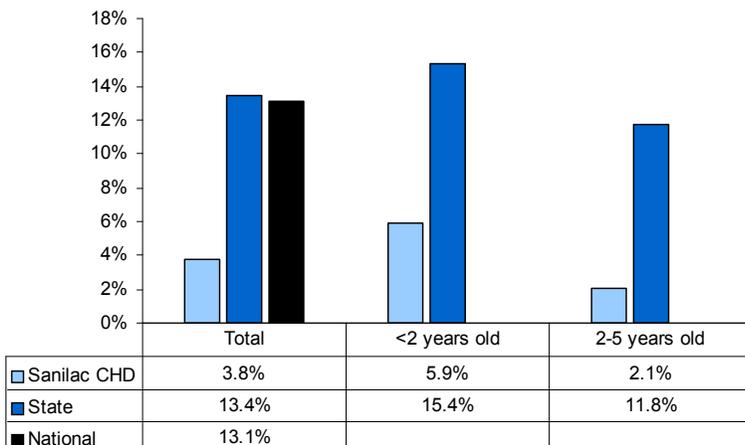


Figure 4. Average prevalence of **iron deficiency anemia*** by age among infants and children under five years old, 2001-2003 PedNSS

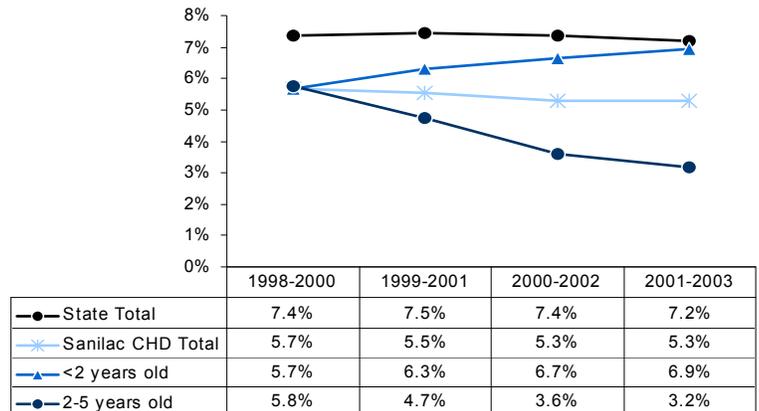


In children two to five years old the prevalence of iron deficiency anemia for Sanilac CHD WIC was approximately one-fifth the prevalence of state WIC participants.

*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%.

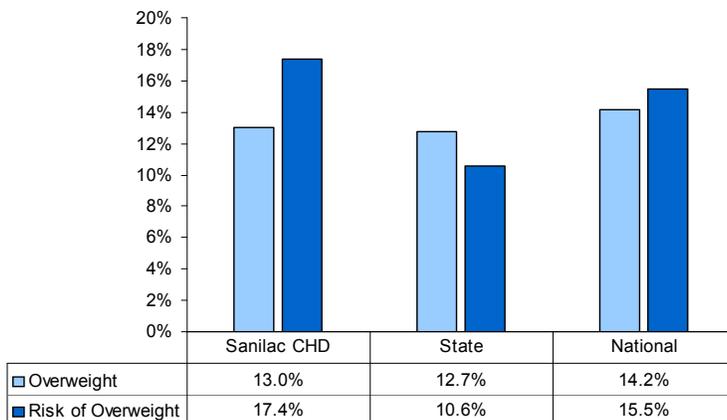
Despite the increase in the prevalence of short stature among Sanilac CHD WIC infants and children under two years old, the overall agency trend of short stature decreased since 1998.

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



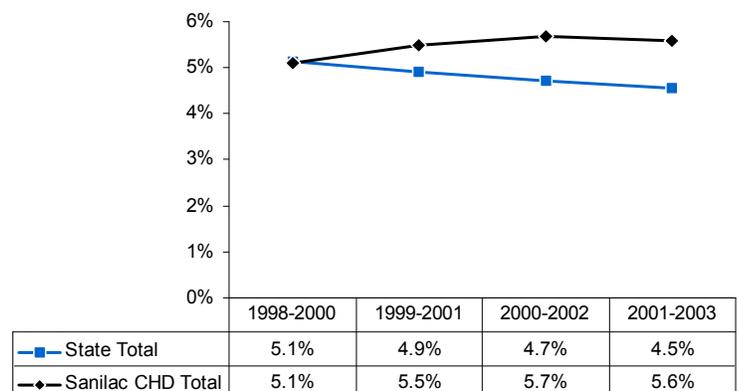
Children two to five years old of Sanilac CHD WIC had a prevalence of risk of overweight higher than the state or national PedNSS prevalence.

*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.

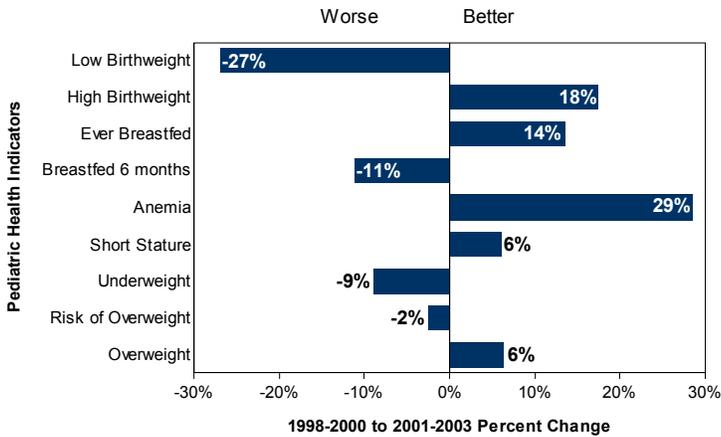
The prevalence of underweight among Sanilac CHD WIC infants and children increased approximately 3.0% per year since 1998.

Figure 7. Local and state trends in **underweight*** among infants and children under five years old, 1998-2003 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.

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



Improvements are needed in the areas of low birthweight, breastfeeding duration and underweight in Sanilac CHD WIC.



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.