



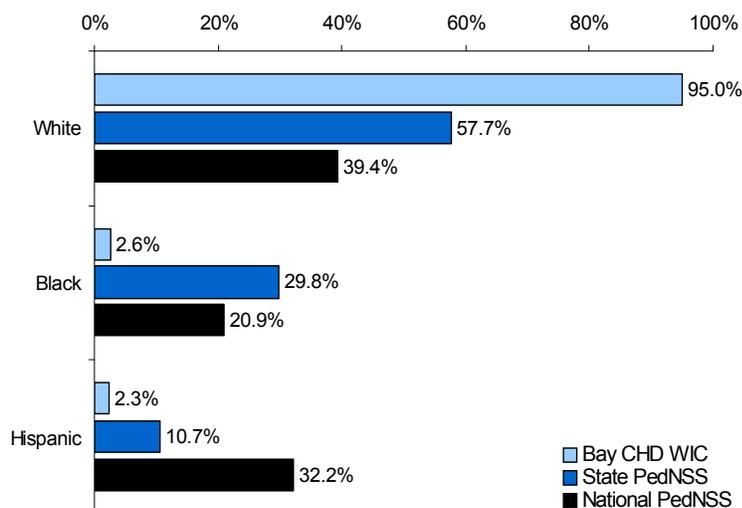
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

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.

A predominately urban county, Bay County had a 6,690, or 14.5%, residents under the age of five years old in 2000. Statistics from the 2000 Census also found that 14.5% of children under the age of five years old lived below poverty. Approximately 2,869 of WIC participants less than five years old in Michigan were served by Bay County Health Department (Bay CHD) WIC in 2003. Pediatric Nutrition Surveillance System (PedNSS) data for WIC participants under the age of five years old in Bay CHD WIC found:

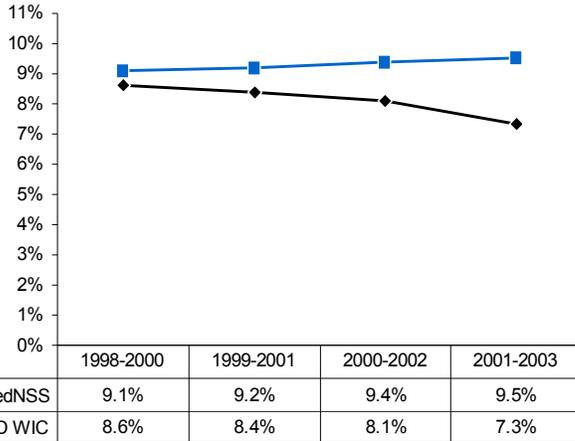
- The incidence of low birthweight in Bay CHD WIC was one-percentage point lower then the state incidence: 7.3% compared to 8.3%;
- 11.6% of infants had a birthweight of 4000g (13lbs 8 oz) or more;
- One in ten infants and children under the age of two years old were short in stature;
- Less than 5% of infants and children under the age of five years old (2.6%) were underweight;
- 29.9% of children, two to five years old, were either overweight or at risk of overweight;
- 12.2% of infants and children under the age of five years old had iron deficiency anemia;
- About half of infants, 49.0%, were ever breastfed.

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



95.0% of Bay CHD WIC infants and children under five years old were non-Hispanic White. Consequently, this report will not show statistics for health and nutrition indicators stratified by race/ethnicity.

Figure 2. Local and state trends in **low birthweight*** among infants in the Bay County HD WIC Agency, 1998-2003 MI PedNSS



The incidence of low birthweight among Bay CHD WIC infants decreased, on average, by 5.1% per year since 1998.

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

The prevalence of infants and children under two years old ever breastfed in Bay CHD WIC increased, on average, by 1.7% per year since 1998, meanwhile the state prevalence increased by 2.6% per year.

Figure 3. Local and state trends in **ever breastfed** among infants in Bay CHD WIC, 1998-2003 PedNSS

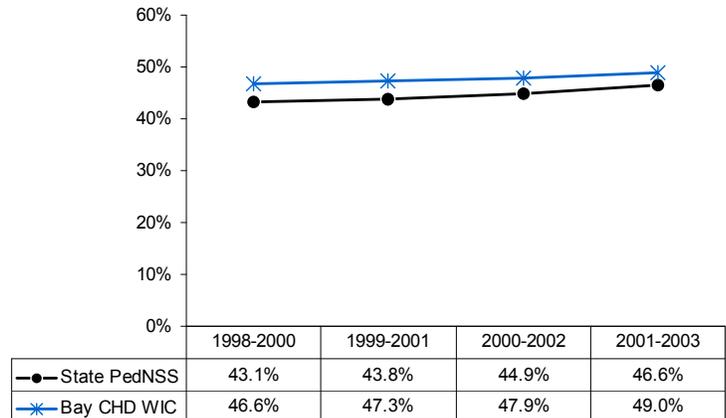
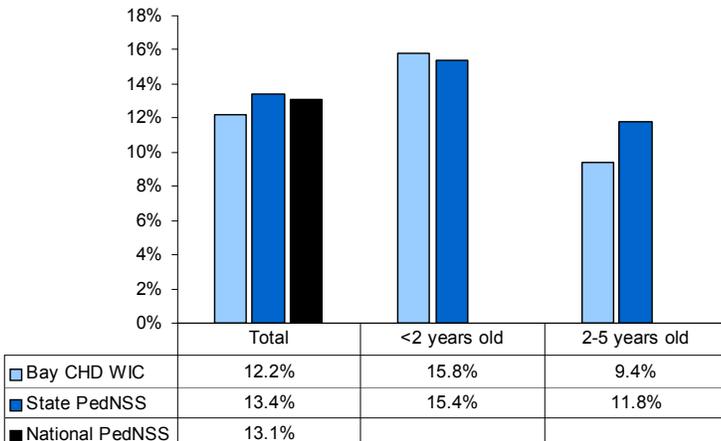


Figure 4. Average prevalence of **iron deficiency anemia*** by age among infants and children under five years old, 2001-2003 PedNSS

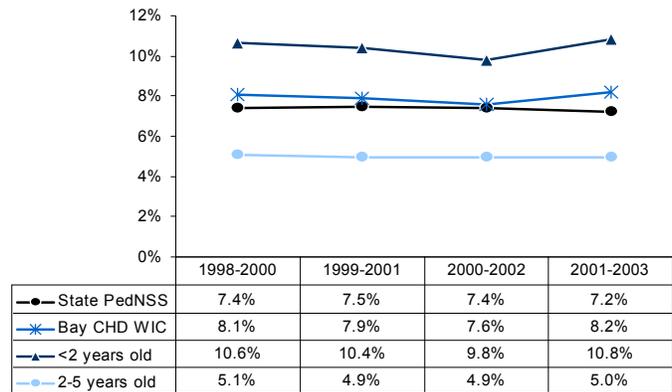


The prevalence of iron deficiency at the local and state level was nearly equivalent for infants and children under the age of two years old, but not for children two to five years old.

*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%.

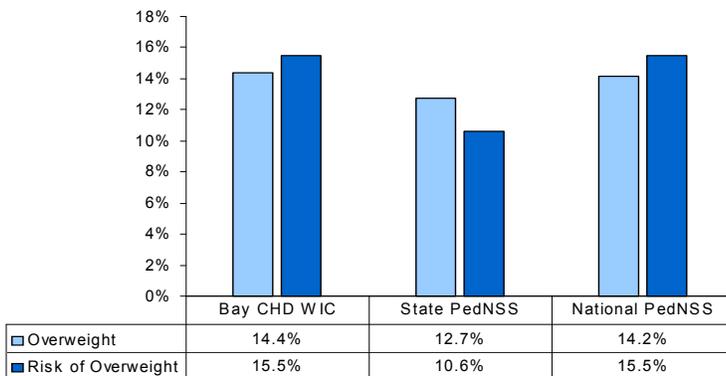
The prevalence of short stature among Bay CHD WIC participants was half that for children two to five years old than children under the age of two years.

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



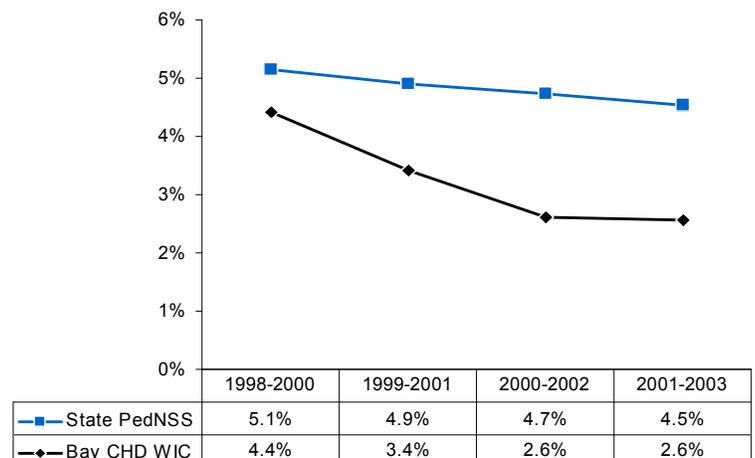
The prevalence of overweight and risk of overweight are higher for children two to five years old of Bay CHD WIC than their state peers.

*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.

**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.

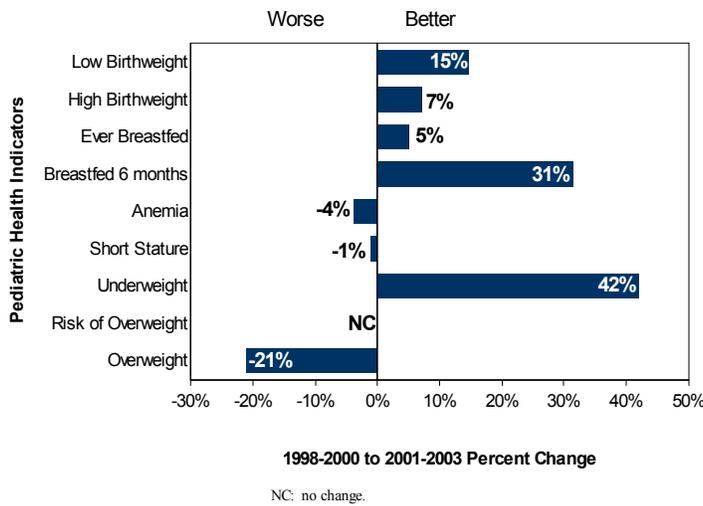
The prevalence of underweight among Bay CHD WIC infants and children under five years old declined, on average, by 16.1% per year.

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 Bay County HD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Bay CHD WIC infants and children under five years old made progress in five of nine health/nutrition indicators, especially in the area of breastfeeding to six months and underweight.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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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.