



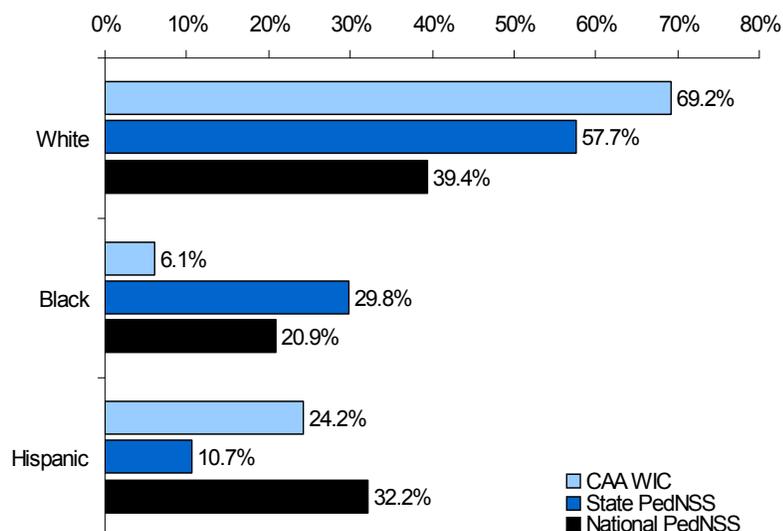
## 2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

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.

Community Action Agency (CAA) serves Lenawee County. Of the 6,191 children under the age of five years old in Lenawee County in 2000 (6.3% of residents), 9.5% live below poverty. Among WIC participants in Michigan 2,021 were served by CAA in 2003. Statistics about WIC participants under the age of five years old served by Community Action Agency revealed:

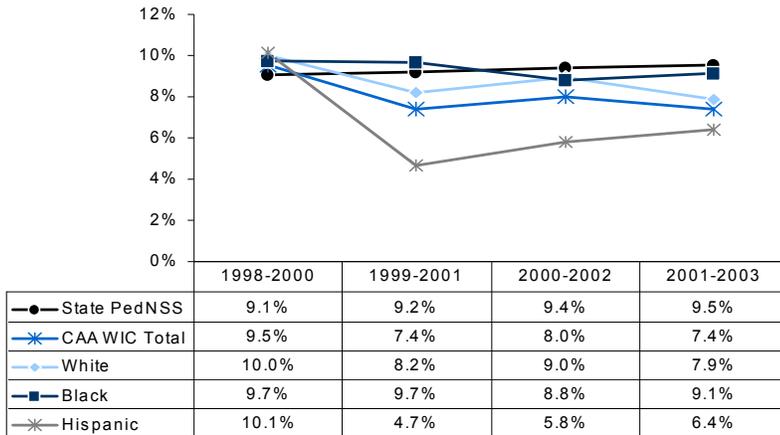
- The incidence of low birthweight in CAA WIC was lower than that of state WIC infants: 7.4% compared to 9.5%;
- The incidence of high birthweight among Hispanic infants was 4.8%;
- The prevalence of short stature among White participants was 9.0% for infants and children under the age of two years old and 6.3% for children two to five years old;
- Nearly one in ten (9.3%) infants and children under the age of two years old were underweight;
- 32.6% of White children two to five years old of CAA WIC were either overweight or at risk of overweight;
- Approximately one in five Black infants and children under five years old (19.2%) of CAA WIC had iron deficiency anemia;
- 45.6% of CAA WIC infants were ever breastfed and 10.4% were breastfed to six months of age.

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



Although the majority of infants and children under five years old of CAA WIC were non-Hispanic White (69.2%), one in ten infants and children (10.7%) were Hispanic.

Figure 2. Trend in **low birthweight\*** by race/ethnicity among infants in the Community Action Agency WIC Agency, 1998-2003 MI PedNSS



The incidence of low birthweight among infants in CAA WIC declined by an average of 7.2% per year since 1998.

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

Overall the trend in infants ever breastfed decreased on average by 2.6% per year in CAA WIC. When stratified by race/ethnicity, however, an average increase of 7.2% per year was observed among Black infants of CAA WIC.

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

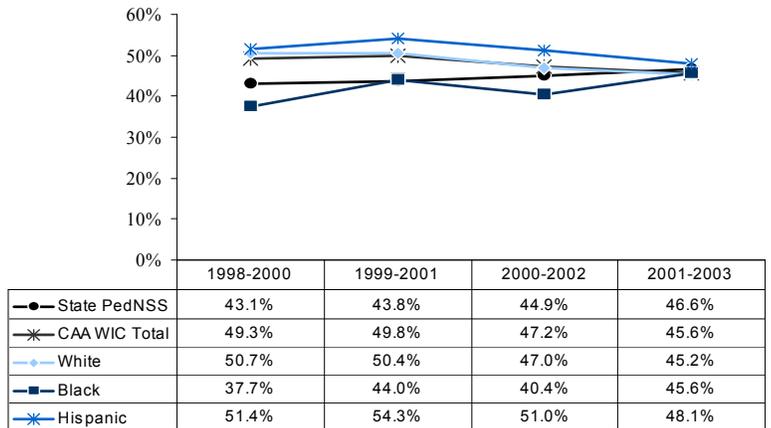
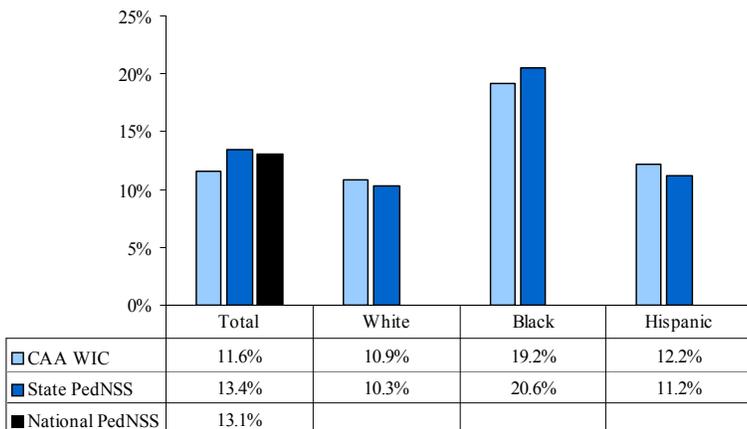


Figure 4. Average prevalence of **iron deficiency anemia\*** by race/ethnicity among infants and children under five years old, 2001-2003 PedNSS

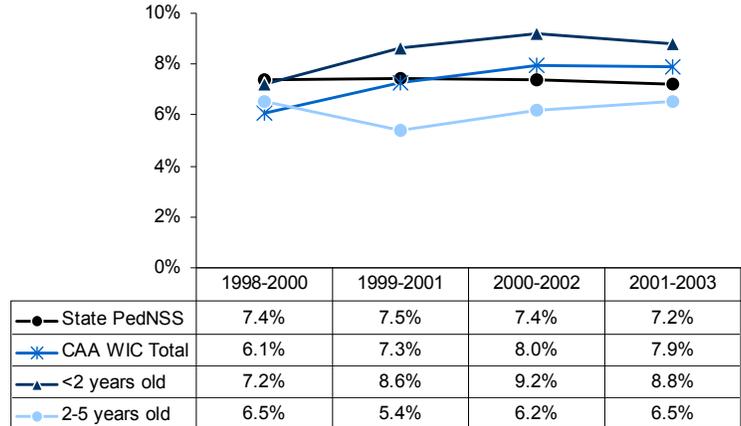


The prevalence of iron deficiency anemia for White and Hispanic infants and children under five years old of CAA WIC was slightly higher compared to their state peers.

\*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%.

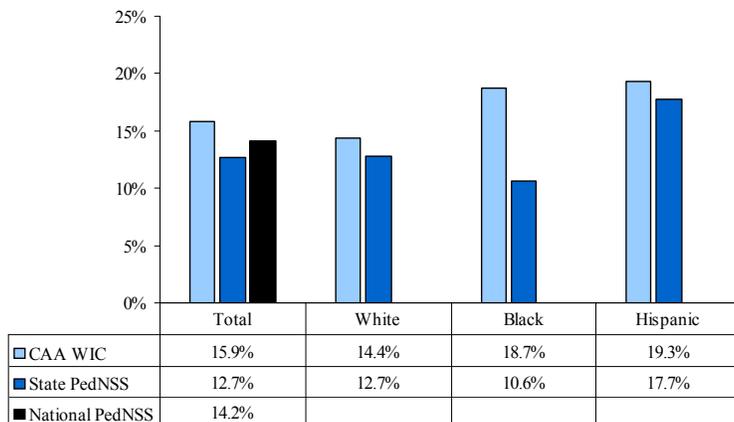
On average, the prevalence of short stature among infants and children of CAA WIC increased 9.5% per year, meanwhile among state WIC the prevalence decreased 0.8% per year.

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.

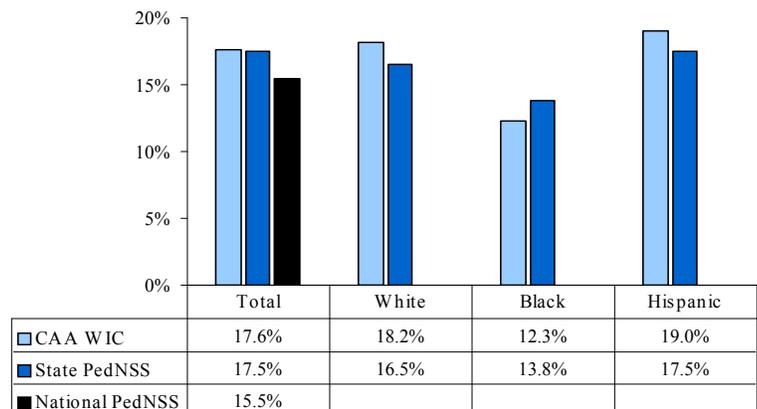
Figure 6. Average prevalence of **overweight\*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



Overall the prevalence of overweight among CAA WIC children two to five years old was 3.2-percentage points higher than their state peers and 1.7-percentage points higher 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.

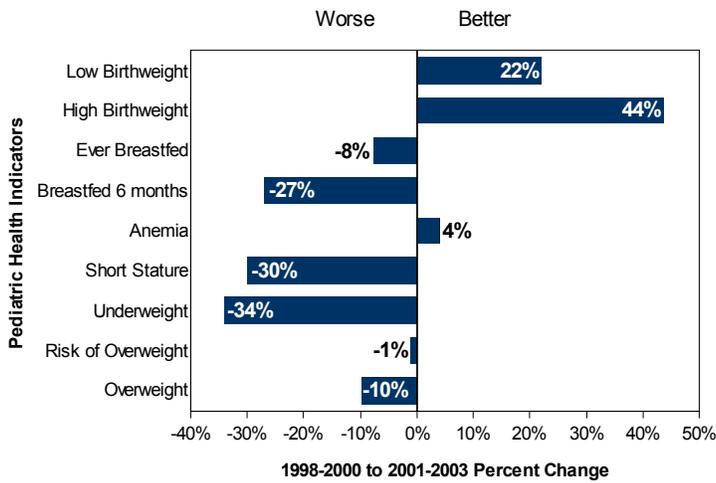
Figure 7. Average prevalence of **risk of overweight\*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



\*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.

At both the state and local level, Black children two to five years old had a prevalence of risk of overweight lower than other racial/ethnic groups.

Figure 8. Pediatric **health progress review** for Community Action Agency WIC infants and children under the age of five years old, 1998-2000 and 2001-2003 MI PedNSS



In Community Action Agency WIC, improvements were observed in the areas of birthweight and iron deficiency anemia.



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.