



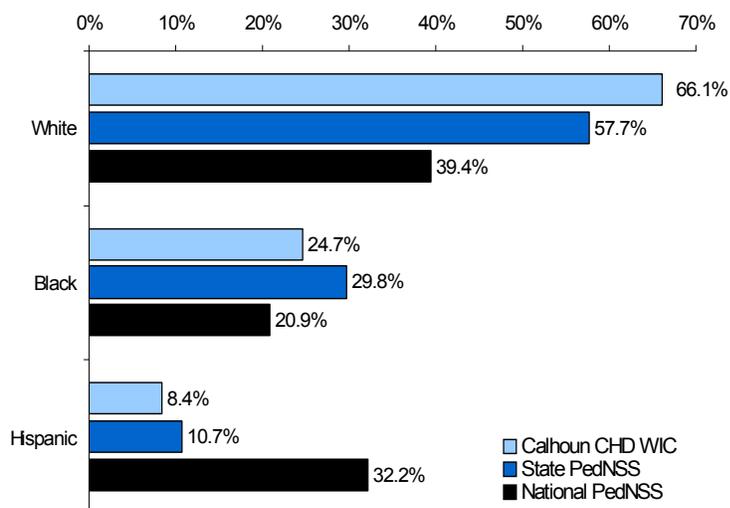
## 2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

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.

According to information from the 2000 U.S Census, 6.5% of residents of Calhoun County was under the age of five years old and 17.2% of them lived in poverty. Calhoun County Health Department (Calhoun CHD) WIC, in 2003, served 4,254 of all WIC participants in Michigan. 2001-2003 PedNSS information about WIC participants in Calhoun County showed:

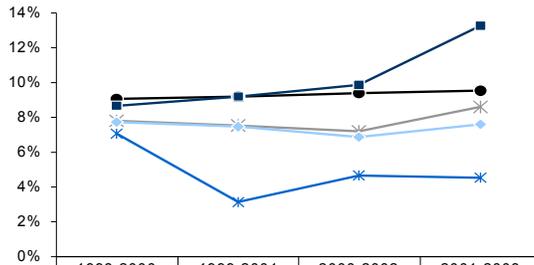
- The overall incidence of low birthweight in Calhoun CHD WIC was 8.6%;
- One in ten White infants were born with a birthweight of 4000g (13 lbs 8oz) or higher;
- Almost twice as many infants and children under the age of two years old were short in stature compared to children two to five years old: 11.4% versus 5.2%;
- Only 4% of infants and children under five years old were underweight;
- 13.3% of children two to five years old of Calhoun were overweight and 17.0% were at risk of overweight;
- The prevalence iron deficiency anemia was higher than that of state or national PedNSS prevalence: 16.8% versus 13.4% and 13.1%, respectively;
- The overall prevalence of infants ever breastfed in Calhoun CHD WIC was less than that of Michigan WIC: 40.2% compared to 46.6%.

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



Over half of infants and children under five years old (66.1%) were non-Hispanic White.

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



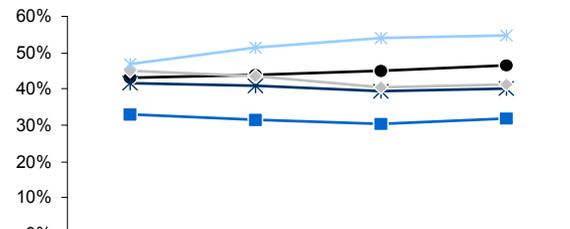
	1998-2000	1999-2001	2000-2002	2001-2003
State PedNSS	9.1%	9.2%	9.4%	9.5%
Calhoun CHD WIC Total	7.8%	7.5%	7.2%	8.6%
White	7.8%	7.4%	6.9%	7.6%
Black	8.6%	9.2%	9.9%	13.3%
Hispanic	7.1%	3.1%	4.6%	4.6%

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

Between 2000-2002 and 2001-2003, a noticeable increase in the incidence of low birthweight for White (6.9% to 7.6%) and Black (9.9% to 13.3%) infants of Calhoun CHD WIC.

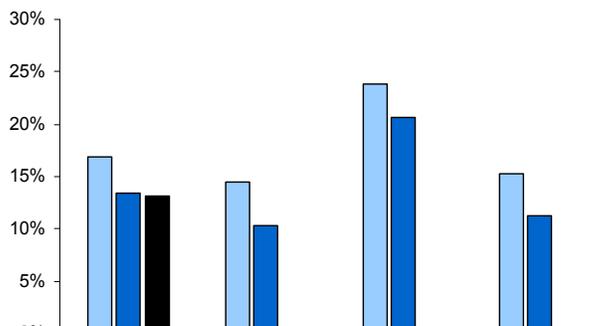
There was a slight decrease in the prevalence of infants ever breastfed among White participants: from 44.8% to 41.1%.

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



	1998-2000	1999-2001	2000-2002	2001-2003
State PedNSS	43.1%	43.8%	44.9%	46.6%
Calhoun CHD WIC Total	41.7%	40.8%	39.5%	40.2%
White	44.8%	43.4%	40.5%	41.1%
Black	33.0%	31.5%	30.5%	31.7%
Hispanic	46.9%	51.4%	54.1%	54.9%

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

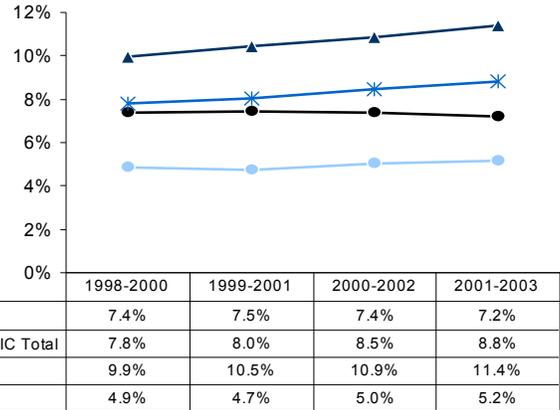


	Total	White	Black	Hispanic
Calhoun CHD WIC	16.8%	14.4%	23.9%	15.3%
State PedNSS	13.4%	10.3%	20.6%	11.2%
National PedNSS	13.1%			

\*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%.

Black infants and children at the state and local level were disproportionately affected by iron deficiency anemia.

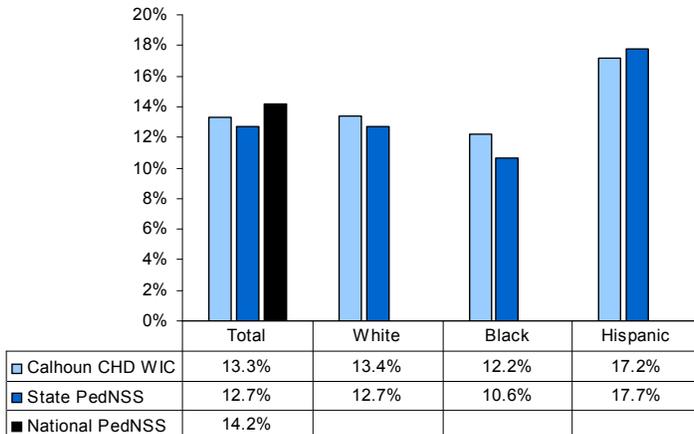
Figure 5. Trend in **short stature\*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



\*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.

The disparity in short stature among state and Calhoun CHD WIC infants and children had increased since 1998 from .4 percentage point to 1.6 percentage points.

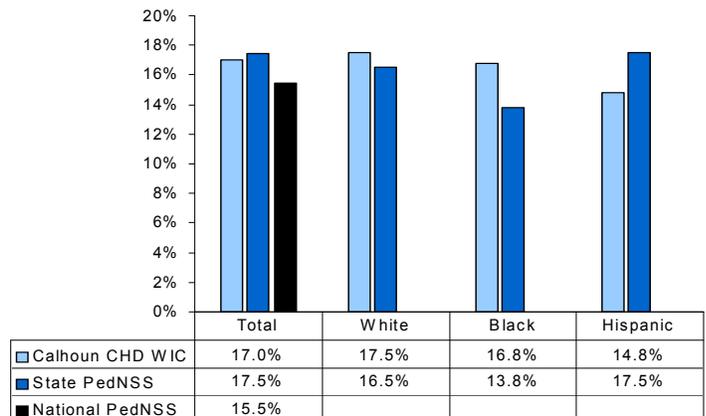
Figure 6. Average prevalence of **overweight\*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



White and Black children of Calhoun County WIC had a slightly higher prevalence of overweight compared to 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.

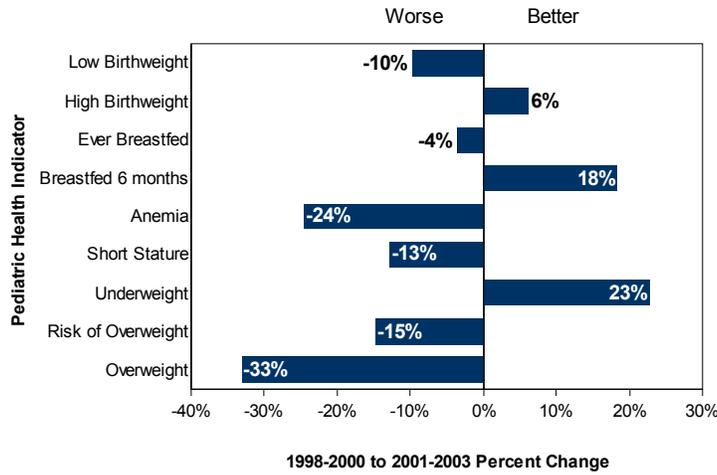
Figure 7. Average prevalence of **risk of overweight\*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



\*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.

Unlike Hispanic children two to five years old, White and Black children of Calhoun County WIC had a prevalence of risk of overweight slightly above that of their state peers.

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



Interventions aimed at lowering the incidence of prevalence low birthweight, anemia, and overweight should be fostered in Calhoun County.



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.