



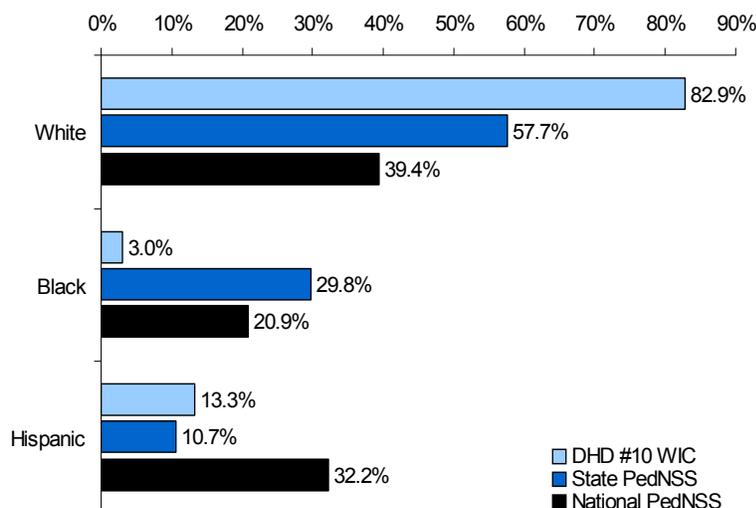
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

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.

In 2000, DHD#1 and DHD#5 consolidated to form District Health Department #10 (DHD #10). DHD #10 encompasses ten counties in the western part of the Lower Peninsula in Michigan: Kalkaska, Crawford, Manistee, Wexford, Missaukee, Mason, Lake, Oceana, Newaygo, and Mecosta. Based on information from the 2000 U.S. Census, 5.9% of the residents in the area were under the age of five years old. Also approximately one in five children under five years old (19.5%) lived in poverty. Also, in 2003, 7,791 of Michigan WIC participants under five years old were served by DHD#10 WIC. DHD#10 statistics, reported in this document using information prior to 2000, were calculated utilize data from both DHD#1 and DHD#5. PedNSS statistics for DHD #10 showed:

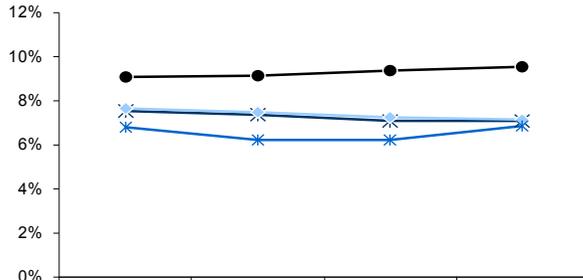
- The overall prevalence of low birthweight was 7.1%;
- One in ten infants had a birthweight at or above 4000g (13 lbs 8oz);
- The short stature prevalence was higher in children two to five years old in DHD #10 than among their state peers;
- Infants and children under five years old had a lower prevalence of underweight compared to state and notional peers;
- 28% of children two to five years old were overweight or at risk of overweight;
- The prevalence of iron deficiency anemia was 14.9%;
- Prevalence of infants ever breastfed was higher in DHD#10 than their state and national peers.

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



An overwhelming majority of DHD #10 infants and children under five years old are non-Hispanic White.

Figure 2. Trend in **low birthweight*** by race/ethnicity among infants in the DHD #10 WIC Agency, 1998-2003 MI PedNSS



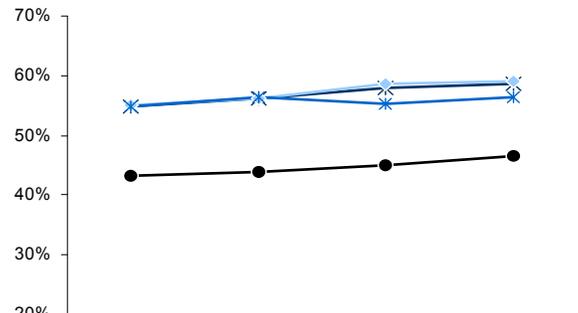
Even when stratified by race/ethnicity, DHD #10 WIC infants have a consistently lower prevalence of low birthweight compared to the state prevalence.

	1998-2000	1999-2001	2000-2002	2001-2003
● State PedNSS	9.1%	9.2%	9.4%	9.5%
* DHD #10 WIC Total	7.6%	7.4%	7.1%	7.1%
◇ White	7.7%	7.5%	7.3%	7.1%
* Hispanic	6.8%	6.2%	6.2%	6.8%

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

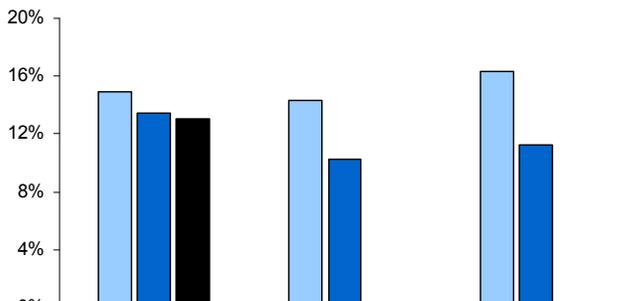
Although the prevalence of ever breastfed infants increased for both White and Hispanic DHD #10 WIC participants, the progress in White infants was greater compared to Hispanic infants.

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the DHD #10 WIC Agency, 1998-2003 PedNSS



	1998-2000	1999-2001	2000-2002	2001-2003
● State PedNSS	43.1%	43.8%	44.9%	46.6%
* DHD #10 WIC Total	54.8%	56.1%	57.9%	58.5%
◇ White	55.1%	56.3%	58.6%	59.1%
* Hispanic	54.8%	56.3%	55.3%	56.3%

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



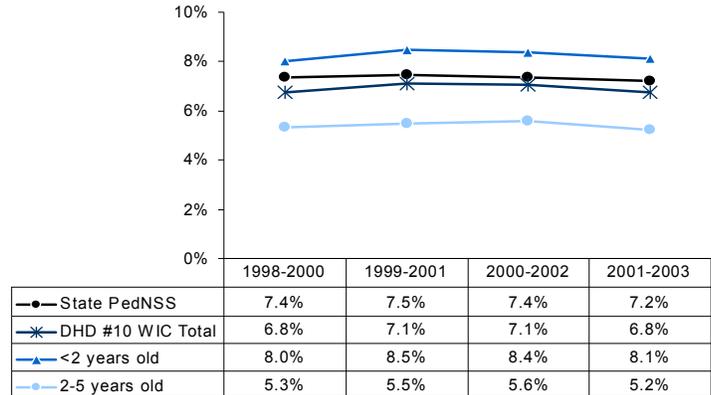
	Total	White	Hispanic
DHD #10 WIC	14.9%	14.3%	16.3%
State PedNSS	13.4%	10.3%	11.2%
National PedNSS	13.1%		

*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%.

When stratified by race/ethnicity, the prevalence of iron deficiency anemia was higher for DHD #10 infants and children under the age of five years than their state peers

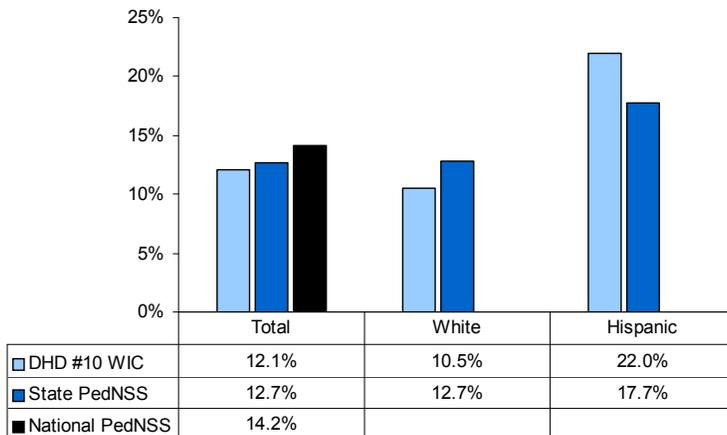
DHD #10 children age two to five years old had a consistently lower prevalence of short stature compared to infants and children under the age of two and state infants and children under five years old.

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.

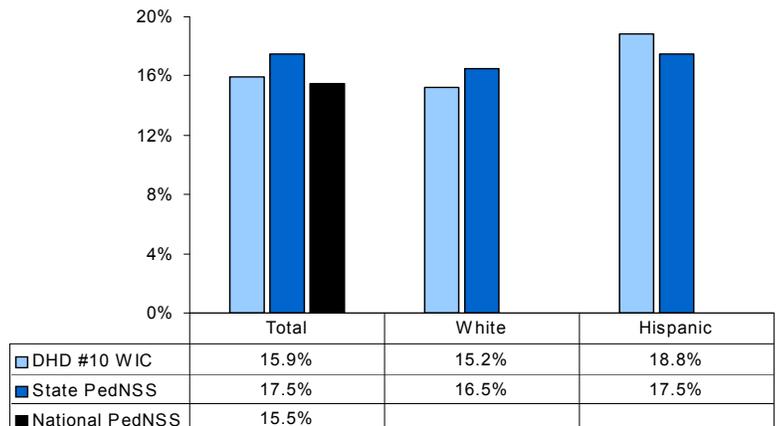
Figure 6. Average prevalence of **overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



Overweight among DHD #10 children two to five years old was observed twice often in Hispanic participants compared to White participants.

*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.

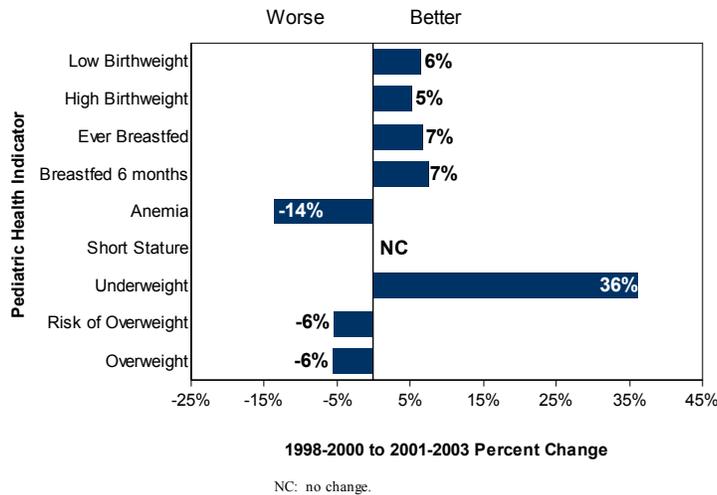
Figure 7. Average prevalence of **risk of overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



*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.

Overall the prevalence of risk of overweight was slightly lower in DHD #10 children compared to the overall state.

Figure 8. Pediatric **health progress review** for DHD #10 WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Progress was observed in five of nine health and nutritional indicators, especially in the area of underweight.



Jennifer M. Granholm, Governor

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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.