This fact sheet describes the prevalence of specific health indicators of nutrition risk in low-income infants and children in West Virginia during the year 2000. The information presented here was gathered by the West Virginia WIC Program during the course of weighing, measuring, and sampling hemoglobin for approximately 53,000 children. Due to the advent of a new growth reference by the CDC in 2000, rates expressed in this report should not be compared to previously published reports.

The WIC Program provides nutrition counseling and education, and referral services to a range of community resources for medical care, early childhood programs, or family support programs. Supplemental foods are provided to pregnant women, postpartum women, infants, and children up to five years old. In West Virginia, 75 percent of WIC participants report family income under 100% of the federal poverty level.

Health disparities for low-income people are a nationwide public health concern. The national Healthy People 2010 Initiative has called for improvement in low birth weight rates, reducing the prevalence of short stature, and increasing breastfeeding rates. Achieving the target Objectives in the next ten years will require concerted effort on the part of all health providers.

**Participant Overview - the Year in PedNSS in West Virginia**

- **53,000** low income infants and children are served
- **38%** are less than one year old
- **5,200** infants were Breastfed

**WV PedNSS in 2000 and Healthy People 2010 Objectives**

1. WV Vital Statistics 1999 reported (for all infants born in WV) the prevalence of low birth weight at 8.0%.
2. In PedNSS, Black infants had a much higher LBW rate than White infants - 15.2% of Black infants and 8.9% of White infants were born low birth weight.
3. Premature LBW infants have a higher mortality rate. Full-term LBW infants have slower physical growth, possibly slower mental development, and are more likely to have congenital abnormalities.
4. Nationally, the prevalence of stunting for PedNSS children is 5.9%.
5. In West Virginia PedNSS, the prevalence of stunting is very stable, fluctuating only 1% over the last ten years.
6. Stunting early in life may lead to reduced physical capacity and endurance in adulthood.
Anemic Children - One and Two Year Olds

Underweight Infants and Children
Weight-for Length or BMI < 5th Percentile

Overweight Children 2 and Older
BMI >95th Percentile

Underweight Infants and Children
Weight-for Length or BMI < 5th Percentile

Anemic Children - One and Two Year Olds

Overweight Children 2 and Older
BMI >95th Percentile

• Healthy People 2010 established no Objective for underweight. The percentage of children expected to be underweight is 5%.

• National PedNSS rates in 2000 for underweight are slightly better than WV PedNSS at 5.7%.

• Thinness is associated by the CDC with recent severe disease associated with disaster conditions such as famine. The prevalence for underweight is WV has been stable for many years.

• Overall, WV PedNSS children have had low anemia rates for the last 10 years.

• Ten percent of WV PedNSS Black children (one and two years) are anemic, compared with six percent of White children of the same age.

• Iron deficiency Anemia has been associated with impaired mental ability and psychomotor development in infants and children.

• Low-income children in WV are overweight at about the same rate as low-income children nationwide; but compared to all children in the US, the prevalence in WV is double.

• The CDC estimates 1/3 to 1/2 of overweight children will become overweight adults. Obesity is associated with heart disease, hypertension and diabetes.

Demographic Factors in PedNSS

<table>
<thead>
<tr>
<th>Ethnicity in PedNSS</th>
<th>Age</th>
<th>Rural Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>92.6%</td>
<td>Under 1 Year</td>
</tr>
<tr>
<td>African-American</td>
<td>6.1%</td>
<td>One through Two</td>
</tr>
<tr>
<td>All Others</td>
<td>1.3%</td>
<td>Three to Five Years</td>
</tr>
</tbody>
</table>

This Fact Sheet was developed by the West Virginia Department of Human Resources, Bureau for Public Health, Office of Nutrition Services.