Health disparities for low-income people are a nationwide public health concern. The information presented here is gathered by the West Virginia WIC Program in the course of providing nutrition counseling and education, referrals to community programs, and supplemental food to low-income pregnant and postpartum women, infants, and children up to age 5. The objective health indicators gathered by WIC provide important insights into the health status of this vulnerable group. The WV WIC Program operates in all counties of West Virginia. More information on the WV WIC Program is available at [http://www.wvdhhr.org/ons/wic.asp](http://www.wvdhhr.org/ons/wic.asp)

### 2007 WV PedNSS Overview

- **52,000 Infants and children were measured**
- **42% of all WIC children were under 1 year old**
- **85% of children were covered by Medicaid or SCHIP**
- **50% of infants and children receive WIC services in a Non-metro County**

### Low Birth Weight

- Since 2001, the percentage of West Virginia WIC infants born at Low Birth Weight (<2,500 grams) has been higher than WIC infants nationally.
- In 2007, Black infants who were enrolled in West Virginia WIC had a much higher Low Birth Weight rate than all races of WV WIC infants – 14% compared to 10.5%.
- Of all infants born in WV in 2006 (including those not in WIC), 9.7% were Low Birth Weight. (WV Vital Statistics, 2006)

### Overweight

- Since 2001, the percentage of West Virginia WIC children that are considered overweight* is lower than WIC children nationally.
- Health problems associated with childhood overweight include high blood pressure, high cholesterol, glucose intolerance, and psychosocial disorders. (Prevention of Pediatric Overweight and Obesity -- Committee on Nutrition 112 (2) 424 -- AAP Policy)
- WV WIC Hispanic children have the highest rate of overweight – 17% in 2007. 13% of White children and 11% of Black children enrolled in WV WIC were overweight in 2007.

*Overweight refers to Body Mass Index (BMI)-for-age ≥95th percentile for children 2 to 20 years of age based on the CDC gender-specific BMI-for-age reference (CDC, 2000) Table 12C, 2007 Pediatric Nutrition Surveillance, WV Summary of Trends in Growth and Anemia Indicators, Children Aged less than 5 years. **Table 12D, 2006 National Summary.
Anemia Trends
WV and US WIC Children
Ages Six months to Five Years

- Since 2001, the percentage of West Virginia WIC children in PedNSS with anemia (low hemoglobin based on age) has been considerably lower than the national WIC population.

- Anemia is often used as an indicator of iron deficiency. In children, iron deficiency causes developmental delays and behavioral disturbances. (CDC Recommendations to Prevent and Control Iron Deficiency in the U.S., MMWR 1998;47 (No. RR-3))

Smoking in the Household

- The percentage of WV WIC children exposed to indoor tobacco smoke (23.5%) is twice as high as WIC children nationally (10.6%).

- Children exposed to environmental tobacco smoke have higher rates of lower respiratory illness during their first year of life, higher rates of fluid build up in the middle ear, and higher rates of sudden infant death syndrome. (Pediatrics, Vol. 99 No. 4 April 1997, pp. 639-642)

TV Viewing

- In 2007, the percentage of West Virginia WIC children who watched less than 2 hours of television or videos (80.5%) is better than the national percentage (73.3%).

- This indicator can be used to monitor the national health objective to increase the proportion of adolescents who view TV two or fewer hours per day to 75%. (Healthy People 2010, Objective 22-11)