VERMONT
DEPARTMENT OF HEALTH

Weight Status Among Infants and Children in WIC

April 2020

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal public health nutrition program administered by the Vermont Department of Health. The program serves income-eligible pregnant, postpartum, and breastfeeding individuals, and infants and children up to age 5. Participation in Medicaid, 3SquaresVT or Reach-up Financial Assistance allows for adjunctive income eligibility in WIC.

The following is a report of birth weights among infants and weight status of children ages 2-5 enrolled in WIC in 2017-2019.

- **81.5% of infants on Vermont WIC were of normal weight; 9.4% were low birthweight and 9.0% were high birthweight**
- **29.8% of children on Vermont WIC were overweight or obese**

Birth Weight

Among infants participating in Vermont WIC born in 2017 and 2018, 81.5% of infants were considered normal weight, 9.4% were low birth weight (less than 2500 grams) and 9.0% were high birth weight (greater than 4,000 grams). No district office rates were statistically different than the State. (Figure 1) According to birth records for all Vermont resident births in 2017 and 2018, the low birth weight rate was 6.8% and the high birth weight rate was 10.9%.

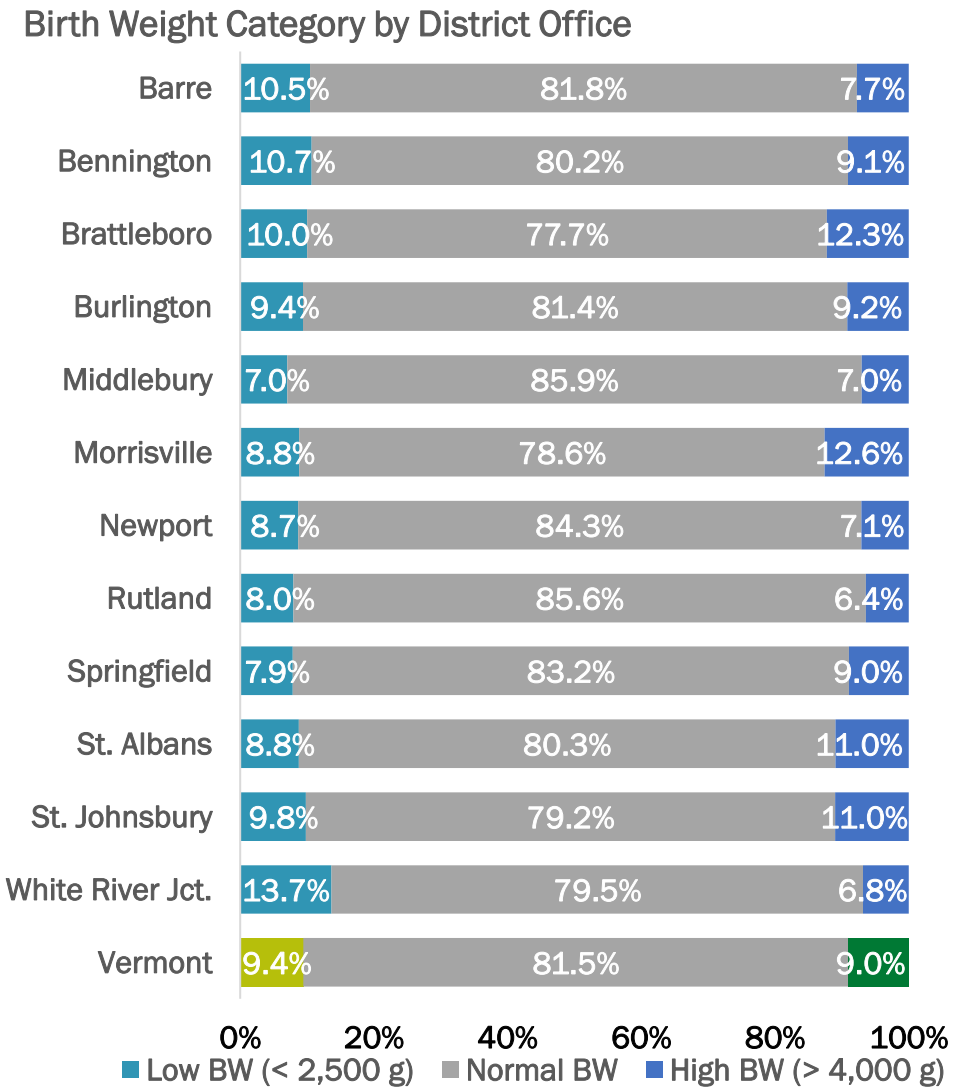

Figure 1; Source: Vermont WIC Data, infants born in 2017 and 2018

Overweight & Obesity

Obesity among children puts them at risk for poor health. The prevalence of obesity increases among children with lower socioeconomic status.[1]

Body Mass Index percentiles are used to determine overweight and obesity using CDC growth curves and are adjusted for age and sex.[2] Overweight is defined as a BMI between the 85th and 95th percentile; obese is defined as greater than or equal to the 95th percentile. Among children 2 to 5 years old in Vermont WIC, 16.3% are overweight and 13.5% are obese. (Figure 2) The percent of child participants who are overweight or obese in the Burlington and St. Johnsbury District Office service areas is statistically lower than the State. St. Albans is statistically higher.

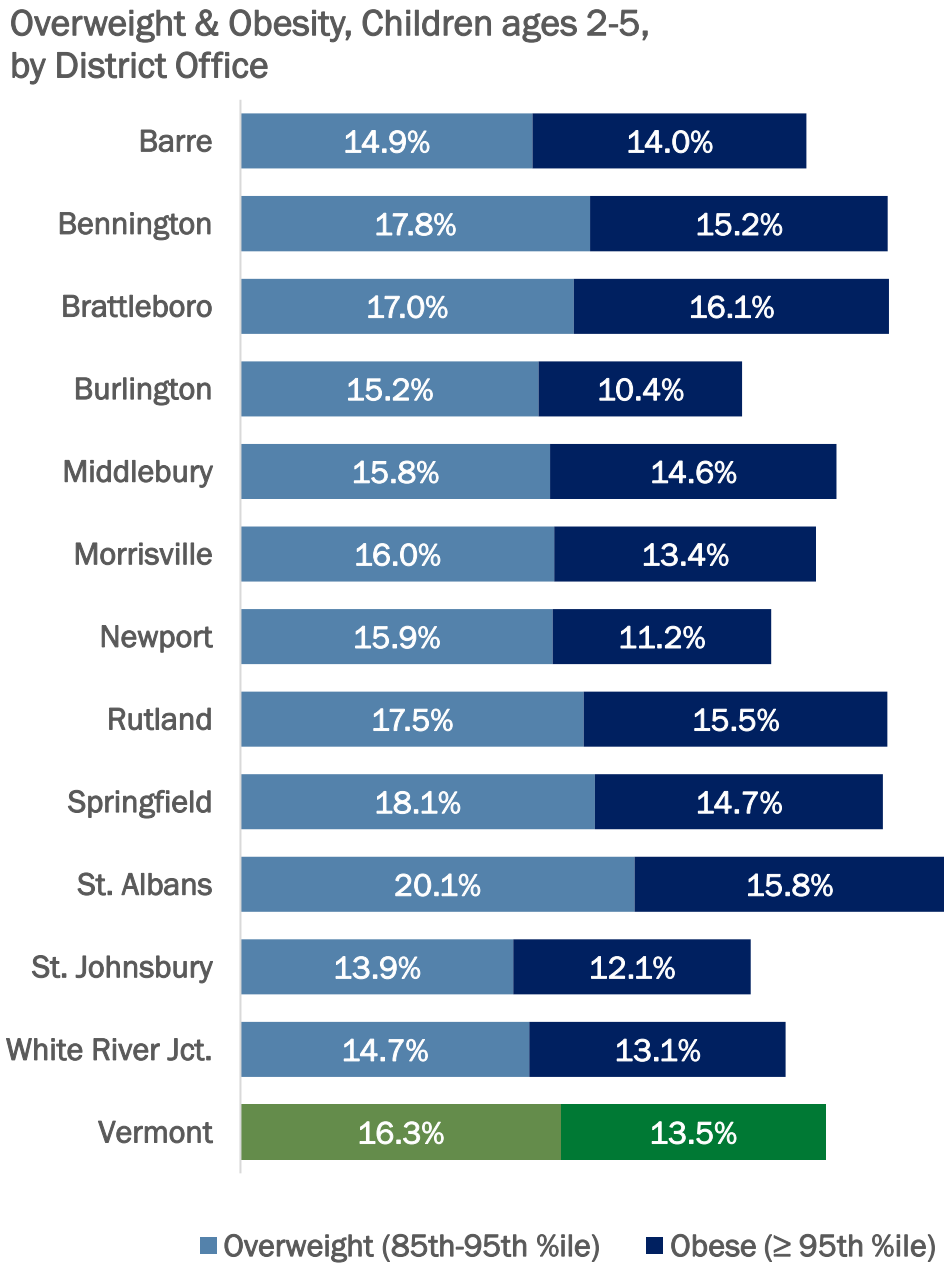

Figure 2; Source: Vermont WIC Data, 2017-19

Since 2017, overweight and obesity rates in the WIC child population have stayed relatively stable. (Figure 3). When broken down by age group, obesity increases slightly as children grow older. (Figure 4)

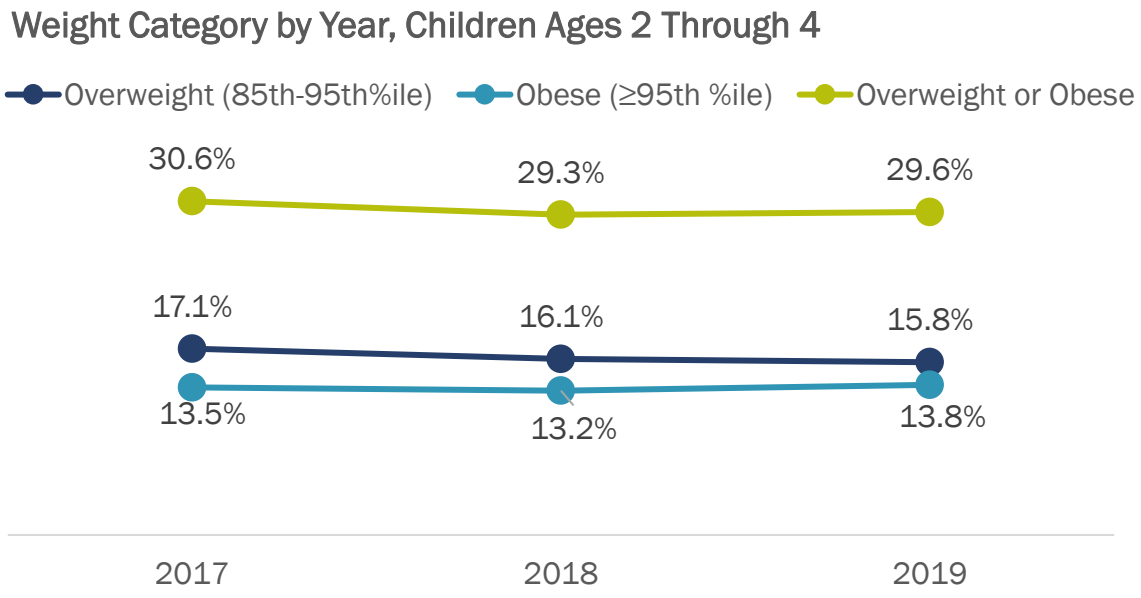

Figure 3; Source: Vermont WIC Data, 2017-19

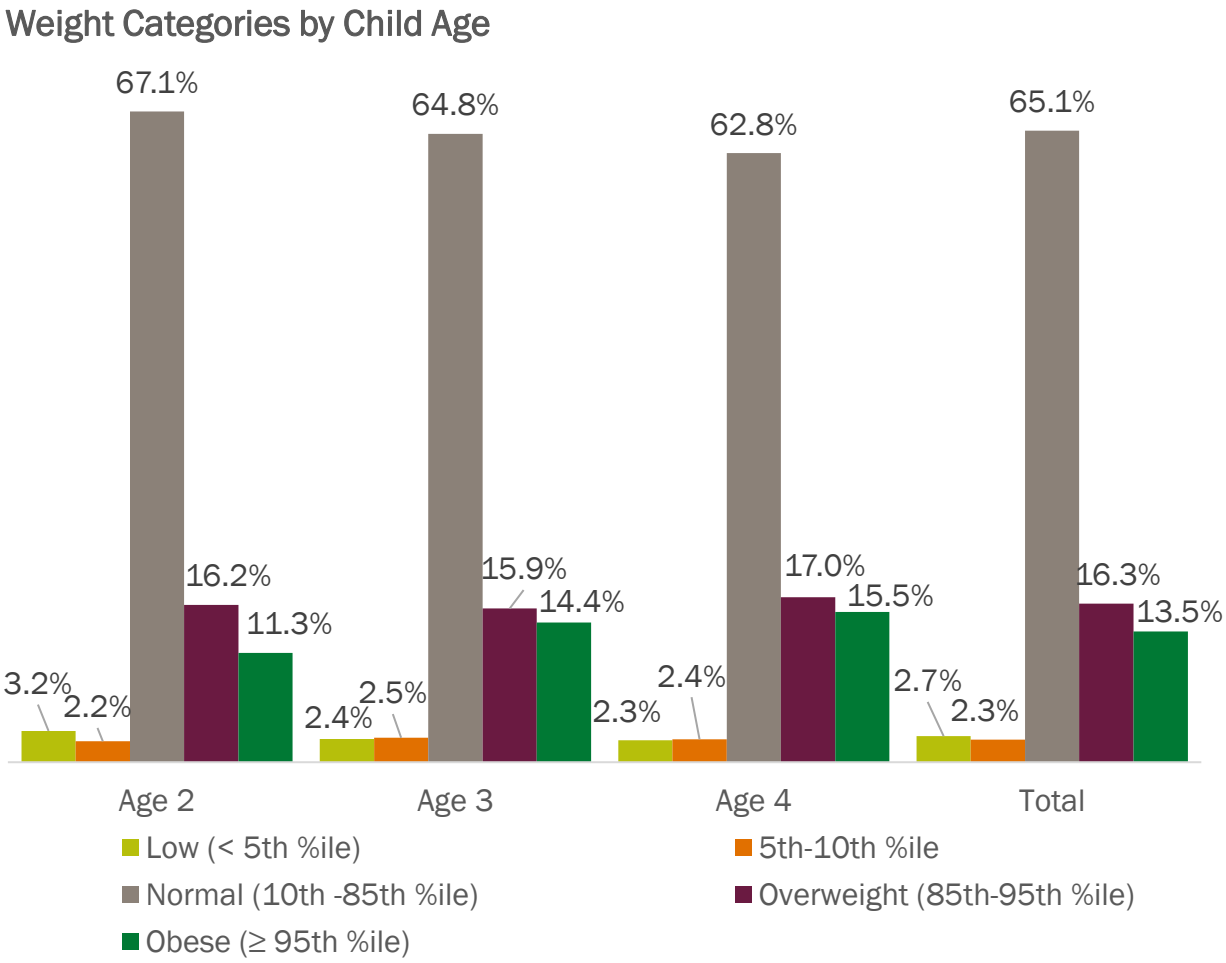

Figure 4; Source: Vermont WIC Data, 2017-19

Key Takeaways

Vermont WIC supports families to maintain healthy weights through the provision of supplemental healthy foods, nutrition education, and events for families to engage in movement. Additionally, supporting breastfeeding is a core part of the WIC program, which has also been shown to be associated with healthy weight for infants and children.[3]

Vermont WIC supports healthy weight for infant and child participants.

References:

1. Centers for Disease Control and Prevention. Childhood Obesity Facts. https://www.cdc.gov/obesity/data/childhood.html. Accessed February 26, 2020.
2. Centers for Disease Control and Prevention. Growth Charts. https://www.cdc.gov/growthcharts/index.htm. Accessed February 28, 2020.
3. Centers for Disease Control and Prevention. Breastfeeding: Why It Matters. https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html. Accessed April 24, 2020.

Data notes:

The PedNSS (Pediatric Nutrition Surveillance System) provides data on prevalence and trends for nutrition-related indicators for children (infants and children < 5 years of age) participating in WIC. This population is not representative of the Vermont child population and findings reported here should not be generalized outside the population receiving WIC services.

For more information: contact Vermont WIC, wic@vermont.gov