# 2022 New York State Pediatric Nutrition Surveillance System Report

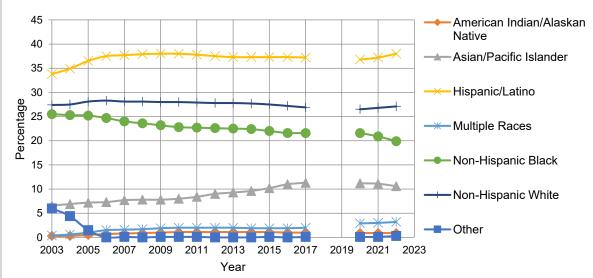
The annual New York State (NYS) Pediatric Nutrition Surveillance System (PedNSS) report provides data on the prevalence and trends of nutrition-related indicators for infants and children (<5 years of age) who are enrolled in the NYS Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The list of indicators includes low birthweight, short stature, underweight, overweight, anemia, breastfeeding (e.g., initiation, duration, and exclusivity), smoking in household, and screen time.

All data referenced in this document are publicly available in the 2022 "State Level Statistics" excel file located on the New York State Department of Health Nutrition and Data Statistics website: <a href="https://www.health.ny.gov/statistics/prevention/nutrition/pednss/">https://www.health.ny.gov/statistics/prevention/nutrition/pednss/</a>.

## **Highlights from the 2022 NYS PedNSS Report**

### **Demographic Characteristics**

- There was a 4.5% increase in the number of individual infants and children certified in 2022 (382,609) compared to 2021 (366,072) (TBL\_10\_C).
- In 2022 there was an increase in the proportion of infants and children enrolled in WIC identified as Hispanic/Latino (38.0% in 2022 vs. 37.2% in 2021), non-Hispanic White (27.1% in 2022 vs. 26.8% in 2021), and Multiple Races (3.2% in 2022 vs. 3.0% in 2021), while there was a decline in the proportion of infants and children identified as non-Hispanic Black (19.9% in 2022 vs. 20.9% in 2021) and Asian/Pacific Islander (10.6% in 2022 vs. 11.1% in 2021) (Figure 1, TBL 10 C).

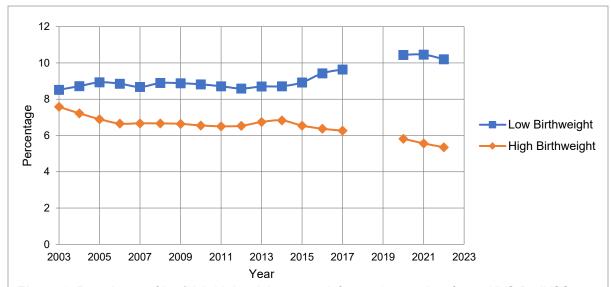


**Figure 1.** Proportion of records submitted to NYS PedNSS, 2003-2022, by race or ethnicity. Data for 2018 & 2019 are unavailable due to interruptions in data collection caused by the transition to the new WIC EBT system.

The prevalence of NYS WIC families living below 130% of the federal poverty level (FPL) decreased to 79.5% in 2022 from 80.0% in 2021. Additionally, families living below 100% of the FPL decreased to 63.9% in 2022 from 64.6% in 2021. This may indicate a continuing positive shift in household economic conditions among NYS WIC families in 2022.

## **Birthweight**

The prevalence of low birthweight (LBW) across all WIC-enrolled infants continued to decrease to 10.2% in 2022 from 10.5% in 2021 (Figure 2, TBL\_12\_C). The corresponding Healthy People 2020 (HP2020<sup>†</sup>) objective is to reduce the rate of LBW to 7.8%. The prevalence of high birthweight continued to decrease to 5.4% in 2022 from 5.6% in 2021 (Figure 2, TBL 12 C).



**Figure 2.** Prevalence of low/high birthweight among infants <12 months of age, NYS PedNSS 2003-2022. Low birthweight defined as <2500 grams, high birthweight defined as >4000 grams. Data for 2018 & 2019 are unavailable due to interruptions in data collection caused by the transition to the new WIC EBT system.

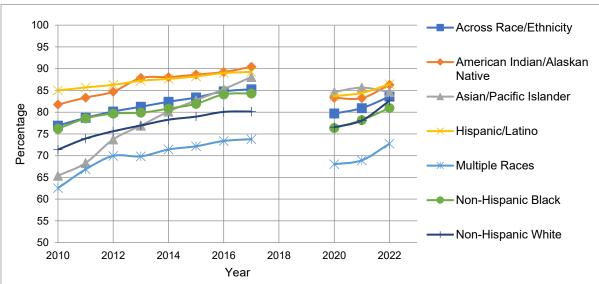
#### **Growth Indicators**

 Growth indicator data are not available for 2022 due to the WIC physical presence waiver and other telehealth flexibilities that were implemented as part of the COVID-19 pandemic response.

## **Breastfeeding Indicators**

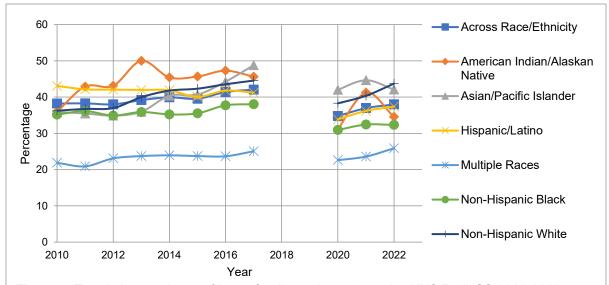
• The breastfeeding initiation rate for all WIC-enrolled infants increased to 83.6% in 2022 from 80.9% in 2021. Increases were observed across racial/ethnic groups except for infants identified as Asian/Pacific Islander, for whom rates decreased by 1.0 percentage point (Figure 3, TBL\_19\_C). Infants identified as non-Hispanic White, Multiple Races, and American Indian/Alaskan Native had the largest increases at 4.5, 3.8, and 3.1 percentage points, respectively. Infants of most racial and ethnic groups are meeting the HP2020<sup>†</sup> breastfeeding initiation goal of

81.9%, except for infants identified as Multiple Races (72.7%) and non-Hispanic Black (81.0%).



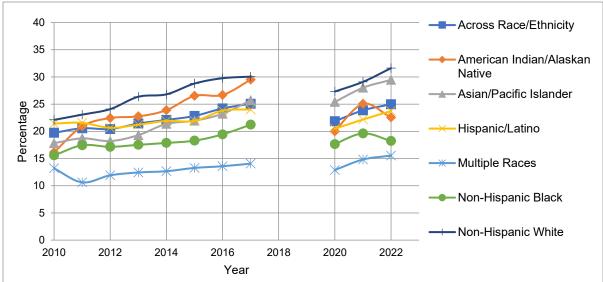
**Figure 3.** Trends in prevalence of breastfeeding initiation by race or ethnicity, NYS PedNSS 2010-2022. Data for 2018 & 2019 are unavailable due to interruptions in data collection caused by the transition to the new WIC EBT system.

• In 2022 the percentage of WIC-enrolled infants who were breastfed ≥ 6 months increased to 38.0% in 2022 from 37.0% in 2021 (Figure 4, TBL\_19\_C). Infants identified as non-Hispanic White, Multiple Races, and Hispanic/Latino saw increases of 3.4, 2.3, and 1.2 percentage points respectively, while decreases were observed in infants identified as American Indian/Alaskan Native (34.5% in 2022 vs. 41.2% in 2021) and Asian/Pacific Islander (42.1% in 2022 vs. 44.7% in 2021). Infants from all racial and ethnic groups remained below the HP2020<sup>†</sup> objective of 60.6%.



**Figure 4.** Trends in prevalence of breastfeeding at least 6 months, NYS PedNSS 2010-2022. Data for 2018 & 2019 are unavailable due to interruptions in data collection caused by the transition to the new WIC EBT system.

• The proportion of WIC-enrolled infants breastfed for ≥ 12 months increased to 25.0% in 2022 from 23.9% in 2021 (Figure 5, TBL\_19\_C). Increases were seen among most racial ethnic groups, except for infants identified as American Indian/Alaskan Native and non-Hispanic Black, who saw decreases of 2.5 and 1.4 percentage points, respectively. No racial or ethnic group reached the HP2020<sup>†</sup> objective of 34.1%, though infants identified as non-Hispanic White (32.6% in 2022 vs. 29.1% in 2021) and Asian/Pacific Islander (29.5% in 2022 vs. 28.0% in 2021) approached the benchmark.



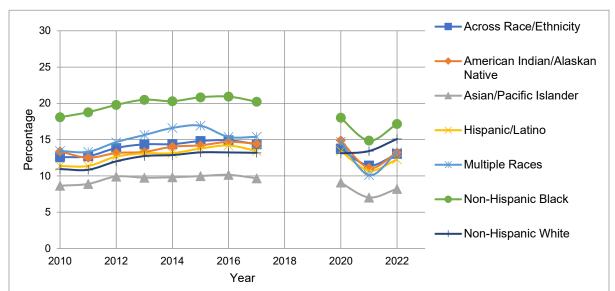
**Figure 5.** Trends in prevalence of breastfeeding at least 12 months, NYS PedNSS 2010-2022. Data for 2018 & 2019 are unavailable due to interruptions in data collection caused by the transition to the new WIC EBT system.

#### **Anemia Indicators**

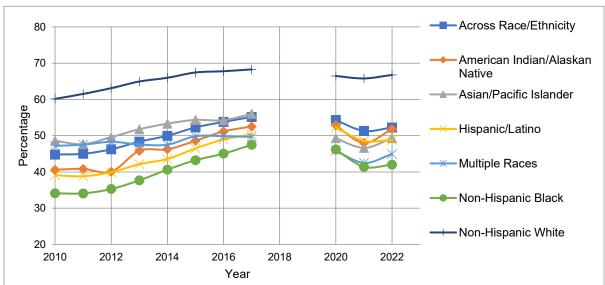
• The rate of WIC infants and children with anemia (i.e., those meeting the criteria for abnormally low hemoglobin/hematocrit) increased to 13.0% in 2022 from 11.4% in 2021, with increases observed across all racial/ethnic groups. Children identified as Multiple Races, non-Hispanic Black, and American Indian/Alaskan Native experienced the largest increases, with 3.2, 2.3, and 2.1 percentage points, respectively (Figure 6, TBL\_18\_C).

#### **Behavioral/Environmental Indicators**

• The American Academy of Pediatrics recommends 1 hour or less of screen time per day for children 2-4 years of age. The proportion of WIC children whose parents reported that they met this screen time recommendation increased to 52.3% in 2022 from 51.3% in 2021. This increase was observed across all racial and ethnic groups, with the largest increases observed among infants identified as American Indian/Alaskan Native, Asian/Pacific Islander, and Multiple Races, with 3.9, 2.7, and 2.5 percentage points, respectively (Figure 7, TBL 19 C).

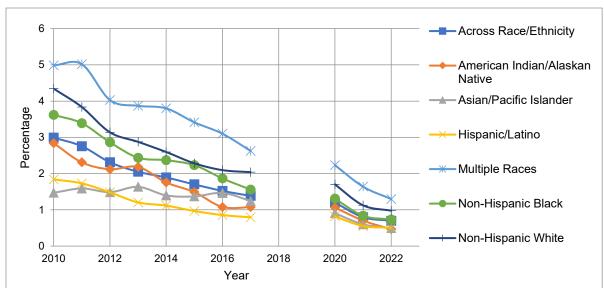


**Figure 6.** Trends in prevalence of anemia among children >6 months of age, by race or ethnicity, NYS PedNSS 2010-2022. Anemia definition from 1998 CDC MMWR, "Recommendations to Prevent and Control Iron Deficiency in the United States" is used for children 6 months of age and older with altitude adjusted. Figures for 2018 & 2019 are unavailable due to interruptions in data collection caused by the transition to the new WIC EBT system.



**Figure 7.** Trends in prevalence of children >=2 years of age meeting the recommendation of <=1 hour screentime by race or ethnicity, NYS PedNSS 2010-2022. Figures for 2018 & 2019 are unavailable due to interruptions in data collection caused by the transition to the new WIC EBT system.

The proportion of WIC-enrolled infants and children living in homes where adults smoke inside continued to decrease slightly to 0.7% in 2022 from 0.8% 2021. Notable decreases were observed among infants identified as Multiple Races (1.3% in 2022 vs. 1.6% in 2021) and American Indian/Alaskan Native (0.5% in 2022 vs. 0.7% in 2021) (Figure 8, TBL\_19\_C).



**Figure 8.** Trends in prevalence of infants and children living in households where adults smoke inside, by race or ethnicity, NYS PedNSS 2010-2022. Figures for 2018 & 2019 are unavailable due to interruptions in data collection caused by the transition to the new WIC EBT system.

Please email any questions regarding the PedNSS reports to <u>WICDATA@health.ny.gov</u> with PedNSS as the subject line.