

## Healthy People 2010 Operational Definition

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### 19-4. Reduce growth retardation among low-income children under age 5 years.

<b>National Data Source</b>	Pediatric Nutrition Surveillance System (PedNSS), CDC, NCCDPHP.
<b>State Data Source</b>	Pediatric Nutrition Surveillance System (PedNSS), CDC, NCCDPHP.
<b>Healthy People 2000 Objective</b>	2.4 (Nutrition).
<b>Changes since the 2000 Publication</b>	Revised baseline (see Comments). Revised target (see Comments).
<b>Measure</b>	Percent.
<b>Baseline (Year)</b>	6 (1997)
<b>Target</b>	4
<b>Target-Setting Method</b>	Better than the best racial/ethnic subgroup.  For a discussion of target-setting methods, see Part A, section 4.
<b>Numerator</b>	Number of low-income children under age 5 years who are below the 5 <sup>th</sup> percentile of height for age and gender.
<b>Denominator</b>	Number of low-income children under age 5 years.
<b>Population Targeted</b>	Selected sites (see Comments).
<b>Questions Used to Obtain the National Baseline Data</b>	Not applicable.
<b>Expected Periodicity</b>	Annual.
<b>Comments</b>	Growth retardation is defined as a height for age less than the 5 <sup>th</sup> percentile in the age- and sex-specific reference population using the 2000 CDC Growth Charts. For children less than 5 years of age, the reference population is based on the following data: <sup>1</sup> <ul style="list-style-type: none"><li>○ Missouri and Wisconsin Natality Data (Birth – length only);</li></ul>

- Special subset of the PedNSS data that matched the distribution of the NHANES data for 3-11 months (Birth - 5 months);
- NHANES I (12 months - five years);
- NHANES II (6 months - five years); and
- NHANES III (3 months - five years).

The 1997 baseline estimates were obtained from the CDC PedNSS, which included data from 44 states, the District of Columbia, and five tribal governments. The PedNSS includes annual data from participating States on growth retardation among low-income infants and children. These data are collected on low-income infants and children participating in publicly-funded health, nutrition, and food assistance programs such as WIC; the Early Periodic Screening, Diagnosis, and Treatment program; and clinics funded by Maternal and Child Health Program Block Grants. These data can also be summarized by State, county, region, and clinic.

Estimates from the PedNSS are not based on a nationally representative sample. Participation in publicly funded programs in a State can vary from year to year and can be affected by fluctuating resources. Furthermore, the number of participating States and Tribal governments in the PedNSS can vary from year to year, although 44 or more States have participated each year since 1997.

The original baseline of 8 percent was revised to 6 percent because of the change in the growth standard from the 1977 NCHS to the 2000 CDC Growth Chart. The target was proportionally adjusted from 5 percent to 4 percent to reflect the revised baseline using the original target-setting method.

See Appendix A for focus area contact information.

## References

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1. Kuczmarski, R.J.; Ogden, C.L.; Guo, S.S.; et al. 2000 CDC growth charts for the United States: Methods and development. *Vital and Health Statistics* 11(246). Hyattsville, MD: National Center for Health Statistics. 2002.