



SECTION: Certification 675
SUBJECT: **RISK CRITERIA CODES AND DESCRIPTIONS**
DATE: May 22, 2015 (*Revised*)

POLICY: The competent professional authority (CPA) shall use this list of risk criteria, codes and descriptions when assigning risk factors to program applicants.

PURPOSE: To specify and define allowable nutrition risk factors used in the Oregon WIC Program. To ensure consistent assessment of applicants for nutritional risk throughout the state.

RELEVANT REGULATIONS: 7 CFR §246.7 ¶(e)—Nutritional Risk
WIC Policy Memorandum 98-9, (Rev. 7)(Rev. 8)(Rev. 9)(Rev. 10)—WRO Policy Memo 803-AZ

APPENDICES:

Appendix A	675.25	BMI Tables
Appendix B	675.26	Table for determining BMI without having to perform calculations
Appendix C	675.27	Metric equivalents for average weight gain (for USDA Code 135)
Appendix D:	675.30	WIC Hematocrit and Hemoglobin Values (For USDA Code 201)
Appendix E	675.36	Altitudes of Oregon Cities
Appendix F	675.39	Drug Nutrient Interaction

DEFINITIONS:

BMI Body Mass Index

Gestational age adjust For the premature infant, adjusting calculation of weight for age and/or length for age based on gestational rather than chronological age.

Homeless person A person who lacks a fixed and regular nighttime residence, or whose primary nighttime residence is one of the following:

- a. A temporary accommodation of not more than 365 days in the residence of another individual.
- b. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (such as cars, park benches, abandoned buildings, or campgrounds).
- c. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence).
- d. An institution that provides a temporary residence for individuals intended to be institutionalized.

Migrant Farm worker A person whose principal employment is in seasonal agriculture, who has been so employed in the last 24 months, and who establishes, because of that employment, a temporary abode.

RISK CRITERIA CODES AND DESCRIPTIONS, *cont.*

(DEFINITIONS:) *Migrant, in stream* A migrant farm worker or family member who comes into a clinic service area with the harvest stream and leaves the clinic service area, often mid-certification, for employment in the harvest of other crops or to return to her/his home base.

Nutrition risk

- Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements;
- Other documented nutritionally related medical conditions;
- Dietary deficiencies that impair or endanger health; or
- Conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

BACKGROUND: The purpose of establishing nutrition risk criteria is to identify participants most in need of WIC services. The nutrition education and food supplements WIC provides can help to reduce or eliminate these nutrition risks. Targeting WIC services to those in need improves birth outcomes and the growth and development of infants and young children.

From the time the WIC program began, state agencies have had the responsibility for developing nutrition risk criteria with broad guidance from USDA. In 1989, Congress mandated that USDA complete a study of nutrition risk criteria and priority system to ensure that WIC benefits are targeted towards those most in need of those benefits. In 1993, USDA awarded a grant to the National Academy of Sciences' Institute of Medicine (IOM) to undertake a comprehensive review of most of the nutrition risk criteria used by state agencies.

In 1996, the IOM released its report of this study, *WIC Nutrition Risk Criteria: A Scientific Assessment*. This report contains a detailed literature review and the committee's recommendation for each criterion studied. Using this report, Food and Nutrition Services (FNS) and the National WIC Association (NWA) established a collaborative effort to develop national risk criteria based on sound science and practical application in WIC clinics.

In addition, the NWA/FNS workgroup identified the need for on-going work on unresolved issues and future issues arising out of emergent science. This need led to the formation of the Risk Identification and Selection Collaborative (RISC), which has developed a process for further study and review of nutrition risk criteria.

PROCEDURE: 1.0 This policy outlines the nutrition risk criteria that Oregon has adopted from the national policy. The USDA risk criteria numbering system is used to assign nutrition risks in the TWIST system.

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

Nutrition Risk Criteria Allowed for WIC Program Certification

LEGEND	≤ – is “less than or equal to”	WP – Woman, pregnant
	≥ – is “greater than or equal to”	WE – Woman fully breastfeeding
	I – Infant (IE, IB, IN)	WB – Woman some or mostly breastfeeding
	C – Child	WN – Woman non-breastfeeding

USDA Code	Risk Criterion	Definition and Cutoff *	Participant Category ** & Priorities
100 Series	ANTHROPOMETRIC	Low Weight for Height	
101	Underweight (Women)	<ul style="list-style-type: none"> ◆ Pregnant women — prepregnancy Body Mass Index (BMI) <18.5 ◆ Non-breastfeeding women and breastfeeding women who are < 6 months postpartum — prepregnancy or current BMI <18.5. ◆ Breastfeeding women who are ≥ 6 months postpartum — current BMI <18.5. 	WP I WE, WB I WN, VI
103	Underweight (Infants and Children)	<ul style="list-style-type: none"> ◆ Underweight: <ul style="list-style-type: none"> • Birth to < 24months: ≤2% weight for length • 2-5 years: ≤5% BMI for age ◆ At Risk of Underweight: <ul style="list-style-type: none"> • Birth to < 24months: >2% and ≤ 5% weight for length • 2-5 years: >5% and ≤ 10% BMI for age 	I I C III
100 Series	ANTHROPOMETRIC	High Weight for Height	
111	Overweight (Women)	<ul style="list-style-type: none"> ◆ Pregnant women — prepregnancy BMI ≥ 25.0 ◆ Non-breastfeeding women and breastfeeding women who are < 6 months postpartum — prepregnancy BMI ≥ 25. ◆ Breastfeeding women who are ≥ 6 months postpartum — current BMI ≥ 25. 	WP I WE, WB I WN, VI
113	Overweight (Children 2–5 years of age)	≥ 24 months to 5 years: ≥ 95 % BMI for age	C III
114	At Risk of Overweight (Children 2 -5 years of age)	≥24 months to 5 years : ≥ 85% and < 95 % BMI for age	C III
115	High Weight for Length (Infants and Children < 24 months of age)	Birth to < 24 months: ≥ 98% weight for length	I I C III

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

USDA Code	Risk Criterion	Definition and Cutoff *	Participant Category ** & Priorities																																				
120 Series ANTHROPOMETRIC Short Stature																																							
121	Short Stature (Infants and Children)	<ul style="list-style-type: none"> ◆ Short Stature: <ul style="list-style-type: none"> • Birth to < 24 months: <2% length for age • 2-5 years : ≤5% height for age At Risk of Short Stature: <ul style="list-style-type: none"> • Birth to < 24 months: >2% and ≤ 5% length for age • 2-5 years: > 5% and ≤ 10 % height for age 	I I C III																																				
130 Series ANTHROPOMETRIC Inappropriate Growth/Weight Gain Pattern																																							
131	Low maternal weight gain	<p>In the 2nd and 3rd trimesters, singleton pregnancies, weight gain:</p> <ul style="list-style-type: none"> ◆ underweight < 1 lbs (16 oz) /week ◆ normal < .8 lbs (12.8 oz) /week ◆ overweight < .5 lbs (8 oz) /week ◆ obese < .4 lbs (6.4 oz) /week <p>In the 2nd or 3rd trimesters, twin pregnancies, weight gain: <1.5 lbs (24 oz) /week In the 1st, 2nd or 3rd trimester, triplet pregnancies, weight gain: <1.5 lbs (24 oz) /week</p> <p>OR</p> <p>Low weight gain at any point in pregnancy, such that a woman’s weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category (underweight, normal, overweight, obese), using IOM-based weight gain grid.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Prepregnancy</u></th> <th style="text-align: center;"><u>BMI</u></th> <th style="text-align: right;"><u>Risk if gain is:</u></th> </tr> <tr> <th style="text-align: left;"><u>Wt Group</u></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="3"><i>Singleton</i></td> </tr> <tr> <td>Underweight</td> <td style="text-align: center;">< 18.5</td> <td style="text-align: right;"><28 lbs</td> </tr> <tr> <td>Normal</td> <td style="text-align: center;">18.5-24.9</td> <td style="text-align: right;"><25 lbs</td> </tr> <tr> <td>Overweight</td> <td style="text-align: center;">25.0-29.9</td> <td style="text-align: right;"><15 lbs</td> </tr> <tr> <td>Obese</td> <td style="text-align: center;">≥ 30.0</td> <td style="text-align: right;"><11 lbs</td> </tr> <tr> <td colspan="3"><i>Twins</i></td> </tr> <tr> <td>Underweight</td> <td style="text-align: center;">< 18.5</td> <td style="text-align: right;"><37 lbs*</td> </tr> <tr> <td>Normal</td> <td style="text-align: center;">18.5-24.9</td> <td style="text-align: right;"><37 lbs</td> </tr> <tr> <td>Overweight</td> <td style="text-align: center;">25.0-29.9</td> <td style="text-align: right;"><31 lbs</td> </tr> <tr> <td>Obese</td> <td style="text-align: center;">≥ 30.0</td> <td style="text-align: right;"><25 lbs</td> </tr> </tbody> </table> <p>*Additional research needed to establish specific range. Use the same assessment for both teens and women.</p>	<u>Prepregnancy</u>	<u>BMI</u>	<u>Risk if gain is:</u>	<u>Wt Group</u>			<i>Singleton</i>			Underweight	< 18.5	<28 lbs	Normal	18.5-24.9	<25 lbs	Overweight	25.0-29.9	<15 lbs	Obese	≥ 30.0	<11 lbs	<i>Twins</i>			Underweight	< 18.5	<37 lbs*	Normal	18.5-24.9	<37 lbs	Overweight	25.0-29.9	<31 lbs	Obese	≥ 30.0	<25 lbs	WP I
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130 Series <i>continued</i> ANTHROPOMETRIC Inappropriate Growth/Weight Gain Pattern																																				
132	Maternal weight loss during pregnancy	Any weight loss below pregravid weight during 1st trimester, or Weight loss of ≥ 2 lbs (≥ 1 kg) in the 2nd or 3rd trimesters (14-40 weeks gestation)	WP I																																	
133	High maternal weight gain	<p>In the 2nd and 3rd trimesters, singleton pregnancies, weight gain:</p> <ul style="list-style-type: none"> ◆ underweight >1.3 lbs / week ◆ normal >1 lb /week ◆ overweight $>.7$ lb /week ◆ obese $>.6$ lbs /week <p>OR</p> <p>High weight gain at any point in pregnancy, such that a woman's weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category (underweight, normal, overweight, obese), using IOM-based weight gain grid.</p> <p>Breastfeeding or Non-breastfeeding woman, most recent pregnancy total weight gain exceeding:</p> <table border="0" data-bbox="451 755 1665 1144"> <thead> <tr> <th><u>Prepregnancy Wt Group</u></th> <th><u>BMI</u></th> <th><u>Risk if gain is:</u></th> </tr> </thead> <tbody> <tr> <td colspan="3"><i>Singleton</i></td> </tr> <tr> <td>Underweight</td> <td>< 18.5</td> <td>>40 lbs</td> </tr> <tr> <td>Normal</td> <td>18.5-24.9</td> <td>>35 lbs</td> </tr> <tr> <td>Overweight</td> <td>25.0-29.9</td> <td>>25 lbs</td> </tr> <tr> <td>Obese</td> <td>≥ 30.0</td> <td>>20 lbs</td> </tr> <tr> <td colspan="3"><i>Twins</i></td> </tr> <tr> <td>Underweight</td> <td><18.5</td> <td>> 54 lbs*</td> </tr> <tr> <td>Normal</td> <td>18.5-24.9</td> <td>>54 lbs</td> </tr> <tr> <td>Overweight</td> <td>25.0-29.9</td> <td>>50 lbs</td> </tr> <tr> <td>Obese</td> <td>>30</td> <td>>42 lbs</td> </tr> </tbody> </table> <p>* Additional research needed to establish specific range</p>	<u>Prepregnancy Wt Group</u>	<u>BMI</u>	<u>Risk if gain is:</u>	<i>Singleton</i>			Underweight	< 18.5	>40 lbs	Normal	18.5-24.9	>35 lbs	Overweight	25.0-29.9	>25 lbs	Obese	≥ 30.0	>20 lbs	<i>Twins</i>			Underweight	<18.5	> 54 lbs*	Normal	18.5-24.9	>54 lbs	Overweight	25.0-29.9	>50 lbs	Obese	>30	>42 lbs	WP I WE, WB I WN VI
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134	Failure to thrive	Presence of failure to thrive diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders. Base diagnosis of failure to thrive for premature infants on gestational age adjustment for LBW or VLBW infants.	I I C III																																	

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135	Slow weight gain	<p>A. INFANTS from Birth to 1 month of age: Excessive weight loss after birth or not back to birth weight by 2 weeks of age.</p> <p>B. INFANTS from Birth to 6 months of age: Based on 2 weights taken at least 1 month apart, the infant’s actual weight gain is less than the calculated expected minimal weight gain based on the table below. See Appendix C for metric equivalents and examples.</p> <table border="1" data-bbox="464 565 1386 776"> <thead> <tr> <th><u>Age</u></th> <th colspan="4"><u>Average Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>0 – 1 mo.</td> <td>18gm/day</td> <td>4½ oz/wk</td> <td>19 oz/mo</td> <td>1 lb 3 oz/mo</td> </tr> <tr> <td>1 – 2 mo.</td> <td>25gm/day</td> <td>6¼ oz/wk</td> <td>27 oz/mo</td> <td>1 lb 11 oz/mo</td> </tr> <tr> <td>2 – 3 mo.</td> <td>18gm/day</td> <td>4½ oz/wk</td> <td>19 oz/mo</td> <td>1 lb 3 oz/mo</td> </tr> <tr> <td>3 – 4 mo.</td> <td>16gm/day</td> <td>4 oz/wk</td> <td>17 oz/mo</td> <td>1 lb 1 oz/mo</td> </tr> <tr> <td>4 – 5 mo.</td> <td>14gm/day</td> <td>3½ oz/wk</td> <td>15 oz/mo</td> <td></td> </tr> <tr> <td>5 – 6 mo.</td> <td>12gm/day</td> <td>3 oz/wk</td> <td>13 oz/mo</td> <td></td> </tr> </tbody> </table> <p>C. INFANTS AND CHILDREN from 6 months to 59 months of age: Option I: Based on 2 weights taken at least 3 months apart, the infant’s or child’s actual weight is less than the calculated expected weight gain based on the table below. See Appendix –C for metric equivalents and for examples.</p> <table border="1" data-bbox="464 963 1386 1052"> <thead> <tr> <th><u>Age</u></th> <th colspan="4"><u>Average Weight Gain</u></th> </tr> </thead> <tbody> <tr> <td>6 – 12 mo.</td> <td>9gm/day</td> <td>2¼ oz/wk</td> <td>9½ oz/mo</td> <td>3 lbs 10oz/6 mo</td> </tr> <tr> <td>12 – 59 mo.</td> <td>2½gm/day</td> <td>0.6 oz/wk</td> <td>2.7 oz/mo</td> <td>1 lb/6 mo</td> </tr> </tbody> </table> <p>OR</p> <p>Option II: A low rate of weight gain over a six-month period (+ or - 2 weeks) as defined by the following chart. See Attachment 135-B for guidance on using measurements not taken within a 5 to 6 month interval.</p> <table border="1" data-bbox="464 1206 1207 1417"> <thead> <tr> <th><u>Column 1</u></th> <th><u>Column 2</u></th> </tr> </thead> <tbody> <tr> <td>Age in months at end of a 6 month interval</td> <td>Weight gain per 6 month interval in pounds</td> </tr> <tr> <td>6</td> <td>≤ 7</td> </tr> <tr> <td>9</td> <td>≤ 5</td> </tr> <tr> <td>12</td> <td>≤ 3</td> </tr> <tr> <td>18 – 60</td> <td>≤ 1</td> </tr> </tbody> </table> <p>USDA name: Inadequate Growth</p>	<u>Age</u>	<u>Average Weight Gain</u>				0 – 1 mo.	18gm/day	4½ oz/wk	19 oz/mo	1 lb 3 oz/mo	1 – 2 mo.	25gm/day	6¼ oz/wk	27 oz/mo	1 lb 11 oz/mo	2 – 3 mo.	18gm/day	4½ oz/wk	19 oz/mo	1 lb 3 oz/mo	3 – 4 mo.	16gm/day	4 oz/wk	17 oz/mo	1 lb 1 oz/mo	4 – 5 mo.	14gm/day	3½ oz/wk	15 oz/mo		5 – 6 mo.	12gm/day	3 oz/wk	13 oz/mo		<u>Age</u>	<u>Average Weight Gain</u>				6 – 12 mo.	9gm/day	2¼ oz/wk	9½ oz/mo	3 lbs 10oz/6 mo	12 – 59 mo.	2½gm/day	0.6 oz/wk	2.7 oz/mo	1 lb/6 mo	<u>Column 1</u>	<u>Column 2</u>	Age in months at end of a 6 month interval	Weight gain per 6 month interval in pounds	6	≤ 7	9	≤ 5	12	≤ 3	18 – 60	≤ 1	<p>I I C III</p> <p>I I C III</p>
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RISK CRITERIA CODES AND DESCRIPTIONS, cont.

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140 Series ANTHROPOMETRIC Low Birth Weight/Premature Birth																																							
141	Low birth weight	Birth weight ≤ 5 lbs 8 oz (≤ 2500 g). For infants and children <24 months of age.	I I C III (< 24 mo.)																																				
142	Prematurity	Birth at ≤ 37 weeks gestation. For infants and children <24 months of age.	I I C III (< 24 mo.)																																				
150 Series ANTHROPOMETRIC Other Anthropomorphic Risk																																							
151	Small for Gestational Age (SGA)	For infants and children < 24 months of age: Presence as diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders	I I C III (< 24 mo.)																																				
153	Large for Gestational Age (LGA)	Birth weight ≥ 9 lbs (≥ 4000g) Presence as diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.	I I																																				
200 Series BIOCHEMICAL Hematocrit or Hemoglobin Below State Criteria																																							
201	Low Hematocrit / Low Hemoglobin	Hemoglobin or Hematocrit concentration that is below the 95% confidence interval (i.e., below the .025 th percentile) for healthy, well-nourished individuals of the same age, sex, and stage of pregnancy. Pregnant Women – Nonsmokers <table border="0"> <tr> <td><u>Altitude</u></td> <td><u>1st</u></td> <td><u>2nd</u></td> <td><u>3rd</u></td> <td><u>PP</u></td> </tr> <tr> <td><u>0–2,999 ft.</u></td> <td><u>Trimester</u></td> <td><u>Trimester</u></td> <td><u>Trimester</u></td> <td></td> </tr> <tr> <td>Hgb</td> <td>11.0</td> <td>10.5</td> <td>11.0</td> <td>12.0</td> </tr> <tr> <td>Hct</td> <td>33</td> <td>32</td> <td>33</td> <td>36</td> </tr> </table> Infants and Children <table border="0"> <tr> <td><u>Altitude</u></td> <td><u>Infants</u></td> <td><u>Children</u></td> <td><u>Children</u></td> </tr> <tr> <td><u>0–2,999 ft.</u></td> <td><u>6 – 12 mos.</u></td> <td><u>1 – 2 yr.</u></td> <td><u>2 – 5 yr.</u></td> </tr> <tr> <td>Hgb</td> <td>11.0</td> <td>11.0</td> <td>11.1</td> </tr> <tr> <td>Hct</td> <td>33</td> <td>33</td> <td>33</td> </tr> </table> <p>Cut-off values are included in Appendix D. It includes a table of rounded Hematocrit values adapted from CDC for those WIC agencies that obtain hematocrit only in whole-numeric values. See Appendix E for altitude of Oregon cities.</p>	<u>Altitude</u>	<u>1st</u>	<u>2nd</u>	<u>3rd</u>	<u>PP</u>	<u>0–2,999 ft.</u>	<u>Trimester</u>	<u>Trimester</u>	<u>Trimester</u>		Hgb	11.0	10.5	11.0	12.0	Hct	33	32	33	36	<u>Altitude</u>	<u>Infants</u>	<u>Children</u>	<u>Children</u>	<u>0–2,999 ft.</u>	<u>6 – 12 mos.</u>	<u>1 – 2 yr.</u>	<u>2 – 5 yr.</u>	Hgb	11.0	11.0	11.1	Hct	33	33	33	WP I WE, WB I WN VI I I C III
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Hct	33	33	33																																				
210 Series BIOCHEMICAL Other Biochemical Test Results Which Indicate Nutritional Abnormality																																							
211	Lead poisoning	Blood lead level of ≥ 10 µg/deciliter within the past 12 months. Cut off value is the current published guidance from CDC.	WP I, WE, WB I WN VI I I, C III																																				

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

USDA Code	Risk Criterion	Definition and Cutoff*	Participant Category ** & Priorities
300 Series CLINICAL/HEALTH/MEDICAL Pregnancy-induced Conditions			
301	Hyperemesis gravidarum	Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. Presence of hyperemesis gravidarum diagnosed by physician as self reported by applicant/participant/care giver, or as reported or documented by a physician, or someone working under physician's orders.	WP I
302	Gestational diabetes	Presence of gestational diabetes diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.	WP I
303	History of Gestational diabetes	History of diagnosed gestational diabetes. May or may not have been insulin dependent. Any pregnancy (WP), most recent pregnancy only (WE, WB), (WN)	WP I WE, WB I WN VI
304	History of Preeclampsia	History of diagnosed preeclampsia in any past pregnancy for any woman (WP, WE, WB, or WN).	WP I WE, WB I WN VI
310 Series CLINICAL/HEALTH/MEDICAL Delivery of Low-Birth Weight/Premature Infant			
311	History of preterm delivery	Birth of an infant at ≤ 37 weeks gestation in any pregnancy (WP) or most recent pregnancy only (WE, WB), (WN)	WP I WE, WB I WN VI
312	History of low birth weight	Birth of an infant weighing ≤ 5 lb 8 oz (≤ 2500 g). Any pregnancy (WP), most recent pregnancy only (WE, WB), (WN)	WP I WE, WB I WN VI
320 Series CLINICAL/HEALTH/MEDICAL History of Poor Pregnancy Outcome			
321	History of fetal or neonatal loss	A fetal death (death at ≥ 20 wks gestation) or a neonatal death (0 – 28 days of life). Pregnant (WP): Any history of fetal or neonatal loss. Non-Breastfeeding (WN): most recent pregnancy. Breastfeeding (WE, WB): most recent pregnancy with one or more infants still living.	WP I WE, WB I WN VI
330 Series CLINICAL/HEALTH/MEDICAL General Obstetrical Risks			
331	Pregnancy at a young age	Conception ≤ 17 years of age. Current pregnancy (WP), most recent pregnancy only (WE, WB), (WN)	WP I WE, WB I WN VI
332	Closely spaced pregnancy	Conception before 16 months postpartum. Current pregnancy (WP), most recent pregnancy only (WE, WB), (WN)	WP I WE, WB I WN VI
333	High parity and young age	Women < 20 yrs old at time of conception who have had ≥ 3 previous pregnancies (> 20 weeks gestation) regardless of birth outcome. Include current pregnancy for WP, most recent pregnancy only for WE, WB and WN	WP I WE, WB I WN VI

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities												
330 Series—Cont. CLINICAL/HEALTH/MEDICAL General Obstetrical Risks															
334	Lack of or inadequate prenatal care	Prenatal care beginning after the 1 st trimester (after 13 th week) or 1 st prenatal visit in the third trimester (7–9 months) or: <table border="0" style="margin-left: 20px;"> <tr> <td style="text-align: center;"><u>Weeks of Gestation</u></td> <td style="text-align: center;"><u>Number of Prenatal Visits</u></td> </tr> <tr> <td style="text-align: center;">14–21</td> <td style="text-align: center;">0 or unknown</td> </tr> <tr> <td style="text-align: center;">22–29</td> <td style="text-align: center;">1 or less</td> </tr> <tr> <td style="text-align: center;">30–31</td> <td style="text-align: center;">2 or less</td> </tr> <tr> <td style="text-align: center;">32–33</td> <td style="text-align: center;">3 or less</td> </tr> <tr> <td style="text-align: center;">34 or more</td> <td style="text-align: center;">4 or less</td> </tr> </table>	<u>Weeks of Gestation</u>	<u>Number of Prenatal Visits</u>	14–21	0 or unknown	22–29	1 or less	30–31	2 or less	32–33	3 or less	34 or more	4 or less	WP I
<u>Weeks of Gestation</u>	<u>Number of Prenatal Visits</u>														
14–21	0 or unknown														
22–29	1 or less														
30–31	2 or less														
32–33	3 or less														
34 or more	4 or less														
335	Multiple fetus pregnancy	> 1 fetus in a current pregnancy (WP) or the most recent pregnancy (WE, WB and WN) USDA name: Multi fetal Gestation.	WP I WE, WB I WN VI												
336	Fetal growth restriction (FGR)	Fetal Growth Restriction (FGR) (replaces the term Intrauterine Growth Retardation, IUGR), may be diagnosed by a physician with serial measurement of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight below (<) the 10 th percentile for gestational age. Presence diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician or someone working under physician's orders.	WP I												
337	History of a birth of a large for gestational age infant	History of birth of an infant weighing ≥ 9 lbs (≥ 4000 g) Any pregnancy (WP), most recent pregnancy only (WE, WB and WN).	WP I WE, WB I WN VI												
338	Pregnant woman currently breastfeeding	Breastfeeding woman now pregnant.	WP I												
339	History of birth with nutrition related congenital birth defect	A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, or excess vitamin A. Any pregnancy (WP), most recent pregnancy only (WE, WB and WN)	WP I WE, WB I WN VI												

RISK CRITERIA CODES AND DESCRIPTIONS, *cont.*

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
340, 350, 360 Series CLINICAL/HEALTH/MEDICAL Nutritional-related Risk Conditions			
341	Nutrient deficiency diseases	Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro- and micronutrients. Diseases include, but are not limited to: Protein Energy Malnutrition, Scurvy, Rickets, Beriberi, Hypocalcaemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Cheilosis, Menkes Disease, Xerophthalmia, etc. Presence diagnosed by a physician as self reported by applicant/participant/care-giver; or as reported or documented by a physician, or someone working under physician's orders.	WP I WE, WB I WN VI I I C III
342	Gastro-intestinal disorders	Diseases or conditions that interfere with the intake or absorption of nutrients. The conditions include but are not limited to: <ul style="list-style-type: none"> • stomach or intestinal ulcers, • small bowel enterocolitis or short bowel syndrome, • malabsorption syndromes, • inflammatory bowel disease, including: ulcerative colitis or Crohn's disease, • liver disease, • pancreatitis, • biliary tract and gall bladder disease. • gastro esophageal reflux disease (GERD) • post bariatric surgery Presence of gastro-intestinal disorders diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders	WP I WE, WB I WN VI I I C III
343	Diabetes mellitus	Presence of diabetes mellitus diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.	WP I WE, WB I WN VI I I C III
344	Thyroid Disorders	Presence of a thyroid disorder diagnosed, documented or reported by a physician or someone working under a physician's orders or as self reported by the applicant/participant/caregiver. Thyroid disorders include but are not limited to the following: <ul style="list-style-type: none"> • Hyperthyroidism • Hypothyroidism • Congenital hyperthyroidism • Congenital hypothyroidism • Postpartum thyroiditis 	WP I WE, WB I WN VI I I C III
345	Hypertension and Prehypertension	Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.	WP I WE, WB I WN VI I I C III

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
340, 350, 360 Series cont. CLINICAL/HEALTH/MEDICAL Nutritional-related Risk Conditions			
346	Renal disease	Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.	WP I WE, WB I WN VI I I C III
347	Cancer	A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status. Presence of cancer diagnosed by a physician as self reported by applicant/ participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.	WP I WE, WB I WN VI I I C III
348	Central nervous system disorders	<p>Conditions that alter nutrition status metabolically and/or mechanically, which affect energy requirements and may affect the individual's ability to feed him/herself. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • epilepsy • cerebral palsy (CP) • neural tube defects (NTD), such as spina bifida or myelomeningocele. <p>Presence of central nervous system disorders diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.</p>	WP I WE, WB I WN VI I I C III
349	Genetic and congenital disorders	<p>Hereditary condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to:</p> <ul style="list-style-type: none"> • cleft lip or palate • Down's syndrome • Thalassemia • sickle cell anemia (not sickle cell trait) <p>Presence of genetic and congenital disorders diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.</p>	WP I WE, WB I WN VI I I C III

RISK CRITERIA CODES AND DESCRIPTIONS, *cont.*

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
340, 350, 360 Series—<i>Cont.</i> CLINICAL/HEALTH/MEDICAL Nutritional-related Risk Conditions			
351	Inborn errors of metabolism	<p>Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to:</p> <ul style="list-style-type: none"> • phenylketonuria (PKU) • maple syrup urine disease • galactosemia • hyperlipoproteinuria • homocystinuria • tyrosinemia • histidinemia • urea cycle disorders • glutaric aciduria • methylmalonic acidemia • glycogen storage disease • galactokinase deficiency • fructoaldolase deficiency • propionic acidemia • hypermethioninemia. <p>Presence of inborn error(s) of metabolism diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.</p>	WP I WE, WB I WN VI I I C III
352	Infectious diseases	<p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes but is not limited to:</p> <ul style="list-style-type: none"> • tuberculosis • pneumonia • meningitis • parasitic infections • bronchiolitis (3 episodes in last 6 months) • hepatitis* • HIV (Human Immunodeficiency Virus infection) * • AIDS (Acquired Immunodeficiency Syndrome) * <p>*Breastfeeding is contraindicated for women with these conditions. The infectious disease must be present within the past six (6) months, and diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.</p>	WP I WE, WB I WN VI I I C III

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
340, 350, 360 Series—Cont. CLINICAL/HEALTH/MEDICAL Nutritional-related Risk Conditions			
353	Food allergies	An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction. Presence of food allergy diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.	WP I WE, WB I WN VI I I C III
354	Celiac disease	Also known as: Celiac Sprue, Gluten Enteropathy, Non-tropical Sprue Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Presence of Celiac Disease diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician or someone working under physician's orders.	WP I WE, WB I WN VI I I C III
355	Lactose Intolerance	Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing the following GI disturbances: nausea, diarrhea, bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe. Presence of lactose intolerance diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders. Documentation should indicate that the ingestion of dairy products causes the above symptoms and the avoidance of such dairy products eliminates them	WP I WE, WB I WN VI I I C III
356	Hypoglycemia	Presence of hypoglycemia diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.	WP I WE, WB I WN VI I I C III
357	Drug nutrient interactions	Use of prescription drugs that are known to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised. See Appendix F	WP I WE, WB I WN VI I I C III

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
340, 350, 360 Series—Cont. CLINICAL/HEALTH/MEDICAL Nutritional-related Risk Conditions			
358	Eating Disorders	<p>Eating disorders (anorexia nervosa and bulimia) characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:</p> <ul style="list-style-type: none"> self-induced vomiting purgative abuse alternating periods of starvation use of drugs such as appetite suppressants, thyroid preparations or diuretics self-induced marked weight loss <p>Presence of eating disorders diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.</p>	WP I WE, WB I WN VI
359	Recent major surgery, trauma, burns	<p>Major surgery (includes C-sections), trauma or burns severe enough to compromise nutritional status.</p> <p>Any occurrence: within the past two (≤ 2) months may be self reported; more than two (> 2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.</p>	WP I WE, WB I WN VI I I C III
360	Other medical conditions	<p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to:</p> <ul style="list-style-type: none"> • juvenile rheumatoid arthritis (JRA) • lupus erythematosus • cardiorespiratory diseases • heart disease • cystic fibrosis • persistent asthma (moderate or severe) requiring daily medication <p>Presence of other medical condition(s) diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders.</p>	WP I WE, WB I WN VI I I C III
361	Depression	<p>Presence of clinical depression, including postpartum depression, as diagnosed by a physician, clinical psychologist or someone working under a doctor's orders. Condition can be self-reported by a pregnant or postpartum woman or documented by a health care provider.</p>	WP, I WE, WB I WN IV
362	Developmental delays, sensory or motor delays interfering with the ability to eat	<p>Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes but not limited to, minimal brain function, feeding problems due to developmental disability such as pervasive development disorder (PDD), which includes autism, birth injury, head trauma, brain damage, and other disabilities.</p>	WP I WE, WB I WN VI I I C III

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
363	Pre-Diabetes	Presence of pre-diabetes diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under physician's orders for a postpartum woman. (WE, WB, WN).	WE, WB I WN VI
370 Series CLINICAL/HEALTH/MEDICAL Substance Abuse			
371	Maternal smoking	Any daily smoking of tobacco products (i.e. cigarettes, pipes or cigars)	WP I WE, WB I WN VI
372	Alcohol and illegal and/or illicit drug use	Pregnancy (WP): Any alcohol use or illegal and/or illicit drug use. Breastfeeding (WE, WB) and Non-Breastfeeding Postpartum Women (WN): Routine current use of ≥ 2 drinks/day (2- 12-oz cans beer, 2- 5-oz glasses wine, 3 fluid oz (2 jiggers) hard liquor Binge drinking, i.e., drinks 5 or more drinks on the same occasion on at least one day in the past 30 days Heavy drinking, i.e., drinks 5 or more drinks on the same occasion on five or more days in the previous 30 days; or Any illegal and/or illicit drug use. Breastfeeding is contraindicated for women with this risk.	WP I WE, WB I WN VI

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
380 Series CLINICAL/HEALTH/MEDICAL Other Health Risk			
381	Oral Health Conditions	Diagnosis of oral health conditions by a physician or a health care provider working under the orders of a physician or adequate documentation by the CPA. Includes, but is not limited to tooth decay, periodontal disease including gingivitis and periodontitis, tooth loss, oral infections and ineffectively replaced teeth.	WP I WE, WB I WN VI I I C III
382	Fetal Alcohol Syndrome (FAS)	FAS is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. Diagnosed by a physician as self reported by applicant/participant/care giver; or as reported or documented by a physician, or someone working under a physician's orders.	I I C III
400 Series DIETARY Presumed Eligibility			
401	Presumed dietary eligibility for women and children age 2 to 5 years	Women and children age two to five years may be presumed to be at nutrition risk based on inability to meet Dietary Guidelines for Americans as defined by consuming fewer than the recommended number of servings from one or more of the basic food groups. This risk may only be assigned after a complete nutrition assessment has been performed and no other risks have been identified.	WP IV WE, WB IV WN VI C V
411 Series DIETARY Inappropriate Nutrition Practices for Infants			
411.1	Use of substitutes for breast milk or formula	Routinely using substitutes for breast milk or FDA approved iron-fortified formula as the primary nutrient source during the first year of life. Examples of substitutes include but are not limited to: Low iron formula without iron supplementation Cow's milk, goat's milk, sheep's milk, canned evaporated or sweetened condensed milk Imitation or substitute milks such as rice or soy based beverages, non-dairy creamer or other "homemade concoctions"	I IV
411.2	Inappropriate use of bottles or cups	Routinely using nursing bottles or cups improperly. Examples include but are not limited to: <ul style="list-style-type: none"> • Using a bottle to feed juice • Feeding any sugar-containing fluids such as soda, gelatin water, corn syrup solutions, sweetened tea • Allowing the infant to fall asleep or to be put to bed with a bottle at naps or bedtime • Allowing the infant to use a bottle without restriction such as walking around with a bottle or using a bottle as a pacifier • Propping the bottle while feeding • Allowing an infant to carry around and drink throughout the day from a covered training cup Adding any food such as cereal or other solids to the infant's bottle	I IV

RISK CRITERIA CODES AND DESCRIPTIONS, *cont.*

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
411 Series—<i>Cont.</i> DIETARY Inappropriate Nutrition Practices for Infants			
411.3	Early introduction of solid foods	Routinely offering complimentary foods (foods or beverages other than breast milk or formula) or other substances that are inappropriate in type or timing. Examples of inappropriate complementary foods include but are not limited to: <ul style="list-style-type: none"> • Offering any food other than breast milk or iron fortified formula before 4 months of age • Adding sweet agents such as sugar, honey or syrup to any beverage including water, or to prepared food, or on a pacifier 	I IV
411.4	Inappropriate feeding practices	Routinely using feeding practices that disregard the developmental needs or stage of the infant. Examples include but are not limited to: <ul style="list-style-type: none"> • Inability to recognize, insensitivity to or disregarding the infant’s cues for hunger or satiety • Feeding foods of inappropriate consistency, size or shape that put infants at risk for choking • Not supporting an infant’s need for growing independence with self-feeding such as solely spoon feeding an infant who is able and ready to finger feed and/or try self-feeding with the appropriate utensils • Feeding an infant foods with inappropriate textures based on his/her developmental stage such as feeding primarily pureed foods when an infant is ready and capable of eating mashed, chopped or finger foods. 	I IV
411.5	Feeding potentially harmful foods	Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins. Examples of potentially harmful foods include but are not limited to: <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice • Unpasteurized dairy products or soft cheeses such as feta, brie, camembert, blue-veined and Mexican style cheese • Honey added to liquids or solid foods, used in cooking, as part of processed foods or on a pacifier • Raw or undercooked meat, fish, poultry or eggs • Raw vegetable sprouts such as alfalfa, clover, bean, or radish • Deli meats, hotdogs and processed meats unless heated steaming hot 	I IV
411.6	Incorrect dilution of formula	Routinely feeding inappropriately diluted formula. <ul style="list-style-type: none"> • Failure to follow manufacturer’s dilution instructions including stretching formula for economic reasons • Failure to follow specific instructions accompanying a prescription 	I IV
411.7	Infrequent breastfeeding	Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source or nutrients. Examples of inappropriate frequency of nursing: <ul style="list-style-type: none"> • Scheduled feedings instead of demand feedings • Less than 8 feedings in 24 hours if less than 2 months of age • Less than 6 feedings in 24 hours if between 2 and 6 months of age 	I IV

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
411 Series—Cont. DIETARY Inappropriate Nutrition Practices for Infants			
411.8	Feeding low calorie or low nutrient diets	Routinely feeding a diet very low in calories and/or essential nutrients. Examples include but are not limited to: <ul style="list-style-type: none"> • Vegan diet • Macrobiotic diet • Other diets very low in calories and/or essential nutrients 	I IV
411.9	Improper handling of expressed breast milk or formula	Routinely using inappropriate sanitation in preparation, handling and storage of expressed breast milk or formulas. Examples of inappropriate sanitation include but are not limited to: <ul style="list-style-type: none"> • Limited or no access to a safe water supply, heat source for sterilization and/or refrigerator or freezer for storage • Failure to properly prepare, handle and store bottles or storage containers of expressed breast milk or formula 	I IV
411.10	Inappropriate use of dietary supplements	Feeding dietary supplements with potentially harmful consequences. Examples of dietary supplements which, if fed in excess of recommended dosage, may be toxic or have harmful consequences include but may not be limited to: <ul style="list-style-type: none"> • Single or multi-vitamins • Mineral supplements • Herbal or botanical supplements/remedies/teas 	I IV
411.11	Inadequate fluoride and Vitamin D supplementation	Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements. Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3ppm fluoride Infants consuming less than one quart of vitamin D fortified formula and not receiving 400 IU Vitamin D supplement	I IV

RISK CRITERIA CODES AND DESCRIPTIONS, *cont.*

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
425 Series	DIETARY	Inappropriate Nutrition Practices for Children	
425.1	Use of inappropriate beverages as milk source	Routinely feeding inappropriate beverages as the primary milk source. Examples include but are not limited to: <ul style="list-style-type: none"> • Non-fat or reduced-fat milks between 12 and 24 months of age • Sweetened condensed milk • Imitation or substitute milks such as inadequately or unfortified rice or soy based beverages or other “homemade concoctions” • Non dairy creamer 	C V
425.2	Feeding sweetened beverages	Routinely feeding a child sugar-containing fluids. Examples of sugar-containing beverages include but are not limited to: <ul style="list-style-type: none"> • Soda • Gelatin water • Corn syrup solutions • Sweetened tea 	C V
425.3	Inappropriate use of bottles or cups	Routinely using nursing bottles, cups or pacifiers improperly. Examples include but are not limited to: <ul style="list-style-type: none"> • Using the bottle for feeding or drinking beyond 14 months of age • Using a bottle to feed juice, diluted cereal or other solids • Allowing the child to fall asleep or to be put to bed with a bottle at naps or bedtime • Allowing the child to use a bottle without restriction such as walking around with a bottle or using a bottle as a pacifier • Allowing a child to carry around and drink throughout the day from a covered training cup 	C V
425.4	Inappropriate feeding practices	Routinely using feeding practices that disregard the developmental needs or stage of the child. Examples include but are not limited to: <ul style="list-style-type: none"> • Inability to recognize, insensitivity to or disregarding the child’s cues for hunger or satiety • Feeding foods of inappropriate consistency, size or shape that put children at risk for choking • Not supporting a child’s need for growing independence with self-feeding such as solely spoon feeding a child who is able and ready to finger feed and/or try self-feeding with the appropriate utensils • Feeding a child foods with inappropriate textures based on his/her developmental stage such as feeding primarily pureed or liquid foods when the child is ready and capable of eating mashed, chopped or appropriate finger foods 	C V

RISK CRITERIA CODES AND DESCRIPTIONS, *cont.*

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
425 Series	DIETARY	Inappropriate Nutrition Practices for Children	
425.5	Feeding potentially harmful foods	Feeding foods to a child that could be contaminated with harmful microorganisms. Examples of potentially harmful foods for a child include but are not limited to: <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice • Unpasteurized dairy products or soft cheeses such as feta, brie, camembert, blue-veined and Mexican style cheese • Raw or undercooked meat, fish, poultry or eggs • Raw vegetable sprouts such as alfalfa, clover, bean, or radish • Deli meats, hotdogs and processed meats unless heated until steaming hot 	C V
425.6	Feeding low calorie or low nutrient diets	Routinely feeding a diet very low in calories and/or essential nutrients. Examples include but are not limited to: <ul style="list-style-type: none"> • Vegan diet • Macrobiotic diet • Other diets very low in calories and/or essential nutrients 	C V
425.7	Inappropriate use of dietary supplements	Feeding dietary supplements with potentially harmful consequences. Examples of dietary supplements which, if fed in excess of recommended dosage, may be toxic or have harmful consequences include but may not be limited to: <ul style="list-style-type: none"> • Single or multi-vitamins • Mineral supplements • Herbal or botanical supplements/remedies/teas 	C V
425.8	Inadequate fluoride and Vitamin D supplementation	Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements. Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride Providing children 36 to 60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride Providing children less than 400 IU Vitamin D supplement if drinking less than one quart Vitamin D fortified milk daily	C V
425.9	Pica	Routine ingestion of non-food items. Examples of inappropriate nonfood items include but are not limited to: <ul style="list-style-type: none"> • Ashes • Carpet fibers • Cigarettes or cigarette butts • Chalk • Clay • Dust • Foam rubber • Paint chips • Soil • Starch (laundry or cornstarch) 	C V

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
427 Series	DIETARY	Inappropriate Nutrition Practices for Women	
427.1	Inappropriate use of dietary supplements	Consuming dietary supplements with potentially harmful consequences. Examples of dietary supplements which when ingested in excess of recommended dosages may be toxic or have harmful consequences: <ul style="list-style-type: none"> • Single or multi-vitamins • Mineral supplements • Herbal or botanical supplements/remedies/teas 	WP IV WE, WB IV WN VI
427.2	Consuming very low calorie diets	Consuming a diet very low in calories and/or essential nutrients. Examples include but are not limited to: <ul style="list-style-type: none"> • Strict vegan diet • Low-carbohydrate, high protein diet • Macrobiotic diet • Any other diet restricting calories and/or essential nutrients 	WP IV WE, WB IV WN VI
427.3	Pica	Compulsive ingestion of non-food items. Examples of nonfood items include but are not limited to:: <ul style="list-style-type: none"> • Ashes • Baking soda • Burnt matches • Carpet fibers • Chalk • Cigarettes • Clay • Dust • Large quantities of ice or freezer frost • Paint chips • Soil • Starch (laundry and cornstarch) 	WP IV WE, WB IV WN VI
427.4	Inadequate iron, iodine or folic acid supplementation	Inadequate vitamin-mineral supplementation recognized as essential by national public health policy. Consumption of less than 27 mg of iron as a supplement daily by pregnant women Consumption of less than 150 mcg of supplemental iodine per day by pregnant and breastfeeding women. Consumption of less than 400 mcg of folic acid from fortified foods or supplements daily by non-pregnant women	WP IV WE, WB IV WN VI

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
427 Series--cont. DIETARY Inappropriate Nutrition Practices for Women			
427.5	Eating potentially harmful foods	<p>Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms. Examples of potentially harmful foods include but are not limited to:</p> <ul style="list-style-type: none"> • Raw fish or shellfish • Refrigerated smoked seafood unless it is an ingredient in a cooked dish • Raw or undercooked meat or poultry • Hot dogs, luncheon meat, fermented or dry sausage and other deli style meat or poultry products unless reheated until steaming hot • Refrigerated pate or meat spreads • Unpasteurized milk of foods containing unpasteurized milk • Soft cheeses such as feta, brie, camembert, blue-veined and Mexican style cheese such as queso blanco, queso fresco, or panela unless labeled as made with pasteurized milk • Raw or undercooked eggs or foods containing raw or lightly cooked eggs including salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog • Raw sprouts including alfalfa, clover or bean • Unpasteurized fruit or vegetable juices 	WP IV
400 Series DIETARY Presumed eligibility			
428	Presumed dietary eligibility for infants and children age 4 to 23 months	This risk may only be assigned to infants from 4 to 12 months of age and children 13 to 23 months of age after a complete nutrition assessment has been performed and no other risks have been identified. An infant or child who has begun to consume complementary foods and beverages, to eat independently, to be weaned from breast milk or formula and is transitioning from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans is at risk for inappropriate complementary feeding.	I IV C V
500 Series OTHER RISKS Regression/Transfer (Nutrition Risk Unknown)			
501	Preventive Maintenance	A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC program provides. Not every nutrition risk criterion leads itself to the possibility of regression. Cannot be used two times in a row.	WE, WB IV WN VI I IV C V
502	Transfer of certification	<p>Person presently with current valid Verification of Certification (VOC) card from another State agency. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for program benefits. If the receiving local program has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.</p> <p>This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.</p>	N/A

RISK CRITERIA CODES AND DESCRIPTIONS, *cont.*

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
600 Series	OTHER RISKS	Breastfeeding Mother/Infant Dyad	
601	Breastfeeding mother of infant at nutritional risk	A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.	WE, WB I, II, IV Must be at same priority as at-risk infant
602	Breastfeeding complications or potential complications (woman)	A breastfeeding woman with any of the following complications or potential complications: <ul style="list-style-type: none"> • severe breast engorgement • recurrent plugged ducts • mastitis (fever or flu-like symptoms with localized breast tenderness) • flat or inverted nipples • cracked, bleeding or severely sore nipples • age ≥ 40 years • failure of milk to come in by 4 days postpartum • tandem nursing (breastfeeding two siblings who are not twins). 	WE, WB I
603	Breastfeeding complications or potential complications (infant)	A breastfeeding infant with any of the following complications or potential complications: <ul style="list-style-type: none"> • jaundice • weak or ineffective suck • difficulty latching onto mother's breast • inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day. 	I I
700 Series	OTHER RISKS	Infant of a WIC-eligible Mother or Mother at Risk During Pregnancy	
701	Infant up to 6 months old of WIC mother or of a woman who would have been eligible during pregnancy	An infant < 6 months of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.	I II
702	Breastfeeding infant of woman at nutritional risk	Breastfeeding infant of woman at nutritional risk.	I I, II, IV Must be at the same priority as at-risk mother.
703	Infant born of woman with mental retardation or alcohol or drug abuse during most recent pregnancy	Infant born of a woman: diagnosed with mental retardation by a physician or psychologist as self-reported by applicant/participant/care giver; or as reported or documented by a physician, psychologist, or someone working under physician's orders; or documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancy.	I I

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
800 Series		OTHER RISKS Homelessness/Migrancy	
801	Homelessness	<p>A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> • a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations • an institution that provides a temporary residence for individuals intended to be institutionalized • a temporary accommodation of not more than 365 days in the residence of another individual, or • a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings 	WP IV WE, WB IV WN VI I IV C V
802	Migrancy	<p>Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</p>	WP IV WE, WB IV WN VI I IV C V
900 Series		OTHER RISKS Other Nutrition Risks	
901	Recipient of abuse	<p>Battering or child abuse/neglect within past 6 months: as self-reported, or as documented by</p> <ul style="list-style-type: none"> ◆ a social worker ◆ health care provider or ◆ on other appropriate documents, or <p>as reported through consultation with</p> <ul style="list-style-type: none"> ◆ a social worker ◆ health care provider, or ◆ other appropriate personnel. <p>Child abuse/neglect is “any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker.”</p> <p>Battering generally refers to violent assaults on women.</p> <p>State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information to appropriate State officials. <i>See Violence Prevention Resource Manual, OHD, 1996.</i></p>	WP IV WE, WB IV WN VI I IV C V

RISK CRITERIA CODES AND DESCRIPTIONS, *cont.*

USDA Code	Risk Criterion	Definition and Cutoff	Participant Category & Priorities
900 Series—<i>Cont.</i> OTHER RISKS Other Nutrition Risks			
902	Pregnant woman, mother or infant or child of primary care giver with limited ability to make feeding decisions and/or prepare food	Woman, (pregnant, breastfeeding, or non-breastfeeding) or infant/child whose primary care giver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are: <ul style="list-style-type: none"> • ≤ 17 years of age • mentally disabled/delayed and/or has a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • a physical disability which restricts or limits food preparation abilities • currently using or having a history of alcohol or other drugs. 	WP IV WE, WB IV WN VI I IV C V
903	Foster Care	Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months. Cannot be used two times in a row while the child remains in the same foster home. It should be used as the sole risk criterion only if careful assessment of the applicants status indicates that no other risks based on anthropometric, medical or nutritional risk criteria can be identified.	WP IV WE, WB IV WN VI I IV C V
904	Environmental Tobacco Smoke Exposure	Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home. ETS is also known as passive, secondhand or involuntary smoke.	WP I WE, WB I WN VI I I C III

REFERENCES: WIC Policy Memorandum 98-9, Nutrition Risk Criteria, June 29, 1998
 Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment; 1996
 WIC Policy Memorandum 98-9, Revision 6: Nutrition Risk Criteria 2002
 WIC Policy Memorandum 98-9, Revision 7: Nutrition Risk Criteria 2004
 WIC Policy Memorandum 98-9, Revision 8: Nutrition Risk Criteria 2005
 WIC Policy Memorandum 98-9, Revision 9: Nutrition Risk Criteria 2007
 WIC Policy Memorandum 98-9, Revision 10: Nutrition Risk Criteria 2009
 WIC Policy Memorandum 2011-5 WIC Nutrition Risk Criteria
 WIC Policy Memorandum, June 25, 2012, Nutrition Risk Criteria 2013
 WIC Policy Memorandum, November 25, 2013, Nutrition Risk Criteria 2015



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 please call (971) 673-0040.
 WIC is an equal opportunity program and employer.**

RISK CRITERIA CODES AND DESCRIPTIONS, *cont.*

Appendix A

Body Mass Index (BMI) Table for determining weight classification for
Pregnant and Postpartum **Women** ⁽¹⁾

Height (Inches)	Underweight BMI <18.5	Normal Weight BMI 18.5–24.9	Overweight BMI 25.0–29.9	Obese BMI =30.0
58"	<89	89–118	119–142	>142
59"	<92	92–123	124–147	>147
60"	<95	95–127	128–152	>152
61"	<98	98–131	132–157	>157
62"	<101	101–135	136–163	>163
63"	<105	105–140	141–168	>168
64"	<108	108–144	145–173	>173
65"	<111	111–149	150–179	>179
66"	<115	115–154	155–185	>185
67"	<118	118–158	159–190	>190
68"	<122	122–163	164–196	>196
69"	<125	125–168	169–202	>202
70"	<129	129–173	174–208	>208
71"	<133	133–178	179–214	>214
72"	<137	137–183	184–220	>220

⁽¹⁾ Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

Body Mass Index (BMI)

This table allows you to determine your body mass index without having to perform calculations. Locate your height in the left-hand column. Scanning across that row, find the number closest to your weight. At the top of that column is your BMI. If your height or weight isn't listed in the table, here's a shortcut method for calculating BMI: multiply your weight (in pounds) by 703 and then divide this number by your height (in inches) squared (i.e., height × height).

		Body Mass Index													
		19	20	21	22	23	24	25	26	27	28	29	30	35	40
Height	4' 10"	91	96	100	105	110	115	119	124	129	134	138	143	167	191
	4' 11"	94	99	104	109	114	119	124	128	133	138	143	148	173	198
	5' 0"	97	102	107	112	118	123	128	133	138	143	148	153	179	204
	5' 1"	100	106	111	116	122	127	132	137	143	148	153	158	185	211
	5' 2"	104	109	115	120	126	131	136	142	147	153	158	164	191	218
	5' 3"	107	113	118	124	130	135	141	146	152	158	163	169	197	225
	5' 4"	110	116	122	128	134	140	145	151	157	163	169	174	204	232
	5' 5"	114	120	126	132	138	144	150	156	162	168	174	180	210	240
	5' 6"	118	124	130	136	142	148	155	161	167	173	179	186	216	247
	5' 7"	121	127	134	140	146	153	159	166	172	178	185	191	223	255
	5' 8"	125	131	138	144	151	158	164	171	177	184	190	197	230	262
	5' 9"	128	135	142	149	155	162	169	176	182	189	196	203	236	270
	5' 10"	132	139	146	153	160	167	174	181	188	195	202	207	243	278
	5' 11"	136	143	150	157	165	172	179	186	193	200	208	215	250	286
	6' 0"	140	147	154	162	169	177	184	191	199	206	213	221	258	294
	6' 1"	144	151	159	166	174	182	189	197	204	212	219	227	265	302
6' 2"	148	155	163	171	179	186	194	202	210	218	225	233	272	311	
6' 3"	152	160	168	176	184	192	200	208	216	224	232	240	279	319	
6' 4"	156	164	172	180	189	197	205	213	221	230	238	246	287	328	

Overweight

Obese

Weight (lbs)

Source: World Health Organization

Taken from: ADA Complete Food and Nutrition Guide

METRIC EQUIVALENTS FOR AVERAGE WEIGHT GAIN

Infants from birth to 6 months of age
(Need 2 weights taken at least 1 month apart.)

Age	Average Weight Gain (Metric equivalents)		
Birth – 1 mo	18 gm/day	126 gm/wk	0.54 kg/mo
1 – 2 mo	25 gm/day	175 gm/wk	0.75 kg/mo
2 – 3 mo	18 gm/day	126 gm/wk	0.54 kg/mo
3 – 4 mo	16 gm/day	112 gm/wk	0.48 kg/mo
4 – 5 mo	14 gm/day	98 gm/wk	0.42 kg/mo
5 – 6 mo	12 gm/day	84 gm/wk	0.36 kg/mo

Infants & Children from 6 months to 59 months of age
(Need 2 weights taken at least 3 months apart.)

Age	Average Weight Gain (Metric equivalents)			
6 – 12 mo	9 gm/day	63 gm/wk	0.27 kg/mo	1.62 kg/6 mo
12 – 59 mo	2 ½ gm/day	17 ½ gm/wk	0.08 kg/mo	0.45 kg/6 mo

Examples Using Calculated Expected Minimal Weight

General Steps:

1. Determine if time interval between measures is sufficient.

Calculate actual weight gain.

Calculate expected minimal weight gain using the chart in the definition. (*Note: Due to a variety of reasons, including rounding, different approaches to calculating the expected minimal weight gain may result in slightly different answers.*)

Compare the actual weight gain with the calculated expected weight gain to see if person is eligible for WIC using this criterion.

RISK CRITERIA CODES AND DESCRIPTIONS, cont.

(For USDA code 135)

Example #1:

<u>Date of Measures</u>	<u>Weight</u>
09/13/98 (birth)	7 pounds 6 oz
09/23/98 (10 days old)	8 pounds 1 oz
10/26/98 (6 weeks & 1 day old)	9 pounds 3 oz

1. interval between birth and 10/26/98 measures = 43 days
2. actual weight gain = 1 ½ pound 13 oz.
3. expected minimal weight gain is: (540 gm) + (13 days x 25 gm/day) = 865 gm = 30 oz = 1 pound 15 oz
4. actual weight gain from birth is less than expected minimal weight gain → eligible for WIC using this criterion

Example #2:

<u>Date of Measures</u>	<u>Weight</u>
02/27/00 (17 ½ months old)	25pounds
09/13/00 (24 months old)	26 ½ pounds

1. interval between two measures is 6 ½ months
actual weight gain = 1 ½ pound
expected minimal weight gain is (1 pound per 6 months) + (0.5 mo x 2.7 oz/mo) = 1 pound 1.35 oz
actual weight gain is MORE than expected weight gain → NOT eligible for WIC using this criterion.

Metric/English conversion: 1 ounce = 28 gm

**Steps to calculate a low rate of weight gain
when the 2 weight measurements are
NOT within a 5 ½ - 6 ½ month interval**

1. Use the two bullets below to determine if the two measurements were taken within an acceptable time interval for this risk to apply. If they do, proceed to step #2. If they do not, Option II CANNOT be used to determine eligibility for WIC.
 - For Children > 5 months through 17 months of age, the 2 measurements must be taken within a 5–7 month range (*remember, for measurements taken within a 5 ½ – 6 ½ month interval, you do not need to proceed with steps 2–5, just use the chart to determine the applicability of the risk*).
 - For Children 18 months to < 60 months of age, the 2 measurements must be taken within a 4–9 month interval (*remember, for measurements taken within a 5 ½ – 6 ½ month interval, you do not need to proceed with the steps 2–5, just use the chart to determine the applicability of the risk*).
2. Plot both weights on an age and sex specific NCHS growth grid.
3. From the chart, choose the **age** from column 1 that most closely matches the child's age when the second weight was taken and choose the **weight gain** from column 2 that corresponds with this age.
4. Add this weight gain figure to the first of the two weights and plot the sum of the weights on the growth grid at a point exactly 6 months from the date of the first weight.
5. Connect the point for the first weight with the point for the sum of the weights with a straight line (*extend the line if there is a seven month interval between the two weights*). If the point for the second weight is on or below the line then the child's growth is inadequate.

**WIC HEMATOCRIT Values
Adjusted for Altitude and Smoking
1998 CDC Guidelines**

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <
ALTITUDE	SMOKING										
No altitude adjustment	Nonsmokers	33.0	32.0	33.0	35.7	35.9	35.7		32.9	32.9	33.0
	Up to	34.0	33.0	34.0	36.7	36.9	36.7				
	1–2 packs/day	34.5	33.5	34.5	37.2	37.4	37.2				
	>2 packs/day	35.0	34.0	35.0	37.7	37.9	37.7				
3000–3999 ft	Nonsmokers	33.5	32.5	33.5	36.2	36.4	36.2		33.4	33.4	33.5
	Up to	34.5	33.5	34.5	37.2	37.4	37.2				
	1–2 packs/day	35.0	34.0	35.0	37.7	37.9	37.7				
	>2 packs/day	35.5	34.5	35.5	38.2	38.4	38.2				
4000–4999 ft	Nonsmokers	34.0	33.0	34.0	36.7	36.9	36.7		33.9	33.9	34.0
	Up to	35.0	34.0	35.0	37.7	37.9	37.7				
	1–2 packs/day	35.5	34.5	35.5	38.2	38.4	38.2				
	>2 packs/day	36.0	35.0	36.0	38.7	38.9	38.7				
5000–5999 ft	Nonsmokers	34.5	33.5	34.5	37.2	37.4	37.2		34.4	34.4	34.5
	Up to	35.5	34.5	35.5	38.2	38.4	38.2				
	1–2 packs/day	36.0	35.0	36.0	38.7	38.9	38.7				
	>2 packs/day	36.5	35.5	36.5	39.2	39.4	39.2				
6000–6999 ft	Nonsmokers	35.0	34.0	35.0	37.7	37.9	37.7		34.9	34.9	35.0
	Up to	36.0	35.0	36.0	38.7	38.9	38.7				
	1–2 packs/day	36.5	35.5	36.5	39.2	39.4	39.2				
	>2 packs/day	37.0	36.0	37.0	39.7	39.9	39.7				

**WIC HEMATOCRIT Values
Adjusted for Altitude and Smoking
1998 CDC Guidelines**

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <
ALTITUDE	SMOKING										
7000–7999 ft	Nonsmokers	36.0	35.0	36.0	38.7	38.9	38.7		35.9	35.9	36.0
	Up to	37.0	36.0	37.0	39.7	39.9	39.7				
	1–2 packs/day	37.5	36.5	37.5	40.2	40.4	40.2				
	>2 packs/day	38.0	37.0	38.0	40.7	40.9	0.7				
8000–8999 ft	Nonsmokers	37.0	36.0	37.0	39.7	39.9	39.7		36.9	36.9	37.0
	Up to	38.0	37.0	38.0	40.7	40.9	40.7				
	1–2 packs/day	38.5	37.5	38.5	41.2	41.4	41.2				
	>2 packs/day	39.0	38.0	39.0	41.7	41.9	41.7				
9000–9999 ft	Nonsmokers	38.0	37.0	38.0	40.7	40.9	40.7		37.9	37.9	38.0
	Up to	39.0	38.0	39.0	41.7	41.9	41.7				
	1–2 packs/day	39.5	38.5	39.5	42.2	42.4	42.2				
	>2 packs/day	40.0	39.0	40.0	42.7	52.9	42.7				
10,000 ft or more	Nonsmokers	39.0	38.0	39.0	41.7	41.9	41.7		38.9	38.9	39.0
	Up to	40.0	39.0	40.0	42.7	42.9	42.7				
	1–2 packs/day	40.5	39.5	40.5	43.2	43.4	43.2				
	>2 packs/day	41.0	40.0	41.0	43.7	43.9	43.7				

**WIC HEMOGLOBIN Values
Adjusted for Altitude and Smoking
1998 CDC Guidelines**

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hgb <	Hgb<	Hgb<	Hgb <	Hgb <	Hgb<	Hgb <	Hgb <	Hgb <	Hgb <
ALTITUDE	SMOKING										
No altitude adjustment	Nonsmokers	11.0	10.5	11.0	11.8	12.0	12.0		11.0	11.0	11.1
	Up to	11.3	10.8	11.3	12.1	12.3	12.3				
	1–2 packs/day	11.5	11.0	11.5	12.3	12.5	12.5				
	>2 packs/day	11.7	11.2	11.7	12.5	12.7	12.7				
3000–3999 ft	Nonsmokers	11.2	10.7	11.2	12.0	12.2	12.2		11.2	11.2	11.3
	Up to	11.5	11.0	11.5	12.3	12.5	12.5				
	1–2 packs/day	11.7	11.2	11.7	12.5	12.7	12.7				
	>2 packs/day	11.9	11.4	11.9	12.7	12.9	12.9				
4000–4999 ft	Nonsmokers	11.3	10.8	11.3	12.1	12.3	12.3		11.3	11.3	11.4
	Up to	11.6	11.1	11.6	12.4	12.6	12.6				
	1–2 packs/day	11.8	11.3	11.8	12.6	12.8	12.8				
	>2 packs/day	12.0	11.5	12.0	12.8	13.0	13.0				
5000–5999 ft	Nonsmokers	11.5	11.0	11.5	12.3	12.5	12.5		11.5	11.5	11.6
	Up to	11.8	11.3	11.8	12.6	12.8	12.8				
	1–2 packs/day	12.0	11.5	12.0	12.8	13.0	13.0				
	>2 packs/day	12.2	11.7	12.2	13.0	13.2	13.2				
6000–6999 ft	Nonsmokers	11.7	11.2	11.7	12.5	12.7	12.7		11.7	11.7	11.8
	Up to	12.0	11.5	12.0	12.8	13.0	13.0				
	1–2 packs/day	12.2	11.7	12.2	13.0	13.2	13.2				
	>2 packs/day	12.4	11.9	12.4	13.2	13.4	13.4				

**WIC HEMOGLOBIN Values
Adjusted for Altitude and Smoking
1998 CDC Guidelines**

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hgb <	Hgb<	Hgb<	Hgb <	Hgb <	Hgb<	Hgb <	Hgb <	Hgb <	Hgb <
ALTITUDE	SMOKING										
7000–7999 ft	Nonsmokers	12.0	11.5	12.0	12.8	13.0	13.0		12.0	12.0	12.1
	Up to	12.3	11.8	12.3	13.1	13.3	13.3				
	1–2 packs/day	12.5	12.0	12.5	13.3	13.5	13.5				
	>2 packs/day	12.7	12.2	12.7	13.5	13.7	13.7				
8000–8999 ft	Nonsmokers	12.3	11.8	12.3	13.1	13.3	13.3		12.3	12.3	12.3
	Up to	12.6	12.1	12.6	13.4	13.6	13.6				
	1–2 packs/day	12.8	12.3	12.8	13.6	13.8	13.8				
	>2 packs/day	13.0	12.5	13.0	13.8	14.0	14.0				
9000–9999 ft	Nonsmokers	12.6	12.1	12.6	13.4	13.6	13.6		12.6	12.6	12.7
	Up to	12.9	12.4	12.9	13.7	13.9	13.9				
	1–2 packs/day	13.1	12.6	13.1	13.9	14.1	14.1				
	>2 packs/day	13.3	12.8	13.3	14.1	14.3	14.3				
10,000 ft or more	Nonsmokers	13.0	12.5	13.0	13.8	14.0	14.0		13.0	13.0	13.1
	Up to	13.3	12.8	13.3	14.1	14.3	14.3				
	1–2 packs/day	13.5	13.0	13.5	14.3	14.5	14.5				
	>2 packs/day	13.7	13.2	13.7	14.5	14.7	14.7				

**ROUNDED WIC HEMATOCRIT Values
Adjusted for Altitude and Smoking
ADAPTED FROM 1998 CDC Guidelines**

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <
ALTITUDE	SMOKING										
No altitude adjustment	Nonsmokers	33	32	33	36	36	36		33	33	33
	Up to	34	33	34	37	37	37				
	1–2 packs/day	35	34	35	38	38	38				
	>2 packs/day	35	34	35	38	38	38				
3000–3999 ft	Nonsmokers	34	33	34	37	37	37		34	34	34
	Up to	35	34	35	38	38	38				
	1–2 packs/day	35	34	35	38	38	38				
	>2 packs/day	36	35	36	39	39	39				
4000–4999 ft	Nonsmokers	34	33	34	37	37	37		34	34	34
	Up to	35	34	35	38	38	38				
	1–2 packs/day	36	35	36	39	39	39				
	>2 packs/day	36	35	36	39	39	39				
5000–5999 ft	Nonsmokers	35	34	35	38	38	38		34	35	35
	Up to	36	35	36	39	39	39				
	1–2 packs/day	36	35	36	39	39	39				
	>2 packs/day	37	36	37	40	40	40				
6000–6999 ft	Nonsmokers	35	34	35	38	38	38		35	35	35
	Up to	36	35	36	39	39	39				
	1–2 packs/day	37	36	37	40	40	40				
	>2 packs/day	37	36	37	40	40	40				

**ROUNDED WIC HEMATOCRIT Values
Adjusted for Altitude and Smoking
ADAPTED FROM 1998 CDC Guidelines**

		CATEGORY									
		1 st Trimester	2 nd Trimester	3 rd Trimester	Nonpreg 12 – <15 yrs	Nonpreg 15 – <18 yrs	Nonpreg ≥18 yrs	Infants 0 – <6 mo	Infants 6 – 12 mo	Children 1 – <2 yrs	Children 2 – <5 yrs
		Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <	Hct <
ALTITUDE	SMOKING										
7000–7999 ft	Nonsmokers	36	35	36	39	39	39		36	36	36
	Up to	37	36	37	40	40	40				
	1–2 packs/day	38	37	38	41	41	41				
	>2 packs/day	38	37	38	41	41	41				
8000–8999 ft	Nonsmokers	37	36	37	40	40	40		37	37	37
	Up to	38	37	38	41	41	41				
	1–2 packs/day	39	38	39	42	42	42				
	>2 packs/day	39	38	39	42	42	42				
9000–9999 ft	Nonsmokers	38	37	38	41	41	41		38	38	38
	Up to	39	38	39	42	42	42				
	1–2 packs/day	40	39	40	43	43	43				
	>2 packs/day	40	39	40	43	43	43				
10,000 ft or more	Nonsmokers	39	38	39	42	42	42		39	39	39
	Up to	40	39	40	43	43	43				
	1–2 packs/day	41	40	41	44	44	44				
	>2 packs/day	41	40	41	44	44	44				

Altitudes of Oregon Cities

ALTITUDE 1,000 – 2,999		
TOWN	COUNTY	ALTITUDE
Antelope	Wasco	2,631
Condon	Gilliam	2,844
Cove	Union	2,893
Culver	Jefferson	2,633
Dayville	Grant	2,348
Detroit	Marion	1,600
Elgin	Union	2,670
Fossil	Wheeler	2,654
Grass Valley	Sherman	2,269
Heppner	Morrow	1,955
Imbler	Union	2,732
Island City	Union	2,743
La Grande	Union	2,788
Madras	Jefferson	2,242
Metolius	Jefferson	2,530
Mitchell	Wheeler	2,777
Monument	Grant	2,000
Nyssa	Malheur	2,178
Oakridge	Lane	1,209
Ontario	Malheur	2,140
Prineville	Crook	2,868
Rhododendron	Clackamas	1,680
Sandy	Clackamas	1,000
Spray	Tillamook	1,772
Summerville	Union	2,705
Union	Union	2,789
Vale	Malheur	2,243
Wallowa	Wallowa	2,923

Altitudes of Oregon Cities, cont.

ALTITUDE 3,000 – 3,999		
TOWN	COUNTY	ALTITUDE
Baker City	Baker	3,449
Bend	Deschutes	3,623
Canyon City	Grant	3,194
Enterprise	Wallowa	3,757
Government Camp	Clackamas	3,888
Haines	Baker	3,333
Halfway	Baker	3,333
John Day	Grant	3,083
Long Creek	Grant	3,754
Lostine	Wallowa	3,200
North Powder	Union	3,256
Prairie City	Grant	3,539
Redmond	Deschutes	3,007
Shaniko	Wasco	3,340
Sisters	Deschutes	3,182
Ukiah	Umatilla	3,400

Altitudes of Oregon Cities, cont.

ALTITUDE 4,000 – 4,999		
TOWN	COUNTY	ALTITUDE
Beatty	Klamath	4,359
Bly	Klamath	4,360
Bonanza	Klamath	4,200
Burns	Harney	4,148
Chiloquin	Klamath	4,200
Christmas Valley	Lake	4,315
Fort Klamath	Klamath	4,200
Granite	Grant	4,680
Hines	Harney	4,155
Jordan Valley	Malheur	4,389
Joseph	Wallowa	4,191
Klamath Falls	Klamath	4,120
Lakeview	Lake	4,800
LaPine	Deschutes	4,233
Malin	Klamath	4,100
Merrill	Klamath	4,064
Paisley	Lake	4,369
Seneca	Grant	4,666
Silver Lake	Lake	4,345
Sumpter	Baker	4,388
Unity	Baker	4,029

Drug Nutrient Interaction

The drug treatment of a disease or medical condition may itself affect nutritional status. Drug induced nutritional deficiencies are usually slow to develop and occur most frequently in long-term drug treatment of chronic disease. Possible nutrition-related side effects of drugs include, but are not limited to, altered taste sensation, gastric irritation, appetite suppression, altered GI motility, and altered nutrient metabolism and function, including enzyme inhibition, vitamin antagonism, and increased urinary loss.

The marketplace of prescribed and over-the-counter drugs is a rapidly changing one. For knowledgeable information on the relationship of an individual's drug use to his\her nutritional status, it is important to refer to a current drug reference such as Physician's Desk Reference (PDR), a text such as Physician's Medication Interactions, drug inserts, or to speak with a pharmacist.