# GUIDANCE FOR STATES PROVIDING WIC PARTICIPANT DATA

**WIC PARTICIPANT**
**AND**
**PROGRAM CHARACTERISTICS**

**PC2004**

January 14, 2004


Dear WIC State Director:

As required by the Food and Nutrition Service, biennial reporting for WIC participant and program characteristics (PC2004) is now underway. Enclosed is a copy of ***PC2004 Guidance for States Providing WIC Participant Data*** for April 2004, the reference month for PC2004. Copies of this guide are being provided to all State WIC agencies.

***<u>SUCCESS OF PC2004 DEPENDS ON SPEEDY RESPONSE FROM STATE WIC AGENCIES</u>.***

Because of widespread demand by WIC State Agencies for quicker turnaround on PC tabulations, FNS asks all WIC State Agencies to join in submitting PC2004 data as soon after April 2004 as possible. Abt Associates, the PC2004 contractor, will accept data and will review file submissions beginning immediately after April. Also, WIC State Agencies should strive to achieve high quality in their first submission. State cooperation in this effort will help speed return on data tabulations, and will reduce contractor costs in providing data compilation services to WIC.

The enclosed manual addresses compiling data about participants for PC2004. **Changes for PC2004 are highlighted in bold print.** *<u>Important dates and instructions in the Guidance are italicized and underlined for easier recognition.</u>*

This manual is similar to the manual prepared for PC2002. Three changes for PC2004 should be noted:

- Breastfeeding data will now be collected on all infants and children who are ages 6 through 13 months old (greater or equal to 6 months and less than 14 months) in April 2004.
- Blood measurement dates only need to be submitted if blood values were not collected within 90 days of certification.
- The following Supplemental Data Set variables have been deleted and will no longer be reported:
    1. Source of Prenatal Care;
    2. Date When Prenatal Care Began;
    3. Date of Last Routine Checkup or Immunization;
    4. Length of Time Mother on WIC During Pregnancy; and
    5. Erythrocyte Protoporphyrin.

In order to reflect the revised national uniform codes for reporting nutritional risks, agreed upon by FNS and the National WIC Association, that became effective April 1, 1999, states will need to complete the nutritional risk worksheet. On this worksheet, States will indicate whether they will use the new uniform codes, or they need to provide a current crosswalk of their nutritional risk criteria and the revised uniform nutrition risk codes.

In February 2004 Abt Associates will provide you with two worksheets needed to update your State's nutritional risk and local agency information. For your convenience, these worksheets will contain information your State provided as part of PC2002 reporting.

By *March 31, 2004*, please update and return as requested by Abt Associates:
- the nutritional risk worksheet;
- the local agency worksheet; and
- your State's translation index of food codes used in prescribing WIC foods.

When submitting April 2004 data to Abt Associates, please also send the data transmittal worksheet included in Section VI of this manual.

Please do not hesitate to call Nicole Gill, Abt Associates Data Collection Director, at 617-349-2552 (email :PC2004@abtassoc.com) with any questions or comments that you have during the collection of data PC 2004.  If you prefer to send a fax, Nicole may be reached at 617-349-2605.

Thank you for your cooperation.  FNS is depending on your timely response to make PC2004 a success.

Sincerely,


Fred Lesnett
PC2004 FNS Project Coordinator
703-605-0811

Attachment - Complete Document Duplicate

**GUIDANCE FOR STATES**

**PROVIDING WIC PARTICIPANT DATA FOR PC2004**

**CONTENTS**

**SECTION I**

OVERVIEW

**WIC PARTICIPANT
AND
PROGRAM CHARACTERISTICS**

**PC2004**

**US Department of Agriculture
Food and Nutrition Service**

# OVERVIEW OF PC2004
# AND
# ORGANIZATION OF THIS GUIDE

Since 1984, the Food and Nutrition Service (FNS) has prepared biennial reports on current participant and program characteristics in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). These reports provide the most comprehensive and up-to-date statistics on the WIC program; the information is used to estimate budgets, design research, and review current and proposed WIC policies and procedures. The biennial reports include:

- Information on the income and nutritional risk characteristics of WIC participants.

- Data on WIC program participation for migrant farm worker families.

- Other information on WIC participation that is deemed appropriate by the Secretary of Agriculture.

Data in the reports are provided to FNS by State WIC agencies. This guide, designed to assist State WIC agencies, contains a uniform format for use in compiling information on participants for WIC participant and program characteristics (PC2004). The Minimum Data Set (MDS) and the Supplemental Data Set (SDS) were developed by FNS in cooperation with the Information Committee of the National WIC Association (NAWD/NWA).

**PC2004 is similar to PC2002, though three changes are occurring. First,** breastfeeding data will need to be submitted for all infants and children ages six through thirteen months in April 2004. **Second,** blood measurement dates only need to be submitted if blood values were not collected within 90 days of certification. **Third,** five of the SDS variables have been eliminated. Detailed information on the submission of breastfeeding data, blood measure dates, and SDS variables appear in this overview as well as in the section on MDS and SDS definitions and specifications.

## Background

FNS has completed nine previous reports on WIC participant and program characteristics. For the first three studies in 1984 (PC84), 1988 (PC88), and 1990 (PC90), FNS and its contractors collected information on nationally representative samples of WIC participants. Data were obtained through mail surveys of State and local WIC agencies, record abstractions at local WIC service sites, and interviews with participants.

To ease the burden of data collection for WIC agencies, the 1992 report of WIC participant and program characteristics (PC92) was substantially different from earlier studies with regard to collecting data on WIC participation. For PC92, State WIC agencies downloaded, to diskettes or magnetic tapes, routinely collected information which is on their existing automated client and management information systems. State and local WIC staff obtain these data to certify applicant eligibility for WIC benefits, to guide nutrition education, and to issue food instruments. All PC reports since 1992 have used this protocol for collecting data.

**PC2004**

The 2004 WIC Participant and Program Characteristics Report (PC2004) continues the protocols and reporting formats created for PC92 and used through PC2002. For the *reference month of April 2004*, each State WIC agency will submit Minimum Data Set (MDS) and Supplemental Data Set (SDS) data on either a census or a representative sample of its WIC participants. Supplemental items currently being collected on State management information systems should be submitted for use in PC2004.

For PC2004, each State WIC agency is asked to prepare and deliver the MDS and SDS data according to a specified format, medium, and time frame of reference (April 2004). Most State WIC agencies maintain automated record keeping systems, which they will use to produce datasets containing the desired variables.

As part of the documentation needed to process the PC2004 participant data, each State will also:

- Provide an updated list of local WIC agencies or service sites along with agency IDs. In February, States will receive their previous list submitted for PC2002 to update and return to the PC2004 contractor, Abt Associates, Inc.

- Specify whether nutritional risk data will be provided using the FNS uniform codes or using State codes. For agencies using State codes, a crosswalk of State nutritional risk criteria and the standardized criteria established by NAWD/NSA, and revised as of April 1, 1999, should be provided. In February, States will receive their previous list submitted for PC2002 to update and return to Abt Associates, Inc.

- Provide a food package code list which shows types and amounts of WIC food prescribed along with the State coding scheme.

**Organization of this Guide**

This guide contains a timeline of the major events for PC2004, instructions for data file creation, Minimum Data Set specifications, Supplemental Data Set specifications, and a worksheet for transmitting your April 2004 participant data.

**Definition of WIC Participant for Use in the Minimum and Supplemental Data Sets**

It is important to clarify the PC2004 definition of WIC participation. For PC2004, it is understood that WIC participants are persons on WIC master lists or persons listed in WIC operating files who are certified to receive WIC benefits in April 2004. This definition is different from regulatory reporting requirements which define participation in terms of WIC vouchers or checks claimed by participants. Persons on waiting lists are not to be included in PC2004.

States are not asked to collect information on persons transferring (or migrating) among local WIC agencies. It is anticipated that data on these individuals will continue to be available from State management information systems. Should double-reporting occur for persons who have transferred among WIC agencies, the most recent set of information for the individual should be incorporated into the Minimum Data Set analysis file by the State agency.

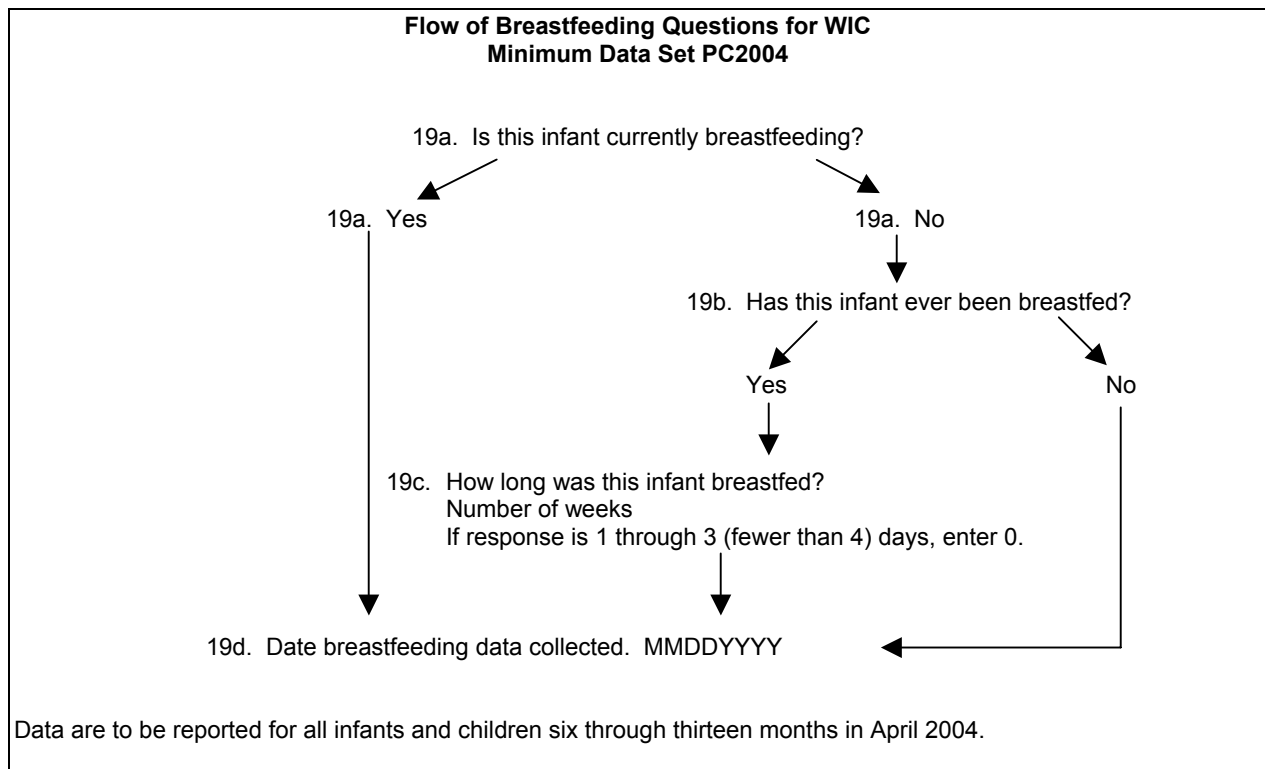**MDS and SDS Specifications and Data File Creation**

The Minimum and Supplemental Data Set Specifications include concise definitions of each variable in the Minimum and Supplemental Data Sets and the categories to be used for reporting each variable. The materials presented here also explain the database field specifications—where on the file each variable is to be reported— as well as procedures for reporting missing data. It is left up to State and local agencies to gather MDS and SDS data in the manner that is most efficient and economical for them. This guide offers generic specifications that accommodate the variety of record keeping systems now used. State technical staff are asked to review and follow the guidelines for preparing PC2004 data submissions. A file layout is provided.

**Important Features of PC2004**

PC2004 is similar to PC2002. However, three changes should be noted:

*__Breastfeeding Data__*

FNS, in conjunction with the National WIC Association (NAWD/NWA), developed four items to collect information on breastfeeding. These items are: currently breastfed; ever breastfed; length of time breastfed; and date breastfeeding data collected. More detailed descriptions of these items appear in the section on MDS definitions and specifications. Please read these instructions carefully as you prepare your breastfeeding data. Please note that all four of these variables are needed to calculate breastfeeding initiation and duration rates.

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**Flow of Breastfeeding Questions for WIC**
**Minimum Data Set PC2004**

19a. Is this infant currently breastfeeding?

19a. Yes

19a. No

19b. Has this infant ever been breastfed?

Yes

No

19c. How long was this infant breastfed?
Number of weeks
If response is 1 through 3 (fewer than 4) days, enter 0.

19d. Date breastfeeding data collected. MMDDYYYY

Data are to be reported for all infants and children six through thirteen months in April 2004.

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**Breastfeeding data must be submitted only for infants and children who, in April 2004, are ages six through thirteen months of age (greater or equal to 6 months and less than 14 months).** A State may, however, report breastfeeding data for additional infant and child WIC participants if this approach better fits the configuration of the State's automated data processing system. The PC2004 Data Submission Worksheet contains an item indicating which approach your State has chosen.

Breastfeeding data may be obtained at nutrition education or counseling sessions; at food instrument pickup; through cooperation with well-baby clinics or other health care providers; or through telephone or mail inquiries. States may routinely collect these data, or States may choose to collect them only for the biennial participant characteristics studies. It is not sufficient to only collect breastfeeding data at WIC certification because this does not provide a basis for estimating duration of breastfeeding.

### *Blood Measure Date*

In prior PC studies it was assumed that Hematocrit and/or Hemoglobin values were collected with 60 days of the certification date. For PC2004 it is assumed that these measures are collected within 90 days of the certification date. Therefore, **States need to submit the blood measurement dates only if they are not within the <u>90</u> days**.

### Supplemental Data Set (SDS) Variables

**The following five SDS variables have been eliminated from the PC2004 data collection**:

- Source of Prenatal Care
- Date When Prenatal Care Began
- Date of Last Routine Checkup or Immunization
- Length of Time Mother on WIC During Pregnancy
- Erythrocyte Protoporphyrin

*The appropriate column positions for each of these variables should be left blank.*

### Sampling Instructions and Record Abstraction

We have not included sampling or record abstraction instructions in the PC2004 guidance because all State agencies submitted MDS and SDS data on all WIC participants in PC2002 based on automated systems. No State agencies delivered MDS and SDS information on probability samples of WIC participants. However, in the event that a State agency chooses to sample participants in PC2004, detailed sampling instructions can be obtained by calling Abt Associates.

# SECTION II

## TIMELINE

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**WIC PARTICIPANT**
**AND**
**PROGRAM CHARACTERISTICS**

**PC2004**

**US Department of Agriculture**
**Food and Nutrition Service**

# TIMELINE OF PC2004

**January 2004**  States receive *PC2004 Guidance for States Providing WIC Participant Data*.

**February 2004**  Initial telephone contact by Abt Associates.  States receive PC2002 local agency lists and nutritional risk crosswalks to update for PC2004.

**March 2004**  States are asked to review and update local agency lists and nutritional risk crosswalks and return them to Abt Associates by *March 31, 2004*.  States also provide their food package coding schemes at this time.

Any State intending to sample participant records for PC2004 should call Abt Associates before March 31, 2004 to request guidance.

**April 2004**  Reference month for PC2004.   April data submissions should contain information for all participants on WIC master lists or participants listed in WIC operating files who are certified to receive WIC benefits in April 2004.

**April 2004**  States prepare participant data files containing MDS and SDS items for the reference month of April 2004.  Data are delivered to Abt Associates as soon as possible after April.  End date for receipt of initial State files, *August 31, 2004*.

**August 2004**  *DEADLINE August 31, 2004***:**  As required by FNS, PC2004 Initial File submissions will not be accepted by Abt Associates after this date.

**October 2004**  *DEADLINE   October 31, 2004*   States failing to achieve adequate data completeness and quality will be referred to FNS for appropriate action.   In order to meet demand by reporting States for prompt data analysis, States lacking sufficient data completeness and quality may be removed from PC2004 reporting.

**Note**  All data submissions and accompanying documentation should be sent to:

 **Nicole Gill or email: PC2004@abtassoc.com**

 **Abt Associates Inc.**
 **55 Wheeler Street**
 **Cambridge, Massachusetts  02138**

If you have any questions concerning PC2004, please contact Nicole Gill at 617-349-2552 (email: PC2004@abtassoc.com).   If you prefer to send a fax, she may be reached at 617-349-2605.

Your help in timely completion of PC2004 is very much appreciated**.**

# MAJOR TASKS OF PC2004

Abt Associates Inc. is the firm assisting FNS to conduct PC2004. Abt will establish and maintain the databases for PC2004, including monitoring data receipt and quality. Staff from Abt are available to answer questions about MDS and SDS specifications, sampling, and data abstraction. Each State has been asked to appoint a PC2004 coordinator to work with Abt during PC2004.

**April Data Submissions**

Data collection for PC2004 will focus on individuals enrolled in the WIC Program as of April 2004 (the reference month). That is, each State should submit MDS and SDS data on every individual on WIC master lists or listed in WIC operating files who is certified to receive WIC benefits in April 2004.

States generally begin collecting participant data in early 2003. This long timeline is required because certification for infants begins twelve months prior to April 2004. Data on pregnant women must also be gathered up to twelve months prior to the reference month. For all other WIC participants, data are collected seven months prior to April 2004. States should prepare and submit PC2004 automated data submissions as quickly after April as possible.

**August Deadline for Initial File Submission to Abt**
FNS requires that PC2004 Initial Data Files *not* be accepted by Abt Associates after *August 31, 2004*.

**October Decision Point**
Due to requests by State Agencies to have prompt turnaround on PC2004 analyses, any States not achieving sufficient data quality to permit analysis by *October 31* will be referred to FNS for action. Such States may be dropped from PC2004 resulting in data loss to the WIC Program.

States are asked to keep all April data and materials for at least three years.

# SECTION III

## DATA TRANSMITTAL AND CLEANING SPECIFICATIONS

## WIC PARTICIPANT
### AND
## PROGRAM CHARACTERISTICS

## PC2004

**US Department of Agriculture**
**Food and Nutrition Service**

## DATA TRANSMITTAL AND CLEANING OF PC 2004

### General Instructions

- States are responsible for providing accurate data for PC2004. All MDS and SDS data items should be reviewed for accuracy and consistency. States, however, should not delete outliers to conform to the cleaning specifications in this manual. FNS will accept all data States consider legitimate. Staff will check PC2004 data submissions for accuracy and will bring any questions or concerns to the attention of State contacts. It is the responsibility of each State to correct its PC2004 data submission.

- Each State should make and keep a backup copy of its entire April 2004 system file (not just the PC2004 submission) in the event that problems with the April PC2004 data submission requires a second submission. Maintaining a backup of the entire April 2004 system file will ensure that the required data can be recreated.

- For PC2004, WIC participants are persons on WIC master lists or persons listed in WIC operating files who are certified to receive WIC benefits in April 2004. Persons on waiting lists are not to be included in PC2004.

- *Zero should never be used to indicate missing data. Zero should indicate only an actual value of zero.* This instruction is particularly important with regard to income values, where there is a critical difference between an income value of zero and a missing income value. If data are missing, the corresponding field should be left blank.

- Due to the large proportion of WIC participants who are adjunctively income eligible for WIC, income information for these participants is essential to describe income among the overall WIC population. FNS, therefore, requires all States to collect and submit this information. This is for descriptive purposes only and does not relate to eligibility which is conferred due to adjunct participation in food stamps, TANF, or Medicaid.

- A State is required to report either English or metric measurements of height and weight. English pounds, ounces, feet, and inches do not have to be converted to metric data and vice versa. It is important that these measures be placed in the correct positions in the Minimum Data Set so that data interpretation can be done correctly.

- Dates should be complete for month, day, and year and be within logical ranges. If the day portion of a date is missing, those columns should be left blank. For PC2004, there should be no dates after April 30, 2004, except for expected dates of delivery for pregnant women and blood measurement dates. All dates must appear in the MMDDYYYY format.

- Certification categories and risk priority codes must be reported in every participant record.

- In previous years, it appeared that, between certification appointments, some States, using dates of birth, automatically update certification categories. For example, on the one-year birthday, an infant's certification category would be changed to a child certification even though the participant had not yet been recertified as a child. States maintaining the original certification category in files or in automated systems should report certification category at certification for PC2004.

- **Breastfeeding data need to be submitted for infants and children who, in April 2004, are ages six through thirteen months.** In order to provide the most accurate estimates of breastfeeding duration, it is important, particularly for currently breastfed infants, that data be collected as close to April 2004 as is feasible. All four breastfeeding variables must be provided to calculate breastfeeding initiation and duration rates.

## Data Transfer

Data files should be provided by the State in one of the following ways:

- CD-ROM or MS-DOS formatted diskettes (3.5"). Data should be in ASCII format text files, one record per line. Macintosh, Apple, or Unix formatted diskettes are not options. None of the data may be binary or packed.

- Email, using winzip to zip datafile and sent to PC2004@abtassoc.com.

- Ftp – please contact Nicole Gill (617-349-2552) about using this method.

- If none of the above can be done then send a nine-track reel or 3480 cartridge, IBM standard labeled, fixed blocked, EBCDIC tape (maximum block size is less than or equal to 32760). None of the data may be binary or packed.

## General Notes

- Field lengths are in terms of bytes (characters). To ensure that all data submissions are consistent in format, no binary data may be submitted.

- All fields are right-justified except two items:  the three nutritional risk codes (#14) and the ten food package codes (#20), which are alphanumeric fields and should be left-justified and blank filled**.**

- All date variables must appear in MMDDYYYY format and should fall within legitimate month, day, and year ranges. Any part of a date that is missing should be left blank.

- Reserve codes have been found unnecessary and unwieldy in processing PC data. If data are missing, the corresponding field positions should be left blank.

- *Zeros should not be used for missing data.*

## Documentation

Each data submission should be accompanied by a completed Data Transmittal Worksheet containing:

- The number of disks or tapes included in the shipment. Each disk or tape should have the State's name and be numbered sequentially, for example, 1 of 3, 2 of 3, 3 of 3.

- The number of records, or observations, contained in the data file.

- A list of the supplemental data elements which are being delivered.

- The name of the State, the contact person, and phone number.

- Any other special information needed to interpret the file, particularly whether or not a State has expanded age groups in reporting breastfeeding.

As discussed in previous sections, States should submit the following documentation to Abt Associates by March 31, 2004:

- A list, current for April 2004, of local WIC agencies which will appear on the PC2004 file by local ID, agency name, and address.

- A nutritional risk codes crosswalk (mapping State risk codes to uniform national nutrition risk codes) current for April 2004 or indication that uniform codes are included in the April 2004 file.

- A listing, current as of April 2004, of the contents of the food package codes and their food prescription amounts along with the codes that will appear on the PC2004 file.

**Cleaning Specifications**

Cleaning specifications are included in the MDS and SDS specifications in Sections Four and Five of this guide under the headings *Allowable values* and *Notes*. These cleaning specifications include ranges of allowable values, inter-variable consistency checks, procedures for handling missing values, and categories of participants for which each item should be reported. States should not delete outliers to conform to the cleaning specifications if States consider the data to be legitimate.

These specifications are provided to help States write cleaning routines for their own systems and to provide quality control for PC2004 and future data submissions. Many States will have additional cleaning specifications of their own that are not included in this guide. States should, of course, continue to use their own quality control procedures in maintaining their WIC databases.

If you have any questions about Minimum or Supplemental Data Set cleaning specifications or file layout, please call: *Nicole Gill at 617-349-2552* (email: PC2004@abtassoc.com). If you prefer, Nicole can be reached by FAX at 617-349-2605.

## MINIMUM DATA SET FILE LAYOUT

| Data Item Number | Description of Data Item | Beginning Column | Ending Column | Field Width in Bytes (No Binary Data) |
|---|---|---|---|---|
| 1. | State Agency Id | 1 | 6 | 6 |
| 2. | Local Agency or Service Site ID | 7 | 9 | 3 |
| 3. | Case ID | 10 | 20 | 11 |
| 4. | Date of Birth (MMDDYYYY) | 21 | 28 | 8 |
| 5. | Race/Ethnicity for PC2004 **(OMB's New race/ethnicity format for PC2006 Is Item 38 columns 307-309 – See Section VII** | 29 | 29 | 1 |
| 6a. | Certification Category | 30 | 30 | 1 |
| 6b. | Expected Date of Delivery (MMDDYYYY) OR | 38 | 38 | 8 |
| 6c. | Weeks Gestation | 39 | 40 | 2 |
| 7. | Date of Certification (MMDDYYYY) | 41 | 48 | 8 |
| 8. | Sex | 49 | 49 | 1 |
| 9. | Priority Level | 50 | 50 | 1 |
| 10a. | Participation in TANF or AFDC | 51 | 51 | 1 |
| 10b. | Participation in Food Stamps | 52 | 52 | 1 |
| 10c. | Participation in Medicaid | 53 | 53 | 1 |
| 11. | Migrant Status | 54 | 54 | 1 |
| 12. | Number in Family/Economic Unit | 55 | 56 | 2 |
| 13a. | Family/Economic Unit Income | 57 | 61 | 5 |
| 13b. | Income Period | 62 | 62 | 1 |
| 13c. | Income Ranges | 63 | 64 | 2 |
| 14a. | Nutritional Risk #1 (Left Justified) | 65 | 68 | 4 |
| 14b. | Nutritional Risk #2 (Left Justified) | 69 | 72 | 4 |
| 14c. | Nutritional Risk #3 (Left Justified) | 73 | 76 | 4 |
| 15a. | Hemoglobin | 77 | 79 | 3 |
| 15b. | Hematocrit | 80 | 82 | 3 |
| 16a(i). | Participant's Weight in Pounds | 83 | 85 | 3 |
| 16a(ii). | Nearest Quarter Pound of Participant's Weight **Report Pounds or Grams** | 86 | 86 | 1 |
| 16b. | Participant's Weight in Grams | 87 | 92 | 6 |

## MINIMUM DATA SET FILE LAYOUT cont.

| Data Item Number | Description of Data Item | | Beginning Column | Ending Column | Field Width in Bytes (No Binary Data) |
|---|---|---|---|---|---|
| 17a(i). | Participant's Height in Inches | | 93 | 94 | 2 |
| 17a(ii). | Nearest Eight of an Inch of Participant's Height | **Report inches or** | 95 | 95 | 1 |
| 17b. | Participant's Height In Centimeters | **centimeters** | 96 | 99 | 4 |
| 18. | Date of Height and Weight Measure (MMDDYYYY) | | 100 | 107 | 8 |
| 19a. | Currently Breastfed | | 108 | 108 | 1 |
| 19b. | Ever Breastfed | | 109 | 109 | 1 |
| 19c. | Length of Time Breastfed | | 110 | 111 | 2 |
| 19d. | Date Breastfeeding Data Collected (MMDDYYYY) | | 112 | 119 | 8 |
| 20a. | Food Package Code #1 (Left Justified) | | 120 | 129 | 10 |
| 20b. | Food Package Code #2 (Left Justified) | | 130 | 139 | 10 |
| 20c. | Food Package Code #3 (Left Justified) | | 140 | 149 | 10 |
| 20d. | Food Package Code #4 (Left Justified) | | 150 | 159 | 10 |
| 20e. | Food Package Code #5 (Left Justified) | | 160 | 169 | 10 |
| 20f. | Food Package Code #6 (Left Justified) | | 170 | 179 | 10 |
| 20g. | Food Package Code #7 (Left Justified) | | 180 | 189 | 10 |
| 20h. | Food Package Code #8 (Left Justified) | | 190 | 199 | 10 |
| 20i. | Food Package Code #9 (Left Justified) | | 200 | 209 | 10 |
| 20j. | Food Package Code #10 (Left Justified) | | 210 | 219 | 10 |

All MDS and SDS Data Items are right justified except nutritional risks, Item 14 and food package codes, Item 20.

If the specifications for food package codes will not allow complete reporting of your State's April food packages, please contact Abt Associates to develop an alternative file layout.

## SUPPLEMENTAL DATA SET FILE LAYOUT

| Data Item Number | Description of Data Item | | Beginning Column | Ending Column | Field Width in Bytes (No Binary Data) |
|---|---|---|---|---|---|
| 21. | Date of First WIC Certification (MMDDYYYY) | | 220 | 227 | 8 |
| 22. | Education Level | | 228 | 229 | 2 |
| 23. | Number in Household in WIC | | 230 | 231 | 2 |
| **24.** | **Source of Prenatal Care** | | **DELETED** | | |
| **25.** | **Date Prenatal Care Began** | | **DELETED** | | |
| 26. | Date Previous Pregnancy Ended (MMDDYYYY) | | 241 | 248 | 8 |
| 27. | Total Number of Pregnancies | | 249 | 250 | 2 |
| 28. | Total Number of Live Births | | 251 | 252 | 2 |
| 29a(i). | Prepregnancy Weight in Pounds | | 253 | 255 | 3 |
| 29a(ii). | Nearest Quarter Pound of Participant's Prepregnancy Weight | **Report pounds or** | 256 | 256 | 1 |
| 29b. | Participant's Prepregnancy Weight in Grams | **grams** | 257 | 262 | 6 |
| 30a(i). | Weight Gain During Pregnancy in Pounds | | 263 | 264 | 2 |
| 30a(ii). | Nearest Quarter Pound of Participant's Weight Gain During Pregnancy | **Report pounds or** | 265 | 265 | 1 |
| 30b. | Participant's Weight Gain During Pregnancy in Grams | **grams** | 266 | 270 | 5 |
| 31a(i). | Baby's Birth Weight in Pounds | **Report pounds/** | 271 | 272 | 2 |
| 31a(ii). | Ounces of Birth Weight | **ounces** | 273 | 274 | 2 |
| 31b. | Baby's Birth Weight in Grams | **or grams** | 275 | 278 | 4 |
| 32a(i). | Baby's Length at Birth in Inches | **Report** | 279 | 280 | 2 |
| 32a(ii). | Nearest Eighth of an Inch of Baby's Length at Birth | **inches or** | 281 | 281 | 1 |
| 32b. | Baby's Length at Birth in Centimeters | **centi-meters** | 282 | 284 | 3 |
| **33.** | **Date of Last Routine Check-up** | | **DELETED** | | |
| **34.** | **Length of Time Mother in WIC** | | **DELETED** | | |
| **35.** | **Erythrocyte Protoporphyrin Test Result** | | **DELETED** | | |
| 36. | Participation in the Food Distribution on Indian Reservation Program | | 298 | 298 | 1 |
| 37. | Date of Blood Test (MMDDYYYY) | | 299 | 306 | 8 |
| 38. | **OMB's New Ethnic/Race** (Classification Optional for PC2004, Required for PC2006) | | 307 | 312 | 3 |

**SECTION IV**


MINIMUM DATA SET SPECIFICATIONS

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**WIC PARTICIPANT**
AND
**PROGRAM CHARACTERISTICS**

**PC2004**


US Department of Agriculture
Food and Nutrition Service

For biennial reports on WIC participant and program characteristics, the term participant means a person on WIC master lists or a person listed in WIC operating files who is certified to receive WIC benefits in April 2004.

The data items should reflect the participant's status on each item at the time of the most recent WIC Program certification as of April 2004. However, as a convenience to State agencies that do not maintain historical files and that update the information in their automated systems during certification periods, current information that is on the file for each participant in April 2004 will be accepted.

1.　　**State Agency ID**　A unique number that permits linkage to the WIC State agency where the participant was certified.

2.　　**Local Agency ID**　A unique number that permits linkage to the local agency where the participant was certified as eligible for WIC benefits.

　　　*or*

　　　**Service Site ID**　A unique number that permits linkage to the service site where certified. Either local agency ID or service site ID may be reported according to the level the State Agency feels appropriate. At a minimum, State agencies must provide agency names and addresses for each ID provided on their files.

3.　　**Case ID**　A unique record number for each participant which maintains individual privacy at the national level. This should not be the case number of the participant as listed in State-held files.

4.　　**Date of Birth**　Month, day, and year of participant's birth reported in MMDDYYYY format.

5.　　**Race/Ethnicity**　The classification of the participant into one of the five (5) racial/ethnic categories: white; black; Hispanic; American Indian or Alaskan Native; or Asian or Pacific Islander. The ethnic categories, white and black, include only those persons who are not of Hispanic origin.

　　　*Special Note:* This classification will change according to OMB Requirements for all federal reporting in PC2006. This does not affect PC2004 submissions. **(See Section VII to the Guidance for discussion on how to submit Race/Ethnicity data using OMB's new classification scheme, as required for PC2006 and optional for PC2004. Also, contact NicoleGill at Abt if submitting Race/Ethnicity data using OMB's new coding scheme.)**

6a.　　**Certification Category**　The category—one of five (5) possible categories—under which a person is certified as eligible for WIC benefits: pregnant woman; breastfeeding woman; postpartum woman (not breastfeeding); infant (under 12 months); or child (12-59 months).

6b-c.　　**Expected Date of Delivery** *or* **Weeks Gestation**　For pregnant women, the projected date of delivery (MMDDYYYY format) or the number of weeks since the last menstrual period as determined at WIC Program certification.

7.     **Date of Certification**  The date the person was declared eligible for the most current WIC Program certification as of April 2004.  Month, day, and year should be reported in MMDDYYYY format.

8.     **Sex**  For infants and children, male or female.

9.     **Priority Level**  Participant priority level for WIC Program certification at the time of the most recent WIC Program certification as of April 2004.

10a-c.  **Participation in TANF, Food Stamps, Medicaid**  The participant's reported participation in each of these programs at the time of the most recent WIC Program certification as of April 2004.

11.    **Migrant Status**  Participant migrant status according to the federal WIC Program definition of a migrant farm worker (currently counted in the FNS 498 report).

12.    **Number in Family or Economic Unit**  The number of persons in the family or economic unit upon which WIC income eligibility was based.

A self-declared number in the family or economic unit may be reported for participants whose income was not required to be determined as part of the WIC certification process.  These participants include adjunctively income-eligible participants (due to TANF, Food Stamp Program, or Medicaid participation) and those participants deemed income eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii) (means tested programs identified by the State for automatic WIC Program income eligibility, income eligibility of Indian and in-stream migrant farm worker applicants).

13a-c.  **Family or Economic Unit Income**

1.     For persons for whom income is determined during the certification process, the income amount that was determined to qualify them for the WIC Program during the most recent certification as of April 2004.

FNS will convert income expressed in different measures (weekly, monthly, yearly, etc.) to annual amounts.

2.     For descriptive purposes only, for participants whose income was not required to be determined as part of the WIC Program certification process, the self-reported income at time of certification.  These participants include adjunctively income-eligible participants and those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii).

Zero should <u>not</u> be used to indicate income values that are missing or not available. *Zero should indicate only an actual value of zero*.

*Special Note:* Due to the large proportion of WIC participants who are adjunctively income eligible, their income information is essential to describe income among the overall WIC population.  The income range chart provided in these specifications has been expanded to accommodate higher dollar incomes received by WIC eligible families.

**14a-c.** **Nutritional Risks Present at Certification** The three highest priority nutritional risks present at the WIC Program certification current in April 2004. Uniform coding is now required in submissions from all States, according to WIC Policy Memorandum 98-9.

**15a-b.** **Hemoglobin *or* Hematocrit** That value for the measure of iron status that applies to the WIC Program certification current in April 2004. It is assumed that the measure was collected within ninety (90) days of the certification date.

*Special Note*: Under the new regulations for WIC blood measures, a date for blood measures is needed if the date of the blood measure is not within the **ninety days** described above**.** For PC2004, this date in MMDDYYYY format may be added to the end of Supplemental Data Set items in the PC2004 file submission and documented in the data transmission worksheet.

**16a-b.** **Weight** The participant's weight measured according to the CDC nutrition surveillance program standards [nearest one-quarter (¼) pound]. If weight is not collected in pounds and quarter pounds, weight may be reported in grams.

**17a-b.** **Height** The participant's height (or length) measured according to the CDC nutrition surveillance program standards [nearest one-eighth (1/8) inch]. If height is not collected in inches and eighth inches, height may be reported in centimeters.

**18.** **Date of Height and Weight Measure** The date of the height and weight measures that were used during the most recent WIC Program certification period as of April 2004 in MMDDYYYY format.

**19a.** **Currently Breastfed** For infant and children ages **six months through thirteen months** in April 2004, whether or not the infant or child is currently receiving breast milk.

**19b.** **Ever Breastfed** For infants and children ages **six months through thirteen months** in April 2004, whether or not the infant or child was ever breastfed.

**19c.** **Length of Time Breastfed** For infants and children ages **six months through thirteen months** in April 2004, the number of weeks the infant or child received breast milk**.**

**19d.** **Date Breastfeeding Data Collected** For infants and children ages **six months through thirteen months** in April 2004, the date on which breastfeeding status was reported in MMDDYYYY format.

**20a-j.** **Food Packages** The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month of April 2004.

**1.** *State Agency ID*

| | |
|---|---|
| **Description** | The State agency where the participant is enrolled. |
| **Column position** | 1 - 6 |
| **Field length** | 6 |
| **Data type** | Numeric |

**Special Instructions**

1. Using the FNS 10-Digit Identification Code, reference the first seven (7) digits.

2. *Enter this number but skip the third digit as in the following example*:

    Connecticut 10 digit code:  0991701001
    Reference:  0991701
    Enter as MDS State ID:  091701

    *Explanation*:  In the FNS Identification Code, the third digit is always 9 for WIC purposes.  This number should not be entered for the Minimum Data Set.

**2.** *Local Agency/Site Number*

| | |
|---|---|
| **Description** | The unique number for the local agency (or site) where the participant is currently certified. |
| **Column position** | 7 - 9 |
| **Field length** | 3 |
| **Data type** | Numeric |
| **Special Instructions** | 1. Using the FNS 10-Digit Identification Code, reference the last 3 digits. |
| | 2. Enter the last 3 digits. |
| | 3. Each State must provide a crosswalk of IDs with names and addresses of WIC local agencies. |
| | 4. A State with only one local agency code assigned by FNS should number its WIC service sites sequentially and provide a crosswalk with names and addresses of these service sites along with its MDS file. |
| | A list of local WIC agencies with State and local agency identification codes in use by FNS will be mailed to each State agency with the Guidance for states providing Participant Data. State agencies are asked to update these lists and submit them by March 31, 2004. Please follow the instructions provided above. |

3.      *Case ID*

**Description**              A unique identifier for each participant record which maintains
                             individual privacy at the national level.  This ID will be a State
                             generated ID that will link the MDS file record with the data in the
                             abstract form or State-held record.  A separate file should be kept by
                             the State or local office that connects the publicly released data that
                             will be delivered to FNS with the information that will not be released
                             but is maintained in the State's files.  *This ID cannot be the regular*
                             *participant ID but will be a State generated identifier separately*
                             *assigned by the State.*

**Column position**          10 - 20

**Field length**             11

**Data type**                Alphanumeric

4.      *Date of Participant's Birth*

Description          Date of participant's birth, reported in an MMDDYYYY format.

Column position      21 - 28

Field length         8

Data type            Numeric

Notes                Year should be reported as 4 digits (for example, 2004).  There should be no birthdates after 4/30/2004.

                     For infants, there should be no birthdates before 2003.

                     For children, there should be no birthdates before 1999 or after 2003.

                     All dates should fall within valid month, day, and year ranges.  Any part of the date that is missing or unavailable should be left blank.

                     Example:

                     For January 3, 2004, the entry would be

                         01032004.

                     If day is unknown, the entry would be

                         01 __ __ 2004.

**5.**     *Participant's Race/Ethnic Status*

| | |
|---|---|
| **Description** | The classification of the participant into one of five racial/ethnic categories: |

           1   =    **White** (Not of Hispanic origin)  A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

           2   =    **Black** (Not of Hispanic origin)  A person having origins in any of the black racial groups of Africa.

           3   =    **Hispanic**  A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

           4   =    **American Indian or Alaskan Native**  A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).

           5   =    **Asian or Pacific Islander**  A person having origins in any of the original peoples of the Far East, the Indian Subcontinent, Southeast Asia, or the Pacific Islands.  This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

| | |
|---|---|
| **Column position** | 29 |
| **Field length** | 1 |
| **Data type** | Numeric |
| **Allowable values** | 1 - 5 |
| **Note** | States participating in CDC Surveillance Systems (PNSS and Ped NSS) should code CDC codes 5 and 6 into MDS code 5. |
| **Special Note:** | This classification will change according to OMB requirements for all federal reporting in PC2006.  States that have already converted to the new categories may submit racial/ethnic data using the revised format. The variable should be placed in columns 307-312 at the end of the SDS variables and column 29  in the MDS file should be left blank. Please inform Abt Associates if you submit PC2004 using the revised codes.  See Section VII for additional details. |

**6a.**     *Certification Category*

| | |
|---|---|
| **Description** | One of the five possible categories that the person was assigned to at certification. |

1   =   Pregnant Woman
2   =   Breastfeeding Woman
3   =   Postpartum Woman, not breastfeeding
4   =   Infant (under 12 months)
5   =   Child (12-59 months)

**Column position**     30

**Field length**     1

**Data type**     Numeric

**Allowable values**     1 - 5

**Notes**     *Certification category must be reported for all participants. This item may not be blank.*

Please carefully check your assignment of certification category codes. Errors in these assignments affect every reported number in PC2004.

Participants certified as children may not be younger than eleven (11) months of age.

**6b.** *Expected Date of Delivery* THIS ITEM MAY BE SUPPLIED INSTEAD OF WEEKS GESTATION.

**Description**    Expected date of delivery for pregnant women, reported in an MMDDYYYY format.

**Column position**    31 - 38

**Field length**    8

**Data type**    Numeric

**Notes**    Year should be reported as 4 digits (for example, 2004). Expected date of delivery should be reported only for pregnant women.

All dates should fall within valid month, day, and year ranges. Unlike all other PC2004 dates, expected dates of delivery may fall after April 2004. Any part of the date that is missing or unavailable should be left blank.

Example:

For May 3, 2004, the entry would be

05032004.

If day is unknown, the entry would be

05 __ __ 2004.

**6c.**   *Number of Weeks Gestation*   THIS ITEM MAY BE SUPPLIED INSTEAD OF EXPECTED DATE OF DELIVERY.

|  |  |
|---|---|
| **Description** | Number of weeks since pregnant woman's last menstrual period, as of the date of the most recent certification in April 2004. |
| **Column position** | 39 - 40 |
| **Field length** | 2 |
| **Data type** | Numeric |
| **Allowable values** | 1 - 43 |
| **Note** | Number of weeks gestation should be reported *only* for pregnant women. |

**7.**   *Date of Certification*

| | |
|---|---|
| **Description** | The month, day, and year of the participant's current certification (for the most recent certification as of April 2004) reported in an MMDDYYYY format. |
| **Column position** | 41 - 48 |
| **Field length** | 8 |
| **Data type** | Numeric |
| **Notes** | Year should be reported as 4 digits (for example, 2003).  There should be no certification dates after 4/30/2004. |

There should be no certification dates earlier than 2003.

All dates should fall within valid month, day and year ranges.  Any part of the date that is missing or unavailable should be left blank.

Example:

For March 3, 2004, the entry would be

   03032004.

If day is unknown, the entry would be

   03 __ __ 2004.

**8.**     *Participant's Sex*

      **Description**                  Indication of whether infant or child is male or female.

                                                  1    =    Male
                                                    2    =    Female

      **Column position**      49

      **Field length**          1

      **Data type**            Numeric

      **Allowable values**     1 - 2

      **Note**                 This item is required only for infants and children**.**

9.      *Risk Priority Codes*

**Description**                         The participant's priority at the time of his/her most current certification date.

1   =   Priority I: Pregnant and breastfeeding women and infants, at nutritional risk as demonstrated by anthropometric or hematological assessment or by other documented nutritionally related medical condition.

2   =   Priority II: Infants up to 6 months of age of mothers who participated in WIC during pregnancy, or who would have been eligible to participate under Priority I documented medical condition. This priority may also be assigned to a breastfeeding mother of an infant who is classified as Priority II.

3   =   Priority III: Children at nutritional risk, as demonstrated by anthropometric or hematological assessment of other documented medical condition. Can also include high-risk postpartum women.

4   =   Priority IV: Pregnant and breastfeeding women and infants, at nutritional risk as demonstrated by inadequate dietary pattern. Can also include high-risk postpartum women and homeless and migrant pregnant and breastfeeding women and infants.

5   =   Priority V: Children at nutritional risk due to inadequate dietary pattern. Can also include high-risk postpartum women and homeless and migrant children.

6   =   Priority VI: Postpartum women, not breastfeeding, at nutritional risk on either medical or dietary criteria unless assigned to higher priorities at state discretion. At State option, this priority can also include homeless and migrant postpartum women.

7   =   Priority VII: Previously certified participants likely to regress in nutritional status without continuation of supplemental food. At State option, this priority can also include homeless and migrant participants.

**Column position**         50

**Field length**            1

9       *Risk Priority Codes (continued)*

**Data type**                      Numeric

**Allowable values**          1 - 7

**Notes**          If the risk priority code equals 1 then certification category should equal 1 or 2 or 4.
               If the risk priority code equals 2 then certification category should equal 4 or 2.
               If the risk priority code equals 3 then certification category should equal 5 or 3.
               If the risk priority code equals 4 then certification category should equal 1 or 2 or 3 or 4.
               If the risk priority code equals 5 then certification category should equal 5 or 3.
               If the risk priority code equals 6 then certification category should equal 3.

**10a.** *Participation in Other Programs - TANF*

| | |
|---|---|
| **Description** | Does the participant receive TANF (Temporary Assistance to Needy Families) benefits? |

1    =    Yes
2    =    No

**Column position**      51

**Field length**      1

**Data type**      Numeric

**Allowable values**      1 - 2

**Note**      The participant's reported participation at the time of this certification. If updated since certification, the participant's current participation in this program.

If column 51 = 1, then income entries should be present either in column positions 57 to 61 or 63 to 64.

**10b.** *Participation in Other Programs - Food Stamps*

| | |
|---|---|
| **Description** | Does the participant receive Food Stamps? |

1   =   Yes
2   =   No

**Column position**     52

**Field length**     1

**Data type**     Numeric

**Allowable values**     1 - 2

**Note**     The participant's reported participation at the time of this certification. If updated since certification, the participant's current participation in this program.

If column 52 = 1, then income entries should be present either in column positions 57 to 61 or 63 to 64.

**10c.**    *Participation in Other Programs - Medicaid*

| | |
|---|---|
| **Description** | Does the participant receive Medicaid benefits? |

                                                   1   =   Yes
2   =   No

**Column position**         53

**Field length**            1

**Data type**               Numeric

**Allowable values**        1 - 2

**Note**                    The participant's reported participation at the time of this certification. If updated since certification, the participant's current participation in this program.

If column 53 = 1, then income entries should be present either in column positions 57 to 61 or 63 to 64.

**11.** *Migrant Status*

**Description**        Is any member of the family a migrant worker?  According to the
                       WIC Program Consolidated Regulations a migrant farm worker is an
                       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 purpose of such employment, a temporary abode.

                       1    =    Yes
                       2    =    No

**Column position**    54

**Field length**       1

**Data type**          Numeric

**Allowable values**   1 - 2

**12.**     *Number in Economic Unit*

| | |
|---|---|
| **Description** | The number of persons in the economic unit upon which income eligibility is based.  A self-declared number in the economic unit for those eligible for WIC due to participation in other means-tested programs or those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii). |
| **Column position** | 55 - 56 |
| **Field length** | 2 |
| **Data type** | Numeric |
| **Allowable values** | 1 - 20 |
| **Note** | Zero is not a valid value for this item. |
| | *Number in economic unit must be reported for all participants*. |

**13a.**   *Family Income*

| | |
|---|---|
| **Description** | For a person whose income is determined during the certification process, enter the income amount that was used to qualify the individual for WIC benefits.  For a participant whose income was not required to be determined for WIC certification, enter a self-declared income for descriptive purposes only.  Self-declared incomes for these participants may be entered in dollar amounts in tape positions for MDS Items 13a and 13b or by income categories in tape positions available for MDS Item 13c. |

For a participant whose income was not required to be determined as part of WIC certification, entry of a self-declared amount should not be used by State data systems to alter WIC eligibility decisions.  From a regulatory point of view, such eligibility is based on the means test provided by other programs such as TANF, the Food Stamp Program, Medicaid, and, at State option, other programs selected by a State agency.  As long as the participant is a bona fide participant in such other programs, apparent discrepancies in income amounts need not be edited from WIC files nor examined for potential effects on WIC eligibility.

For Indian State agencies, which have opted to implement alternative income eligibility procedures, as set forth in Section 246.7(d)(2)(viii) of the Federal WIC regulations, self-declared incomes may be stated in dollars or selected from income codes in MDS Item 13c.

**Column position**   57 - 61

**Field length**   5

**Data type**   Numeric

**Notes**   If a record does not contain a dollar amount income in column positions 57 to 61, an income value should be present in column positions 63 to 64.

*Zero should be used only to indicate an income of zero.*  Zero may not indicate missing values or values not reported.  Income that is missing or not available should be left blank.

**13b.**    *Income Period*


**Description**          The period covered by the amount described in the FAMILY
                         INCOME field (item 13a).

                         1    =    Weekly
                         2    =    Monthly
                         3    =    Biweekly (every two weeks)
                         4    =    Annually

**Column position**      62

**Field length**         1

**Data type**            Numeric

**Allowable values**     1 - 4

**Notes**                Income period should be present for every record containing a dollar
                         value for income.

                         FNS will convert income expressed in different measures (weekly,
                         monthly, yearly) to annual amounts.

## 13c.   *Income Ranges for Participants with Adjunct Eligibility*

**Description**               Self-declared income for the family/economic unit expressed in a dollar range for any participant whose income was not required to be determined as part of the WIC certification process.

Participants whose incomes are not required to be determined during WIC certification include adjunctively income-eligible participants and those persons deemed income eligible under optional procedures available to the State agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-vii).

| Monthly | Code | Annually | Code |
|---------|------|----------|------|
| $0  - 99 | 01 | $0  - 1,199 | 01 |
| $100 - 199 | 02 | $1,200 - 2,399 | 02 |
| $200 - 299 | 03 | $2,400 - 3,599 | 03 |
| $300 - 399 | 04 | $3,600 - 4,799 | 04 |
| $400 - 499 | 05 | $4,800 - 5,999 | 05 |
| $500 - 599 | 06 | $6,000 - 7,199 | 06 |
| $600 - 699 | 07 | $7,200 - 8,399 | 07 |
| $700 - 799 | 08 | $8,400 - 9,599 | 08 |
| $800 - 899 | 09 | $9,600 - 10,799 | 09 |
| $900 - 999 | 10 | $10,800 - 11,999 | 10 |
| $1,000 - 1,099 | 11 | $12,000 - 13,199 | 11 |
| $1,100 - 1,199 | 12 | $13,200 - 14,399 | 12 |
| $1,200 - 1,299 | 13 | $14,400 - 15,599 | 13 |
| $1,300 - 1,399 | 14 | $15,600 - 16,799 | 14 |
| $1,400 - 1,499 | 15 | $16,800 - 17,999 | 15 |
| $1,500 - 1,599 | 16 | $18,000 - 19,199 | 16 |
| $1,600 - 1,699 | 17 | $19,200 - 20,399 | 17 |
| $1,700 - 1,799 | 18 | $20,400 - 21,599 | 18 |
| $1,800 - 1,899 | 19 | $21,600 - 22,799 | 19 |
| $1,900 - 1,999 | 20 | $22,800 - 23,999 | 20 |
| $2,000 - 2,099 | 21 | $24,000 - 25,199 | 21 |
| $2,100 - 2,199 | 22 | $25,200 - 26,399 | 22 |
| $2,200 - 2,299 | 23 | $26,400 - 27,599 | 23 |
| $2,300 - 2,399 | 24 | $27,600 - 28,799 | 24 |
| $2,400 - 2,499 | 25 | $28,800 – 29,999 | 25 |
| $2,500 - 2,599 | 26 | $30,000 – 31,199 | 26 |
| $2,600 - 2,699 | 27 | $31,200 – 32,399 | 27 |
| $2,700 – 2,799 | 28 | $32,400 – 33,599 | 28 |
| $2,800 – 2,899 | 29 | $33,600 – 34,799 | 29 |
| $2,900 – 2,999 | 30 | $34,800 – 35,999 | 30 |
| $3,000 – 3,199 | 31 | $36,000 – 38,399 | 31 |
| $3,200 – 3,299 | 32 | $38,400 – 39,599 | 32 |
| $3,300 – 3,399 | 33 | $39,600 – 40,799 | 33 |
| $3,400 – 3,499 | 34 | $40,800 – 41,999 | 34 |
| $3,500 – 3,599 | 35 | $42,000 – 43,199 | 35 |
| $3,600 – 3,699 | 36 | $43,200 – 44,399 | 36 |
| $3,700 – 3,799 | 37 | $44,400 – 45,599 | 37 |
| $3,800 – 3,899 | 38 | $45,600 – 46,799 | 38 |
| $3,900 – 3,999 | 39 | $46,800 – 47,999 | 39 |
| $4,000 – 4,099 | 40 | $48,000 – 49,199 | 40 |
| $4,100 – 4,199 | 41 | $49,200 – 50.399 | 41 |
| $4,200 – 4,299 | 42 | $50,400 – 51,599 | 42 |
| $4,300 – 4,399 | 43 | $51,600 – 52,799 | 43 |
| $4,400 – 4,499 | 44 | $52,800 – 53,199 | 44 |
| $4,500+ | 45 | $54,000+ | 45 |

**13c.** *Income Ranges for Participants with Adjunct Eligibility* (continued)

**Column position** 63 - 64

**Field length** 2

**Data type** Numeric

**Allowable values** 1 – 45

**Notes:**

Codes were expanded in PC2002 to include higher dollar values.

States may enter income for adjunctively income eligible participants either in 13a or in 13c.

If a record does not contain a dollar amount for income in column positions 57 to 61, an entry should be present for adjunctive income range in column positions 63 to 64.

If column positions 51, 52, or 53 equal 1, then an entry for adjunctive income should be present either in positions 57 to 61 or 63 to 64.

Zero is not a valid entry for this item.

**14a.** *Nutritional Risk #1*

        **Description**          Nutritional risk present at certification as recorded on State files.

        **Column position**     65 - 68

        **Field length**         4

        **Data type**           Alphanumeric

        **Notes**              State nutritional risk codes will be translated into nutritional risk categories agreed upon by FNS and NWA.

                              *This item should be left-justified and blank-filled.*

**14b.**  *Nutritional Risk #2*

> **Description**          Nutritional risk present at certification as recorded on State files.
>
> **Column position**      69 - 72
>
> **Field length**         4
>
> **Data type**            Alphanumeric
>
> **Notes**                State nutritional risk codes will be translated into nutritional risk categories agreed upon by FNS and NWA.
>
> *This item should be left-justified and blank-filled.*

**14c.** *Nutritional Risk #3*

**Description**          Nutritional risk present at certification as recorded on State files.

**Column position**      73 - 76

**Field length**         4

**Data type**            Alphanumeric

**Notes**                State nutritional risk codes will be translated into nutritional risk categories agreed upon by FNS and NWA.

*This item should be left-justified and blank-filled.*

**15a.** *Hemoglobin*

| | |
|---|---|
| **Description** | Value for the measure of iron status that applies to the current certification.  Reported in grams/dl (XX.Y) with a single implied decimal place.  For example, 29.6 should be coded as 296. |
| **Column position** | 77 - 79 |
| **Field length** | 3 |
| **Data type** | Numeric |
| **Notes** | This item is not required for infant participants. |
| | Zero should not be used to indicate missing values.  If hemoglobin is missing or not reported, this item should be left blank. |

**Special Note:**  Under the new regulations for WIC blood measures, a date for blood measures is needed if the date of the blood measure is not within the **ninety days** described above**.**  For PC2004, this date in MMDDYYYY format may be added to the end of Supplemental Data Set items in fields 299 - 306 in the PC2004 file submission and documented in the data transmission worksheet.  This is described in further detail on page 90 under Supplemental Data Set specifications for item 37 Date of Blood Test.

**15b.** *Hematocrit*

| | |
|---|---|
| **Description** | Value for the measure of iron status that applies to the current certification. Reported to the nearest tenth of a percent (XX.Y) with a single implied decimal place. For example, 37.6 should be coded as 376. |
| **Column position** | 80 - 82 |
| **Field length** | 3 |
| **Data type** | Numeric |
| **Notes** | This item is not required for infant participants. |
| | Zero should not be used to indicate missing values. If hematocrit is missing or not reported, this item should be left blank. |

**Special Note:** Under the new regulations for WIC blood measures, a date for blood measures is needed if the date of the blood measure is not within the **ninety days** described above. For PC2004, this date in MMDDYYYY format may be added to the end of Supplemental Data Set items in fields 299 – 306 in the PC2004 file submission and documented in the data transmission worksheet. This is described in further detail on page 90 under Supplemental Data Set specifications for item 37 Date of Blood Test.

**16a (i).  *Participant's Weight in Pounds*  THIS ITEM MAY BE SUPPLIED INSTEAD OF METRIC WEIGHT.**

| | |
|---|---|
| **Description** | The participant's weight in whole pounds. |
| **Column position** | 83 - 85 |
| **Field length** | 3 |
| **Data type** | Numeric |
| **Note** | Participant weight may be reported *either* in pounds and quarter pounds *or* in grams. |

**16a (ii).** *The Nearest Quarter Pound of Participant's Weight*

| | |
|---|---|
| **Description** | The nearest quarter pound of participant's weight. |
| **Column position** | 86 |
| **Field length** | 1 |
| **Data type** | Numeric |
| **Notes** | Quarter pounds should be reported only when weight in pounds is reported. |
| | Participant weight may be reported *either* in pounds and quarter pounds *or* in grams. |

**16b.** *Participant's Weight in Grams* THIS ITEM MAY BE SUPPLIED INSTEAD OF WEIGHT IN POUNDS.

|  |  |
|---|---|
| **Description** | The participant's weight measured in grams. |
| **Column position** | 87 - 92 |
| **Field length** | 6 |
| **Data type** | Numeric |
| **Note** | Participant weight may be reported *either* in pounds and quarter pounds *or* in grams. |

**17a (i).** *Participant's Height in Inches* **THIS ITEM MAY BE SUPPLIED INSTEAD OF HEIGHT IN CENTIMETERS.**

| | |
|---|---|
| **Description** | The participant's height (length) in whole inches. |
| **Column position** | 93 - 94 |
| **Field length** | 2 |
| **Data type** | Numeric |
| **Note** | Participant height may be reported *either* in inches and one-eighth inches *or* in centimeters. |

**17a (ii). *The Nearest Eighth of an Inch of Participant's Height***

| | |
|---|---|
| **Description** | The nearest eighth of an inch of participant's height (length). |
| **Column position** | 95 |
| **Field length** | 1 |
| **Data type** | Numeric |
| **Notes** | Eighth inches should be reported only when height in inches is reported. |
| | Participant height may be reported *either* in inches and one-eighth inches *or* in centimeters. |

**17b.** *Participant's Height in Centimeters*  **THIS ITEM MAY BE SUPPLIED INSTEAD OF HEIGHT IN INCHES.**

| | |
|---|---|
| **Description** | The participant's height (length) measured to the nearest tenth of a centimeter (XXX.Y) with a single implied decimal place for example, 30.5 should be coded as 0305. |
| **Column position** | 96 - 99 |
| **Field length** | 4 |
| **Data type** | Numeric |
| **Note** | Participant height may be reported *either* in inches and one-eighth inches *or* in centimeters. |

**18.**    *Date of Height and Weight Measure*

**Description**    The month, day and year during which the participant's height and weight was measured (used for most recent certification as of April), reported in an MMDDYYYY format.

**Column position**    100 - 107

**Field length**    8

**Data type**    Numeric

**Notes**    Year should be reported as 4 digits (for example, 2004). There should be no dates after 04/30/2004.

All dates should fall within valid month, day and year ranges. Any part of the date that is missing or unavailable should be left blank.

Example:

For January 3, 2004, the entry would be

   01032004.

If day is unknown, the entry would be

   01 __ __ 2004.

**19a.**  *Currently Breastfed*

| | |
|---|---|
| **Description** | For infants and children ages **six months through thirteen months (greater or equal to 6 months and less than 14 months)** in April 2004, whether or not the participant is currently breastfed.<br><br>1 = Yes<br>2 = No |
| **Column position** | 108 |
| **Field length** | 1 |
| **Data type** | Numeric |
| **Allowable values** | 1 - 2 |
| **Note** | This item is required only for infants and children ages **six months through thirteen months (greater or equal to 6 months and less than 14 months)**.<br><br>A State may report breastfeeding data for additional infant and children WIC participants if this approach is better-suited to the configuration of the State's automated processing system. If your State chooses this option, please indicate this choice on the PC2004 Worksheet. Please note that only data on infants and children who are ages **six months through thirteen months** will be analyzed and reported for PC2004.<br><br>If this information is missing or not available, leave the column position blank.<br><br>See the exhibit on page 6 for the flow of breastfeeding items in this dataset. |

**19b.** *Ever Breastfed*

| | |
|---|---|
| **Description** | For infants and children not currently breastfeeding who are ages **six months through thirteen months** in April 2004, whether or not the infant or child was ever breastfed. |

1  =  Yes
2  =  No

**Column position**      109

**Field length**      1

**Data type**      Numeric

**Allowable values**      1 - 2

**Note**      This item is required only for infants and children who are ages **six months through thirteen months** who are not currently breastfeeding.  That is, this information should be reported for every WIC infant and child ages **six months through thirteen months (greater or equal to 6 months and less than 14 months)** with a value of 2 in column position 108.

A State may report breastfeeding data for additional infant and child WIC participants if this approach is better-suited to the configuration of the State's automated processing system.  If your State chooses this option, please indicate this choice on the PC2004 Worksheet.  Please note that only data on infants and children ages **six months through thirteen months** will be analyzed and reported for PC2004.

If this information is missing or not available, leave the column position blank.

**19c.** *Length of Time Breastfed*

| | |
|---|---|
| **Description** | For infants and children ages **six months through thirteen months** in April 2004 who have ever been breastfed, the number of weeks the infant or child received breast milk. |

For example, if the infant or child was breastfed for 5 months, record: 22 weeks

The conversion listed below are consistent with conversions applied by the CDC Surveillance System. To convert months to weeks:

| 1 month | = | 4 weeks |
|---|---|---|
| 2 months | = | 9 weeks |
| 3 months | = | 13 weeks |
| 4 months | = | 17 weeks |
| 5 months | = | 22 weeks |
| 6 months | = | 26 weeks |
| 7 months | = | 30 weeks |
| 8 months | = | 35 weeks |
| 9 months | = | 39 weeks |
| 10 months | = | 43 weeks |
| 11 months | = | 48 weeks |
| 12 months | = | 52 weeks |
| 13 months | = | 56 weeks |

To convert days to weeks:

| Fewer than 4 days | = | 0 weeks |
|---|---|---|
| 4 - 10 days | = | 1 week |
| 11 - 17 days | = | 2 weeks |
| 18 - 24 days | = | 3 weeks |
| 25 - 31 days | = | 4 weeks |
| 32 - 38 days | = | 5 weeks |
| 39 - 45 days | = | 6 weeks |

If this information is missing or not available, leave the column positions blank.

| | |
|---|---|
| **Column position** | 110 - 111 |
| **Field length** | 2 |
| **Data type** | Numeric |
| **Allowable values** | 0 - 56 |

**19c.**  *Length of Time Breastfed* **(continued)**

**Notes**          This item is required only for infants and children ages **six months through thirteen months** who have ever been breastfed.  Data on length of time breastfed should be reported for infants and children ages **six months through thirteen months (greater or equal to 6 months and less than 14 months)** with values of 2 (not currently breastfeeding) in column 108 and values of 1 (yes response to ever breastfed) in column 109.

A State may report breastfeeding data for additional infant and child WIC participants if this approach is better-suited to the configuration of the State's automated processing system.  If your State chooses this option, please indicate this choice on the PC2004 Worksheet.

Zero is a valid entry for this item.  If the infant or child was breastfed for fewer than 4 days, enter a zero.  When information is missing, leave columns 110 and 111 blank.

**19d.** *Date Breastfeeding Data Collected*

| | |
|---|---|
| **Description** | For infants and children ages **six months through thirteen months** in April 2004, the date (month, day, and year) on which breastfeeding status was reported by the mother. Date must be reported in MMDDYYYY format. |
| **Column position** | 112 - 119 |
| **Field length** | 8 |
| **Data type** | Numeric |
| **Notes** | Year should be reported as 4 digits (for example, 2004). This item is required only for infants and children ages **six months through thirteen (greater than 6 months and less than 14 months)**. |

A State may report breastfeeding data for additional infant and child WIC participants if this approach is better-suited to the configuration of the State's automated processing system. If your State chooses this option, please indicate this choice on the PC2004 Worksheet.

There should be no dates after 4/30/2004.

All dates should fall within valid month, day, and year ranges. Any part of the date that is missing or unavailable should be left blank.

Example:

For March 3, 2003, the entry would be

   03032003.

If day is unknown, the entry would be

   03 __ __ 2003.

**19d.**    *Date Breastfeeding Data Collected* **(continued)**
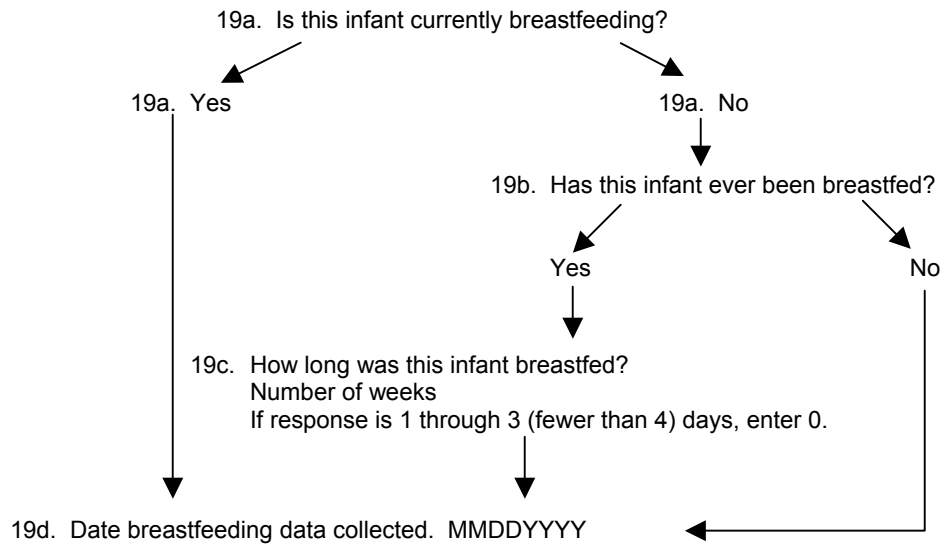
**Notes (continued)**                For infants and children reported as no longer breastfeeding in your State system, there is no need to repeat the breastfeeding questions when these infants and children are ages **six months through thirteen months**.  However, the State agency must ensure that the data reported accurately reflect the full breastfeeding duration for each infant and child WIC participant.

State or local agency staff can verify this information when the infant or child is ages **six through thirteen months**.  The date of this administrative validation should be entered as the date of breastfeeding data collected.  Please consult your WIC Administrator to determine the process to be used.  In addition, be sure to document derivation of dates when you submit your State's data file.

Entries in column positions 112 through 119 are essential for analysis of all breastfeeding data entries.  Please ensure that these data are provided along with the data on other breastfeeding items.

**Flow of Breastfeeding Questions for WIC**
**Minimum Data Set PC2004**

19a.  Is this infant currently breastfeeding?

19a.  Yes                    19a.  No

19b.  Has this infant ever been breastfed?

Yes                    No

19c.  How long was this infant breastfed?
        Number of weeks
        If response is 1 through 3 (fewer than 4) days, enter 0.

19d.  Date breastfeeding data collected.  MMDDYYYY

Data are to be reported for all infants and children six through thirteen months in April 2004.

**20a-j.** *Food Packages*

| | |
|---|---|
| **Description** | The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month of April, 2004. |

| **Column position** | | |
|---|---|---|
| | Food Package Code #1: | 120-129 |
| | Food Package Code #2: | 130-139 |
| | Food Package Code #3: | 140-149 |
| | Food Package Code #4: | 150-159 |
| | Food Package Code #5: | 160-169 |
| | Food Package Code #6: | 170-179 |
| | Food Package Code #7: | 180-189 |
| | Food Package Code #8: | 190-199 |
| | Food Package Code #9: | 200-209 |
| | Food Package Code #10: | 210-219 |

| | |
|---|---|
| **Field length** | 10 for each code; 100 total. |
| **Data type** | Alphanumeric |
| **Notes** | Using this format, States can report up to 10 food package codes— each 10 characters wide. If these specifications will not allow complete reporting of your State's food package codes, please contact Abt Associates to develop an alternative file layout. |

*Each food package code should be left-justified and blank-filled.*

States must deliver their Food Package Coding Schemes along with their data submissions.

States have the option of providing food package data in an item-quantity format. For states whose food package coding system has changed since PC2002, the item-quantity format is preferable, if at all possible.

# SECTION V

## SUPPLEMENTAL DATA SET SPECIFICATIONS

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## WIC PARTICIPANT
### AND
## PROGRAM CHARACTERISTICS

## PC2004

**US Department of Agriculture**
**Food and Nutrition Service**

# SUPPLEMENTAL DATA SET OF PC2004

The data items listed below are included in the Supplemental Data Set. States that are currently collecting these items should include them in April 2004 data submissions. Several items previously submitted have been deleted through agreement of FNS and FWA through the work of NWA's Task Force to update PC reporting.

For biennial reports on WIC participant and program characteristics, the term participant means a person on WIC master lists or a person listed in WIC operating files who is certified to receive WIC benefits in April 2004.

*The data items should reflect the participant's status on each item at the time of the most recent WIC Program certification as of April 2004.* However, as a convenience to State agencies that do not maintain historical files and that update the information in their automated systems during certification periods, current information that is on the file for each participant in April 2004 will be accepted.

21. **Date of First WIC Certification** Date the participant was first certified for the WIC Program in MMDDYYYY format. For pregnant, breastfeeding and postpartum women this applies to the current/most recent pregnancy and not to prior pregnancies.

22. **Education Level** For pregnant, breastfeeding and postpartum women, the highest grade or year of school completed. For infants and children, the highest grade or year of school completed by mother or primary caretaker.

23. **Number in Household in WIC** The number of people in the participant's household receiving WIC benefits.

24. **Source of Prenatal Care** **DELETED.**

25. **Date When Prenatal Care Began** **DELETED**.

26. **Date Previous Pregnancy Ended** For pregnant women, the date that the previous pregnancy ended in MMDDYYYY format.

27. **Total Number of Pregnancies** For pregnant women, the total number of times the woman has been pregnant, including this pregnancy, all live births and any pregnancies resulting in miscarriage, abortion or stillbirth.

28. **Total Number of Live Births** For pregnant women, the total number of babies born alive to this woman, including babies who may have died shortly after birth.

**29a-b.  Prepregnancy Weight**   For pregnant women only, the participant's weight immediately prior to pregnancy.  Prepregnancy weight may be reported *either* in pounds and ounces, *or* in grams.

**30a-b.  Weight Gain During Pregnancy**   For breastfeeding and postpartum women, the participant's weight gain during pregnancy as taken immediately at or prior to delivery.  Weight gain during pregnancy may be reported in *either* pounds and ounces**,** *or* in grams.

**31a-b.  Birth Weight**   For infants and children, the participant's weight at birth measured according to CDC nutrition surveillance program standards (lbs/ounces).  Birth weight may be reported in *either* pounds and ounces, *or* in grams.

**32a-b.  Birth Length**   For infants and children, the participant's length measured according to CDC nutrition surveillance program standards (nearest _ inches).  Birth length may be reported in *either* inches and eighth inches, *or* in centimeters.

**33.      Date of Last Routine Checkup or Immunization    <u>DELETED</u>**.

**34.      Length of Time Mother on WIC During Pregnancy    <u>DELETED</u>**.

**35.      Erythrocyte Protoporphyrin  <u>DELETED</u>**.

**36.      Participation in the Food Distribution on Indian Reservations program**   The participant's reported participation in this program at the time of the most recent WIC Program certification as of April 2004.

**37.      Date of Blood Test**   Month, day, and year blood measure was collected and reported in MMDDYYYY format.  This is required only if blood measure is not collected within **90 days** of certification date.

**38.      Race/Ethnicity using OMB's new coding scheme for PC2006 (Optional for PC2004)**

**21.**     *Date of First WIC Certification*

| | |
|---|---|
| **Description** | The month, day, and year of participant's first certification for WIC reported in an MMDDYYYY format.  For pregnant women, this item applies to the *current* pregnancy and not to prior pregnancies.  For breastfeeding and postpartum women, this item applies to the *most recent* pregnancy.  For infants and children, this item refers to the first WIC certification ever recorded. |
| **Column position** | 220 - 227 |
| **Field length** | 8 |
| **Data type** | Numeric |
| **Notes** | Year should be reported as 4 digits (for example, 2004).  The date of first WIC certification should not fall after 4/30/2004. |

All dates must fall within legitimate month, day, and year ranges.  Any part of the date that is missing or not available should be left blank.

Example:

For March 3, 2003 the entry would be

   03032003.

If day is unknown, the entry would be

   03 __ __ 2003.

**22.** *Education Level*

| | |
|---|---|
| **Description** | For women, the highest grade of school (0-12) or year of college (13, 14, 15, 16...) completed by participant. For infants and children, the highest grade of school or year of college completed by the mother or primary caretaker. |
| **Column position** | 228 - 229 |
| **Field length** | 2 |
| **Data type** | Numeric |
| **Allowable values** | 0 - 18 |
| **Note** | Zero is a valid entry for this item and should be used for any WIC participant who has completed less than one year of school. When data are missing, leave columns 228 and 229 blank. |

**23.** *Number in Household in WIC*

| | |
|---|---|
| **Description** | The number of people in the participant's household (economic unit used for WIC certification) enrolled in WIC in April.  For example, all those individuals who have the same family identifier. |
| **Column position** | 230 - 231 |
| **Field length** | 2 |
| **Data type** | Numeric |
| **Allowable values** | 1 - 20 |
| **Note** | This number should be no greater than the number in the economic unit entered in item 12 of the Minimum Data Set. |

**24.** *Source of Prenatal Care* **(This variable has been dropped from PC2004)**

**DELETED**

Column position        232  **- Leave Column Blank**

**25.** *Date Prenatal Care Began* **(This variable has been dropped from PC2004)**

**DELETED**

Column position                233 –240 – **Leave Columns Blank**

26.     *Date Previous Pregnancy Ended*

|  |  |
|---|---|
| **Description** | For pregnant women, the month, day, and year when previous pregnancy ended, reported in an MMDDYYYY format. |
| **Column position** | 241 - 248 |
| **Field length** | 8 |
| **Data type** | Numeric |
| **Notes** | Year should be reported as 4 digits (for example, 2003). |

All dates must fall within legitimate month, day, and year ranges. Any part of the date that is missing or not available should be left blank.

Example:

For January 3, 2001 the entry would be

   01032001.

If day is unknown, the entry would be

   01 __ __ 2001.

**27.** *Total Number of Pregnancies*

| | |
|---|---|
| **Description** | For pregnant women, the total number of times the pregnant woman participant has been pregnant, including this pregnancy and any pregnancies resulting in birth, miscarriage, abortion or stillbirth. |
| **Column position** | 249 - 250 |
| **Field length** | 2 |
| **Data type** | Numeric |
| **Allowable values** | 1 - 20 |

**28.** *Total Number of Live Births*

| | |
|---|---|
| **Description** | For pregnant women, the total number of babies born alive to this woman, including those infants who may have died shortly after birth. |
| **Column position** | 251 - 252 |
| **Field length** | 2 |
| **Data type** | Numeric |
| **Allowable values** | 0 - 20 |
| **Note** | Zero is a valid entry for this item and should be used for reporting information on women who have experienced no previous live births. When data are missing, leave columns 251 and 252 blank. |

**29a (i).** *Prepregnancy Weight in Pounds*     THIS ITEM MAY BE SUPPLIED INSTEAD OF PREPREGNANCY WEIGHT IN GRAMS.

|  |  |
|---|---|
| **Description** | For pregnant women, the participant's weight immediately prior to pregnancy in whole pounds. |
| **Column position** | 253 - 255 |
| **Field length** | 3 |
| **Data type** | Numeric |
| **Allowable values** | 60 - 500 |
| **Notes** | This item should be reported only for pregnant women. |
|  | Prepregnancy weight may be reported _either_ in pounds and quarter pounds _or_ in grams. |

**29a (ii).** *The Nearest Quarter Pound of Participant's Prepregnancy Weight*

|  |  |
|---|---|
| **Description** | For pregnant women, the nearest quarter pound of participant's prepregnancy weight. |
| **Column position** | 256 |
| **Field length** | 1 |
| **Data type** | Numeric |
| **Allowable values** | 0 - 3 |
| **Notes** | This item should be reported only if prepregnancy weight in pounds [item 29a(i)] is reported. |
|  | This item should be reported only for pregnant women. |
|  | Prepregnancy weight may be reported *either* in pounds and quarter pounds *or* in grams. |

**29b.** *Participant's Prepregnancy Weight in Grams* THIS ITEM MAY BE SUPPLIED INSTEAD OF PREPREGNANCY WEIGHT IN POUNDS.

| | |
|---|---|
| **Description** | For pregnant women, the participant's weight immediately prior to pregnancy measured in grams. |
| **Column position** | 257 - 262 |
| **Field length** | 6 |
| **Data type** | Numeric |
| **Allowable values** | 30,000 - 250,000 |
| **Notes** | This item should be reported only for pregnant women. |
| | Prepregnancy weight may be reported _either_ in pounds and quarter pounds _or_ in grams. |

**30a (i).** *Weight Gain During Pregnancy in Pounds*  THIS ITEM MAY BE SUPPLIED INSTEAD OF WEIGHT GAIN IN GRAMS.

| | |
|---|---|
| **Description** | For breastfeeding and postpartum women, the participant's weight gain in pounds, during pregnancy, as taken at or immediately prior to delivery. |
| **Column position** | 263 - 264 |
| **Field length** | 2 |
| **Data type** | Numeric |
| **Allowable values** | 1 - 50 |
| **Notes** | This item should be reported only for breastfeeding and postpartum women. |
| | Weight gain during pregnancy may be reported *either* in pounds and quarter pounds *or* in grams. |
| | If negative weight gain is reported, please contact Abt Associates to develop an alternative file layout. |

**30a (ii).** *The Nearest Quarter Pound of Participant's Weight Gain During Pregnancy*

| | |
|---|---|
| **Description** | For breastfeeding and postpartum women, the nearest quarter pound of participant's weight gain during pregnancy. |
| **Column position** | 265 |
| **Field length** | 1 |
| **Data type** | Numeric |
| **Allowable values** | 0 - 3 |
| **Notes** | This item should be reported only if weight gain during pregnancy in pounds [item 30a(i)] is reported. |
| | This item should be reported only for breastfeeding and postpartum women. |
| | Weight gain during pregnancy may be reported _either_ in pounds and quarter pounds _or_ in grams. |

**30b.** *Participant's Weight Gain During Pregnancy in Grams*   THIS ITEM MAY BE SUPPLIED INSTEAD OF WEIGHT GAIN IN POUNDS.

| | |
|---|---|
| **Description** | For breastfeeding and postpartum women, the participant's weight gain, in grams during pregnancy, as taken at or immediately prior to delivery. |
| **Column position** | 266 - 270 |
| **Field length** | 5 |
| **Data type** | Numeric |
| **Allowable values** | 500 - 25,000 |
| **Notes** | This item should be reported only for breastfeeding and postpartum women. |

Weight gain during pregnancy may be reported *either* in pounds and quarter pounds *or* in grams.

**31a (i).** *Baby's Birth Weight in Pounds*  THIS ITEM MAY BE SUPPLIED INSTEAD OF BIRTH WEIGHT IN GRAMS.

| | |
|---|---|
| **Description** | Infant's or child's birth weight in whole pounds. |
| **Column position** | 271 - 272 |
| **Field length** | 2 |
| **Data type** | Numeric |
| **Notes** | This item should be reported only for infants and children. |

Birth weight may be reported *either* in pounds and ounces *or* in grams.

If negative weight gain is reported, please contact Abt Associates to develop an alternative file layout.

**31a (ii). *Ounces of Birth Weight***

| | |
|---|---|
| **Description** | For infants and children, the nearest number of ounces of participant's weight at birth. |
| **Column position** | 273 - 274 |
| **Field length** | 2 |
| **Data type** | Numeric |
| **Allowable values** | 0 - 15 |
| **Notes** | This item should be reported only if weight in pounds [item 31a(i)] is reported. |
| | This item should be reported only for infants and children. |
| | Birth weight may be reported *either* in pounds and ounces *or* in grams. |

**31b.** *Baby's Birth Weight in Grams*  THIS ITEM MAY BE SUPPLIED INSTEAD OF BIRTHWEIGHT IN POUNDS.

| | |
|---|---|
| **Description** | Infant's or child's birth weight in grams. |
| **Column position** | 275 - 278 |
| **Field length** | 4 |
| **Data type** | Numeric |
| **Notes** | This item should be reported only for infants and children. |
| | Birth weight may be reported *either* in pounds and ounces *or* in grams. |

**32a (i).  *Baby's Length at Birth in Inches*  THIS ITEM MAY BE SUPPLIED INSTEAD OF LENGTH IN CENTIMETERS.**

| | |
|---|---|
| **Description** | Infant's or child's length at birth in whole inches. |
| **Column position** | 279 - 280 |
| **Field length** | 2 |
| **Data type** | Numeric |
| **Notes** | This item should be reported only for infants and children. |
| | Birth length may be reported *either* in inches and one-eighth inches *or* in centimeters. |

**32a (ii).** *The Nearest Eighth of an Inch of Baby's Length at Birth*

| | |
|---|---|
| **Description** | For infants and children, the nearest eighth of an inch of participant's length at birth. |
| **Column position** | 281 |
| **Field length** | 1 |
| **Data type** | Numeric |
| **Allowable values** | 0 - 7 |
| **Notes** | This item should be reported only if birth length in inches [item 32a(i)] is reported. |
| | This item should be reported only for infants and children. |
| | Birth length may be reported *either* in inches and one-eighth inches *or* in centimeters. |

**32b.** *Baby's Length at Birth in Centimeters* THIS ITEM MAY BE SUPPLIED INSTEAD OF LENGTH IN INCHES.

| | |
|---|---|
| **Description** | Infant's or child's length at birth to the nearest tenth of a centimeter (XX.Y), with a single implied decimal place.  For example, 30.5 should be coded as 305. |
| **Column position** | 282 - 284 |
| **Field length** | 3 |
| **Data type** | Numeric |
| **Notes** | This item should be reported only for infants and children. |
| | Birth length may be reported *either* in inches and one-eighth inches *or* in centimeters. |

**33.** *Date of Last Routine Checkup or Immunization –* **(This variable has been dropped from PC2004)**

**DELETED**

Column position          285-292  - **Leave Columns Blank**

**34.** *Length of Time Mother in WIC*  **(This variable has been dropped from PC2004)**

**DELETED**

Column position                  293-294 – **Leave Columns Blank**

**35.** *Erythrocyte Protoporphyrin Test Results*  **(This variable has been dropped from PC2004)**

<u>**DELETED**</u>

Column position          295-297 – **Leave Columns Blank**

**36.** *Participation in the Food Distribution on Indian Reservations Program*

| | |
|---|---|
| **Description** | Does the participant receive Food Distribution on Indian Reservation benefits? |

1 = Yes
2 = No

**Column position** 298

**Field length** 1

**Data type** Numeric

**Allowable values** 1 – 2

**37.** *Date of Blood Test*

**Description**                The month, day, and year participant's blood measure was taken, reported in MMDDYYYY format.  This is required only if the blood measure was collected more than **ninety days** after certification date.

**Column position**      299 - 306

**Field length**             8

**Data type**                Numeric

**Notes**                       Year should be reported as 4 digits (for example, 2004).

All dates must fall within legitimate month, day, and year ranges.  Any part of the date that is missing or not available should be left blank.

Example:

For December 3, 2003 the entry would be

12032003

If day is unknown, the entry should be

12_ _2003

**38.** *Race/Ethnicity using OMB's New Coding Scheme for PC2006 (<u>OPTIONAL for PC2004</u>)*

| | |
|---|---|
| **Description** | **Ethnicity and race are to be coded using OMB's new coding scheme (See Section VII of the Guidance)** |
| **Column position** | 307 - 312 |
| **Field length** | 6 |
| **Data type** | Numeric |
| **Notes** | See Section VII of the Guidance for specific instructions on how to code an individual's ethnicity and race according to OMB's guidelines for PC2006. |

**SECTION VI**


**DATA TRANSMITTAL WORKSHEET**

---

**WIC PARTICIPANT**
**AND**
**PROGRAM CHARACTERISTICS**

**PC2004**


**US Department of Agriculture**
**Food and Nutrition Service**

**WORKSHEET FOR TRANSMITTING APRIL 2004 DATA FILES**
**WIC PARTICIPANT AND PROGRAM CHARACTERISTICS 2004**

April submissions should be sent to Abt Associates as soon after April 2004 as possible and no later than August 31, 2004.  Please include this completed worksheet with your April data submission.

**1.**     State     _____

**2.**     Name, title, phone number, and fax number of person able to answer questions regarding State data submission.  Please provide e-mail address if available.

_____
NAME

_____
TITLE

_____
            TELEPHONE                                                        FAX

_____
E-MAIL

**3.**     April data file:

   **a.**     Number of participant records.  _____

   **b.**     Maximum record length.  _____

4.     Is Racial/ethnic data reported using the 5 categories used in prior PCs or using the revised OMB categories?  CIRCLE ONE ANSWER BELOW

   **_____** PRIOR PC CATEGORIES
   **_____** NEW OMB CATEGORIES

**5.**     Breastfeeding data collection procedures:

   **a.**     When is breastfeeding data collected?  CHECK ALL THAT APPLY.

   **_____**    AT ISSUANCE
   **_____**    AT CERTIFICATION/RECERTIFICATION
   **_____**    DURING HEALTH CARE APPOINTMENTS
   **_____**    AT NUTRITION EDUCATION SESSIONS
   **_____**    SEPARATE TELEPHONE OR MAIL INQUIRY
   **_____**    OTHER   DESCRIBE_____
                    _____
                    _____

**b.** Does your State collect breastfeeding data: CHECK ONE ANSWER.

_____ ONLY ON INFANTS AGED SIX TO THIRTEEN MONTHS IN APRIL 2004
_____ ON INFANTS AGED SIX TO THIRTEEN MONTHS WHEN DATA ARE COLLECTED
_____ ALL INFANTS
_____ OTHER  DESCRIBE_____
_____
_____

**c.** Is breastfeeding data collected routinely or only for the biennial PC reporting? CIRCLE ONE ANSWER BELOW.

ROUTINELY                              ONLY FOR PC REPORTING

**d.** Does your State's automated data system maintain the most recent breastfeeding information? CIRCLE ONE ANSWER BELOW.

YES                    NO                    MANUAL SUBMISSION

**6.** Please send food package code translations for types and amounts of WIC foods prescribed. Food package translations are... CIRCLE ONE ANSWER BELOW.

ENCLOSED        HAVE BEEN SENT EARLIER        WILL BE SENT UNDER SEPARATE COVER

**7.** Did the format for submitting food package code data work for your State?

YES                    NO

IF NO, PLEASE TELEPHONE, FAX, OR E-MAIL ABT TO DISCUSS.

**8.** Please check the Supplemental Data Set items submitted for PC2004.

_____ DATE OF FIRST WIC CERTIFICATION
_____ EDUCATION LEVEL
_____ NUMBER IN HOUSEHOLD ON WIC
_____ DATE PREVIOUS PREGNANCY ENDED
_____ TOTAL NUMBER OF PREGNANCIES
_____ TOTAL NUMBER OF LIVE BIRTHS
_____ PREPREGNANCY WEIGHT
_____ WEIGHT GAIN DURING PREGNANCY
_____ BABY'S BIRTH WEIGHT
_____ BABY'S LENGTH AT BIRTH
_____ EP VALUES
_____ PARTICIPATION IN FOOD DISTRIBUTION ON INDIAN RESERVATION PROGRAM
_____ DATE OF BLOOD TEST (FOR BLOOD TESTS NOT TAKEN WITHIN 90 DAYS OF WIC CERTIFICATION)

**9**.        Has your State adopted OMB's new 3-digit coding scheme for Race/Ethnic classification as required for PC2006 (Optional for PC2004)?

           \_\_\_\_Yes (**Please notify Nicole Gill at 617-3492552 or Nicole_gill@abtassoc.com**)
           \_\_\_\_ No

**10.**      Other special information.

_____

_____

_____

_____

Please send files and documentation to:

        Nicole Gill               or      Email file to
        Abt Associates Inc.                    PC2004@abtassoc.com
        55 Wheeler Street
        Cambridge, Massachusetts 02138

If you have any questions, please call Nicole Gill at 617-349-2552. The address for e-mail is: PC2004@abtassoc.com. If you prefer to send a fax, you may reach Nicole Gill at 617-349-2605.

# SECTION VII


## REVISED RACIAL-ETHNIC REPORTING FOR PC2006

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**WIC PARTICIPANT**
**AND**
**PROGRAM CHARACTERISTICS**

**PC2004**


**US Department of Agriculture**
**Food and Nutrition Service**

September 19, 2002

**SUBJECT:**      Final WIC Policy Memorandum Fiscal Year 2002-6
                WIC Racial/Ethnic Data Collection

**TO:**          Regional Directors
                Supplemental Food Programs
                All Regions

This policy memorandum provides guidance to State and local agencies on the WIC Racial/Ethnic Data Collection.  It includes 1) the revised WIC Program racial and ethnic data categories, and 2) the reporting requirements for the data categories set forth by the Office of Management and Budget (OMB).

Background

On October 30, 1997, OMB issued a Notice in the Federal Register advising of revisions to the Statistical Policy Directive No. 15, Race and Ethnic Standards for Federal Statistics and Administrative Reporting. The new standards were developed by OMB in order to monitor enforcement of civil rights laws for populations that historically experienced discrimination and differential treatment in housing, education, employment and other areas because of their race or ethnicity.  These new standards were developed to ensure uniformity and comparability in the collection and use of data on race and ethnicity by Federal agencies.  Federal agencies are required to issue new racial/ethnic data system and collection procedures by January 31, 2003.

Under the new standards, OMB requires data collection on ethnicity as well as racial categories.  The two ethnic categories required by OMB are "Hispanic or Latino" and "Not Hispanic or Latino".  Only one category can be selected.  The five racial categories required by OMB are:  1) American Indian or Alaska Native, 2) Asian, 3) Black or African American, 4) Native Hawaiian or Other Pacific Islander and 5) White.  One or more racial categories may be selected.  The OMB definitions for racial and ethnic categories are listed in Attachment I.

Federal agencies, not State agencies, are required to compile information on any multiple race combinations that represent one percent or more of the population served by the jurisdiction (State agency).  No WIC State agency is likely to need to accommodate more than two factors.

Impact on State Agencies

The new OMB standards will change the racial and ethnic data collected at the time of application for

individuals determined eligible to participate in the WIC Program. Therefore, these changes will result in modifications to State agencies' data collection instruments and/or management information systems. State agencies have flexibility to determine the format for collection of this data. Attachment II illustrates the minimum information that must be collected to capture the racial and ethnic data.

Self-identification by the participant at the time of certification is the preferred method of obtaining data. Participants must be asked to self-identify their racial and ethnic categories, but only after it has been explained and they understand that the collection of this information is to produce data on characteristics of populations served, and to monitor compliance with Federal civil rights laws. Participants should also be informed that this data collection has no effect on the determination of their eligibility to participate in the WIC Program.

OMB requires that when the participant does not provide racial and ethnic information, the staff shall obtain the information through observation and record it as observed. If a participant chooses not to self-identify her/his racial and/or ethnic group, visual identification by a program staff member must be used to determine the participant's racial and ethnic categories. Selection of one race is acceptable when local agency staff performs visual identification.

The new standards will also change the compilation of data for transmittal to the Food and Nutrition Service (FNS) contractor for the WIC Participant and Program Characteristics (PC) report. FNS will work with its contractor to produce the information for multiple race categories for individuals who mark more than one race. Soon after the issuance of this policy memorandum, FNS will issue the Minimum Data Set Specifications, including data codes for racial and ethnic data, to provide guidance on the compilation of data for transmittal to FNS contractors for the PC report.

**Implementation**

No later than **April 1, 2005,** State agencies must begin collecting racial and ethnic data from participants at certification using the new OMB racial and ethnic categories. This allows State agencies to report data for the PC 2004 report under the previous racial/ethnic data categories before system changes are implemented to reflect the new categories for race and ethnicity.

By **April 1, 2006**, the PC report will reflect the new racial and ethnic data categories collected by FNS for all State agencies.

However, if State agencies implement the new racial/ethnic categories before April 1, 2005, they are encouraged to report the data as part of the PC 2004 report **and notify FNS of this fact in advance of submitting the PC 2004 data.**

We hope this information will facilitate the process of collecting and reporting racial and ethnic data in accordance with the revised OMB standards and deadlines for reporting to FNS.

The minimum categories for data on race and ethnicity for Federal statistics, program administrative

reporting and civil rights compliance reporting are defined by OMB as follows:

**Ethnicity**

***Hispanic or Latino.*** A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

**Race**

***American Indian or Alaska Native.*** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

***Asian.*** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

***Black or African American.*** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

***Native Hawaiian or Other Pacific Islander.*** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

*White.* A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

**Answer both statements:**

Select **one** of the ethnic categories:

> Not Hispanic or Latino
> **Hispanic or Latino**

Select **one or more** of the racial categories:

> American Indian or Alaska Native
> Asian
> Black or African American
> Native Hawaiian or Other Pacific Islander
> White

**MINIMUM DATA SET SPECIFICATIONS**
**Planned for Use in PC2006 to Meet OMB Requirements**

5.  Participant's Race/Ethnic Status


Description:  Classification of the WIC participant into Hispanic/Latino or Not Hispanic/Latino ethnicity as well as 5 racial categories selected singly or in multiples as required by the U.S. Office of Management and Budget:  Items will be coded  either as yes/no for each of the possible questions or in 3 digits to represent key combinations of two racial selections with the first digit representing ethnicity and the last two digits representing race.   Choice to use yes/no data entries or standard codes will depend of most efficient modification of a State's information system.  Either will be accepted for the Minimum Data Set with proper file documentation.

**Placing number 1 in the first digit of the following codes signifies Hispanic/Latino**

Placing  number 2 in the first digit of the following codes signifies Not Hispanic/Latino

As required by the Office of Management and Budget, multiple choices from the following categories may be selected by WIC Participants as most closely representing themselves:   State system screens will allow multiple choices of American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White.  For WIC purposes, no State needs to report more that two racial category selections.

Either yes=1; no=2  responses for each of the above categories  or codes for combinations of ethnicity and race may be provided by WIC State management information systems to report the following combinations as sufficient for civil rights reporting for the WIC Program:

101 = American Indian or Alaskan Native, Hispanic/Latino
201 = American Indian or Alaskan Native, Not Hispanic/Latino

102 = Asian, Hispanic/Latino
202 = Asian, Not Hispanic/Latino

103 = Black or African American, Hispanic/Latino
203 = Black or African American, Not Hispanic/Latino

104 = Native Hawaiian or Other Pacific Islander, Hispanic/Latino
204 = Native Hawaiian, Not Hispanic/Latino

105 = White, Hispanic/Latino
205 = White, Not Hispanic/Latino

106 = American Indian or Alaskan Native; White; Hispanic/Latino
206 = American Indian or Alaskan Native; White; Not Hispanic/Latino

107 = Asian; White; Hispanic/Latino
207 = Asian; White; Not Hispanic/Latino

108 = Black or African American; White; Hispanic/Latino
208 = Black or African American; White; Not Hispanic/Latino

109 = American Indian or Alaskan Native; Black or African American; Hispanic/Latino
209 = American Indian or Alaskan Native; Black or African American; Not Hispanic/Latino

110 = American Indian or Alaskan Native; Asian; Hispanic/Latino
210 = American Indian or Alaskan Native; Asian; Not Hispanic/Latino

111 = American Indian or Alaskan Native; Native Hawaiian or Other Pacific Islander;
    Hispanic/Latino
211 = American Indian or Alaskan Native; Native Hawaiian or Other Pacific Islander;
    Not Hispanic/Latino

112 = Asian; Black; Hispanic/Latino
212 = Asian; Black; Not Hispanic/Latino

113 = Asian; Native Hawaiian or Other Pacific Islander; Hispanic/Latino
213 = Asian; Native Hawaiian or Other Pacific Islander; Not Hispanic/Latino

114 = Black; Native Hawaiian or Other Pacific Islander; Hispanic/Latino
214 = Black; Native Hawaiian or Other Pacific Islander; Not Hispanic/Latino

115 = Native Hawaiian or Other Pacific Islander; White; Hispanic/Latino
215 = Native Hawaiian or Other Pacific Islander; White; Not Hispanic/Latino

116 = American Indian or Alaskan Native; Asian; Black; Hispanic/Latino
216 = American Indian or Alaskan Native; Asian; Black; Not Hispanic/Latino

117 = American Indian or Alaskan Native; Asian; Native Hawaiian or Other Pacific Islander; Hispanic/Latino

217 = American Indian or Alaskan Native; Asian; Native Hawaiian or Other Pacific Islander; Not Hispanic/Latino

118 = American Indian or Alaskan Native; Asian; White; Hispanic/Latino

218 = American Indian or Alaskan Native; Asian; White; Not Hispanic/Latino

119 = American Indian or Alaskan Native; Black; Native Hawaiian or Other Pacific Islander; Hispanic/Latino

219 = American Indian or Alaskan Native; Black; Native Hawaiian or Other Pacific Islander; Not Hispanic/Latino

120 = American Indian or Alaskan Native; Black; White; Hispanic/Latino

220 = American Indian or Alaskan Native; Black; White; Not Hispanic/Latino

121 = American Indian or Alaskan Native; Native Hawaiian or Other Pacific Islander; White; Hispanic/Latino

221 = American Indian or Alaskan Native; Native Hawaiian or Other Pacific Islander; White; Not Hispanic/Latino

122 = Asian; Black; Native Hawaiian or Other Pacific Islander; Hispanic/Latino

222 = Asian; Black; Native Hawaiian or Other Pacific Islander; Not Hispanic/Latino

123 = Asian, Black; White; Hispanic/Latino

223 = Asian, Black; White; Not Hispanic/Latino

124 = Asian; Native Hawaiian or Other Pacific Islander; White; Hispanic/Latino

224 = Asian; Native Hawaiian or Other Pacific Islander; White; Not Hispanic/Latino

125 = Black; Native Hawaiian or Other Pacific Islander; White; Hispanic/Latino

225 = Black; Native Hawaiian or Other Pacific Islander; White; Not Hispanic/Latino

126 = American Indian or Alaskan Native; Asian; Black; Native Hawaiian or Other Pacific Islander; Hispanic/Latino

226 = American Indian or Alaskan Native; Asian; Black; Native Hawaiian or Other Pacific Islander; Not Hispanic/Latino

127 = American Indian or Alaskan Native; Asian; Black; White; Hispanic/Latino
227 = American Indian or Alaskan Native; Asian; Black; White; Not Hispanic/Latino

128 = American Indian or Alaskan Native; Asian; Native Hawaiian or Other Pacific Islander;
      White; Hispanic/Latino
228 = American Indian or Alaskan Native; Asian; Native Hawaiian or Other Pacific Islander;
      White; Not Hispanic/Latino

129 = American Indian or Alaskan Native; Black; Native Hawaiian or Other Pacific Islander;
      White; Hispanic/Latino
229 = American Indian or Alaskan Native; Black; Native Hawaiian or Other Pacific Islander;
      White; Not Hispanic/Latino

130 = Asian; Black; Native Hawaiian or Other Pacific Islander; White; Hispanic/Latino
230 = Asian; Black; Native Hawaiian or Other Pacific Islander; White; Not Hispanic/Latino

131 = American Indian or Alaskan Native; Asian; Black; Native Hawaiian or Other Pacific
      Islander; White; Hispanic/Latino
231 = American Indian or Alaskan Native; Asian; Black; Native Hawaiian or Other Pacific
      Islander; White; Not Hispanic/Latino


| | |
|---|---|
| Column positions | Currently 307-312 |
| Field length | 6 |
| Data type | Numeric |
| Allowable values | 1 or 2; or 101 - 131; 201 – 231 with blank fills |

     Example:  For a Non-Hispanic Black and Asian

          In Yes/No Format: 221122
              or
          In Standard Codes:  212 followed by 3 blanks

| | |
|---|---|
| Note | States participating in the CDC Surveillance System (PNSS and PedNSS) may submit either set of codes to these systems with proper documentation for interpretation. |