SPECIAL SUPPLEMENTAL NUTRITION PROGRAM

FOR

WOMEN, INFANTS AND CHILDREN (WIC)

FFY 2014

STATE STRATEGIC PLAN

DUNS #806418075

NEW JERSEY DEPARTMENT OF HEALTH

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2014 STATE PLAN SUMMARY

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1.0 EXECUTIVE SUMMARY

1.1 Federal Overview

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) was established in 1972 as a pilot project following a national survey that found anemia and inadequate growth to be common among American children in low-income families. In 1974, WIC was established as a discretionary program, available throughout the United States. WIC is a preventive public health nutrition program that provides nutrition and breastfeeding education, nutritious foods, and improved access to regular health care and social services to low and moderate-income pregnant, postpartum and breastfeeding women and young children with, or at risk of developing nutrition related health problems. To address the identified and implement the mandates of the legislation, WIC:

- Provides a WIC food package that is in line with the 2005 Dietary Guidelines for Americans and current infant feeding practice guidelines of the American Academy of Pediatrics to: better promote and support the establishment of successful long-term breastfeeding; provide WIC participants with a wider variety of food; provide WIC State agencies with greater flexibility in prescribing food packages to accommodate participants with cultural food preferences; and, serve all participants with certain medical provisions under one food package to facilitate efficient management of participants with special dietary needs.
- Issues food vouchers containing supplemental foods with essential nutrients found to be deficient or lacking in their diets. The food vouchers are redeemable at approved retail stores in New Jersey.
- Provides health and nutrition screenings for early identification or treatment of existing risk factors that contribute to poor growth rates in infants and children, poor pregnancy outcomes and poor health and nutrition status.
- Conducts nutrition/health counseling designed to improve their dietary habits and eliminate or reduce risk factors. The counseling is provided in both individual and peer/group-sessions.
- Promotes adoption **of healthy** lifestyles for prevention of diseases, improved birth outcomes and pediatric growth through nutrition education.
- Refers program participants to needed health care, social and other community services for health protection.

- Promotes and supports exclusive breastfeeding.
- Through integration of programs (National Fruit and Vegetable Program, Farmers' Market Nutrition Program and the Office of Nutrition and Fitness (ONF)) reduces barriers and strengthens the abilities of program participants to adopt lifelong dietary practices for health promotion.
- Provides nutrition education tailored to participants' risk factors and interests.

Numerous research findings show that WIC contributes to improved health and nutritional status of pregnant women, postpartum and breastfeeding women in low socioeconomic status, infants and children. Also, studies conducted by United States Department of Agriculture (USDA) Food and Nutrition Services (FNS), other non-government entities (Mathematica) and University of Medicine and Dentistry of New Jersey show that WIC is a cost-effective nutrition intervention program. The following summarizes some of the findings that support the effectiveness of WIC Services:

Improved Birth Outcomes and Savings in Health Care Costs

National and statewide studies that have evaluated the cost-benefit of WIC prenatal participation have consistently shown that dollars invested in WIC significantly contributed to savings in medical care costs for infants. Prenatal WIC participation also contributes to improved birth weight, gestational age and infant mortality. (ref. # 1 – 6)

Increased Consumption of Key Nutrients/Increased Nutrient Density of Diet

A healthy diet is associated with a positive health status and can reduce the risk for several chronic diseases, including obesity, heart disease, type 2 diabetes, and come cancers. Consuming a healthy diet during early childhood contributes to adequate growth and development. Studies have shown that WIC children have higher increased intakes of iron, potassium, and fiber. Also participation in WIC dramatically improves Healthy Eating Index scores for the household. (ref # 7 - 8)

WIC reduces obstacles that low-income population encounter in adopting healthy diets. Such obstacles include lack of knowledge and access to nutritious foods. Apart from the vouchers containing the supplemental foods, the WIC program implements the Farmers' Market Nutrition Program (FMNP) that increases access to a locally grown fresh fruits and vegetables combined. The Farmers Market Nutrition Program also incorporates nutrition education that strengthens the abilities of program participants to adopt lifelong dietary practices necessary to prevent the onset of chronic diseases. Through the New Jersey WIC FMNP, WIC educates the program participants about the

relationship of nutrition to chronic disease prevention, promotes consumption of locally grown produce and contributes to increases in revenues for participating New Jersey farmers. In 2012, 231 New Jersey farmers served as vendors for the FMNP and redeemed vouchers worth over $0.5 million dollars.

Increased Breastfeeding Rates

Breastfeeding helps mothers feel close to their babies, and the breast milk contains all the nutrients infants need to grow and develop. Breastfed infants tend to be healthier since they receive antibodies from the breast milk, which protect them against infection. With increasing breastfeeding education and support services over the years, the WIC breastfeeding initiation rate increased 21.8 percentage points to 63.1% between 1998 and 2010. *(*ref. #9).

CONCLUSION: WIC is a multi-component, comprehensive, effective, cost-saving intervention public health nutrition program designed to address the specific health and nutrition needs of at risk pregnant, postpartum, and breastfeeding women, and infants and children of low socioeconomic status.

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1.2 State Overview

The New Jersey Department of Health (NJDOH) was one of the first ten State agencies in the nation to administer the WIC Program. The Department currently provides WIC services to the entire State of New Jersey through health service grants awarded to seventeen local agencies and two Maternal and Child Health Consortia. Nine agencies are local/county health departments, three are hospitals, and five agencies are private/nonprofit organizations. The Maternal and Child Health Consortia provide breastfeeding education and support services for WIC participants in their service areas. As the Department moves forward with initiatives for a healthier New Jersey, WIC Services will play a key role to assure better health and improved nutritional status of low-income women, infants and young children.

It is the goal of New Jersey WIC Services to utilize varied strategies to reduce the risk of poor pregnancy outcomes, facilitate the improvement of nutritional status by identifying and providing services to prevent nutritional problems/challenges that impact on the nutritional and health status of low income pregnant, postpartum, breastfeeding women, infants and children participating in New Jersey WIC program. In 2012, New Jersey WIC Services through the local WIC agencies served 294,587 pregnant, postpartum, breastfeeding women, infants and children up to age five who have low incomes, medical and/or nutrition risk factors. The ethnic distribution of the WIC Program participants was 49.03% Hispanic/Latino and 49.85% Non-Hispanic/Latino. Race distribution of New Jersey WIC participants: 2.89% American Indians and Alaska Native; 3.40% Asian; 27.86% African American; 1.45% Native Hawaiians or Pacific Islander, 65.00% White; and 1.12% Other. According to data from the 2011 Electronic Birth Certificate, 24.4% of all New Jersey live births were by WIC mothers.

1.3 Local Agency Overview

Local WIC agencies in New Jersey serve as a gateway to primary preventive health care for many of the State's vulnerable pregnant, postpartum and breastfeeding women, infants and children. New Jersey WIC Services provides a unique opportunity through which program participants receive access to primary preventive health care and referrals to human services programs. The State and local WIC agencies continue to work collaboratively to ensure a participant focused delivery system through the promotion and expansion of one-stop service and integration of services at conveniently located facilities.

The local WIC agencies establish accessible WIC clinic site locations throughout their service area in collaboration with health related organizations, community and non-profit organizations, and county and local municipalities. The local agencies employ over 400 staff to certify the WIC participants using the WIC ACCESS computer system on state owned computers. WIC services must be provided by approved nutrition professionals and nurses and support staff. Local agencies provide extended hours for working participants.

One-sixth of the services offered to WIC participants must be in nutrition education. Local agency staff utilize a variety of materials to encourage healthy eating habits.

1.4 New Jersey WIC Advisory Council Overview

The purpose of the WIC Advisory Council is to bring together representatives from statewide organizations and constituencies that have an interest in the nutritional status of mothers and children by performing the following functions:

- Contribute to the promotion of the New Jersey WIC Services;
- Provide support and make recommendations to New Jersey WIC Services for the operation of an effective program;
- Act as a clearinghouse for the exchange of ideas and information; and
- Provide an articulate voice for consumers in areas affecting WIC, nutrition and health.

The responsibility of the Council is to collaborate with and advise the New Jersey Department of Health through the Director of WIC Services in the delivery of quality services to WIC clients. The areas include: Targeting, Caseload Management, Outreach, Coordination of WIC with other community health services, Vendor Operations, Nutrition Policy, Program Planning, and Budgetary Management.

The New Jersey WIC Advisory Council is comprised of member representatives from numerous providers and advocacy areas, such as: Maternal Health, Pediatric Health, Nutrition, Vendors, Participant Representative (Urban), Participant Representative (Rural), the WIC Forum (President/Designee), a Local Agency Representative, a Health Officer, MCH Regional Consortia, WIC Advocates, New Jersey Hospital Alliance, Division of Medical Assistance, New Jersey State Assembly, New Jersey State Senate, and Managed Care.

1.5 The Division of Family Health Services' Mission Statement:

To improve the health, safety, and well-being of families and communities in New Jersey.

1.5.1 Organizational Structure

Organizational charts for WIC Services are contained in Appendix 7.1 and show the functional organization of each of the Service unit program areas. WIC Services is organizationally located within the Division of Family Health Services (FHS). Gloria Rodriguez is the Assistant Commissioner for the Division of Family Health Services.

1.6 New Jersey WIC Services' Mission Statement:

To safeguard the health of low-income women, infants, and children up to age five (5) who are at nutritional risk by providing nutritious foods to supplement diet, information on healthy eating, breastfeeding promotion and support and referrals to health care agencies.

1.7 New Jersey WIC Services' Goals

To enhance the quality of life for women, infants and children through a client centered service delivery system.

To improve the nutritional status of all low-income persons eligible to receive supplemental foods, nutrition education and accessibility to health care and other social services; and to ensure the integrity of program operations and maximize the use of funds appropriated by the United States Department of Agriculture (USDA).

The New Jersey WIC Services Strategic priority sections are addressed in 6.0 Strategies. The Strategies are: Client Services through Technology and Collaboration of Services, Value Enhanced Nutrition Assessment (VENA), Breastfeeding Exclusivity, Physical Activity in Conjunction with Nutrition Education, Vendor Cost Containment, and Program Integrity.

1.8 New Jersey WIC Services 2014 Objectives

Objectives

- To improve client services through technology and collaboration of services;
- To provide participant centered services through Value Enhanced Nutrition Assessment (VENA), improved process, content and staff skill, and the use of enhanced nutrition assessment tools;
- To promote, support and protect exclusive breastfeeding for the first six months of life and continued breastfeeding with the addition of appropriate complimentary foods for the rest of the first year and thereafter as long as mutually desired by mother and child;
- To provide fully integrated breastfeeding promotion and support services at all WIC sites;
- To promote regular physical activity in conjunction with nutrition education to aid in the prevention of overweight and obesity in WIC participants and caregivers of WIC participants.
- To continue complying with the Vendor Cost Containment rule; and
- To continue monitoring program integrity through local agency program operation monitoring and evaluations, vendor compliance buys, MIS ad hoc reporting, and program data analysis and evaluations.
- To replace the existing electronic data processing system that employs a distributed model with a new consolidated web based system.

2.0 ORGANIZATIONAL STRUCTURE OF NEW JERSEY WIC SERVICES

2.1 State Operations

2.1.1 Office of the Director

2.1.1.1 Administrative Section

The Office of the Director administers and manages all operations, including the four service delivery units and the 11 USDA functional areas, of New Jersey WIC Services. The four service units are Health and Ancillary Services, Monitoring and Evaluation, Food Delivery and WIC Information Technology. The 11 functional areas identified by USDA are detailed in the WIC Federal Regulations 7 CFR, Part 246. The 11 functional areas are Vendor Management, Nutrition Services, Information Systems, Organization and Management, Administrative Expenditures, Food Funds Management, Caseload Management, Certification, Eligibility and Coordination, Food Delivery/Food Instrument Accountability and Control, Monitoring and Audits and Civil Rights.

The Office of the Director is responsible for the State Plan, monitoring the budget, monitoring and reporting on annual Operational Adjustment and Infrastructure Funding, Civil Rights, USDA State Technical Assistance Reviews (STAR), fiscal reviews of grantees, all state and federal management evaluations and audits , internal controls, efficiency and effectiveness or program operations and responding to all inquiries, complaints or issues from participants, the public, legislators, interest groups, and state and federal agencies.

The administrative tasks include:

1) Performing payroll activities for **36** employees in New Jersey WIC Services;

2) Completing and coordinating the preparation of all personnel actions for New Jersey WIC Services;

3) Providing administrative direction to program staff concerning interpretation of policies and procedures; and

4) Other administrative functions as deemed necessary to ensure the efficiency and effectiveness of program operations.

2.1.2 Health & Ancillary Services (H&AS) Unit

2.1.2.1 Health & Ancillary Services

State WIC nutrition and breastfeeding staff in the Health and Ancillary Services Unit develops policies and procedures and provides technical assistance in nine of the eleven functional areas of the WIC program. The Health and Ancillary Services staff are responsible for nutrition education, the cornerstone of the WIC program; the oversight of breastfeeding promotion and support services; immunization screening; monitoring of local agencies to ensure that they fully perform their WIC regulatory responsibilities; the certification process; food package tailoring; nutrition surveillance; and coordination of services with health and social service agencies.

Staff conducts trainings and provides support to local agencies on health and nutrition topics including: pediatric and prenatal nutrition advances, nutrition techniques, breastfeeding, customer service, income screening, blood work screening, anthropometrics (weighing and measuring) and program regulations. These trainings are eligible for continuing education credits from the American Academy of Nutrition and Dietetics and other relevant credentialing organizations. Staff reviews State and local agency program data and Nutrition Services reports to evaluate the characteristics of the certified population, e.g., level of education, nutritional risk factors, breastfeeding rates and formula usage.

2.1.2.2 Nutrition Education

Health and Ancillary Services assures through time studies that 1/6th of New Jersey's Nutrition Services Administrative funds are spent on Nutrition Education and that two nutrition education contacts per certification period are provided and documented for all WIC participants, including the high risk.

In addition to the Nutrition Education Plan, Health and Ancillary Services reviews, purchases, creates and distributes nutrition education materials for local WIC agencies and translates materials into Spanish and other languages as needed. Nutrition education is provided to individuals and groups, and whenever possible, is based on the individual interests and health needs of the participant.

The three major goals of WIC nutrition education are to:

- Highlight the relationship between proper nutrition and good health with special emphasis on the nutritional needs of pregnant, postpartum, and breastfeeding women, infants, and children under five years of age;
- Assist the individual who is at nutritional risk to achieve a positive change in food habits resulting in improved nutritional status and prevention of nutrition related problems through optimal use of the supplemental foods and other nutritious foods; and
- Provide nutrition education in the context of the ethnic, cultural, and geographic preferences of the participants and with consideration for educational and environmental limitations experienced by the participants.

The Health and Ancillary Services Unit, with local agency input, develops a Statewide Nutrition Education Plan that targets nutritional problems identified in the New Jersey WIC population. Local agencies may adopt this plan, make modifications, or develop an individual plan based on an assessment of the nutritional problems of the participants in their service area subject to the review and approval of the State WIC Agency.

Value Enhanced Nutrition Assessment (VENA) is part of the Revitalizing Quality Nutrition Services in WIC Initiative. The goal is to improve nutrition and health assessment for the purposes of directing client centered nutrition education and services.

In November 2012, Altarum Institute provided a one day introduction to a WIC Services Toolkit. This toolkit is the result of the collaboration between Altarum Institute and the States of Delaware, Maryland, New Jersey, and West Virginia, with funding provided by the Mid-Atlantic Region of the USDA and Food and Nutrition Services. In January 2013, States received 17 WIC Services Toolkit DVDs for distribution to the local agencies. The Toolkit topic areas include: Communication Skills Part 1, Communication Skills Part 2, Strategies for Group Education, Facilities and Use of Space, Service Delivery, Understanding Your WIC Customers and Guide for WIC Mentors. The Toolkit allows local agencies the ability to provide interactive trainings at their location to meet the needs of their staff.

In November 2009, the NJ WIC Program launched an interactive customized nutrition education website, NJWIConline.org. New Jersey WIC participants can utilize this website with internet

access to satisfy their secondary nutrition education contact. In December 2010, KIOSKS were placed at all the WIC local agency administrative offices. These KIOSKS contain the NJ WICOnline.org website for WIC Participants to complete their secondary nutrition contact. See Section 5 Milestones.

2.1.2.3 Breastfeeding Promotion and Support

The State WIC office oversees all breastfeeding promotion and support services provided for WIC participants by the local agencies and two Maternal and Child Health consortia by monitoring, reviewing, and evaluating the services provided. The State is responsible for technical assistance and training; responding to requests for information from the public and organizations both within and outside of State government; developing policies and procedures based on Federal regulations and guidelines from the National WIC Association; coordinating with private and public health care systems and other organizations and programs to promote and support breastfeeding; contributing to the Nutrition Education Plan; tracking and compiling the breastfeeding rates and trends; and purchasing breast pumps.

2.1.2.4 WIC Food Packages

The Health and Ancillary Services Unit identifies and provides local agencies with a list of the foods that are acceptable for issuance to program participants; at least one item from each food group in the WIC food package prescription must be available. The unit monitors local agencies to assure that supplemental foods are made available in the quantity and form necessary to satisfy the individual nutritional needs and cultural preferences of each participant, taking into consideration the participant's age and dietary needs. The authorized WIC foods are limited to those that are allowed by Federal Regulations and which satisfies New Jersey's food selection criteria. New Jersey WIC Services considers availability, cost, packaging, labeling, nutrient content, sugar and sodium content, adulteration, additives/substances, participant preferences, and variety of each food before including it on the WIC approved food list, and distribution to local WIC agencies.

2.1.2.5 Certification/Eligibility Determination

Participation in the WIC program is limited to pregnant, postpartum and breastfeeding women, infants, and children up to the age of five years from low-income families who are determined to be at nutritional risk by a competent professional authority (CPA). Health and Ancillary Services

oversees the eligibility process (income screening, residency, identity, adjunctive eligibility, nutritional assessment, and risk determination).

2.1.2.6 Access to Health Care

The WIC Program serves as an adjunct to primary preventive health care during critical times of fetal development, and the growth and development of infants and children. This component of the WIC Program functions to prevent the occurrence of health problems and to improve the health status of these vulnerable populations.

Local WIC agencies refer participants to healthcare and, as appropriate, to substance abuse counseling and ensure access at no cost or at a reduced cost. During certification, information is given to participant regarding the type of healthcare services available, where free immunizations can be obtained, how to obtain services, and why these services should be used. Standardized New Jersey WIC referral forms are used by all local agencies to collect screening and healthcare referral data. Federally Qualified Health Centers and prenatal health clinic uses the WIC referral form to facilitate the enrollment of eligible pregnant women in each program and reduce the duplication of services. Pregnant women who are presumptively eligible for Medicaid are adjunctively eligible for WIC. The health and nutrition information provided by Federally Qualified Health Centers and prenatal clinic staff on the referral form facilitates the WIC certification process and this coordination will continue during FFY 2014.

The State and local agencies in New Jersey work in cooperation with healthcare and social service providers, SNAP, Medicaid, New Jersey FamilyCare, federally funded community health centers, county welfare agencies, Head Start, HealthStart, child health conferences in local health departments, private physicians, and managed care providers. The co-location of WIC with other services increases the WIC eligible population's utilization of both services.

Health and Ancillary Services Unit staff works collaboratively with local agencies to ensure a participant-focused delivery system through the promotion and expansion of one-stop service and co-location of services at conveniently located facilities. New Jersey WIC Services has 111 clinic sites of which 48 are co-located with other health and/or human services programs. Health and Ancillary Services staff monitors and approves the opening and closing of WIC clinic sites. Innovative

initiatives to improve access, provide services, and increase efficiency have been integrated to improve both the health and nutritional status of the "at risk" WIC population.

These initiatives include the following:

- Co-location with preventive and primary healthcare; (Newark WIC Program)
- Utilization of two mobile WIC clinics to provide increased access to services in underserved areas (Tri-County and North Hudson WIC Programs);
- Provision of immunization education and referral to children's medical homes or health departments;
- Provision of breastfeeding promotion and support services through WIC local agencies and regional Maternal and Child Health Consortia;
- Coordination with the New Jersey Chapter of the American Academy of Pediatrics to increase immunization rates;
- Hematological testing of WIC participants without referral data from healthcare providers;
- Coordination with Health Maintenance Organizations;
- Co-location or referral linkages to Federally Qualified Health Centers;
- Initiatives to promote awareness of increased fruit and vegetable consumption; and
- Coordination with Medicaid to improve Early Periodic Screening Diagnosis Treatment rates.

2.1.2.7 Outreach and Coordination Network

New Jersey WIC Services and local WIC agencies annually publicize the availability of WIC Program benefits, including eligibility criteria and the location of local agencies operating the program, through offices and organizations that deal with significant numbers of potentially WIC-eligible people. These health and social service organizations and offices are part of the WIC outreach coordination network. Health and Ancillary Services and local agencies work closely with these groups to assure their understanding of WIC and to promote referrals across programs. State and local WIC agencies develop an annual targeting plan to promote WIC awareness, enhance access to WIC services, ensure continuity of WIC services, and coordinate WIC operations with other services or programs that benefit WIC participants. New Jersey WIC advertised on movie screens throughout New Jersey, in FFY 2012.

2.1.2.8 Voter Registration

New Jersey WIC Services provides voter registration services at all WIC clinic sites in compliance with the National Voter Registration Act of 1993. WIC applicants and participants are asked via a voter registration opportunity form that is available at all clinics if they are eligible to vote and would like to register to vote, assistance is available for completing these forms. New Jersey WIC Services coordinates with the Department of Law and Public Safety, Division of Elections, in submitting the quarterly reports from all New Jersey WIC agencies obtaining voter registration forms and provides relevant information to local WIC agencies on voter registration. Voter registration coordinators at local agencies train local staff and State staff are available for technical assistance.

2.1.2.9 MARWIC TIMES Newsletter

Since 1995, New Jersey WIC Services has produced the MARWIC Times newsletter for the United States Department of Agriculture (USDA) Mid Atlantic Region. This quarterly newsletter captures regional USDA news and the news and activities of the nine WIC states in the region: New Jersey, Pennsylvania, Delaware, Maryland, Virginia, West Virginia, the District of Columbia, Puerto Rico and the Virgin Islands. The newsletter was sent to all the WIC directors, nutritionists and breastfeeding coordinators nationally, all the USDA regional offices, and USDA headquarters. The MARWIC Times is supported by an annual grant to New Jersey WIC from the USDA Mid-Atlantic Regional Office. The Newsletter is available on WIC Works.

2.1.3 Monitoring and Evaluation Services

The Monitoring and Evaluation Services Unit (M&E) ensures the appropriate management, utilization of administrative, and food funds by local grantees.

WIC Nutrition Services Administration (NSA) funds are stringently monitored before, during, and after grants are awarded and when funds are expended. The M&E Unit determines an initial NSA grant amount for grantees consistent with the WIC Federal regulations for the distribution of funds through the fiscal budget process. The Department of Health Financial Services mandates and enforces State and Federal requirements for contracting with local grantees through the Notice of Grant Availability, Spending Plan and the Health Service Grant (HSG) process. USDA dictates specific WIC provisions.

The M&E Unit incorporates all requirements into the annual grant application packet and provides an information session to all interested applicants in March 2013. Staff reviews the grant applications for compliance with both program and fiscal requirements and prepare them for departmental review, approval and award. Staff monitors the grants through the expenditure process and sends a report of expenditures to the USDA monthly. If additional funds become available during the fiscal year, the M&E Unit determines the distribution of funds to local grantees and notifies the agencies to prepare a budget modification. Staff review and process grant modifications the same as initial grant applications. The M&E Unit determines the initial and reallocation of USDA funds for food costs to local grantees. Staff prepare, maintain, and monitor monthly State and local agency spreadsheets for projected and actual food dollar expenditures.

Another area of critical program monitoring is caseload management. Staff charts, updates monthly, and monitors program enrollment and participation data to ensure between 97 and 100 percent expenditure of funds without overspending the grant award. Staff distributes a packet of caseload management charts and policy directives to local agency coordinators monthly. Staff frequently discusses with local agency sponsors and coordinators the issues affecting caseload and food dollar expenditures and specific corrective actions needed. Caseload is an agenda topic for each of the bi-monthly administrative meeting with local agency coordinators. Staff also communicates with local grantees via conference calls and special meetings as needed.

The M&E Unit coordinates the Infant Formula Rebate contract and monthly billing to obtain rebate funds as part of the USDA Federal regulations requirement for infant formula rebate cost containment. Staff charts, monitors, and reports the infant formula rebate dollars to USDA monthly. The unit prepares an invoice and submits it to the infant formula contract vendor by the 15th of each month. The rebate dollars are deposited in the bank by the 15th business day of the month and are used for reduction of food expenditures. The unit is responsible for preparing the infant formula rebate Request for Proposal (RFP) in accordance with State purchasing requirements and USDA Federal regulations.

The M&E Unit prepares and issues the Affirmative Action Plan for NJ WIC Services. This plan analyzes health data for the New Jersey WIC eligible population by municipality and county. The unit utilizes the data to develop intervention strategies to improve services to the WIC eligible population.

Another function of the M&E Unit is the preparation of the USDA WIC State Plan Application. Unit staff collects and incorporate all the information relative to management and monitoring of NSA funds and food dollars. In addition, the data on the WIC eligible population is calculated to determine the areas of most need in the State. This information is critical for obtaining approval by USDA for the fiscal year grant award.

2.1.4 Food Delivery Services

The Food Delivery Services Unit (FD) has the primary responsibility to ensure the accountability, payment and reconciliation of 100 percent of all WIC checks distributed, printed, issued, voided, redeemed or rejected. The **17** local agencies have **33** administrative (permanent, fixed) service sites and 81 satellite clinics throughout the state that provide direct benefits to approximately **294,587** women, infants, and children annually. Benefits are delivered through the issuance of checks for specific foods. Checks are cashed at vendors (retail grocery stores) under contract with WIC. WIC Services presently issues over 7,000,000 checks per year and these checks have a value of more than $**138** million per year. The FD Unit oversees the operations of all local WIC agencies and their service sites with particular emphasis on check reconciliation and payment. Food Delivery also monitors more than **891** contracted WIC grocery stores (vendors) to ensure compliance with the Vendor Agreement and program integrity.

All new vendors participating in the program for six (6) months must submit their quarterly New Jersey Division of Taxation Sales and Use Tax forms (ST 50 forms or monthly UZ forms) to ensure that the vendors annual WIC food sales are not above-50-percent of their annual food sales. Vendors that are above-50-percent shall be disqualified from the program.

Ensuring compliance is accomplished through a variety of activities including: review of local WIC agencies Program operations; comprehensive review of vendor operations; management and review of the banking contract and procedures for processing checks; and analysis of computer reports from WIC's Automated Client Centered Electronic Services System (ACCESS) and Solutran, our banking contractor.

The local WIC agency review is a comprehensive assessment of the agency's total operations that focuses on compliance with regulations regarding the check issuance process, service delivery, customer service, orientation and training for new participants, and one-to-one reconciliation of all checks. The process includes extensive computer report analysis, onsite visits to sites statewide, development and provision of technical assistance and training to local WIC agency staff, and corrective action plans for bringing an agency into compliance.

Food Delivery personnel oversee the local WIC agency onsite process for WIC Services. The process includes developing the biennial schedule, sending out questionnaires, letters and reports to local

grantee sponsors and coordinators, and tracking and filing all documents. The onsite review process incorporates 11 Functional Areas that are defined by USDA for the WIC Supplemental Nutrition Program. The methods used by staff include on-site visits, completion of questionnaires by local grantees and State staff, desk reviews of grantee-submitted documents, on-line analysis of electronic data, and desk reviews of electronic reports.

Vendor management activities include collecting, processing, maintaining the paperwork, files and computer database necessary to manage contracted vendors; developing and providing training seminars statewide; conducting extensive computer report analysis; performing onsite monitoring of vendors statewide; collecting and analyzing commodity prices throughout the state; and conducting both training and covert compliance buys.

Food Delivery unit personnel review daily monthly bank reports and have the ability to electronically access and review images of all checks the bank has processed for the past seven years. Staff can also electronically access account information for all New Jersey WIC's bank accounts for up-to-date activity.

Food Delivery personnel develop ad hoc computer reports to identify, analyze and use as a tool to change and/or develop policies that will have a positive impact on service delivery for WIC participants. They develop and write comprehensive reports on local grantee or vendor operations; evaluate annual grant applications and grant modifications; and develop and provide technical training seminars for vendors.

Food Delivery personnel oversee the ordering, printing and distribution of various program materials, including all check stock used for WIC participant ID folders, participant rights and obligations forms, participant fact sheets, vendor food lists, vendor store signs, vendor stamps, and all forms related to the vendor application process.

Food Delivery personnel co-chair the Food List Committee along with the Health and Ancillary Services Unit. This group evaluates all items chosen for inclusion on the list of WIC approved foods. FD personnel bring their knowledge of statewide availability of items, variations in pricing at vendors across the state, and participant preferences.

Food Delivery personnel oversee the Special Infant Formula purchase system, whereby at-risk infants received medical infant formula shipped either to their homes or to their local WIC Agency. The State has a vendor agreement with a formula warehouse company in Lancaster, PA, for the purchase and shipment of special formula. This system has been in place for several years and has provided a much-needed service to WIC's neediest population.

Food Delivery personnel are responsible for the semiannual exchange of participant information with the Commonwealth of Pennsylvania. Date files are compared to discern whether any of NJ's WIC participants are enrolled in the PA WIC Program at the same time (dual participation). Through the efforts of WIC's computer system contractor, CMA, this data exchange has been enhanced and improved.

Food Delivery personnel are crossed trained to perform FD Unit and Vendor Management Unit functions. The cross training is enhancing the skills and knowledge of the staff, which is needed to maximize productivity.

2.1.5 WIC Information Technology

The WIC Information Technology (IT) Unit is responsible for all data and technology functions for New Jersey WIC Services. IT is responsible for three areas of program concern in support of WIC's Automated Client Centered Electronic Service System (WIC ACCESS): Operations, Maintenance/Project Management, Field Support and Quality Assurance. In addition to the WIC ACCESS system, the IT Unit supports the computers and associated computing equipment such as printers and scanners used by State WIC staff for program management and operations. The IT Unit is responsible for identification, evaluation, and implementation of a technologically current application to replace WIC ACCESS. The WIC IT unit also administers and is responsible for the Vendor database and application for monitoring and reporting.

2.1.5.1 Operations and Maintenance/Project Management of WIC ACCESS

All automated data processing operations and development is provided and supported by WIC's application service provider (ASP) according to specifications developed by New Jersey WIC Services. A critical role of the IT Unit is to coordinate, monitor and manage current ASP operations and identify issues to improve the efficiency of WIC ACCESS. Areas included in these efforts are monitoring of help desk operations, software "bug" identification, enhancements, application implementation, resource management and liaison for the State and local agencies to the ASP.

The IT Unit provides the necessary evaluation tools and training in use of the Local Agency Service Site Module, System Administration Module, and Central Administrative Module needed by State and local agency management and staff to monitor enrollment participation, food instrument cost, caseload management, food funds issuance, funds reconciliation and Local Agency staff member management. IT Unit also audits local agencies for compliance with Federal regulations that are considered IT in nature.

IT is responsible for identifying emerging technologies that will enhance cost-effective service delivery to WIC participants and improve information management. There are a number of initiatives currently under development that are directly related to implementation of new technologies or the utilization of current technologies in a different solution that will improve the operating efficiency of WIC ACCESS.

The IT Unit, working with other State Office Units, manages the modification of WIC ACCESS to meet the changing requirements of the WIC program. The IT Unit provides business requirements definition support for modifications to the WIC ACCESS application. These modifications are predominately in response to new or modified USDA requirements, in support of normal updates or new WIC initiatives, or to improve efficiency of operations. WIC ACCESS provides automated support for all aspects of WIC and must continuously evolve as WIC evolves.

2.1.5.2 Quality Assurance

The WIC Information Technology Unit utilizes internal resources to test any modifications to the WIC ACCESS application, including regression testing to assure that the modifications do not affect existing functionality. Formal test scripts are developed by Quality Assurance staff to fully exercise each change in the new build and to assure that the entire application continues to operate properly with the inclusion of the changes. Tests are run in a standalone Test Lab using copies of selected Local Agency systems and databases. After testing is complete in controlled conditions, pilot testing is conducted at two local agency administrative sites before any new modification is implemented statewide. The pilot test period is closely monitored by Quality Assurance staff who verify that the new version of the software operates without problems in the production environment.

2.1.5.3 Field Support

The WIC Information Technology Unit provides technical and logistical support to the State and local agency staff and its associated facilities. In conjunction with the ASP help desk, IT staff provides field support hardware and software assistance to local agencies at 33 administrative sites and 111 clinic satellite sites throughout the State of New Jersey. IT also provides the same support to State WIC personnel located at WIC's State Office facilities.

2.1.5.4.1 General Support of Client

IT staff identifies and develops all specifications and allocations for new hardware and software applications. IT staff researches and processes all purchase orders for necessary equipment and services. The IT Unit also keeps an electronic inventory on all State and local agency hardware and software.

IT will continue to explore new technology that can be tailored to the delivery of WIC services. New generations of hardware and software applications are constantly being tested and reviewed as to their appropriateness for WIC services at both the State and local levels.

New Jersey WIC is in the process of issuing a Request for Proposal for the continued operations and maintenance of WIC ACCESS.

New Jersey WIC is also in the process of issuing a Request for Proposal for a web based replacement system for WIC ACCESS.

2.1.5.5 New Jersey WIC Website

The New Jersey WIC website is an excellent resource for WIC participants, health professionals, and the public in general for information on the New Jersey WIC Program and for links to other public health nutrition programs and information. The site is being regularly updated because it is an effective outreach tool as evidenced by the higher number of visits each month.

The web address is www.state.nj.us/health/fns/wic/index.shtml

2.2 Local Agency Operations

Direct WIC services are provided on a monthly basis to approximately **294,587** women, infants, and children at **111** administrative and clinic sites in the **17** local agencies listed below. The agency sponsors consist of three hospitals, nine municipal/county health departments, and five private/nonprofit organizations.

Local Agency	Type of Agency	# Of Administrative/Satellite Clinics
Atlantic City	Local Government	2/0
Burlington County	Local Government	1/10
East Orange	Local Government	2/1
Tri-County/Gateway CAP	Non Profit	7/6
Gloucester County	Local Government	1/2
Newark	Local Government	4/3
Jersey City	Local Government	1/3
North Hudson Community Action Corporation	Non Profit	1/5
NORWESCAP	Non Profit	3/4
Plainfield	Local Government	1/0
St. Joseph's Regional Medical Center	Hospital	1/15
Children's Home Society of Mercer County	Non Profit	1/4
UMDNJ	Hospital	1/3
Ocean County	Local Government	2/5
Passaic	Local Government	1/0
Trinitas	Hospital	1/4
Visiting Nurse Association of C-NJ	Non Profit	3/13

33 admin/78 satellite= 111 sites

2.3 New Jersey Advocacy Operations

2.3.1 New Jersey WIC Advisory Council

The bylaws of the Council set forth the purpose, organization and council responsibilities, of its membership which are identified in **Section 1.4**.

3.0 FINANCIAL MANAGEMENT

New Jersey WIC Services receives USDA funding to administer the WIC Program throughout New Jersey as well as funding from other sources to enhance benefits to participants when available. New Jersey WIC Services establishes its financial plan in accordance with federal and State regulations and policies.

3.1 Federal Funding Process

3.1.1 Federal Regulations

Section 17 of the Child Nutrition Act of 1966, as amended, provides payment of cash grants to State agencies that administer the WIC Program through local agencies at no cost to eligible persons. Congress provides an annual appropriation for WIC, usually in the fall, for the current fiscal year. States usually receive official notification of the fiscal year award in February. Congress passes a continuing resolution at the beginning of the fiscal year to temporarily continue the Program until the budget is approved.

Federal Regulations 7 CFR Part 246.16 describes the distribution of the funds. Food funds consist of the current year appropriation plus any amount appropriated from the preceding fiscal year. Nutrition services and administration (NSA) funds consist of an amount sufficient to guarantee a national average per participant grant, as adjusted for inflation. A State agency may spend forward unspent NSA funds up to an amount equal to three percent of its total grant (both food and NSA) in any fiscal year. With prior FNS approval, the State agency may spend forward additional NSA funds up to an amount equal to one-half of one percent of its total grant for the development of a MIS system.

3.1.2 Distribution of USDA Funds to State Agencies

The Nutrition Services Administration (NSA) funding formula incorporates these provisions:

- Base funding level – each State agency shall receive an amount equal to 100% of the final formula-calculated NSA grant of the preceding fiscal year, prior to any operational adjustment funding allocations, to the extent funds are available.
- Fair share allocation – any remaining funds are allocated to each State to bring it closer to its NSA fair share target funding level. This calculation is the difference between the NSA fair share target funding level and the base funding level.

- Operational adjustment funds – up to 10% of the final NSA grant is reserved for FNS regions to allocate to State agencies according to national guidelines and State needs.
- Operational level – level funding from year to year unless State agency's per participant NSA expenditure is more than 10 percent higher than its per participant NSA grant.

The food funding formula includes the following provisions:

- Fair share target funding – each State agency's population of persons categorically eligible for WIC which are at or below 185% of poverty proportionate to the national aggregate population of persons who are income eligible to participate in the program based on 185% of poverty criterion.
- Prior year grant level allocation - each State agency shall receive prior year final grant allocation, to the extent funds are available.
- Inflation/fair share allocation - remaining funds are allocated by using an anticipated rate of food cost inflation to all State agencies in proportionate shares, to State agencies with a grant level less than its fair share target funding level and to State agencies that can document the need for additional funds.

Breastfeeding Promotion and Support Funding

- The funding formula is based on the average number of pregnant and breastfeeding women participating in the program in May, June and July of the previous year multiplied by the USDA annual rate to allow for inflation.
- This is the minimum that the State must spend on breastfeeding promotion and support.
- The State may grant additional State administrative funds, which allow for an anticipated increase in the number of pregnant and breastfeeding women served.

The Breastfeeding Peer Counseling (BFPC) funding formula is also based on the average number of pregnant and breastfeeding women participating in the program in May, June and July of the previous year. States are awarded a percent amount based on the total amount allocated by Congress. If the USDA targeted breastfeeding funds and the BFPC funds are not spent in their entirety, the State is subject to a decrease in funding in the following year.

The USDA is authorized to recover or reallocate State funds in the following situations:

- Recovery - funds distributed to a State agency are returned to the USDA. The USDA determines that the State agency is not expending funds at a rate commensurate with the amount of funds distributed. Recovery may be voluntary or involuntary.
- Reallocation – food funds recovered from State agencies are distributed to State agencies through application of appropriate funding formulas.
- Performance standard of food funds expenditures – 97 percent of food funds allocation. Food funds allocation in a current fiscal year will be reduced if the prior year expenditures do not equal or exceed 97 percent of the amount allocated.
- Reduction of NSA grant – State agency per participant NSA expenditure is more than 10 percent higher than its per participant NSA grant.
- Conversion of food funds to NSA funds – State agency may submit a plan to reduce average food costs per participant and increase participation above the FNS- projected level. "State agency may also earn conversion authority based on actual participation exceeding the Federally-projected participation level calculated in the NSA funding formula."
- Congress provides a contingency fund to be allocated, as the Secretary of the USDA deems necessary, to support participation should cost or participation exceed budget estimates to avoid waiting lists and to ensure that all eligible women, infants and children receive benefits.

The USDA will grant spendforward requests from states when funds are available. States may request to spendforward unspent prior year grant funds up to 3% of the prior year's grant. In addition, states may request to spendforward an additional ½ % unspent prior year grant funds to use on MIS projects.

Additional NSA funds can be requested through the prepayment vendor collections. States can report the amount of unallowable food funds that are not paid to a vendor, as identified in a pre-edit check system. The food funds are converted to NSA funds.

3.1.3 Infant Formula Rebate and other Supplemental Foods Rebates

Infant formula procurement – all States are required, unless granted a waiver, to implement infant formula cost containment measures for each of the types and forms of infant formula prescribed to the majority of participants. New Jersey WIC Services awarded a three-year contract to Mead Johnson effective October 1, 2012 to September 30, 2015. Two one-year extensions of the contract by mutual agreement are granted by the terms of the contract. The infant formula rebate funds are used to cover food costs thereby reducing the USDA food grant. USDA encourages states to implement additional food rebate cost containment systems for other supplemental foods, such as infant cereal.

In Consortia with other states in the Mid-Atlantic Region, led by Virginia, New Jersey has an Infant Cereal Rebate with Gerber effective August 1, 2012 through July 31, 2015.

3.1.4 Other USDA Funding

Other USDA funds, which vary from year to year, are allocated to provide for special USDA, State, and LA projects such as the following:

- USDA Operational Adjustment (OA) Projects provide funds to support USDA approved local agency and State agency special projects.
- USDA Infrastructure funds are two year grants for special competitive projects.

3.2 State Funding Process

3.2.1 State Requirements

New Jersey State Plan Section II, Policy and Procedures 5.00 through 5.25 and Section V., Administrative Expenditures, provide requirements for local agency administrative expenditures. New Jersey State Plan Section VI, Food Funds Management, describes the State implementation of Federal requirements for food funds management.

3.2.2 Distribution of USDA Funds to Local Agency Grantees

New Jersey WIC Services distributes the Federal funds annually to WIC local agencies. The State advises the local agencies of an initial recommended administrative funding amount each spring to use for completion of the annual Health Service Grant application. The application is due in June and the State provides a provisional grant award October 1. Once the USDA funding award is officially communicated, any additional funding, such as discretionary/operational adjustment funds, is allocated to the local agencies through a grant modification award. Should any other funds become available during the fiscal year they are also awarded to the local agencies through a grant modification.

3.2.3 Funding Formula

The New Jersey WIC Services funding formula is consistent with the USDA funding formula methodology. New Jersey WIC Services appointed a WIC Funding Formula Committee in July 2002, to assess the current funding formula criteria and formulate a new WIC Administrative Funding Formula to most equitably fund the **17** local WIC grantees that provide direct services to WIC eligible applicants in New Jersey. The committee was composed of local WIC agency coordinators, WIC Advisory Council representatives and State staff. The formula was finalized in March 2004, and has been used as a guide to fund the agencies since that time.

The funding formula uses each agency's most recent closeout year reported participation and the fiscal year base grant to determine each agency's Administrative Grant per Participant (AGP). The highest, median and lowest AGPs are used to fund three participation bands to provide an "AGP" base grant. The current base funding is compared to the new base grant to determine those over or under. The grants for all agencies are adjusted, either increased or decreased, depending upon the availability of federal funds.

3.2.4 Breastfeeding Promotion and Support

USDA funding supports breastfeeding promotion and support services for WIC participants. Ten local agencies and two Maternal and Child Health Consortia are funded to provide breastfeeding services at WIC sites throughout the State. All USDA breastfeeding funds awarded to New Jersey WIC are distributed to breastfeeding grantees.

Since 2004, Congress has annually appropriated Breastfeeding Peer Counselor Funds (BFPC) to enable State agencies to implement an effective and comprehensive peer counseling program and/or enhance an existing breastfeeding peer counseling program. Breastfeeding peer counseling services are a core service in New Jersey WIC and there is a strong management component. The BFPC funds are provided to agencies to enhance breastfeeding services originally funded with the USDA breastfeeding funds. WIC grantees are required to provide services consistent with *Loving Support© through Peer Counseling: A Journey Together – for WIC Managers.*

3.2.5 Distribution of Funds to Support Local Agency Operations

New Jersey WIC Services incorporates funding into the State operating budget funding to support LA service delivery to participants. LA operations funded by State budget monies include the following:

- Computer system monthly operational costs, hardware and software costs, and maintenance costs;
- Bank check processing and vendor payment monthly costs;
- Nutrition education materials and supplies that are purchased for participants; and
- A hotline for participants to obtain local agency addresses and telephone numbers.

3.2.6 Distribution of Funds to Support State Agency Operations

A portion of the Federal funds support State agency operations such as salaries, fringe, indirect costs, telephone and computer communication services, equipment, printing, supplies, travel, and training, etc.

3.2.7 Distribution of Other Funds to Support Local Agency Operations

Funding from "other" sources is sometimes available to provide additional services to WIC participants at the WIC sites. These include the following:

- CDC Immunization funds, when available, contain a 10% reserve for WIC and are provided via the CDC Immunization grant to the New Jersey Department of Health (DOH).

- MCH Services funds are State appropriated funds provided to local grantees to enhance services to WIC participants when available.
- COLA (Cost of Living Adjustments) funds provided from the State budget to support grantee services to WIC participants when available.

3.3 Preliminary FFY 2013 and FFY 2014 Funding

3.3.1 Preliminary Funding

The preliminary budget for FFY 2013 is determined from specific correspondences provided to the State Agency from the USDA. Per federal regulation, the guarantee base grant is based on the previous year base caseload. That preliminary amount is shown in Table 1.

3.3.2 Preliminary Funding Tables and Charts

The following tables detail the preliminary FFY 2014 budget and the succeeding FFY 2013 budget with charts depicting the funding sources and amounts in relation to the total pot of funds and the various contributing funding sources.

Table 1. Preliminary FFY 2013 and FFY 2014 Funding Sources

PRELIMINARY FFY 2013 USDA FUNDING						
FFY 2013 FUNDING	**FOOD**	**NSA**	**TOTAL Food & NSA**	**Projected Infant Formula Rebate**	**TOTAL Food, NSA & Rebate**	**TOTAL Food & Rebate**
(a)	(b)	(c)	(d)	(e)	(f)	(g)
			(b + c)		(d + e)	(b + e)
Base Grant	**$114,817,122**	**$36,883,937**	**$151,701,059**	**$35,000,000**	**$186,701,059**	**$149,817,122**
Jan. Reallocation						
Mar. Reallocation						
Apr. Reallocation						
Grant to date	**$114,817,122**	**$36,883,937**	**$151,701,059**	**$35,000,000**	**$186,701,059**	**$149,817,122**
Operation Adjustment Funding						
OA Projects		$127,712				
PRELIMINARY FFY 2014 USDA FUNDING						
Base Grant	**$114,817,122**	**$36,883,937**	**$151,701,059**	**$35,000,000**	**$186,701,059**	**$149,817,122**
OA		Not Guaranteed				
Jan. Reallocation		Not Guaranteed				
Grand Total	**$114,817,122**	**$36,883,937**	**$151,701,059**	**$35,000,000**	**$186,701,059**	**$149,817,122**

PRELIMINARY FUNDS from OTHER SOURCES				
	FFY 2013		**FFY 2014**	
MCH	$0	0.00%	Not Guaranteed	
WIC Infrastructure	$0	0.00%	Not Guaranteed	
USDA BF PEER COUNSELOR	$1,137,483	2.99%	Not Guaranteed	
Total Other Funds	**$1,137,483**	2.99%	**$0**	0.00%
Preliminary USDA NSA Grant	**$36,883,937**	97.01%	$36,883,937	100.00%
Total NSA & Other Funds	**$38,021,420**	**100.00%**	**$36,883,937**	**100.00%**

Table 2. Preliminary FFY 2013 and FFY 2014 Funding Distribution

Preliminary USDA Funding Distribution				
	FFY 2013	Percent	**FFY 2014**	Percent
Guaranteed NSA Base to Grantees				
Local WIC Agencies Base	$22,790,900	61.79%	$22,790,900	62.07%
LA Base BF Initiative	$772,700	2.09%	$772,700	2.10%
MCH Consortia Base BF Initiative	$403,400	1.09%	$403,200	1.10%
Sub-Total	**$23,967,000**	64.98%	**$ 23,966,800**	65.27%
Other USDA Funding				
Add-on LA Projects + Hot Line	$38,200	0.10%	Not Guaranteed	
Operational Adjustment (OA)	$100,652	0.27%	Not Guaranteed	
Sub-Total	**$138,852**	0.38%	**$0**	
Sub-Total Funding to LA Grantees	**$24,105,852**	65.36%	**$23,966,800**	65.27%
State Budget to Support Grantee Operations				
Computer and Banking Services	$3,749,000	10.16%	$3,749,000	10.21%
Nutrition Education Materials/Equipment	$35,000	0.09%	$35,000	0.10%
Grants In Aid Audit Fee	$0	0.00%	$0	0.00%
Sub-Total	**$3,784,000**	10.26%	**$3,784,000**	10.31%
Sub-Total Funding for LA Operations	**$27,889,852**	75.62%	**$27,750,800**	75.58%
State Budget State Operations				
Salaries, Fringe Benefits, and Indirect	$5,167,691	14.01%	$5,167,691	14.07%
Other Support Services	$3,826,394	10.37%	$3,799,334	10.35%
Sub-Total	**$8,994,085**	24.38%	**$8,967,025**	24.42%
Total USDA Funding	**$36,883,937**	100%	**$36,717,825**	100%
State Operations	$8,994,085	24.38%		
Local Agency Operations	$24,105,852	65.36%		
Local Agency Support	$3,784,000	10.26%		
	$36,883,937			
	FFY 2013	Percent		
Guaranteed NSA Base to Grantees				
Local WIC Agencies Base	$22,790,900	94.55%		
LA Base BF Initiative	$772,700	3.21%		
MCH Consortia Base BF Initiative	$403,400	1.67%		
Add-on LA Projects + Hot Line	$38,200	0.16%		
Operational Adjustment (OA)	$100,652	0.42%		
	$24,105,852			

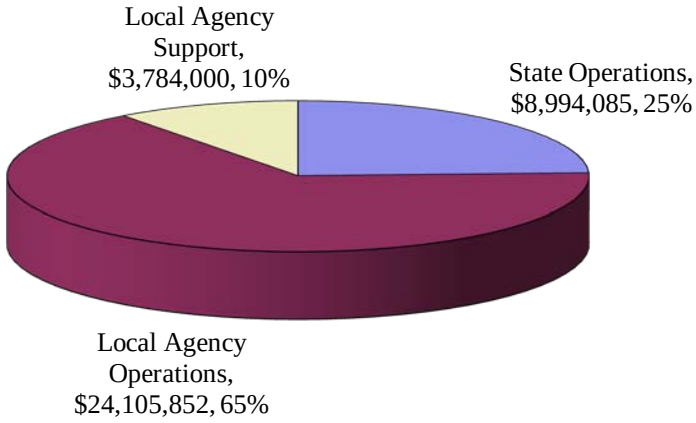

Local Agency Support, $3,784,000, 10%
State Operations, $8,994,085, 25%
Local Agency Operations, $24,105,852, 65%

Table 3: Grantee Preliminary NSA Base Funding

Agencies	Preliminary Grant Award FFY 2013	Preliminary Grant Award FFY 2014
Atlantic	$690,700	$690,700
Burlington County	$1,166,600	$1,166,600
Tri County*	$2,840,800	$2,840,800
East Orange	$1,005,800	$1,005,800
Gloucester County	$705,200	$705,200
Jersey City	$1,632,000	$1,632,000
Visiting Nurse Association*	$2,353,600	$2,353,600
Newark	$1,584,000	$1,584,000
North Hudson Community Action Program*	$1,535,800	$1,535,800
NORWESCAP*	$748,100	$748,100
Plainfield*	$691,500	$691,500
St. Joseph's Hospital and Medical Center*	$2,537,900	$2,537,900
Children's Home Society*	$1,182,600	$1,182,600
UMDNJ	$945,900	$945,900
Ocean County*	$2,046,100	$2,046,100
Passaic*	$801,400	$801,400
Trinitas*	$1,095,600	$1,095,600
WIC Grantee Total	$23,563,600	$23,563,600
Southern NJ Perinatal Cooperative, Inc.*	$101,300	$101,300
Gateway Northwest MCH Network*	$301,900	$301,900
GRAND TOTAL	$23,966,800	$23,966,800

*Provides Breastfeeding Initiative Services

Table 4.	**ESTIMATED FOOD DOLLAR BREAKDOWN**			
	FOOD		**REPORTED**	
	DOLLARS	**PERCENT**	**PARTICIPATION**	Served by
USDA FOOD GRANT	$114,817,122	76.36%	1,573,666	USDA Grant
EST. FORMULA REBATE 3-23-12	$35,554,966	23.64%	487,311	Formula Rebate
TOTAL DOLLARS	**$150,372,088**		**2,060,977**	

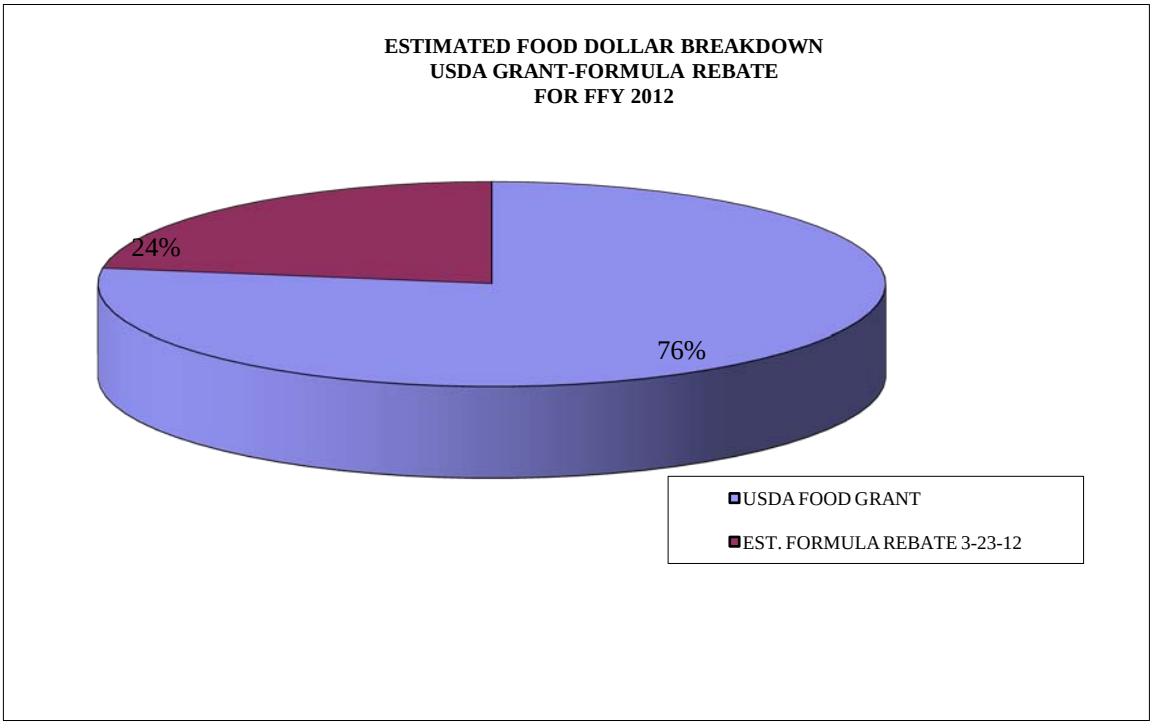
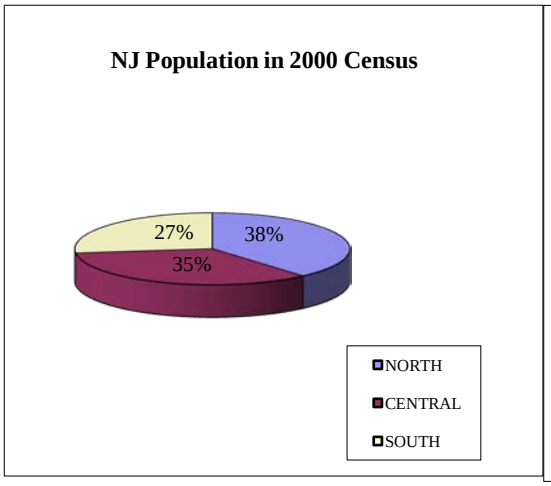


Table 5. NJ WIC USDA PARTICIPATION BY REGION DECEMBER 2011

REGION	YEAR 2000 CENSUS POPULATION	% POPULATION	USDA PARTICIPATION	% USDA PARTICIPATION
NORTH	3,316,853	37.73%	68,764	41.33%
CENTRAL	3,053,000	34.73%	45,862	27.56%
SOUTH	2,422,041	27.55%	51,762	31.11%
STATE	8,791,894		166,388	

NORTH		**CENTRAL**		**SOUTH**	
LOCALS	**COUNTIES**	**LOCALS**	**COUNTIES**	**LOCALS**	**COUNTIES**
E. Orange	Bergen	VNA	Hunterdon	Atlantic	Atlantic
Jersey City	Essex	NORWESCAP	Mercer	Burlington	Burlington
Newark	Hudson	Plainfield	Middlesex	Test City	Camden
North Hudson	Morris	CHS of NJ	Monmouth	Gloucester	Cape May
S. Joseph's	Passaic	Trinitas	Somerset	Ocean	Cumberland
UMDNJ			Sussex		Gloucester
Passaic			Union		Ocean
			Warren		Salem



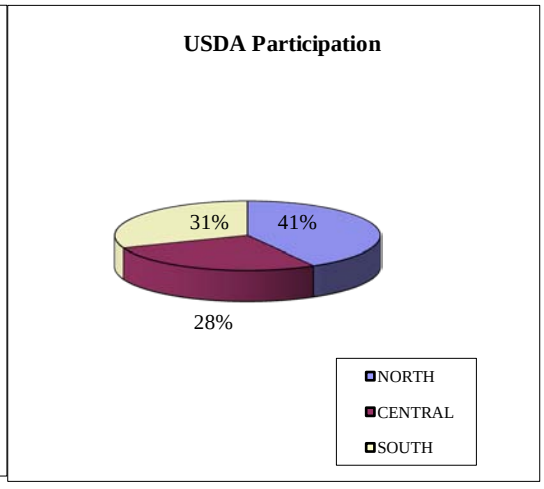


Chart 1 Preliminary FFY 2013 Funding Sources

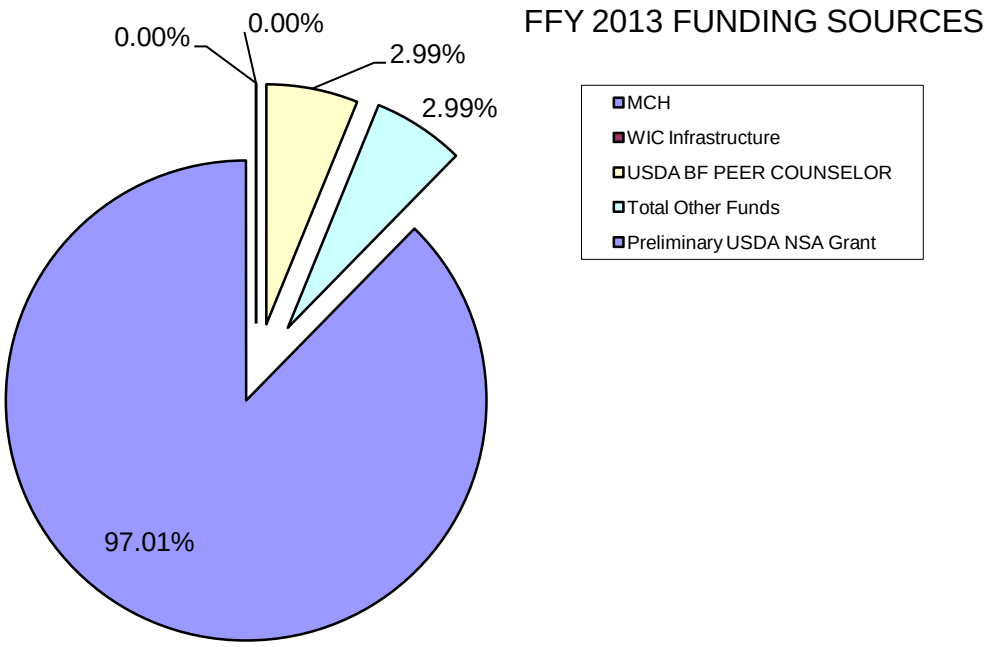


Chart 2. FFY 2013 Preliminary USDA NSA Distribution

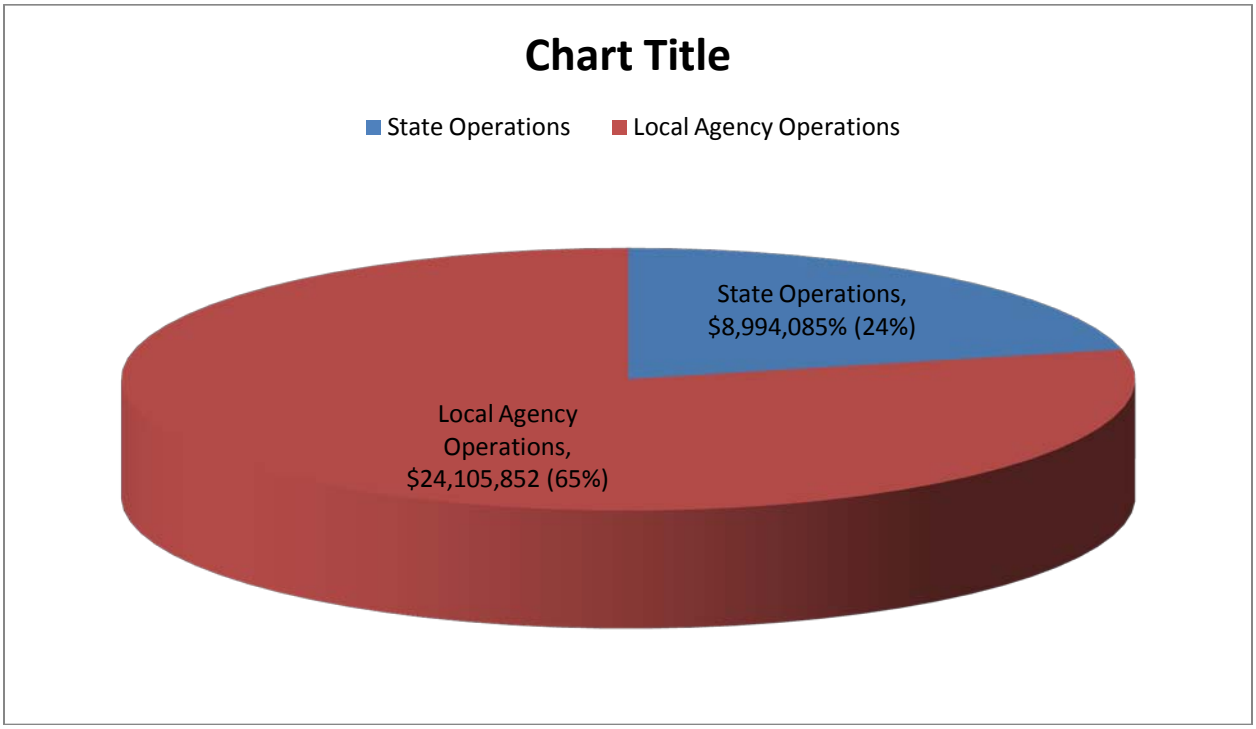
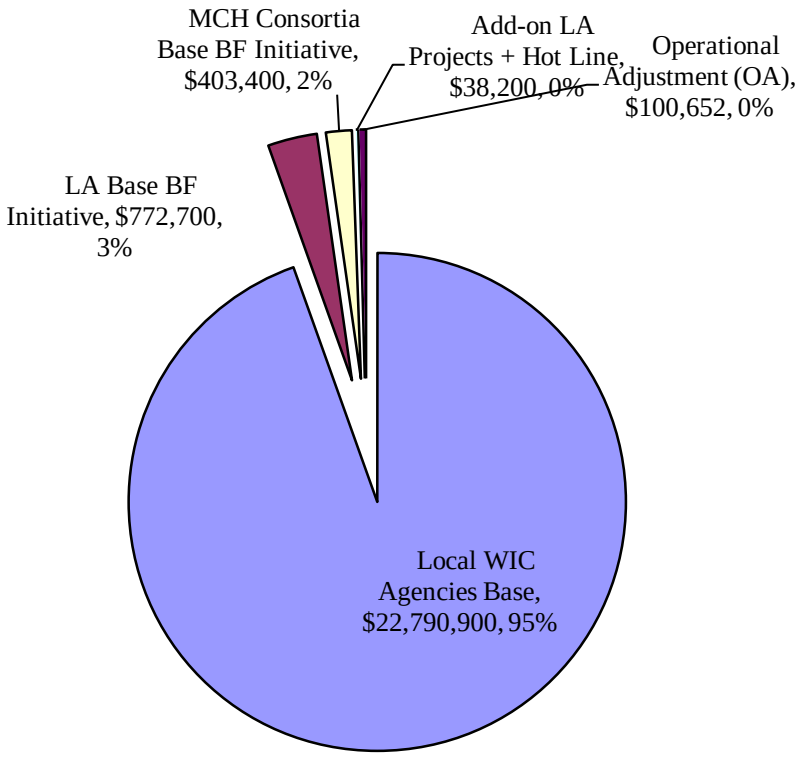


Chart 3. Grantee Preliminary FFY 2013 USDA Funded Activities



3.4 Vendor Analysis

New Jersey WIC Services has full responsibility for selecting vendors and ensuring that authorized WIC vendors provide nutritious authorized WIC foods to WIC participants. WIC participants are issued approximately 4 or 5 checks per month at the programs **17** local agencies. Participants may cash their checks at any of the **891** authorized retail groceries or commissaries that were authorized during the FFY **2013** contract period.

Authorized vendors deposit the checks (which include Food Instruments and Cash-Value Vouchers) daily at a bank of their choice and receive immediate reimbursement. The vendor's bank then routes the redeemed checks to New Jersey WIC Services contract bank. The bank maintains daily files of all check redemptions and transmits the information daily to WIC ACCESS contract vendors who provides one-to-one reconciliation and generates vendor reports.

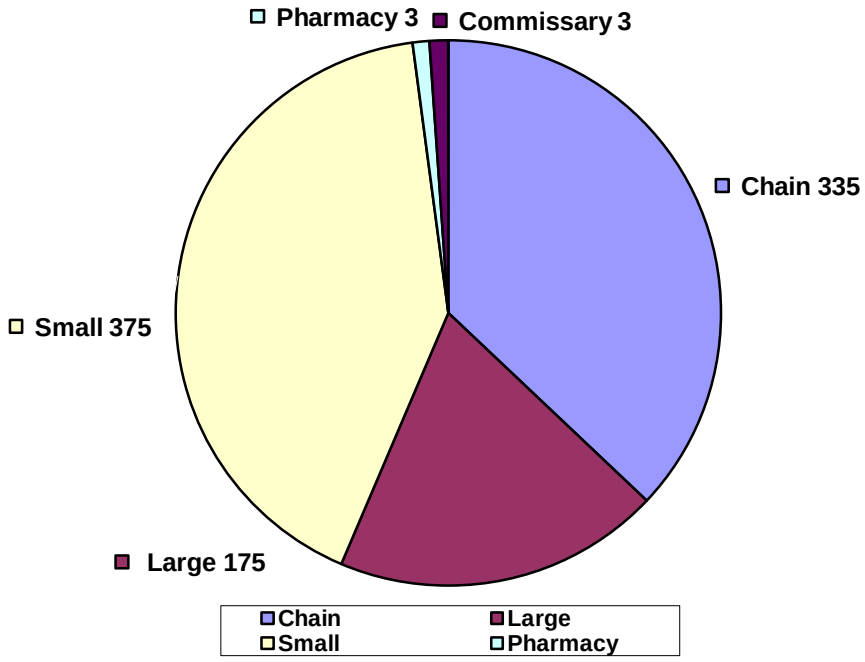
The vendors are categorized into peer groups of similar type with comparable prices. Peer group 1 is chain vendors who are a corporation that own 11 or more stores. Peer group 2 is large independent vendors that have 3 or more registers. Peer group 3 is small independent vendors that have 1-2 registers. Peer group 4 is pharmacies that are authorized to provide only special formulas. Peer group 5 is commissaries, which provide WIC authorized food items only to WIC participants that are affiliated with the military.

New Jersey WIC Services monitors the vendors through computer reports and with onsite visits to ensure compliance with federal and state requirements. Vendor prices are collected quarterly and monitored to prevent overcharging.

The vendor summary for FY **2012** provided the total number of checks and dollar amounts for the checks. The vendors redeemed **7,073,826** checks in the amount of **$138,955,059**. (Refer to Charts 1 and 2). The State agency does not have above-50-percent vendors participating as authorized vendors.

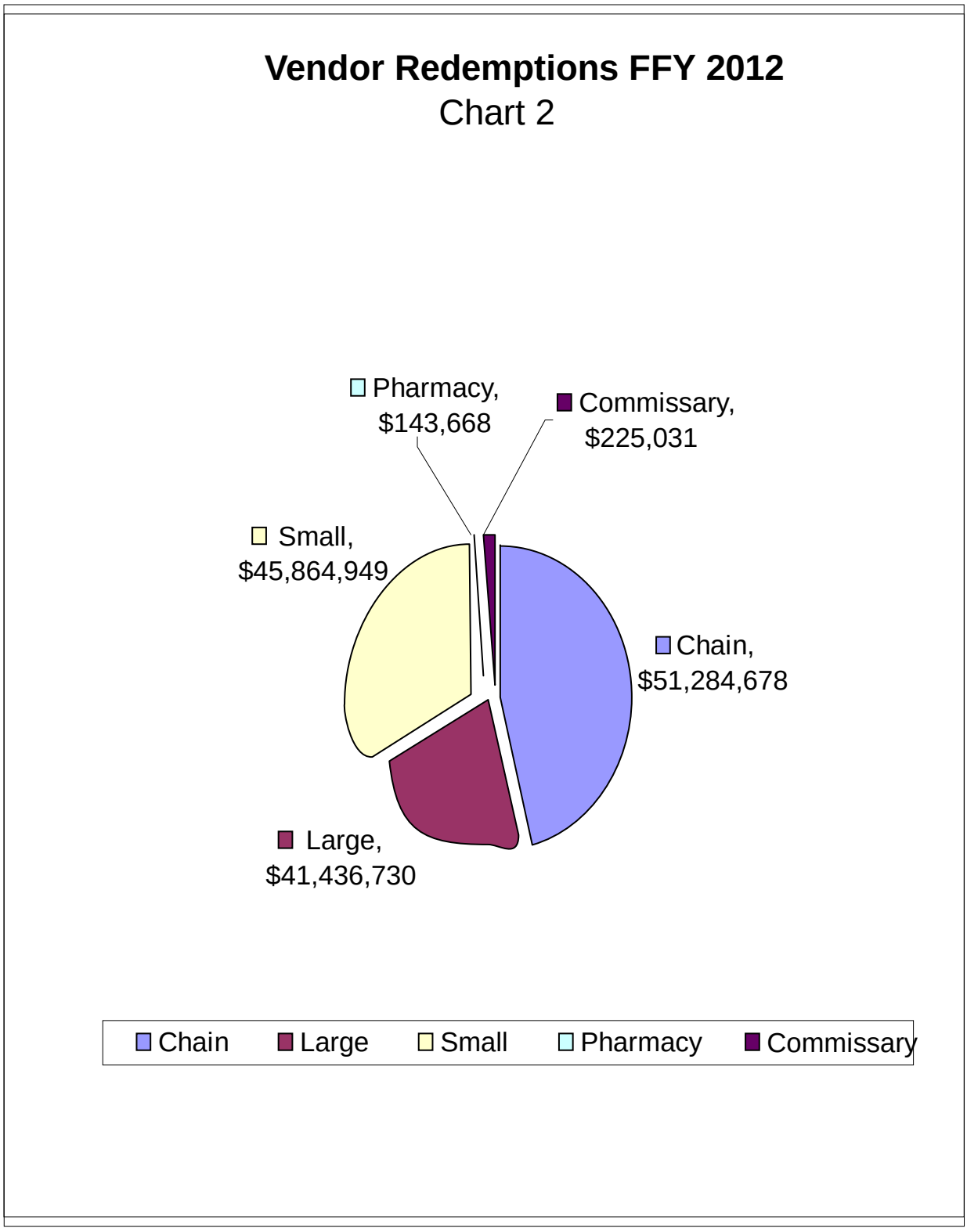
Number of Vendors By Store Type FFY 2014

CHART 1



Vendor Redemptions FFY 2012

Chart 2



4.0 Population Analysis

The data for Population Analysis has been updated with data from the 2010 US Census.

4.1 New Jersey WIC Services Affirmative Action Plan Statistical Methodology

The New Jersey WIC Affirmative Action Plan is based on five criteria variables:

- Infant Death Rate: Infant death rate is the number of infant deaths per 1,000 live births.
- Perinatal Death Rate: Perinatal death rate is the number of fetal and neonatal deaths per 1,000 live births and fetal deaths.
- Low Birthweight Rate: Low birthweight rate is the number of births weighing less than 5-lbs. 8oz. per 1,000 live births.
- Low-Income Rate: Low-income rate is the percentage of persons below 200% of the 2010 poverty level as reported by the 2010 Census of Population.
- Births to Teenage Mothers Ratio: Teenage mothers birth ratio is the number of births to mothers under 20 years of age per 1,000 live births.

Data on seventy-five (75) municipalities and twenty-one counties (21) were obtained for each criterion variable. Municipalities with populations of 30,000 or more persons, based upon the 2010 Census were included in this analysis. County figures are for the entire county or in counties where individual municipalities were included, the balance of the county. Specifically, composite rate for the years 2006, 2007, and 2008, were computed for infant deaths, perinatal deaths, low birth weight infants, and births to teenage mothers. This data was obtained from official New Jersey vital statistics. The low-income data was obtained from the 2010 Census of Population. The vital rates were based on pooled data to increase the stability of the estimates. Furthermore, data from each year weighted the same in the computation of the composite rates.

The five criteria variables were converted to standard scores. That is,

$$\mathbf{Zi = (Xi-X)/S}$$

The rate minus the mean rate divided by the standard deviation of the rate. The purpose of the conversion to standard scores was to have the rates in a common scale with a mean of zero and a variance of one. Such standardization allows one to assign weights to each variable to produce a

composite score for each area that is not influenced by the variance of the individual criterion variable. The composite score is the weighted sum of the five criteria variables:

$$\mathbf{Tj = WIZIj + W2Z2j + W5z5j.}$$

After considerable deliberation, it was decided to assign the greatest weight to low birthweight because this variable was judged more indicative of nutritional risk than any of the other four variables. The low birthweight rate was assigned the weight of 1.00. The weights of the other variables were set equal to their Pearsonian correlation coefficients with low birthweight rate for the municipalities and counties or balance of counties. Specifically, the weights are: infant death rate (0.793), perinatal death rate (0.738), low-income rate (0.814), and births to teenage mothers ratio (0.772).

New Jersey has been successful in distributing WIC services Statewide and generally in proportion to need throughout the State. New Jersey WIC Services will continue to inform non-WIC agencies and the public regarding the availability of program benefits through a variety of communication sources. Media comparisons may include, but are not limited to, public service announcements, information dissemination via posters and flyers, in-service sessions and presentations to health maintenance organizations, and community outreach efforts by local WIC agencies. The Affirmative Action Priority Ranking (unofficial) may be used as a factor in future determinations for program resource allocations, collocation expansions and prioritization of services to women, infants and children.

Refer to Tables 1-5. **An asterisk (*)** denotes a municipality over 30,000 for the first time in the 2010 census.

Table 1 New Jersey WIC Affirmative Action Ranking for FFY 2014

Table 2 Infant Perinatal Data

Table 3 Neonatal and Infant Deaths

Table 4 Birth Data

Table 5 Infant Rates and Birth Ratio Data

Table 1. New Jersey WIC Affirmative Action Ranking For FFY 2014

AREA	WEIGHTED TOTAL SCORE 2006-2008	RANK
Camden City	6.900	1
East Orange City	6.545	2
Trenton City	6.355	3
Newark City	6.067	4
Willingboro Township	5.771	5
Irvington Town	5.673	6
Orange City	5.581	7
Pennsauken Township	4.946	8
Atlantic City	4.838	9
CUMBERLAND COUNTY (Balance)	4.173	10
Paterson City	3.542	11
SALEM COUNTY (Total)	3.398	12
Jersey City	3.112	13
Ewing Township	2.970	14
Vineland City	2.739	15
Bayonne City	2.162	16
New Brunswick City	1.996	17
Linden City	1.816	18
Winslow Township	1.789	19
Perth Amboy City	1.752	20
Galloway Township	1.661	21
ATLANTIC COUNTY (Balance)	1.633	22
Elizabeth City	1.476	23
Hackensack City	1.302	24
Egg Harbor Township	1.207	25
Hamilton Township	0.929	26
Passaic City	0.764	27
Plainfield City	0.748	28
Cherry Hill Township	0.732	29
CAMDEN COUNTY (Balance)	0.588	30
Belleville Town	0.581	31
BURLINGTON COUNTY (Balance)	0.442	32
Union City	0.396	33
Union Township	0.334	34
Bloomfield Town	0.292	35
Teaneck Township	0.155	36
Montclair Town	0.125	37
Gloucester Township	0.090	38
Clifton City	-0.019	39
CAPE MAY COUNTY (Total)	-0.082	40
*Garfield City	-0.111	41

AREA	WEIGHTED TOTAL SCORE 2006-2008	RANK
Manchester Township	-0.161	42
MONMOUTH COUNTY (Balance)	-0.228	43
Long Branch City	-0.428	44
GLOUCESTER COUNTY (Balance)	-0.433	45
Sayreville Borough	-0.448	46
West Orange Township	-0.604	47
Parsippany-Troy Hills	-0.642	48
Franklin Township	-0.684	49
Piscataway Township	-0.717	50
MIDDLESEX COUNTY (Balance)	-0.789	51
WARREN COUNTY (Total)	-0.795	52
Brick Township	-0.938	53
Kearny Town	-1.029	54
Berkeley Township	-1.054	55
West New York Town	-1.076	56
UNION COUNTY (Balance)	-1.212	57
Freehold Township	-1.258	58
South Brunswick Township	-1.282	59
OCEAN COUNTY (Balance)	-1.408	60
*Monroe Township Gloucester	-1.414	61
MERCER COUNTY (Balance)	-1.426	62
*Monroe Township Middlesex	-1.467	63
HUDSON COUNTY (Balance)	-1.495	64
Wayne Township	-1.498	65
ESSEX COUNTY (Balance)	-1.506	66
Edison Township	-1.535	67
SOMERSET COUNTY (Balance)	-1.546	68
North Brunswick Township	-1.561	69
Hoboken City	-1.604	70
Mt. Laurel Township	-1.677	71
PASSAIC COUNTY (Balance)	-1.826	72
SUSSEX COUNTY (Total)	-1.912	73
MORRIS COUNTY (Balance)	-1.948	74
Toms River Township	-1.955	75
Jackson Township	-2.003	76
Fair Lawn Borough	-2.058	77

	WEIGHTED TOTAL SCORE	
AREA	**2006-2008**	**RANK**
Howell Township	-2.059	78
*Deptford Township	-2.066	79
Bridgewater Township	-2.072	80
Woodbridge Township	-2.136	81
Washington Township	-2.146	82
BERGEN COUNTY (Balance)	-2.271	83
Evesham Township	-2.295	84
Old Bridge Township	-2.412	85
Fort Lee Borough	-2.414	86
Hillsborough Township	-2.465	87
North Bergen Township	-2.480	88
HUNTERDON COUNTY (Total)	-2.548	89
Manalapan Township	-2.771	90
East Brunswick Township	-2.912	91
*Lawrence Township	-2.991	92
*Westfield Town	-3.253	93
Lakewood Township	-3.450	94
Middletown Township	-3.578	95
Marlboro Township	-3.705	96

AREA	WEIGHTED TOTAL SCORE 2006-2008	RANK	TOTAL ELIGIBLE WOMEN & CHILDREN	ACTIVE ENROLLEES FIRST QUARTER FFY 2013	PERCENT ELIGIBLES ACTIVE ENROLLEES
Camden City	6.900	1	8,369	**5,899**	70.49%
East Orange City	6.545	2	3,214	**2,998**	93.28%
Trenton City	6.355	3	6,144	**5,755**	93.67%
Newark City	6.067	4	17,664	**13,822**	78.25%
Willingboro Township	5.771	5	641	**835**	130.27%
Irvington Town	5.673	6	2,884	**2,649**	91.85%
Orange City	5.581	7	1,795	**1,735**	96.66%
Pennsauken Township	4.946	8	922	**1,149**	124.62%
Atlantic City	4.838	9	3,367	**2,106**	62.55%
CUMBERLAND COUNTY (Balance)	4.173	10	4,293	**4,286**	99.84%
Paterson City	3.542	11	11,209	**9,836**	87.75%
SALEM COUNTY (Total)	3.398	12	1,176	**1,393**	118.45%
Jersey City	3.112	13	9,073	**9,888**	108.98%
Ewing Township	2.970	14	438	**419**	95.66%
Vineland City	2.739	15	2,048	**2,388**	116.60%
Bayonne City	2.162	16	1,469	**1,787**	121.65%
New Brunswick City	1.996	17	4,675	**4,233**	90.55%
Linden City	1.816	18	782	**733**	93.73%
Winslow Township	1.789	19	825	**883**	107.03%
Perth Amboy City	1.752	20	2,718	**3,532**	129.95%
Galloway Township	1.661	21	539	**384**	71.24%
ATLANTIC COUNTY (Balance)	1.633	22	3,857	**3,049**	79.05%
Elizabeth City	1.476	23	6,970	**6,010**	86.23%
Hackensack City	1.302	24	1,374	**1,293**	94.10%
Egg Harbor Township	1.207	25	760	**617**	81.18%
Hamilton Township	0.929	26	1,195	**991**	82.93%
Passaic City	0.764	27	6,721	**5,036**	74.93%
Plainfield City	0.748	28	2,764	**3,372**	122.00%
Cherry Hill Township	0.732	29	542	**385**	71.03%
CAMDEN COUNTY (Balance)	0.588	30	3,944	**3,906**	99.04%
Belleville Town	0.581	31	831	**671**	80.75%
BURLINGTON COUNTY (Balance)	0.442	32	4,368	**4,624**	105.86%
Union City	0.396	33	3,950	**4,152**	105.11%
Union Township	0.334	34	689	**482**	69.96%
Bloomfield Town	0.292	35	1,048	**795**	75.86%
Teaneck Township	0.155	36	478	**364**	76.15%
Montclair Town	0.125	37	415	**224**	53.98%
Gloucester Township	0.090	38	1,038	**575**	55.39%
Clifton City	-0.019	39	1,930	**1,638**	84.87%
CAPE MAY COUNTY (Total)	-0.082	40	1,719	**1,833**	106.63%
*Garfield City	-0.111	41	1,016	**922**	90.75%

AREA	WEIGHTED TOTAL SCORE 2006-2008	RANK	TOTAL ELIGIBLE WOMEN & CHILDREN	**ACTIVE ENROLLEES FIRST QUARTER FFY 2013**	PERCENT ELIGIBLES ACTIVE ENROLLEES
Manchester Township	-0.161	42	412	**171**	41.50%
MONMOUTH COUNTY (Balance)	-0.228	43	6,140	**6,234**	101.53%
Long Branch City	-0.428	44	1,492	**1,568**	105.09%
GLOUCESTER COUNTY (Balance)	-0.433	45	2,669	**3,076**	115.25%
Sayreville Borough	-0.448	46	787	**663**	84.24%
West Orange Township	-0.604	47	832	**637**	76.56%
Parsippany-Troy Hills	-0.642	48	540	**250**	46.30%
Franklin Township	-0.684	49	997	**959**	96.19%
Piscataway Township	-0.717	50	623	**29**	4.65%
MIDDLESEX COUNTY (Balance)	-0.789	51	2,657	**2,340**	88.07%
WARREN COUNTY (Total)	-0.795	52	1,539	**1,353**	87.91%
Brick Township	-0.938	53	972	**672**	69.14%
Kearny Town	-1.029	54	1,019	**955**	93.72%
Berkeley Township	-1.054	55	539	**249**	46.20%
West New York Town	-1.076	56	2,585	**2,755**	106.58%
UNION COUNTY (Balance)	-1.212	57	3,230	**2,131**	65.98%
Freehold Township	-1.258	58	270	**29**	10.74%
South Brunswick Township	-1.282	59	403	**202**	50.12%
OCEAN COUNTY (Balance)	-1.408	60	2,580	**1,906**	73.88%
*Monroe Township Gloucester	-1.414	61	571	**537**	94.05%
MERCER COUNTY (Balance)	-1.426	62	1,183	**704**	59.51%
*Monroe Township Middlesex	-1.467	63	239	**58**	24.27%
HUDSON COUNTY (Balance)	-1.495	64	1,388	**1,346**	96.97%
Wayne Township	-1.498	65	327	**183**	55.96%
ESSEX COUNTY (Balance)	-1.506	66	1,301	**588**	45.20%
Edison Township	-1.535	67	1,508	**1,453**	96.35%
SOMERSET COUNTY (Balance)	-1.546	68	1,954	**2,319**	118.68%
North Brunswick Township	-1.561	69	902	**797**	88.36%
Hoboken City	-1.604	70	749	**318**	42.46%
Mt. Laurel Township	-1.677	71	303	**197**	65.02%
PASSAIC COUNTY (Balance)	-1.826	72	1,827	**1,349**	73.84%
SUSSEX COUNTY (Total)	-1.912	73	1,608	**1,063**	66.11%
MORRIS COUNTY (Balance)	-1.948	74	4,261	**2,659**	62.40%
Toms River Township	-1.955	75	1,195	**1,283**	107.36%
Jackson Township	-2.003	76	575	**478**	83.13%
Fair Lawn Borough	-2.058	77	243	**91**	37.45%

				ACTIVE	
	WEIGHTED		**TOTAL**	**ENROLLEES**	**PERCENT**
	TOTAL		**ELIGIBLE**	**FIRST**	**ELIGIBLES**
	SCORE		**WOMEN &**	**QUARTER**	**ACTIVE**
AREA	**2006-2008**	**RANK**	**CHILDREN**	**FFY 2013**	**ENROLLEES**
Howell Township	-2.059	78	601	**265**	44.09%
*Deptford Township	-2.066	79	463	**202**	43.63%
Bridgewater Township	-2.072	80	265	**144**	54.34%
Woodbridge Township	-2.136	81	1,258	**1,138**	90.46%
Washington Township	-2.146	82	429	**139**	32.40%
BERGEN COUNTY (Balance)	-2.271	83	7,363	**5,005**	67.98%
Evesham Township	-2.295	84	353	**194**	54.96%
Old Bridge Township	-2.412	85	733	**72**	9.82%
Fort Lee Borough	-2.414	86	432	**107**	24.77%
Hillsborough Township	-2.465	87	275	**185**	67.27%
North Bergen Township	-2.480	88	1,891	**2,009**	106.24%
HUNTERDON COUNTY (Total)	-2.548	89	960	**517**	53.85%
Manalapan Township	-2.771	90	273	**97**	35.53%
East Brunswick Township	-2.912	91	277	**499**	180.14%
*Lawrence Township	-2.991	92	400	**185**	46.25%
*Westfield Town	-3.253	93	164	**42**	25.61%
Lakewood Township	-3.450	94	12,709	**14,753**	116.08%
Middletown Township	-3.578	95	474	**277**	58.44%
Marlboro Township	-3.705	96	171	**69**	40.35%
			209,765	**185,150**	88.27%

Table 2. Infant Perinatal Data

AREA	CENSUS POPULATION 2010	LIVE BIRTHS 2008	2007	2006	FETAL DEATHS 2008	2007	2006
Atlantic City	39,558	822	819	793	7	9	14
Egg Harbor Township	43,323	520	515	527	3	1	3
Galloway Township	37,349	391	343	389	0	2	1
ATLANTIC COUNTY (Balance)	154,319	1,847	1,880	1,866	17	19	10
Fair Lawn Borough	32,457	300	295	308	1	3	2
Fort Lee Borough	35,345	288	305	324	1	2	1
*Garfield City	30,487	418	454	400	1	3	5
Hackensack City	43,010	654	654	613	8	7	9
Teaneck Township	39,776	452	434	417	1	6	5
BERGEN COUNTY (Balance)	724,041	6,737	7,079	7,006	31	42	36
Evesham Township	45,538	484	517	474	2	6	2
Mt. Laurel Township	41,864	420	418	414	1	0	1
Willingboro Township	31,629	409	397	372	2	3	5
BURLINGTON COUNTY (Balance)	329,703	3,531	3,598	3,622	21	36	32
Camden City	77,344	1,725	1,831	1,707	15	17	17
Cherry Hill Township	71,045	595	647	659	2	0	1
Gloucester Township	64,634	794	773	772	2	6	2
Pennsauken Township	35,885	437	481	461	4	5	9
Winslow Township	39,499	527	551	594	0	4	4
CAMDEN COUNTY (Balance)	225,250	2,622	2,667	2,608	18	17	18
CAPE MAY COUNTY (Total)	97,265	884	947	892	6	6	8
Vineland City	60,724	928	902	843	5	6	6
CUMBERLAND COUNTY (Balance)	96,174	1,569	1,603	1,503	12	20	9
Belleville Town	35,926	494	498	475	7	0	6
Bloomfield Town	47,315	675	666	626	1	5	0
East Orange City	64,270	1,009	1,059	1,040	15	21	14
Irvington Town	53,926	997	1,044	971	8	22	15
Montclair Town	37,669	331	366	347	0	3	4
Newark City	277,140	4,734	4,779	4,851	68	75	80
Orange City	30,134	584	574	568	8	5	8
West Orange Township	46,207	612	602	641	2	3	5
ESSEX COUNTY (Balance)	191,382	1,777	1,914	1,945	11	6	13

AREA	CENSUS POPULATION 2010	LIVE BIRTHS 2008	2007	2006	FETAL DEATHS 2008	2007	2006
*Deptford Township	30,561	328	377	353	0	3	4
*Monroe Township Gloucester	36,129	391	397	417	5	2	0
Washington Township	48,559	396	425	435	3	2	2
GLOUCESTER COUNTY (Balance)	173,039	1,792	1,902	1,926	13	6	10
Bayonne City	63,024	716	695	709	5	6	4
Hoboken City	50,005	492	526	452	0	5	3
Jersey City	247,597	3,459	3,427	3,361	36	27	40
Kearny Town	40,684	458	463	465	2	1	2
North Bergen Township	60,773	776	745	801	8	4	3
Union City	66,455	1,045	1,037	1,102	7	7	8
West New York Town	49,708	754	747	709	5	5	3
HUDSON COUNTY (Balance)	56,020	608	609	649	6	1	3
HUNTERDON COUNTY (Total)	128,349	1,128	1,133	1,243	6	6	2
Ewing Township	35,790	335	352	344	2	2	3
Hamilton Township	88,464	916	924	979	7	9	8
*Lawrence Township	33,472	356	373	367	0	4	1
Trenton City	84,913	1,654	1,606	1,547	20	17	12
MERCER COUNTY (Balance)	123,874	1,308	1,347	1,279	4	7	12
East Brunswick Township	47,512	387	377	428	2	1	2
Edison Township	99,967	1,389	1,379	1,350	6	10	7
*Monroe Township Middlesex	39,132	254	280	297	2	2	1
New Brunswick City	55,181	1,070	1,123	1,106	7	7	6
North Brunswick Township	40,742	645	637	644	1	2	5
Old Bridge Township	65,375	678	747	708	1	5	1
Perth Amboy City	50,814	849	883	855	4	4	8
Piscataway Township	56,044	709	748	636	4	3	1
Sayreville Borough	42,704	615	597	594	3	5	2
South Brunswick Township	43,417	461	485	488	2	1	4
Woodbridge Township	99,585	1,226	1,241	1,281	4	8	7
MIDDLESEX COUNTY (Balance)	169,385	2,087	2,152	2,093	15	8	12
Freehold Township	36,184	288	330	317	1	2	5
Howell Township	51,075	521	589	574	5	1	2
Long Branch City	30,719	547	514	574	2	6	9
Manalapan Township	38,872	322	319	280	1	1	1
Marlboro Township	40,191	279	306	341	3	2	0
Middletown Township	66,522	650	686	695	2	5	1
MONMOUTH COUNTY (Balance)	366,817	4,033	4,158	4,334	33	29	33

	CENSUS POPULATION	LIVE BIRTHS			FETAL DEATHS		
AREA	**2010**	**2008**	**2007**	**2006**	**2008**	**2007**	**2006**
Parsippany-Troy Hills	53,238	612	628	631	0	4	3
MORRIS COUNTY (Balance)	439,038	4,607	4,762	5,025	29	23	18
Berkeley Township	41,255	258	306	279	0	2	4
Brick Township	75,072	738	792	736	1	5	2
Toms River Township	91,239	917	990	951	7	2	7
Jackson Township	54,856	518	556	589	5	5	2
Lakewood Township	92,843	3,274	3,237	2,934	4	11	13
Manchester Township	43,070	230	233	218	1	0	1
OCEAN COUNTY (Balance)	178,232	1,808	1,838	1,799	3	14	10
Clifton City	84,136	1,097	1,181	1,068	8	4	7
Passaic City	69,781	1,468	1,602	1,467	21	7	6
Paterson City	146,199	2,782	2,834	2,806	20	27	19
Wayne Township	54,717	435	452	461	3	4	3
PASSAIC COUNTY (Balance)	146,393	1,581	1,663	1,657	4	8	14
SALEM COUNTY (Total)	66,083	612	627	646	6	5	9
Bridgewater Township	44,464	450	472	442	3	2	2
Franklin Township	62,300	971	1,008	954	10	8	2
Hillsborough Township	38,303	413	395	428	3	3	2
SOMERSET COUNTY (Balance)	178,377	1,982	2,133	2,136	10	17	7
SUSSEX COUNTY (Total)	149,265	1,490	1,501	1,618	5	7	7
Elizabeth City	124,969	2,185	2,299	2,218	21	22	17
Linden City	40,499	453	483	454	4	4	5
Plainfield City	49,808	940	929	975	8	10	4
Union Township	56,642	592	634	575	5	2	6
*Westfield Town	30,316	302	298	304	0	1	1
UNION COUNTY (Balance)	234,265	2,723	2,800	2,892	17	17	14
WARREN COUNTY (Total)	108,692	973	1,143	1,221	6	5	8
	8,791,894	106,900	110,044	109,245	711	795	765

Table 3. Neonatal and Infant Deaths

	NEONATAL DEATHS			INFANT DEATHS		
AREA	**2008**	**2007**	**2006**	**2008**	**2007**	**2006**
Atlantic City	4	5	4	7	6	5
Egg Harbor Township	2	6	6	2	6	7
Galloway Township	2	5	1	4	5	3
ATLANTIC COUNTY (Balance)	10	10	14	13	14	16
Fair Lawn Borough	0	1	0	2	1	0
Fort Lee Borough	0	2	2	0	3	2
*Garfield City	1	0	6	1	1	6
Hackensack City	2	2	5	2	3	5
Teaneck Township	3	0	1	4	0	1
BERGEN COUNTY (Balance)	17	13	11	27	23	15
Evesham Township	3	1	1	3	1	1
Mt. Laurel Township	0	1	3	0	1	4
Willingboro Township	5	4	3	6	5	3
BURLINGTON COUNTY (Balance)	16	15	20	24	19	28
Camden City	15	14	16	18	20	21
Cherry Hill Township	6	5	3	7	5	6
Gloucester Township	3	0	4	5	1	5
Pennsauken Township	5	3	5	7	5	6
Winslow Township	5	1	4	5	2	5
CAMDEN COUNTY (Balance)	13	15	11	19	20	18
CAPE MAY COUNTY (Total)	4	4	6	6	6	7
Vineland City	7	9	1	10	12	1
CUMBERLAND COUNTY (Balance)	8	13	9	12	16	12
Belleville Town	3	1	1	5	2	1
Bloomfield Town	3	3	5	3	6	6
East Orange City	6	6	3	9	9	7
Irvington Town	6	2	4	10	9	9
Montclair Town	0	2	2	1	2	2
Newark City	28	27	14	56	48	25
Orange City	2	5	3	7	5	6
West Orange Township	1	0	2	3	1	3
ESSEX COUNTY (Balance)	4	3	7	6	6	9

	NEONATAL DEATHS			INFANT DEATHS		
AREA	**2008**	**2007**	**2006**	**2008**	**2007**	**2006**
*Deptford Township	0	1	0	0	2	0
*Monroe Township Gloucester	0	0	2	1	1	2
Washington Township	0	2	0	0	2	1
GLOUCESTER COUNTY (Balance)	6	6	8	9	9	12
Bayonne City	2	2	4	6	3	8
Hoboken City	1	3	0	1	3	0
Jersey City	18	13	17	26	20	32
Kearny Town	1	0	1	3	0	2
North Bergen Township	2	0	0	3	0	0
Union City	3	5	3	6	7	3
West New York Town	2	6	1	2	6	1
HUDSON COUNTY (Balance)	3	0	0	5	0	0
HUNTERDON COUNTY (Total)	4	3	4	4	3	4
Ewing Township	3	1	6	3	2	6
Hamilton Township	3	6	7	4	9	8
*Lawrence Township	0	2	1	0	3	1
Trenton City	14	12	13	21	18	18
MERCER COUNTY (Balance)	5	2	3	8	3	5
East Brunswick Township	0	1	0	1	1	0
Edison Township	3	2	2	6	2	2
*Monroe Township Middlesex	0	0	0	0	0	0
New Brunswick City	3	8	9	5	8	14
North Brunswick Township	0	3	0	2	3	0
Old Bridge Township	1	0	2	4	0	2
Perth Amboy City	2	2	9	5	7	10
Piscataway Township	4	2	2	5	3	2
Sayreville Borough	1	3	5	1	4	8
South Brunswick Township	0	0	2	1	0	2
Woodbridge Township	2	2	0	2	2	2
MIDDLESEX COUNTY (Balance)	7	8	8	9	10	11
Freehold Township	1	0	1	1	0	1
Howell Township	1	3	0	1	4	2
Long Branch City	1	1	1	2	2	2
Manalapan Township	1	0	1	1	0	1
Marlboro Township	0	0	1	0	0	1
Middletown Township	0	0	0	0	1	1
MONMOUTH COUNTY (Balance)	10	8	22	20	17	27

	NEONATAL DEATHS			INFANT DEATHS		
AREA	**2008**	**2007**	**2006**	**2008**	**2007**	**2006**
Parsippany-Troy Hills	4	0	6	4	2	6
MORRIS COUNTY (Balance)	14	14	7	21	20	10
Berkeley Township	0	1	2	2	2	2
Brick Township	1	4	4	1	4	6
Toms River Township	0	1	4	2	3	4
Jackson Township	1	1	0	1	1	1
Lakewood Township	4	7	5	7	13	8
Manchester Township	1	1	0	3	1	1
OCEAN COUNTY (Balance)	5	5	9	6	9	9
Clifton City	4	3	4	6	9	5
Passaic City	4	3	6	4	5	9
Paterson City	9	9	14	16	20	21
Wayne Township	1	0	3	1	0	3
PASSAIC COUNTY (Balance)	2	2	3	6	4	5
SALEM COUNTY (Total)	3	5	6	3	8	8
Bridgewater Township	1	0	0	2	0	1
Franklin Township	1	1	3	3	2	6
Hillsborough Township	0	0	0	0	1	1
SOMERSET COUNTY (Balance)	3	5	6	4	7	8
SUSSEX COUNTY (Total)	5	3	4	6	4	7
Elizabeth City	11	8	10	14	13	13
Linden City	3	6	0	3	7	1
Plainfield City	1	2	2	5	2	4
Union Township	1	2	5	2	2	6
*Westfield Town	0	1	1	0	2	1
UNION COUNTY (Balance)	9	13	9	10	18	12
WARREN COUNTY (Total)	4	6	4	7	9	5
	380	388	429	591	586	599

Table 4. Birth Data

	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 20 YEARS)		
AREA	**2008**	**2007**	**2006**	**2008**	**2007**	**2006**
Atlantic City	80	88	86	123	127	127
Egg Harbor Township	45	50	32	33	40	33
Galloway Township	41	31	34	24	13	24
ATLANTIC COUNTY (Balance)	143	166	156	163	187	185
Fair Lawn Borough	25	21	20	3	2	0
Fort Lee Borough	17	28	13	1	2	1
*Garfield City	29	36	30	12	28	22
Hackensack City	52	54	63	36	31	28
Teaneck Township	49	41	34	6	6	8
BERGEN COUNTY (Balance)	494	493	506	130	144	119
Evesham Township	26	35	36	5	8	11
Mt. Laurel Township	30	35	41	13	3	15
Willingboro Township	40	59	41	61	48	42
BURLINGTON COUNTY (Balance)	280	301	313	160	199	210
Camden City	209	208	175	352	413	397
Cherry Hill Township	55	72	49	17	27	15
Gloucester Township	73	78	65	48	43	59
Pennsauken Township	36	53	49	53	50	67
Winslow Township	55	46	62	32	39	47
CAMDEN COUNTY (Balance)	225	206	228	159	174	155
CAPE MAY COUNTY (Total)	58	69	54	92	88	89
Vineland City	90	78	79	119	143	127
CUMBERLAND COUNTY (Balance)	136	170	169	270	263	239
Belleville Town	43	39	48	30	23	33
Bloomfield Town	69	48	56	24	19	22
East Orange City	128	128	154	122	140	135
Irvington Town	114	122	115	136	91	114
Montclair Town	29	37	30	9	15	15
Newark City	518	556	607	636	710	675
Orange City	67	71	57	61	46	39
West Orange Township	64	58	47	26	16	23
ESSEX COUNTY (Balance)	124	171	174	24	19	13

	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 20 YEARS)		
AREA	**2008**	**2007**	**2006**	**2008**	**2007**	**2006**
*Deptford Township	16	35	22	17	20	16
*Monroe Township Gloucester	32	27	35	23	22	29
Washington Township	35	24	32	10	23	19
GLOUCESTER COUNTY (Balance)	134	146	160	123	119	126
Bayonne City	80	65	67	47	53	48
Hoboken City	45	34	33	11	21	11
Jersey City	349	352	342	343	354	354
Kearny Town	32	38	45	32	31	22
North Bergen Township	46	45	47	55	50	56
Union City	77	76	78	101	107	125
West New York Town	46	47	30	70	66	66
HUDSON COUNTY (Balance)	47	51	40	31	27	35
HUNTERDON COUNTY (Total)	79	86	83	22	16	15
Ewing Township	29	38	35	16	12	19
Hamilton Township	77	76	90	52	49	53
*Lawrence Township	17	21	29	4	11	12
Trenton City	186	165	182	288	300	264
MERCER COUNTY (Balance)	110	94	110	21	25	22
East Brunswick Township	20	29	39	11	3	8
Edison Township	99	123	129	26	26	27
*Monroe Township Middlesex	26	34	24	1	3	4
New Brunswick City	81	80	109	120	113	140
North Brunswick Township	55	42	65	19	17	25
Old Bridge Township	58	56	51	14	17	15
Perth Amboy City	61	67	79	123	124	108
Piscataway Township	55	63	61	22	15	13
Sayreville Borough	55	48	42	17	11	13
South Brunswick Township	47	35	54	9	6	7
Woodbridge Township	109	96	95	35	36	25
MIDDLESEX COUNTY (Balance)	146	175	186	72	78	62
Freehold Township	23	23	36	4	8	2
Howell Township	25	48	35	10	9	17
Long Branch City	37	32	42	49	47	68
Manalapan Township	27	21	22	2	4	3
Marlboro Township	14	18	27	2	1	0
Middletown Township	41	48	50	10	9	12
MONMOUTH COUNTY (Balance)	320	299	382	232	232	247

	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 20 YEARS)		
AREA	**2008**	**2007**	**2006**	**2008**	**2007**	**2006**
Parsippany-Troy Hills	51	47	53	4	7	5
MORRIS COUNTY (Balance)	358	381	336	100	102	102
Berkeley Township	12	21	18	10	16	17
Brick Township	57	73	57	26	26	19
Toms River Township	57	70	73	36	50	42
Jackson Township	37	44	45	13	18	15
Lakewood Township	157	143	109	125	132	147
Manchester Township	14	31	12	15	9	15
OCEAN COUNTY (Balance)	137	130	121	95	98	99
Clifton City	89	100	87	57	67	53
Passaic City	103	138	108	193	196	173
Paterson City	264	318	306	420	404	401
Wayne Township	45	34	28	8	3	2
PASSAIC COUNTY (Balance)	134	132	114	42	53	48
SALEM COUNTY (Total)	59	55	51	108	87	70
Bridgewater Township	41	36	39	4	7	6
Franklin Township	99	67	86	45	48	38
Hillsborough Township	29	35	35	5	7	9
SOMERSET COUNTY (Balance)	164	158	183	64	70	60
SUSSEX COUNTY (Total)	97	121	118	43	49	59
Elizabeth City	186	195	174	222	261	234
Linden City	42	47	32	27	39	26
Plainfield City	92	86	72	97	91	120
Union Township	61	50	54	14	14	33
*Westfield Town	24	11	26	1	3	0
UNION COUNTY (Balance)	215	209	203	98	108	94
WARREN COUNTY (Total)	59	86	93	37	65	55
	8,863	9,223	9,244	6,933	7,252	7,119

Table 5. Infant Rates and Birth Ratio Data

AREA	LOW BIRTH WEIGHT RATE 2006-2008	INFANT DEATH RATE 2006-2008	PERINATAL DEATH RATE 2006-2008	TEEN BIRTH RATIO 2006-2008	2010 200% POVERTY RATE
Atlantic City	104.4	7.4	21.4	154.9	54.4%
Egg Harbor Township	81.3	9.6	15.3	67.9	18.7%
Galloway Township	94.4	10.7	11.5	54.3	19.1%
ATLANTIC COUNTY (Balance)	83.1	7.7	16.8	95.7	27.3%
Fair Lawn Borough	73.1	3.3	11.0	5.5	10.7%
Fort Lee Borough	63.2	5.5	8.7	4.4	19.0%
*Garfield City	74.7	6.3	13.3	48.7	31.7%
Hackensack City	88.0	5.2	19.5	49.5	27.8%
Teaneck Township	95.2	3.8	14.4	15.3	14.0%
BERGEN COUNTY (Balance)	71.7	3.1	8.8	18.9	13.6%
Evesham Township	65.8	3.4	12.1	16.3	9.2%
Mt. Laurel Township	84.7	4.0	5.6	24.8	9.4%
Willingboro Township	118.8	11.9	21.8	128.2	21.6%
BURLINGTON COUNTY (Balance)	83.2	6.6	14.9	52.9	15.8%
Camden City	112.5	11.2	20.1	220.8	63.1%
Cherry Hill Township	92.6	9.5	10.5	31.0	11.4%
Gloucester Township	92.3	4.7	9.3	64.1	17.5%
Pennsauken Township	100.1	13.1	22.9	123.3	26.2%
Winslow Township	97.5	7.2	14.8	70.6	20.1%
CAMDEN COUNTY (Balance)	83.4	7.2	13.6	61.8	19.6%
CAPE MAY COUNTY (Total)	66.5	7.0	13.5	98.8	24.8%
Vineland City	92.4	8.6	14.5	145.5	29.9%
CUMBERLAND COUNTY (Balance)	101.6	8.6	18.0	165.1	36.9%
Belleville Town	88.6	5.5	13.5	58.6	22.1%
Bloomfield Town	88.0	7.6	10.6	33.0	21.0%
East Orange City	131.9	8.0	24.0	127.7	40.5%
Irvington Town	116.5	9.3	25.0	113.2	36.7%
Montclair Town	92.0	4.8	12.3	37.4	14.9%
Newark City	117.0	9.0	24.0	140.7	48.9%
Orange City	113.0	10.4	26.1	84.6	40.8%
West Orange Township	91.1	3.8	8.6	35.0	17.8%
ESSEX COUNTY (Balance)	83.2	3.7	9.3	9.9	8.9%

AREA	LOW BIRTH WEIGHT RATE 2006-2008	INFANT DEATH RATE 2006-2008	PERINATAL DEATH RATE 2006-2008	TEEN BIRTH RATIO 2006-2008	2010 200% POVERTY RATE
*Deptford Township	69.0	1.9	10.3	50.1	17.7%
*Monroe Township Gloucester	78.0	3.3	7.4	61.4	18.4%
Washington Township	72.5	2.4	8.7	41.4	12.9%
GLOUCESTER COUNTY (Balance)	78.3	5.3	11.1	65.5	19.1%
Bayonne City	100.0	8.0	14.0	69.8	27.1%
Hoboken City	76.2	2.7	10.1	29.3	20.8%
Jersey City	101.8	7.6	16.9	102.6	35.1%
Kearny Town	83.0	3.6	5.7	61.3	28.6%
North Bergen Township	59.4	1.3	9.0	69.3	32.1%
Union City	72.6	5.0	12.8	104.6	48.2%
West New York Town	55.7	4.1	13.0	91.4	46.4%
HUDSON COUNTY (Balance)	74.0	2.7	9.0	49.8	29.3%
HUNTERDON COUNTY (Total)	70.8	3.1	8.0	15.1	10.4%
Ewing Township	98.9	10.7	20.2	45.6	17.4%
Hamilton Township	86.2	7.4	15.5	54.6	16.8%
*Lawrence Township	61.1	3.6	7.3	24.6	14.2%
Trenton City	110.9	11.9	21.3	177.2	51.3%
MERCER COUNTY (Balance)	79.8	4.1	10.1	17.3	11.5%
East Brunswick Township	73.8	1.7	5.8	18.5	9.2%
Edison Township	85.2	2.4	8.4	19.2	14.4%
*Monroe Township Middlesex	101.1	0.0	6.0	9.6	11.6%
New Brunswick City	81.8	8.2	13.2	113.1	56.5%
North Brunswick Township	84.1	2.6	6.7	31.7	19.2%
Old Bridge Township	77.4	2.8	5.1	21.6	13.5%
Perth Amboy City	80.0	8.5	12.3	137.2	41.2%
Piscataway Township	85.5	4.8	10.9	23.9	11.5%
Sayreville Borough	80.3	7.2	11.0	22.7	17.3%
South Brunswick Township	94.8	2.1	6.9	15.3	10.8%
Woodbridge Township	80.0	1.6	7.4	25.6	13.3%
MIDDLESEX COUNTY (Balance)	80.1	4.7	11.6	33.5	16.3%
Freehold Township	87.7	2.1	10.6	15.0	11.2%
Howell Township	64.1	4.2	12.3	21.4	13.8%
Long Branch City	67.9	3.7	13.3	100.3	36.0%
Manalapan Township	76.0	2.2	5.4	9.8	11.5%
Marlboro Township	63.7	1.1	7.5	3.2	6.9%
Middletown Township	68.4	1.0	4.9	15.3	8.9%
MONMOUTH COUNTY (Balance)	79.9	5.1	13.0	56.8	18.9%

AREA	LOW BIRTH WEIGHT RATE 2006-2008	INFANT DEATH RATE 2006-2008	PERINATAL DEATH RATE 2006-2008	TEEN BIRTH RATIO 2006-2008	2010 200% POVERTY RATE
Parsippany-Troy Hills	80.7	6.4	12.7	8.6	11.1%
MORRIS COUNTY (Balance)	74.7	3.5	9.2	21.1	11.3%
Berkeley Township	60.5	7.1	12.9	51.0	24.8%
Brick Township	82.5	4.9	9.2	31.3	16.4%
Toms River Township	70.0	3.1	9.4	44.8	16.3%
Jackson Township	75.8	1.8	10.1	27.7	13.1%
Lakewood Township	43.3	3.0	5.8	42.8	54.4%
Manchester Township	83.7	7.3	7.3	57.3	23.7%
OCEAN COUNTY (Balance)	71.3	4.4	9.9	53.6	18.3%
Clifton City	82.5	6.0	11.6	52.9	23.1%
Passaic City	76.9	4.0	11.8	123.9	57.8%
Paterson City	105.4	6.8	13.2	145.5	52.4%
Wayne Township	79.4	3.0	12.5	9.6	9.1%
PASSAIC COUNTY (Balance)	77.5	3.1	8.3	29.2	14.3%
SALEM COUNTY (Total)	87.5	10.1	20.9	140.6	24.4%
Bridgewater Township	85.0	2.2	6.6	12.5	7.2%
Franklin Township	85.9	3.8	10.5	44.7	13.6%
Hillsborough Township	80.1	1.6	6.4	17.0	8.2%
SOMERSET COUNTY (Balance)	80.8	3.0	9.1	31.0	11.9%
SUSSEX COUNTY (Total)	72.9	3.7	8.8	32.8	13.6%
Elizabeth City	82.8	6.0	15.2	107.0	41.4%
Linden City	87.1	7.9	19.2	66.2	22.1%
Plainfield City	87.9	3.9	10.8	108.3	38.1%
Union Township	91.6	5.6	13.2	33.9	14.9%
*Westfield Town	67.5	3.3	5.5	4.4	6.7%
UNION COUNTY (Balance)	74.5	4.8	11.2	35.7	15.0%
WARREN COUNTY (Total)	71.3	6.3	12.2	47.0	17.7%

4.2 Estimated Eligible WIC Participants Methodology for FFY 2014

The estimated total number of woman and children in New Jersey eligible for WIC participation as of January 1, 2013, was 209,765. Refer to Tables 6-8. This figure includes 167,732 children less than 5 years of age and 42,033 women. Estimates were made for 75 municipalities and 21 counties, or the balance of counties in which municipalities were separately estimated. Municipalities with a population of 30,000 or more according to the 2010 Census of Population were selected for estimation.

These estimates were computed by the following procedures:

- The number of children under 5 years of age equals the sum of the number of live births for the years 2004-2008 minus the sum of the number of infant deaths for the same years. This was done for each area shown in the table.
- The estimated number of pregnant and postpartum women is the sum of the estimated number of pregnant women, which is 75% of the live births in 2008, and the estimated number of postpartum women, which is 50% of the number of live births and fetal deaths in 2007.

The low-income rates in the Table 6 are derived from the percentage of all people in the area below 200% of the 2010 poverty level, based on the 2010 Census of Population. The estimated number of WIC eligible children was calculated in two stages:

1. The number of children under 5 years of age was multiplied by the low-income rate; and
2. The figure obtained in stage one was adjusted to the State total.

The adjustment factor was the ratio of the sum of eligibles over all areas in stage one to the State total obtained by multiplying by 31%. For 2008, this ratio was 1.236992044. For example, the estimated WIC eligible children for Atlantic City equal:

Stage 1: 3,984 x 0.544 = 2,168

Stage 2: 2,168 x 1.236992044 = 2,682

Similarly, the estimated WIC eligible women were also done in two stages:

1. The number of pregnant and postpartum women was multiplied by the low income rate for all persons; and
2. The figure obtained in stage one was adjusted to the State total by multiplying by an adjustment factor. For 2008 this ratio was 1.219301154.

The total number of WIC eligible women for Atlantic City equal:

Stage 1: 1,033 x 0.544 = 562

Stage 2: 562 x 1.219301154 = 685

The total number of WIC eligible women and children is the number of eligible children plus the number of eligible women. In Atlantic City, for example: 2,682 + 685 = 3,367.

The estimated eligible infants were determined by taking the number of live births for the year 2008 minus the number of infant deaths for 2008. The estimated eligible infants were calculated in the same manner as was children and women. The two stages are:

1. The number of infants was multiplied by the low income rate for all persons; and
2. The figure obtained in stage one was adjusted to the State total by multiplying by an adjustment factor.

The adjustment factor was the ratio of the sum of eligible infants over all areas from stage one to the State total obtained by multiplying the State total estimate of infants by 31%. The ratio was 1.218085 in 2008.

For example, the estimated WIC eligible infants for Atlantic City equal:

Stage 1: 815 x 0.544 = 444

Stage 2: 444 x 1.218085 = 540

List of Tables:

Table 6. Estimated Number of Women, Infants and Children Eligible for WIC Services

AREA	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	TOTAL ESTIMATED ELIGIBLE WOMEN & CHILDREN	2010 200% POVERTY RATE
Atlantic City	3,984	2,682	540	1,033	685	3,367	54.4%
Egg Harbor Township	2,640	612	118	649	148	760	18.7%
Galloway Township	1,826	431	90	465	108	539	19.1%
ATLANTIC COUNTY (Balance)	9,129	3,082	610	2,330	775	3,857	27.3%
Fair Lawn Borough	1,467	194	39	374	49	243	10.7%
Fort Lee Borough	1,469	346	67	369	86	432	19.0%
*Garfield City	2,055	806	161	543	210	1,016	31.7%
Hackensack City	3,189	1,096	221	822	278	1,374	27.8%
Teaneck Township	2,210	383	76	559	95	478	14.0%
BERGEN COUNTY (Balance)	35,338	5,937	1,110	8,610	1,426	7,363	13.6%
Evesham Township	2,493	283	54	623	70	353	9.2%
Mt. Laurel Township	2,081	243	48	525	60	303	9.4%
Willingboro Township	1,900	507	106	508	134	641	21.6%
BURLINGTON COUNTY (Balance)	17,977	3,509	674	4,463	859	4,368	15.8%
Camden City	8,544	6,664	1,311	2,218	1,705	8,369	63.1%
Cherry Hill Township	3,084	435	82	770	107	542	11.4%
Gloucester Township	3,821	828	168	983	210	1,038	17.5%
Pennsauken Township	2,283	739	137	573	183	922	26.2%
Winslow Township	2,658	660	128	673	165	825	20.1%
CAMDEN COUNTY (Balance)	12,964	3,151	623	3,309	793	3,944	19.6%
CAPE MAY COUNTY (Total)	4,480	1,374	265	1,141	345	1,719	24.8%
Vineland City	4,405	1,629	334	1,150	419	2,048	29.9%
CUMBERLAND COUNTY (Balance)	7,452	3,401	700	1,983	892	4,293	36.9%

AREA	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	TOTAL ESTIMATED ELIGIBLE WOMEN & CHILDREN	2010 200% POVERTY RATE
Belleville Town	2,430	663	131	623	168	831	22.1%
Bloomfield Town	3,210	833	172	839	215	1,048	21.0%
East Orange City	5,145	2,576	493	1,293	638	3,214	40.5%
Irvington Town	5,091	2,312	441	1,277	572	2,884	36.7%
Montclair Town	1,823	336	60	433	79	415	14.9%
Newark City	23,311	14,099	2,786	5,980	3,565	17,664	48.9%
Orange City	2,836	1,432	287	729	363	1,795	40.8%
West Orange Township	3,035	667	132	763	165	832	17.8%
ESSEX COUNTY (Balance)	9,606	1,053	191	2,296	248	1,301	8.9%
*Deptford Township	1,684	369	71	437	94	463	17.7%
*Monroe Township Gloucester	2,030	461	87	492	110	571	18.4%
Washington Township	2,184	349	62	511	80	429	12.9%
GLOUCESTER COUNTY (Balance)	9,049	2,134	414	2,300	535	2,669	19.1%
Bayonne City	3,513	1,176	234	887	293	1,469	27.1%
Hoboken City	2,282	588	125	634	161	749	20.8%
Jersey City	16,658	7,223	1,466	4,328	1,850	9,073	35.1%
Kearny Town	2,310	818	159	576	201	1,019	28.6%
North Bergen Township	3,822	1,517	302	956	374	1,891	32.1%
Union City	5,333	3,182	611	1,306	768	3,950	48.2%
West New York Town	3,574	2,052	425	941	533	2,585	46.4%
HUDSON COUNTY (Balance)	3,076	1,116	215	762	272	1,388	29.3%
HUNTERDON COUNTY (Total)	6,067	781	142	1,414	179	960	10.4%
Ewing Township	1,613	347	70	429	91	438	17.4%
Hamilton Township	4,635	960	186	1,153	235	1,195	16.8%
*Lawrence Township	1,835	322	61	454	78	400	14.2%
Trenton City	7,669	4,863	1,020	2,050	1,281	6,144	51.3%

AREA	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	TOTAL ESTIMATED ELIGIBLE WOMEN & CHILDREN	2010 200% POVERTY RATE
East Brunswick Township	1,964	223	43	480	54	277	9.2%
Edison Township	6,764	1,204	242	1,735	304	1,508	14.4%
*Monroe Township Middlesex	1,338	192	36	331	47	239	11.6%
New Brunswick City	5,340	3,733	733	1,367	942	4,675	56.5%
North Brunswick Township	2,996	713	151	805	189	902	19.2%
Old Bridge Township	3,530	588	111	883	145	733	13.5%
Perth Amboy City	4,270	2,175	423	1,082	543	2,718	41.2%
Piscataway Township	3,473	496	99	906	127	623	11.5%
Sayreville Borough	2,920	626	130	761	161	787	17.3%
South Brunswick Township	2,429	325	61	590	78	403	10.8%
Woodbridge Township	6,107	1,007	199	1,544	251	1,258	13.3%
MIDDLESEX COUNTY (Balance)	10,546	2,130	413	2,647	527	2,657	16.3%
Freehold Township	1,572	218	39	384	52	270	11.2%
Howell Township	2,851	486	87	686	115	601	13.8%
Long Branch City	2,687	1,197	239	672	295	1,492	36.0%
Manalapan Township	1,528	217	45	402	56	273	11.5%
Marlboro Township	1,659	141	23	362	30	171	6.9%
Middletown Township	3,478	384	71	831	90	474	8.9%
MONMOUTH COUNTY (Balance)	21,217	4,960	924	5,120	1,180	6,140	18.9%
Parsippany-Troy Hills	3,169	435	82	775	105	540	11.1%
MORRIS COUNTY (Balance)	24,721	3,456	631	5,845	805	4,261	11.3%

AREA	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	TOTAL ESTIMATED ELIGIBLE WOMEN & CHILDREN	2010 (200%) POVERTY RATE
Berkeley Township	1,412	433	77	349	106	539	24.8%
Brick Township	3,839	781	148	951	191	972	16.4%
Toms River Township	4,754	959	182	1,186	236	1,195	16.3%
Jackson Township	2,888	468	82	668	107	575	13.1%
Lakewood Township	14,876	10,004	2,163	4,081	2,705	12,709	54.4%
Manchester Township	1,118	328	66	290	84	412	23.7%
OCEAN COUNTY (Balance)	9,150	2,071	402	2,280	509	2,580	18.3%
Clifton City	5,363	1,531	307	1,417	399	1,930	23.1%
Passaic City	7,520	5,378	1,031	1,905	1,343	6,721	57.8%
Paterson City	13,824	8,964	1,766	3,513	2,245	11,209	52.4%
Wayne Township	2,372	266	48	554	61	327	9.1%
PASSAIC COUNTY (Balance)	8,302	1,473	275	2,024	354	1,827	14.3%
SALEM COUNTY (Total)	3,131	945	181	777	231	1,176	24.4%
Bridgewater Township	2,399	214	39	575	51	265	7.2%
Franklin Township	4,725	793	160	1,233	204	997	13.6%
Hillsborough Township	2,197	224	41	508	51	275	8.2%
SOMERSET COUNTY (Balance)	10,740	1,583	287	2,557	371	1,954	11.9%
SUSSEX COUNTY (Total)	7,713	1,298	246	1,872	310	1,608	13.6%
Elizabeth City	10,852	5,558	1,095	2,797	1,412	6,970	41.4%
Linden City	2,289	625	121	584	157	782	22.1%
Plainfield City	4,705	2,219	434	1,172	545	2,764	38.1%
Union Township	2,985	550	107	764	139	689	14.9%
*Westfield Town	1,612	133	25	376	31	164	6.7%
UNION COUNTY (Balance)	14,014	2,599	496	3,449	631	3,230	15.0%
WARREN COUNTY (Total)	5,740	1,257	208	1,305	282	1,539	17.7%
	541,051	167,732	32,956	135,592	42,033	209,765	

Table 7: Pregnant and Postpartum Women

AREA	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	WOMEN TOTAL
Atlantic City	409	276	685
Egg Harbor Township	89	59	148
Galloway Township	68	40	108
ATLANTIC COUNTY (Balance)	460	315	775
Fair Lawn Borough	29	20	49
Fort Lee Borough	50	36	86
*Garfield City	121	89	210
Hackensack City	166	112	278
Teaneck Township	58	37	95
BERGEN COUNTY (Balance)	835	591	1,426
Evesham Township	41	29	70
Mt. Laurel Township	36	24	60
Willingboro Township	81	53	134
BURLINGTON COUNTY (Balance)	509	350	859
Camden City	993	712	1,705
Cherry Hill Township	62	45	107
Gloucester Township	127	83	210
Pennsauken Township	104	79	183
Winslow Township	97	68	165
CAMDEN COUNTY (Balance)	470	323	793
CAPE MAY COUNTY (Total)	200	145	345
Vineland City	253	166	419
CUMBERLAND COUNTY (Balance)	529	363	892
Belleville Town	100	68	168
Bloomfield Town	129	86	215
East Orange City	373	265	638
Irvington Town	334	238	572
Montclair Town	45	34	79
Newark City	2,113	1,452	3,565
Orange City	218	145	363
West Orange Township	99	66	165
ESSEX COUNTY (Balance)	144	104	248

AREA	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	WOMEN TOTAL
*Deptford Township	53	41	94
*Monroe Township Gloucester	65	45	110
Washington Township	46	34	80
GLOUCESTER COUNTY (Balance)	312	223	535
Bayonne City	177	116	293
Hoboken City	94	67	161
Jersey City	1,107	743	1,850
Kearny Town	120	81	201
North Bergen Township	227	147	374
Union City	460	308	768
West New York Town	320	213	533
HUDSON COUNTY (Balance)	163	109	272
HUNTERDON COUNTY (Total)	107	72	179
Ewing Township	53	38	91
Hamilton Township	140	95	235
*Lawrence Township	46	32	78
Trenton City	774	507	1,281
MERCER COUNTY (Balance)	137	95	232
East Brunswick Township	33	21	54
Edison Township	182	122	304
*Monroe Township Middlesex	27	20	47
New Brunswick City	552	390	942
North Brunswick Township	113	76	189
Old Bridge Township	83	62	145
Perth Amboy City	319	224	543
Piscataway Township	74	53	127
Sayreville Borough	97	64	161
South Brunswick Township	46	32	78
Woodbridge Township	149	102	251
MIDDLESEX COUNTY (Balance)	311	216	527
Freehold Township	29	23	52
Howell Township	65	50	115
Long Branch City	180	115	295
Manalapan Township	34	22	56
Marlboro Township	17	13	30
Middletown Township	53	37	90
MONMOUTH COUNTY (Balance)	696	484	1,180

AREA	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	WOMEN TOTAL
Parsippany-Troy Hills	62	43	105
MORRIS COUNTY (Balance)	475	330	805
Berkeley Township	59	47	106
Brick Township	111	80	191
Toms River Township	137	99	236
Jackson Township	62	45	107
Lakewood Township	1,625	1,080	2,705
Manchester Township	50	34	84
OCEAN COUNTY (Balance)	302	207	509
Clifton City	231	168	399
Passaic City	775	568	1,343
Paterson City	1,331	914	2,245
Wayne Township	36	25	61
PASSAIC COUNTY (Balance)	207	147	354
SALEM COUNTY (Total)	136	95	231
Bridgewater Township	30	21	51
Franklin Township	120	84	204
Hillsborough Township	31	20	51
SOMERSET COUNTY (Balance)	215	156	371
SUSSEX COUNTY (Total)	185	125	310
Elizabeth City	826	586	1,412
Linden City	91	66	157
Plainfield City	327	218	545
Union Township	81	58	139
*Westfield Town	19	12	31
UNION COUNTY (Balance)	373	258	631
WARREN COUNTY (Total)	157	125	282
	24,857	17,176	42,033

Table 8: Estimated Number of Women, Infants and Children by Agency

LOCAL AGENCY	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	TOTAL ESTIMATED ELIGIBLE CHILDREN	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	ESTIMATED ELIGIBLE WOMEN & CHILDREN
ATLANTIC CITY	16,846	5,214	1,299	6,513	4,290	981	660	1,641	8,154
BURLINGTON	23,815	3,565	859	4,424	5,960	650	444	1,094	5,518
TRI-COUNTY	54,294	16,119	3,983	20,102	13,943	3,011	2,106	5,117	25,219
EAST ORANGE	15,155	5,172	1,259	6,431	3,820	954	659	1,613	8,044
GLOUCESTER	14,845	2,787	662	3,449	3,720	497	358	855	4,304
JERSEY CITY	20,089	7,000	1,752	8,752	5,145	1,321	884	2,205	10,957
VNACJ	89,415	17,092	4,096	21,188	22,231	3,081	2,142	5,223	26,411
NEWARK	30,203	10,189	2,481	12,670	7,610	1,879	1,299	3,178	15,848
NORTH HUDSON	25,142	7,769	1,933	9,702	6,391	1,458	979	2,437	12,139
NORWESCAP	34,361	4,549	1,016	5,565	8,201	764	546	1,310	6,875
PLAINFIELD	14,215	3,229	780	4,009	3,551	588	410	998	5,007
ST. JOSEPH'S	89,535	18,443	4,370	22,813	21,963	3,290	2,314	5,604	28,417
EWING	22,454	5,924	1,519	7,443	5,747	1,150	767	1,917	9,360
UMDNJ	13,454	4,559	1,110	5,669	3,389	841	581	1,422	7,091
OCEAN	38,037	11,924	3,120	15,044	9,805	2,346	1,592	3,938	18,982
PASSAIC	15,447	5,115	1,233	6,348	3,872	928	655	1,583	7,931
TRINITAS	23,744	6,126	1,484	7,610	5,954	1,118	780	1,898	9,508
TOTAL	541,051	134,776	32,956	167,732	135,592	24,857	17,176	42,033	209,765

4.3 Disclaimers and Notes for FFY 2014 WIC Affirmative Action Plan

The Data Source for the 2014 WIC Affirmative Action Plan was the New Jersey Department of Health Birth and Death Certificate files. This data is provisional and should be used for planning purposes only.

The data is based on the recording of the residence of the mother at the time of birth as understood and reported by the mother or other informant. Sometimes the coding of the residence information is limited by confusion between a temporary mailing address used around the time of birth and the permanent residence of the mother or informant. More seriously in New Jersey, the municipalities where people live may differ from the cities listed as their mailing address. Births are for New Jersey residents only.

A fetal death is defined as a death occurring before the complete expulsion or extraction from its mother. Fetal deaths occurring after the completion of 20 or more weeks of gestation are included in the fetal death count. Induced abortions are not included in the fetal death count. Deaths are to New Jersey residents only and population is by 2010 census.

4.4 New Jersey WIC Services FY 2012 Health Data

4.4.1 WIC Risk Factors

The Food and Nutrition Service (FNS) in conjunction with the National WIC Association (NWA) established standard criteria for all WIC participant categories (pregnant, breastfeeding, postpartum, infants, children) to use in assessing nutritional risk at certification (USDA WIC Policy Memorandum 98-9).

The Risk Identification and Selection Collaborative (RISC) is an FNS/NWA workgroup that was established as the primary vehicle for a comprehensive and ongoing system through which nutrition risk criteria can be proposed, reviewed, recommended for approval, and maintained for use in the WIC Program. RISC promotes the ongoing development of appropriate nutrition risk criteria for consistent application in the WIC Program in recognition of emergent science.

As part of the WIC certification process, all WIC applicants are assessed for WIC risk factors. Risk factors are conditions that are detected by a combination of hematological, anthropometric and nutrition assessments. The risk assessment is used to detect nutrition-related conditions that could indicate signs of dietary deficiencies, excesses and inadequacies that predispose an individual to poor nutrition and health status. In WIC, the risk factors include measureable and circumstantial factors associated with poor nutrition and health status.

The following summary report on WIC risk factors is based on Calendar Year 2012 statistical data of New Jersey WIC Services.

4.4.2 Maternal Risk Factors

Among women, nutrition-related risk factors, if not addressed, could contribute to poor pregnancy outcomes. The most prevalent risk factors for pregnant women participating in the New Jersey WIC Program were overweight (body mass index $\geq$ 25), low hemoglobin/hematocrit levels, low weight gain during pregnancy, lack of adequate prenatal care, high weight gain during pregnancy and maternal smoking during pregnancy.

- **Overweight**

Twenty-six percent (26%) of the women had a body mass index (BMI) that met the Institute of Medicine (IOM) criteria for overweight [(1).] Based on the IOM criteria, a woman with a BMI of 25 or above before pregnancy is considered overweight. Pre-pregnancy body weight status is based on self- reported weight and height before pregnancy. In the WIC Program, the pre-pregnancy body weight status is calculated using the self-reported height and weight converted to a ratio known as Body Mass Index (BMI). BMI is calculated as weight (kg) divided by height (m^2). Pre-pregnancy weight status affects maternal health and is a determinant of infant birth-weight. Risks such as preeclampsia, gestational diabetes, cesarean delivery, and failure to initiate breastfeeding are associated with being overweight before pregnancy[(2)]. The highest risk of stillbirth is associated with women who are overweight compared to women with normal weight who have the lowest risk [(3).]

- **Low Hemoglobin/Hematocrit Levels**

Almost seventeen and a half percent (17.4%) of WIC women had hemoglobin/hematocrit levels that are below cut-off values established by Centers for Disease Control and Prevention (CDC)[(4)]. A low hemoglobin/hematocrit level is an indicator of nutrient deficiency (iron) during pregnancy. Low hemoglobin/hematocrit levels during the first two trimesters of pregnancy has been associated with a two-fold risk for premature births, and a three-fold risk of giving birth to an infant with low birth weight, inadequate gestational weight gain and could affect the woman's health postpartum[(5)].

- **Low Gestational Weight Gain**

Almost six and a half percent (6.4%) of WIC women had a low weight gain during pregnancy. Weight gain during pregnancy is used to assess and estimate fetal growth and estimate birth weight. Infant birth weight contributes to infant morbidity and mortality. Women who had a low weight gain during pregnancy are at increased risk of delivering infants with low birth weight (LBW). In recognition that gestational weight gain is a strong predictor of birth weight, the IOM established guidelines for gestation weight gain in reference to pre-pregnancy BMI status. The IOM established guidelines for gestation weight gain in reference to pre-pregnancy BMI status ranged from 11 pounds to 40 pounds [(6).]

- **Smoking During Pregnancy**

About two percent (2%) of WIC women had the risk factor of smoking around the pregnancy period. Cigarette smoking during pregnancy adversely affects the health of both mother and infant [(7).] The risks for adverse maternal conditions, including premature rupture of membranes, abruptio placentae, and placenta previa, are elevated among women who smoke during pregnancy. Also neonatal mortality, stillbirth, preterm delivery, and sudden infant death syndrome, used as measures of poor pregnancy outcomes, are higher among women that smoke during pregnancy[(8)]. Infants of women who smoke weigh less than other infants, and low birth weight (<2,500 grams) is a strong predictor for infant mortality [(9).]

New Jersey WIC Services assesses smoking behavior for pregnant and postpartum women by asking the smoking history three months before pregnancy and current behavior. In addition, postpartum women are asked smoking history during the last three months of pregnancy and three months after pregnancy.

- **High Gestational Weight Gain**

Based on the IOM recommendation for gestational weight gain during pregnancy, almost thirteen percent (12.9%) of WIC women gained weight considered to be high for their pre-pregnancy weight status. High gestational weight gains have been associated with pregnancy induced hypertension, preeclampsia, toxemia high birth weight and cesarean deliveries. The association between high gestational weight gains and adverse maternal health conditions are still being studied. The IOM in 1990 established prenatal weight gain for the pre-pregnancy BMI weight categories (i.e., low, normal, high, obese) for positive birth outcomes. IOM recommended that pregnant women gain between 10 pounds to 40 pounds during pregnancy, with the underweight women gaining at the higher end of the range and overweight women gaining at the lower end of the range. The IOM suggested that women underweight before pregnancy were to gain 28 to 40 pounds, 25 to 35 pounds if they are within normal weight, 15 to 25 pounds if overweight, and 11 to 20 pounds if obese. Weight gain during pregnancy is used to assess and estimate fetal growth and estimate birth weight.

The WIC Program uses both self-reported and current height/weight measurements to assess weight gain during pregnancy.

- **Inadequate Prenatal Care**

Three and a half percent (3.5%) of pregnant women had inadequate prenatal care as assessed by the timing of enrollment into medical care after the first trimester (after 13 weeks) of pregnancy. The women that enrolled into prenatal care after the first trimester of pregnancy are considered to have inadequate prenatal care. Early enrollment into medical care provides opportunity for pregnant women to receive prenatal care including early detection of conditions that could contribute to undesirable pregnancy outcomes. Women who begin prenatal care after the first trimester are at a higher risk for poor pregnancy outcomes with infants being born prematurely, with low birth weight, or growth retardation [10 &11]. Therefore, early enrollment into prenatal care contributes to better pregnancy and birth outcomes. Information on enrollment into medical care is self-reported during certification into the WIC Services.

4.4.3 Infant Risk Factors

The most prevalent nutrition-related risk factors for New Jersey WIC infants were low birth weight, prematurity, large for gestational age, short stature, underweight and inadequate growth.

- **Low Birth Weight**

Six percent (6.0%) of WIC infants met the criteria to be classified as a low birth weight infant. Low birth weight (LBW) is defined as birth weight of less than 2,500 grams or 5.5 pounds. Low birth weight is a contributory factor of neonatal mortality and post-neonatal mortality. Infants with low birth weight who survive are at increased risk for health problems ranging from neurologic developmental disorders/disabilities to conditions of the lower respiratory tract conditions [12].

- **Prematurity**

Slightly more than ten percent (10.2 %) of WIC infants were delivered prematurely. Premature or preterm birth refers to delivery of an infant at or before 37 weeks gestation. Prematurity has been identified as a fundamental factor contributing to perinatal health problems in industrialized nations [13]. A preterm infant has an increased risk of neurological disorders, respiratory disorders, ocular diseases, and death. It is increasingly recognized that prevention of preterm births is crucial to improving pregnancy outcomes [13].

- **Large for Gestational Age**

Almost four percent (3.9%) of WIC infants had birth weight considered to be large for gestational age. High birth weight (HBW) is defined as birth weight greater than 4,000 grams or 9 pounds. HBW significantly increases the risk of injuries such as shoulder dystocia during vaginal delivery, nerve injury, fractures, asphyxia, death during birth/infancy, childhood obesity, and medical complications. Infants with HBW are also at increased risk for Type I and II diabetes, obesity, lower respiratory tract conditions, hypertension and future cardiovascular difficulties compared to normal birth weight infants [(14)].

- **Short Stature**

Slightly more than six percent (6.3%) of WIC infants were below 2.3 percentile on length for age on the growth chart. An infant's stature is monitored using the age/sex specific growth chart. Short stature is low length compared to age. Short stature sometimes is attributed to parental stature and low birth weight [(15)]. The causes or contributory factors to short stature are not well documented but some research has attributed short stature to long-term impact of recurrent illness and inadequate food intake [(15)].

- **Underweight**

Five percent (5.0%) of WIC infants met the criteria for underweight. Infants are assessed for underweight by using the CDC gender-specific growth chart. Infants that are at or below the 5th percentile on the growth chart for weight-for-length are considered underweight or at risk for underweight. While not conclusive, underweight is an indicator for the acute malnutrition presence [(16)].

- **Inadequate Growth**

Almost six percent (5.9%) of WIC infants had inadequate growth. Poor growth is defined as either a weight for age that falls below the 5th percentile on different anthropometric measurements or a weight regression that crosses two major percentile lines on a growth chart [(17)]. According to Wright (2000) family factors such as mental health disorders, inadequate nutritional knowledge, financial difficulties and child neglect or abuse could be vital contributor to inadequate growth in children due to inadequate caloric intake [(18)].

4.4.4 Children Risk Factors

The following risk factors for WIC children were selected for inclusion in this document: low hemoglobin/hematocrit levels; failure to meet dietary guidelines; improper use of nursing bottles, cups and pacifiers improperly; feeding child a sugary drink; and, overweight.

- **Low Hemoglobin/Hematocrit Levels**

Ten percent (10.0%) of WIC children had a hemoglobin/hematocrit level that is below cut-off values established by Centers for Disease Control and Prevention: Children aged 2–5 years are considered iron-deficient if their hemoglobin concentration is less than 11.1 g/dL or if their hematocrit level is less than 33.0%, with values adjusted for altitude. Hemoglobin/ hematocrit level concentrations are used in diagnosis of anemia. Low hemoglobin or low hematocrit level is an indicator of iron deficiency, which is associated with developmental delays and behavioral problems in children [(19)].

- **Failure to Meet Dietary Guidelines**

Almost ten percent (9.6%) of WIC children were not meeting the dietary guidelines for Americans. IOM defined failure to meet Dietary Guidelines for Americans as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans), based on an individual's estimated energy needs. This dietary risk factor is generally used during WIC certification only if there are no other specific risk factors identified through anthropometric, hematological or nutritional assessment. According to IOM, WIC children two years of age and older that met the income, categorical, and residency eligibility requirements are still presumed to be at nutritional risk based on failure to meet Dietary Guidelines for Americans[(20)]. WIC's goal is to prevent and correct nutrition-related problems associated with failure to meet Dietary Guidelines for Americans.

- **Improper Use of Nursing Bottles, Cups and Pacifiers**

Almost nine percent (8.9 %) of WIC children, through assessment and self report on how and when nursing bottles, cups and pacifiers are used, were found to routinely use nursing bottles, cups and pacifiers improperly. The WIC Program considers the use of nursing bottles, cups and pacifiers improper in the following situations:

1. **To** feed fruit juice, or diluted cereal or other solid foods.
2. **To** fall asleep or be put to bed with a bottle at naps or bedtime.

3. **Walking** around with a bottle or as a pacifier at all times without restrictions.
4. **Feeding** or drinking with a nursing bottle or Sippy cups beyond 14 months of age.
5. **Dipping** a pacifier in sweet agents such as sugar, honey, or syrups.
6. **Allowing** a child to carry around and drink throughout the day from a covered or training cup.

Improper use of nursing bottles, cups and pacifiers routinely contribute to baby bottle tooth or bottle-mouth syndrome. Bottles containing liquids such as milk, formula, fruit juices, sweetened drink mixes, and sugar water continuously bathe an infant's mouth with sugar. Bacteria in the mouth interact with the sugar to produce acid that causes bottle mouth syndrome.

- **Feeding Child a Sugary Drink**

Almost six and a half percent (6.4%) of WIC children, through dietary assessment, were determined to be routinely fed sugary drinks. One of the factors that have been attributed to overweight and obesity is consumption of sugary drinks [(23)].The term sugary drink encompasses sweetened beverages, fruit drinks/punches, fruitades and sweetened iced tea. The sugary drinks add calories to a diet that warrant adjusting the total caloric intake. Accumulation of excess caloric intake contributes to weight gain that leads to overweight/ obesity over time. Longitudinal studies have found a positive trend in the relationship between the intake of sugar-sweetened beverages and overweight or obesity.

- **Overweight**

Six percent (6%) of WIC children met the criteria for overweight. New Jersey WIC uses the CDCP growth chart for the United States (gender-specific percentiles) to screen and classify the Body Mass Index (BMI) of children aged 2 years to 5 years as overweight or obese. If children's weight for height or BMI on the growth chart for the United States (gender-specific percentiles) is at or above the 95th percentile, they are considered obese. If children have a BMI-for-age between the 85th and 95th percentiles, they are considered overweight. According to American Academy of Pediatrics, being overweight at one time, between ages of 24 and 54 months, was associated with a five folds increased risk of obesity at 12 years. Childhood obesity is associated with serious health conditions such as diabetes, hypertension, hyperlipidemia, asthma, and sleep apnea. tes, hypertension, hyperlipidemia, asthma, and sleep apnea[(24)].

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4.5 New Jersey WIC Services FY 2012 Breastfeeding Data

4.5.1 Infants/Children and Breastfeeding

Breastfeeding and human milk are the reference normative standards for infant feeding and nutrition. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for about six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant. Breastfeeding has a protective effect against many conditions including otitis media, upper and lower respiratory tract infections, asthma, respiratory syncytial virus bronchiolitis, necrotizing enterocolitis, atopic dermatitis, gastroenteritis, inflammatory bowel disease, obesity, celiac disease, type 1 and type 2 diabetes, leukemia, and sudden infant death syndrome. The protective effects increase as the exclusivity and duration of breastfeeding increase.[1]

Improving the health and well-being of women, infants and children is a *Healthy People 2020* goal for the United States. An Infant Care objective in *Healthy People 2020* (MICH-21) is to increase the proportion of children ever breastfed with the following targets:

- Ever breastfed, 81.9%
- Breastfed at 6 months, to 60.6%
- Breastfed at 1 year to 34.1%
- Breastfed exclusively through 3 months, 46.2%
- Breastfed exclusively through 6 months, 25.5% [2]

In FFY 2012, the monthly average percent of infant feeding among New Jersey WIC infants was as follows:

- 6.1% were exclusively breastfed 0-5 month old infants
- 4.8% were exclusively breastfed 6-11 month old infants
- 0.9% were 0-1 month old partially breastfed infants
- 5.4% were 1-3 months old partially breastfed infants
- 2.9% were 4-5 month old partially breastfed infants

[1] Section on Breastfeeding. Breastfeeding and the Use of Human Milk. *Pediatrics* 2012;129;e827. Available at http://pediatrics.aappublications.org/content/129/3/e827.full.pdf+html?sid=309466db-bdf0-4094-93b0-6075245ea4c3. Accessed April 3, 2013.

[2] U.S. Department of Health and Human Services. Healthy People 2020. Washington, D.C. Available at http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=26. Accessed April 3, 2013.

- 5.6% were 6-11 month old partially breastfed infants
- 7.6% were 0-5 months old minimally breastfed infants
- 6.0% were 6-11 months old minimally breastfed infants
- 25.8% were 0-5 months old were not breastfed
- 34.8% were 6-11 months old not breastfed

When 0-5 month old infants are examined alone, 12.6% were exclusively breastfed; 18.9% were partially breastfed; 15.6% were minimally breastfed; and 52.9% were not breastfed.

Of the New Jersey WIC mothers who initiated breastfeeding and stopped in the first two years, 10.4% stopped breastfeeding before the infant was four days old and another 7.5% stopped between 4 and 7 days after delivery. The most common reasons documented for why breastfeeding stopped in the first week are "infant refused breast/prefers bottle" and "not enough milk, milk not good enough."[3] The practices in delivery hospitals and the information provided by healthcare providers are major influences on early breastfeeding outcomes.

4.5.2 Postpartum Women and Breastfeeding

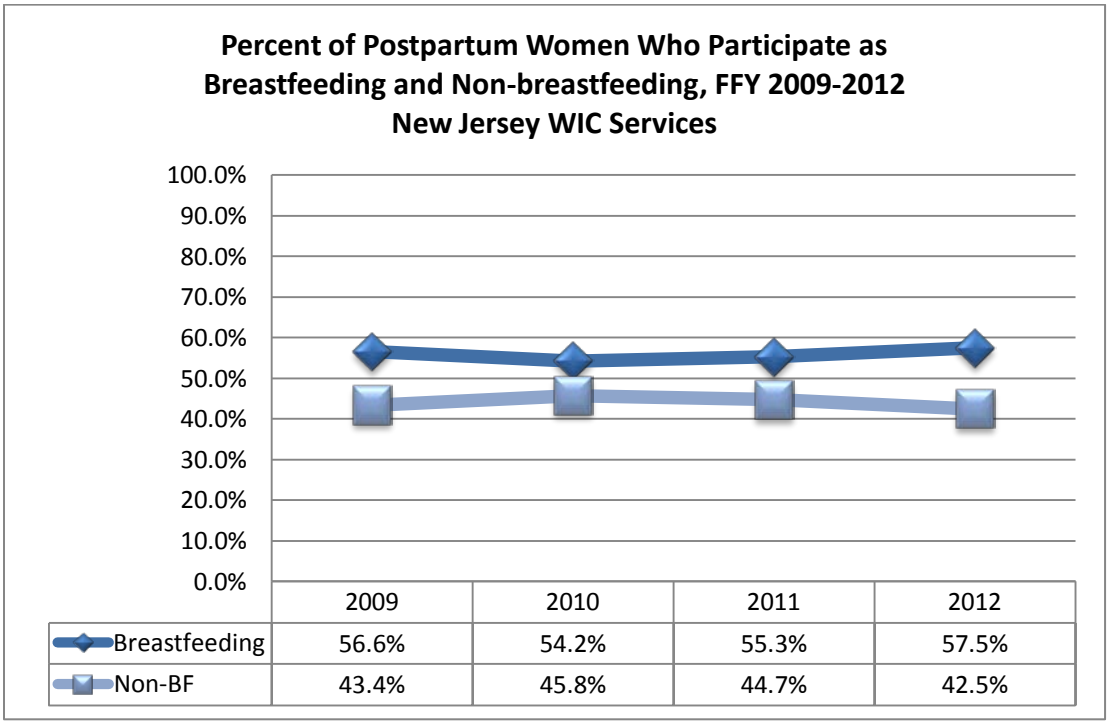
There are short- and long-term health benefits to mothers who breastfeed including decreased postpartum blood loss and more rapid involution of the uterus; a reduced risk of type 2 diabetes mellitus in mothers who never had gestational diabetes; a reduction in breast and ovarian cancer rheumatoid arthritis, hypertension, hyperlipidemia, and cardiovascular disease correlated with duration of breastfeeding; and a lower rate of child abuse by breastfeeding mothers. Early cessation of breastfeeding or not breastfeeding is associated with an increased risk of maternal postpartum depression.[4]

In FY 2012, 57.5% of all postpartum New Jersey WIC mothers breastfed their infants, compared with 55.3% in FY 2011. This includes breastfeeding women up to one year and non-breastfeeding

[3] New Jersey WIC Services. Age and Reason Breastfeeding Stopped – Breastfeeding Discontinuation Report, Semi Annual Ending 09/30/2012.
[4] Section on Breastfeeding. Breastfeeding and the Use of Human Milk. *Pediatrics* 2012;129;e827. Available at http://pediatrics.aappublications.org/content/129/3/e827.full.pdf+html?sid=309466db-bdf0-4094-93b0-6075245ea4c3. Accessed April 3, 2013.

women up to six months postpartum (Table 4.5 A).[5] When only women up to six months postpartum are compared, 49.7% were breastfeeding and 50.3% were non-breastfeeding.[6]

Table 4.5 A



	2009	2010	2011	2012
Breastfeeding	56.6%	54.2%	55.3%	57.5%
Non-BF	43.4%	45.8%	44.7%	42.5%

Two additional *Healthy People 2020* objectives (MICH-22 and 23) related to breastfeeding are to increase the proportion of employers that have worksite lactation support programs to 38% and to reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life to 14.2%.[7] In New Jersey, 35.5% of breastfed infants receive formula before 2 days of age, the worst rate in the nation.[8] National socio-demographic factors show that women least likely to breastfeed are Black or African-American, less than 20 years of age, a high school graduate, not married, and living below the poverty threshold.[9]

[5] New Jersey WIC Services. Management Information Summary Reports, October 2010 – September 2012.
-[6] New Jersey WIC Services. Report on Postpartum Women, Semi Annual Report Ending 09/30/2012.
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[9] Centers for Disease Control and Prevention. Tables and Maps. Available at http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm. Accessed April 3, 2013.

5.0 MILESTONES - SIGNIFICANT INITIATIVES FOR FFY 2013

5.1 Office of the Director

5.1.1 Collaborations

WIC Services is one of over 200 partners in ShapingNJ, the State Partnership for Nutrition, Physical Activity and Obesity, and participates in the ShapingNJ Healthcare Workgroup. The Joint Commission's Perinatal Care Core Measure Set, which includes exclusive breast milk feeding, becomes mandatory on January 1, 2014. The Healthcare Workgroup is working to support delivery hospitals as they implement this measure set. An activity of the Workgroup is a learning session for hospitals to help them learn from other hospitals that have already met this goal.

WIC Services collaborated with other service units in the Division of Family Health Services on a committee working with the Division of Health Facilities Evaluation and Licensing on updating New Jersey Hospital Licensing Standards to require hospitals to have written policies and procedures to support breastfeeding mothers and children in emergency departments, obstetric units, newborn nursery, and satellite emergency departments and for evidence-based core competencies.

WIC Services participated in two of the four planning workgroups of the New Jersey Chronic Disease Advisory Council (CDAC). The CDAC consists of selected representatives from government, nonprofit organizations, private health organizations, commercial organizations and universities. The purpose of the CDAC is to develop, through collaboration, effective chronic disease prevention strategies. The expected outcome of the CDAC is to develop a State Plan that will facilitate the promotion, adoption and use of preventive services/lifestyles that will lead to prevention, better treatment and reduction of the costs of chronic diseases. The four planning workgroups are in the following areas: evidence-based practices and environmental approaches; health systems change; community-clinical linkages; and, surveillance and epidemiology.

5.1.2 Farmers' Market Collaboration Meetings

The NJ Farmers' Market Nutrition Program (FMNP) had one regional meeting with Senior Coordinators. Suggestions discussed at the meeting were incorporated into the FMNP operations as appropriate.

5.2 Health and Ancillary Services

Significant program initiatives for the Health and Ancillary Services Unit for FFY 2013 included continued follow-up training on Value Enhanced Nutrition Assessment (VENA) and incorporating *Using Loving Support to GROW and GLOW in WIC: Breastfeeding Training for Local WIC Staff*; referrals to healthcare providers; conducting nutrition and breastfeeding services trainings, conducting a statewide movie screen outreach; breastfeeding services orientation, technical assistance training, and publishing four quarterly issues of the MARWIC Times.

5.2.1 Breastfeeding Peer Counseling

Breastfeeding promotion and support services were provided according to the *Loving Support*© Model for a Successful Peer Counseling Program. The new curriculum for training WIC Peer Counselors, "*Loving Support*© *Through Peer Counseling: A Journey Together*, was implemented. This curriculum resides on a highly interactive platform using the latest technology. The State developed a presentation kit consisting of the hardware and software necessary to conduct the trainings. The kit was loaned to local agencies for trainings through a reservation process. When geographically feasible, training includes candidates from local agencies near to each other so that a group is assembled for the exchange of ideas and efficient use of trainers' time.

New Jersey's share of the FFY 2012 Breastfeeding Peer Counseling funds was placed in the FFY 2013 grants for the local agencies and MCH consortia. These funds, which are additional to the breastfeeding target funds, allowed agencies to increase staff hours and the number of breastfeeding staff. Agencies expanded breastfeeding services to WIC sites where there previously were no services, increased services at other sites, and began making visits to new WIC breastfeeding mothers in some hospitals. More women received breastfeeding services in Spanish, Arabic and other languages. The State Agency has prioritized making comprehensive breastfeeding promotion and support services fully integrated as a core service.

5.2.2 Nutrition and Breastfeeding Training, Technical Assistance, and Staff Development

Instead of having one Nutrition Services meeting in October, 2012, the SA planned a statewide meeting. On Friday October 19, 2012, all local and SA New Jersey WIC Staff joined together for an annual meeting. This was the first statewide meeting in more than 15 years. Over 400 staff was in attendance at the Renaissance Newark Airport Hotel in Elizabeth, New Jersey. The goal of the meeting was to empower, energize and commend WIC staff for all the work they do.

The opening session began with a welcome from the New Jersey Division of Family Services Assistant Commissioner, Gloria Rodriguez and Patricia Dombroski, Regional Administrator, MARO USDA/FNS. The opening keynote titled, "Put Your Oxygen Mask on First-Practice Self-Care was delivered by Gloria Boseman, PhD, RN. Dr. Boseman wowed the audience with her dynamic presentation. WIC Staff were able to select two breakout sessions to attend as well from that included a variety of breakout session topics including: Breastfeeding, Exempt Infant Formula, Customer Service, Leadership, and Joy of Fitness. The closing keynote, titled, "Life in Balance", was given by Marianne Neifert, MD (Dr. Mom). Dr. Neifert closed out the day with an inspiring message to try and keep balance in our lives by, "saying no to the good things so you can say yes to the best thing". Evaluations were conducted and most attendees gave favorable reviews for the conference.

State nutrition services staff continued to model VENA by utilizing facilitated group discussion during chief nutritionists' and breastfeeding managers' meetings. State and local agencies continued to use the monitoring tools, that include VENA evaluation questions (client-centered) related to clinic environment, customer service, counseling and nutrition education.

The State agency held a joint Breastfeeding Manager and Chief Nutritionist Meeting in March 2013. This was an interactive meeting for counseling staff to improve communication by improving their documentation skills. Video vignettes, small group and large group activities were used as hands on practice for staff in attendance.

The State Office planned two Nutrition Service (NS) meetings; this year the State offered three locations and three dates for each training. The first NS meeting was held in May and June 2013, the topics included: Documentation in the Land of VENA and counseling skills. The second NS meeting, provided on two different dates and locations, was held in October 2013. The topics for this meeting included the Role Nutrition Plays in Treating Various Medical Conditions and Participant-Centered Communication Skills on.

5.2.3 Web Based Nutrition Education for WIC Participants (NJWIConline.org)

In November 2009, the NJ WIC Program launched an interactive customized nutrition education website, NJWIConline.org. This website can be utilized by New Jersey WIC participants with internet access to satisfy their secondary nutrition education contact. The site offers participants

informative nutrition and health lessons and fun and clever activities to reinforce the key points of the lessons. Topics include fruits and vegetables, calcium, cholesterol, oral health and iron. The website is offered in both English and Spanish. To promote NJWIConline.org, as well as, provide navigation instructions and useful website tips, a participant brochure was developed, printed and provided to the local agencies in both English and Spanish for distribution to their participants. This website offers an efficient and cost effective option to both the NJ WIC Program local agencies and participants to satisfy the secondary nutrition education USDA requirement. In January 2011, computer kiosks were placed in WIC local agency administrative sites to enable WIC participants to access *NJWIConline* on site. By using the touch screens on the kiosks, participants are able to receive nutrition education on topics of their choice while in the WIC clinic.

5.2.4 Bloodwork Training

The New Jersey State WIC Program provided a Blood-borne Pathogen Training of "Train the Trainer" to local agency staff in May 2010. The "Train the Trainer" program included the review and distribution of a power point presentation and reference materials on the blood borne pathogens standards. This training provided all the necessary information and resources for the local agencies to provide blood borne pathogen training. All local agencies "trainers" are responsible for returning to their agencies and ensuring that a federally mandated annual blood borne pathogen training is provided to all staff that conducts blood work screening. Local agencies must maintain their annual blood work training information in their training file which is reviewed by State staff during the agency's biennial on-site audit for compliance.

5.2.5 Outreach Initiative

In FY 2013, an Ad Hoc WIC Outreach Subcommittee was formed, made up of representatives from State WIC staff, Office of FHS Assistant Commissioner, local WIC agencies and the WIC Advisory Council to make recommendations on specific outreach activities to be considered for the 2013 State WIC Outreach Initiative. This group wanted to see the State do more outreach utilizing the WIC authorized vendors, specifically as follows: supermarket/vendor monitors; community boards at vendors; tear-off sheets by the cash registers; grocery bag stuffers; WIC information imprinted on grocery bags. Also the group wanted the State to do a statewide campaign involving bus/train station/bus stops and radio.

5.3 Food Delivery and Vendor Management

5.3.1 Vendor Cost Containment

New Jersey WIC Services has a Memorandum of Agreement between New Jersey Department of Health and the New Jersey Division of Taxation. The purpose of this Agreement is to share and verify tax information on vendors that may be above-50-percent vendors. The MOA has been a valid and valuable document in determining the status of vendors that are designated as above-50-percent vendors.

5.3.2 Banking Services Contract

The banking contract with Solutran was extended for an additional year.

5.3.3 Vendor Application Process

New Jersey WIC Services - Food Deliver Services/ Vendor Management unit is responsible for activities that are associated with selecting, authorizing, training, monitoring and investigating the authorized WIC retail vendor population.

Federal Regulation mandates a limited number and appropriate distribution of WIC retail stores in order to ensure the lowest practicable food prices consistent with adequate participant access to supplemental foods and to ensure effective State agency management, oversight, and review of its authorized vendors. As required by Federal Regulations, New Jersey WIC Services has a vendor peer group system. The retail peer group types are chain, large independent, small, pharmacy, and commissary. The peer groups are assigned based on the amount of registers in the store.

There are **891** currently authorized retail food stores with a three year contract. The current agreement began October 1, **2012** and ends September 30, **2015.** Six months following authorization each vendor is revisted to ensure compliance with Federal regulations and State policies and procedures.

5.4 WIC Information Technology Systems

5.4.1 Field Support Services

Local Agency hardware maintenance, repair and replacement, operating system, Local Area Networks (LAN) administration and application troubleshooting support for all Local Agencies are handled by State office field support staff on an as required basis. All hardware and some software related calls reported through the contractor's help desk are forwarded to the State Field Support Service staff. The field support staff is responsible for the physical installation, maintenance, repair and administration of the PCs, printers and networks utilized with WIC ACCESS. Field support staff has responded to over 680 on site maintenance calls and provides daily telephone support as appropriate.

5.4.2 Ad-Hoc Reporting

Crystal Reports is an ad-hoc reporting tool that is being used to create management reports that had not been previously available or to address new requirements and temporary needs. State staff provided development support for the generation of Crystal Reports upon request and responded to approximately 60 requests for data/reports. Popular report programs have been distributed to Local Agencies that have the ability generate their own.

5.4.3 WIC ACCESS Operating System

Computing hardware in local agencies has undergone a replacement project that includes one hundred and fifty new desktop and laptop workstations running Windows 7 Professional and laptop and administrative servers running Windows Server 2003. All new product versions had undergone rigorous compatibility and regression testing to certify the WIC ACCESS application by the current contractor, CMA and by WIC's Quality Assurance Section. WIC ACCESS version 4.12.3 was implemented statewide and included a change in the end of day process implementing file transfer via FTP, replacing dial up connections.

5.4.4 WIC ACCESS Disaster Recovery Backup Site

New Jersey WIC has completed the creation of a stand-alone backup facility near the Central Processing Site (CPS) in Latham, NY. The hardware duplicates that in the CPS and in the case of an emergency can be loaded rapidly with the backups from the CPS to get the system operational in a matter of hours. The system has been rigorously tested and is on standby.

5.4.5 Data Warehousing

NJ WIC MIS discontinued the use of Data Warehousing. The process was replaced with a high-speed remote access to Administrative sites, providing state employees a more complete data set.

5.4.6 Systems Lifecycle

WIC's Automated Client Centered Electronic Service System (ACCESS) is approaching the end of its useful product lifecycle. A final contract for operations and maintenance of the system has been awarded to the incumbent, Currier, McCabe and Associates (CMA) and an RFP for a replacement system has been released.

5.4.7 Electronic Benefit Transfer (EBT)

New Jersey WIC Services engaged a planning contractor to develop planning documents for submission to USDA to initiate a conversion to EBT by the mandated date of 2020. These documents include a feasibility study, cost benefit analysis, alternatives analysis, Implementation Advanced Planning Document (IAPD) and a Request for Proposal (RFP).

5.4.8 Continued Operation of WIC ACCESS

The State of New Jersey awarded a new three-year contract for the operation and maintenance of WIC ACCESS. This engagement will ensure certification and benefit delivery will continue seamlessly and a new web based system is under development and implementation.

5.4.9 New System

New Jersey WIC issued a Request for Proposal for the design, development and implementation of a new web based system. Proposals were evaluated, and a contractor selected.

5.5 Monitoring and Evaluation

5.5.1 Infant Formula Rebate

The Infant Formula Rebate Contract with Mead Johnson is providing $36M that will serve 553,080 WIC participants.

The Mead Johnson contract is effective until September 30, 2015.

5.5.2 WIC Administrative Funding Formula

The preliminary FFY 2014 funding was based on the guaranteed FFY 2013 base. Using USDA's funding formula which guarantees the annual base funding from one year to the next, the recommended FFY 2013 base with a ten percent inflation factor was the preliminary grant award to the grantees for FFY 2014. Adjustments will be made as more funds become available.

5.5.3 Infant Cereal and Juice Rebate

The Infant Cereal Rebate which New Jersey entered into a consortia of MARO states with Gerber went into effect August 1, 2012 for a period of three years. This rebate is estimated to provide $600,000 per year.

6.0 STRATEGIES

6.1 Client Services through Technology and Collaboration of Services

6.1.1 WIC ACCESS

Currier, McCabe, and Associates (CMA) will continue to provide operation and maintenance of WIC ACCESS in for FFY 2014.

6.1.2 Replacement system

In 2014, a Quality Assurance contractor will work with the winning contract bidder for a web-based system to ensure specifications in the Request for Proposal are met.

6.1.3 WHO Grids (Additional Web-based Nutrition Education Lessons)

A major enhancement to WIC ACCESS will be the implementation of World Health Organization Growth Grids as mandated by USDA. The State agency is developing and/or adapting additional lesson topics for the NJWIConline.org. The lesson topics include: Physical Activity, Breastfeeding and Healthy Eating for Your Child. Providing NJ WIC participants with additional online education options such as the Virginia WIC Health Bites; an interactive and educational website covering 23 topics related to health and nutrition.

6.1.4 EBT

A Request for Proposal to transfer in an existing Electronic Benefits Transfer system will be released, proposals evaluated and a contract awarded. Development work will begin in anticipation of meeting the year 2020 mandate.

The Monitoring and Evaluation Unit will continue to collaborate with MIS to effectively gather, process, and disseminate data to monitor caseload and food funds.

6.2 Quality Nutrition Services

6.2.1 Value Enhanced Nutrition Assessment (VENA)/Grow and Glow Training for Staff

USDA's Value Enhanced Nutrition Assessment guidance seeks to promote a participant-centered approach to dietary assessment and counseling. As mentioned in Section 5.0 Milestones, the State continues to model and provide VENA related trainings; the State provided Documentation in the Land of VENA Training in the Spring of 2013. State staff will continue ongoing evaluation of local agency VENA training needs through onsite reviews, nutrition services meetings, and chief nutritionists and breastfeeding managers meetings. The State agency shall develop training options to provide new WIC staff as well as a refresher for current staff on VENA and Grow and Glow.

6.2.2 Breastfeeding Promotion and Support Services

WIC staff at all levels is expected to have a basic level of breastfeeding knowledge and to understand their role in supporting breastfeeding.

Local WIC agencies conduct their peer counseling programs according to *Loving Support© Through Peer Counseling: A Journey Together*. Breastfeeding services are a core service at all local agencies. Breastfeeding staff is present at all administrative sites and most satellite sites. They are part of the clinic flow, briefly meeting pregnant women during initial certification, and offering support and information during newborn certifications. Facilitated group or individual breastfeeding education is available so women can make informed infant feeding decisions. Support services are available for breastfeeding women to help them meet their breastfeeding goals. Peer counselors meet with new mothers at initial infant certification, check pick-up, and package change appointments. They telephone pregnant and breastfeeding mothers to offer support and information and are available outside normal hours to receive telephone calls from WIC mothers. They refer questions or problems beyond their expertise to International Board Certified Lactation Consultants. Breastfeeding literature and aids are available for pregnant and breastfeeding women. Peer counselors make contact with pregnant women monthly and every one to two weeks when women are in their ninth month of pregnancy, with new mothers every two to three days in the first week, once a week during the rest of the first month, once a month for the remainder of the first year, and before she returns to work or school. Home visits are made when necessary and rounds are made at many hospitals. Breastfeeding staff coordinates with community groups and health care providers so that WIC women will receive consistent messages about breastfeeding. Breastfeeding managers and

WIC coordinators collaborate with other organizations, such as hospitals, prenatal clinics and other community organizations to strengthen support for breastfeeding families.

Breastfeeding peer counselors are paraprofessionals who come from the communities and speak the same language as WIC participants. After satisfactorily completing the breastfeeding peer counselor training, they are mentored by experienced breastfeeding staff.

In FFY 2014, there will be continued emphasis on promoting exclusive breastfeeding in the first six months of life and continued breastfeeding for as long as mother and infant desire. WIC staff will target breastfeeding messages relevant to a woman's stage of change. Individual barriers to breastfeeding will be addressed using the 3-Step counseling method and VENA and GROW and GLOW techniques. WIC food packages and materials, staff attitudes and clinic environment reflect the importance of exclusive breastfeeding.

6.2.3 Promote Physical Activity in Conjunction with Nutrition Education

Local agencies will be encouraged to continue to promote the importance of physical activity by incorporating positive physical activity messages into all nutrition counseling. Recommended strategies will include providing educational materials that stress the importance of physical activity, having physical activity displays or posters visible, and arranging for physical activity experts to provide activities and demonstrations targeted for WIC participants. The local WIC staff will also focus on educational strategies that will assist WIC participants to increase the consumption of fruits and vegetables and making healthier food choices.

6.2.4 Web-Based Nutrition Education for WIC Participants (NJWIConline.org)

In Fiscal Year 2014, New Jersey WIC Services plans to develop additional lesson topics for NJWIConline.org, the internet website. The expansion of topics will widen the appeal of, improve interest in, and increase revisit rates to the website. Since New Jersey launched this site in November 2009, several other State WIC Programs have adopted it for use as an option for secondary nutrition education. Staff have started drafting the content for Healthy Eating for your Child.

The State agency shall consider adopting the Virginia WIC web-based nutrition education Health Bites to provide WIC participants with even more choices to meet their needs.

6.3 Vendor Cost Containment

In FY 2014, retail vendors shall submit their Commodity Price List Survey's (CPL's) online via a web-based application. This will reduce staff man hours needed for manual data entry and help the State Agency (SA) move toward a paperless system. Additionally it will allow the SA to more accurately evaluate the average prices across peer group assignments.

6.3.1 Vendor Selection

State Agency staff will continue to review new vendors that were authorized for the contract period beginning October 1, 2012. The SA will also continue to explore the use of electronic technology solutions that will assist in preparation for the implementation of Electronic Benefit Transfer (EBT).

6.4 Program Integrity

6.4.1 Management Information Systems

To improve and maintain program integrity from an MIS overview, the selection of a replacement electronic data processing system for New Jersey WIC will encompass a conversion from a distributed client-server database environment to a centralized database environment. This will minimize any application and database anomalies that could affect database integrity that will enhance program integrity.

6.4.2 Compliance Buy Investigations

Food Delivery Services shall continue to utilize SA vendor staff to conduct Compliance Buy investigations and Routine Monitoring.

6.4.3 Social Media – Program Integrity

Food Delivery Services The SA staff will conduct periodic reviews of EBay, Craigslist and other social media websites to help identify and resolve allegations of WIC participant and retail vendor fraud.

6.4.4 Local Agency Monitoring and Evaluation

The State WIC Agency (SA) onsite team (Food Delivery, Nutrition Services, and MIS staff) conducts bi-annual monitoring and evaluations of 50 % of seventeen local WIC agencies per year. After the local agency review, the SA onsite team submits an onsite report that includes corrective action plans for the local agency to review and respond.

It is anticipated that the local WIC agencies that will be monitored in FY 2014 are Gloucester, Atlantic, Burlington, Newark, East Orange, UMDNJ, Trinitas, and Tri-County/Gateway Community Action Partnership**.**

7.0 APPENDICES

7.1 Organizational Charts

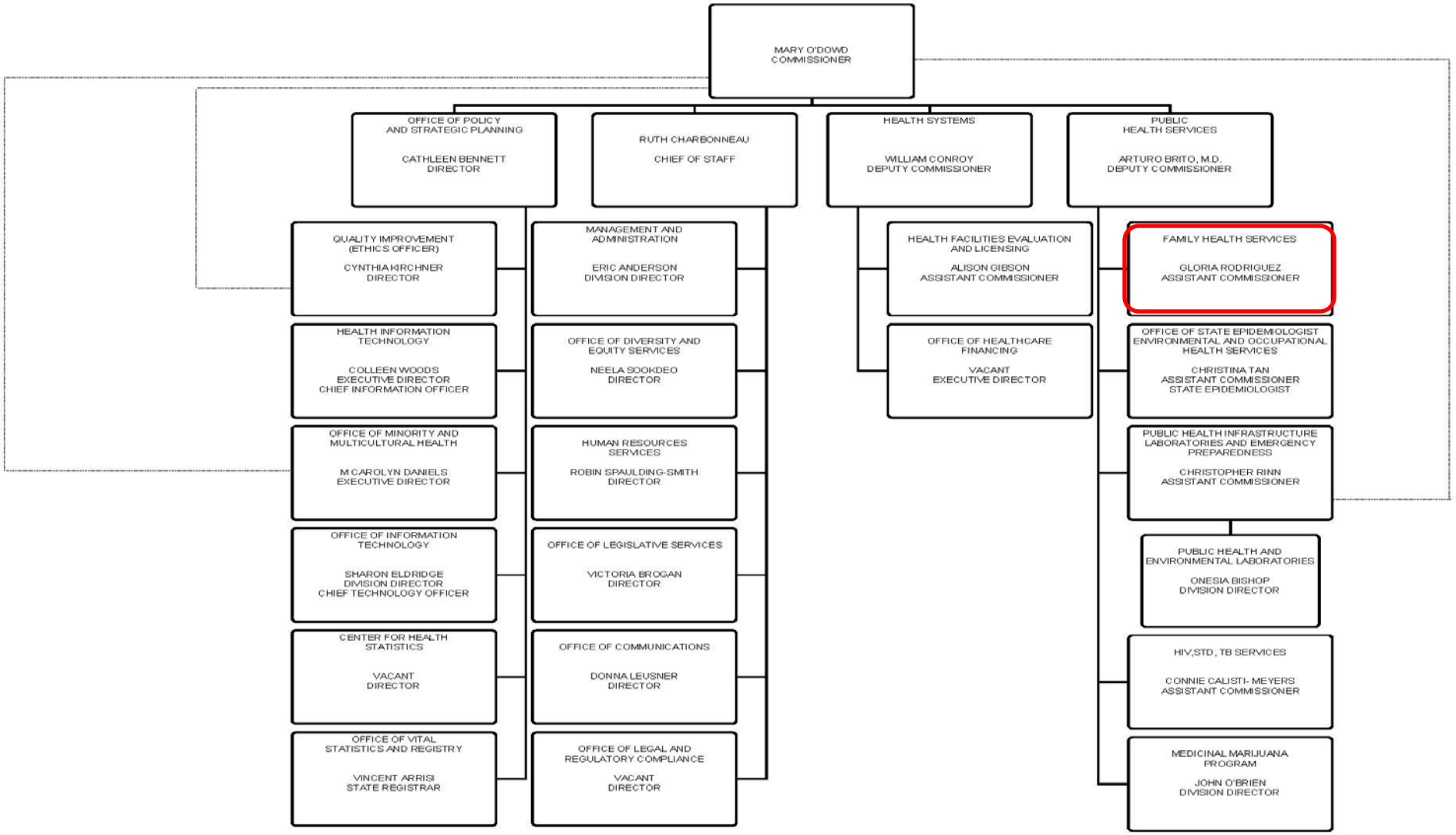
7.1.1 Department of Health

7.1.2 Division of Family Health Services

7.1.3 WIC Services

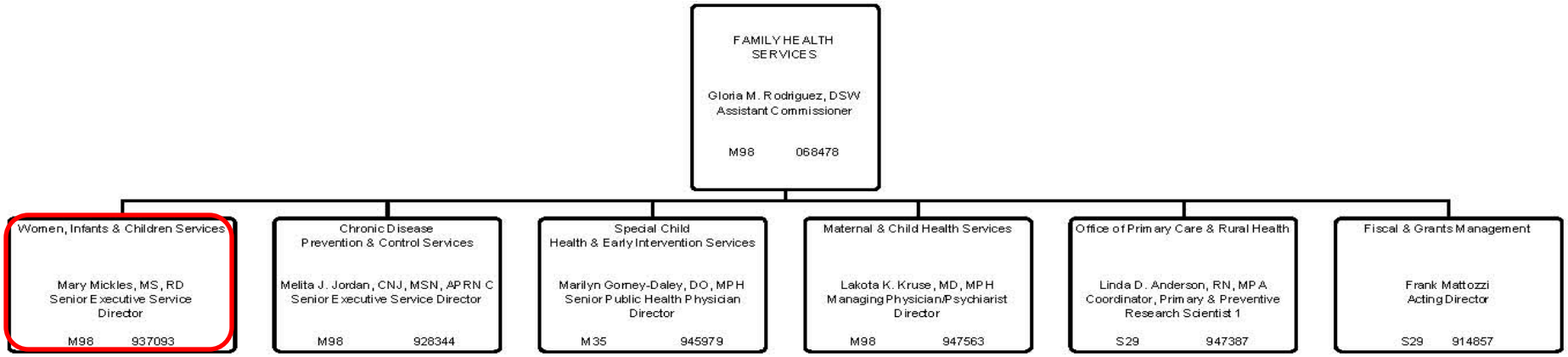
7.1.1 Department of Health Organizational Chart

Last Modified 11/30/12



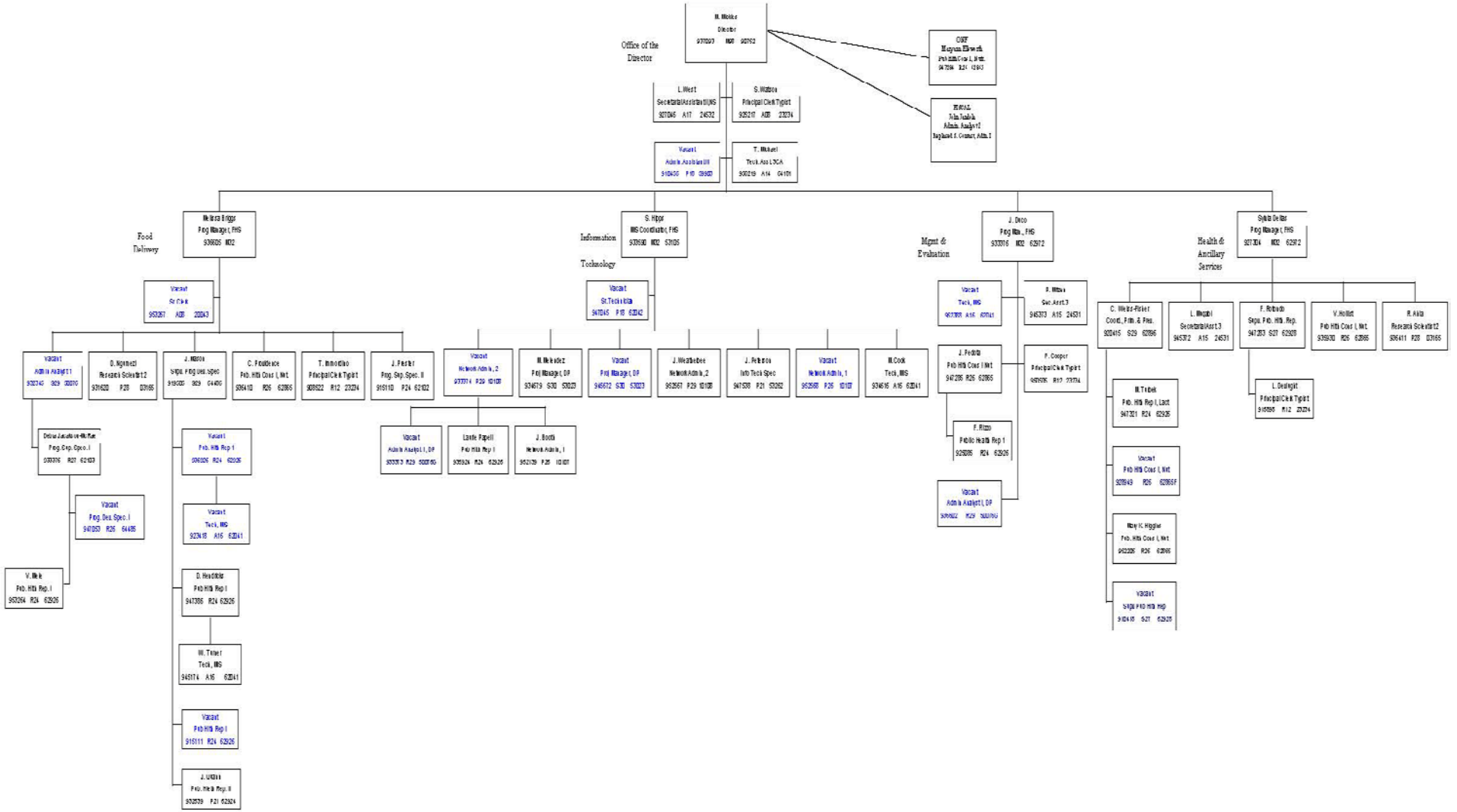
7.1.2 Division of Family Health Services Organizational Chart

Last Modified 3/21/13



7.1.3 WIC Services Organizational Chart

Last Modified 3/8/13



8.0 WIC Clinic Sites by County

01 ATLANTIC WIC PROGRAM
1301 BACHARACH BLVD
1ST FLOOR, CITY HALL
ATLANTIC CITY, NJ 08401
(609) 347-5656 **Acting Coordinator: Tamika Trotman**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Admin	Family Life Center 200 Phila Ave. Egg Harbor City, NJ 08215	CLOSED (9/2011)	Refer to Pleasantville or Atlantic City
04 Admin	One-Stop Career Center 2 South Main Street, second floor Pleasantville, NJ 08232	Monday – Thursday: 8:30 – 4:00	(609) 272-0854/9659 Fax: 609-347-5359
05 Main Admin	Atlantic City WIC Program 1301 Bacharach Blvd Atlantic City, NJ 08401	Monday & Friday: 7:30 – 4:00 Tuesday, Wednesday & Thursday: 8:30 – 4:00	Fax: 609-272-9051
03	(not in use		
09		Closed 12/08	
11	(not in use		
12	(not in use		
07	(not in use)		
08	(not in use		
10	(not in use		
44	(not in use		
06 Closed		Closed as of 2/2009	(609) 492-1212

03 BURLINGTON COUNTY WIC PROGRAM
15 PIONEER BLVD
WESTAMPTON, NJ 08060
(609) 267-7004 **Coordinator: Dr. Deepti Das**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Burlington County Health Dept. 15 Pioneer Blvd., Westampton, NJ 08060	Monday – Friday: 8:00 – 5:00 1st & 3rd Tuesday: 8:00 – 8:00 2nd and 4th Monday: 8:00 – 8:00	(609) 267-4304 Fax: 609-518-7156
04	Browns Mills, Nesbitt Recreation Center Anderson Lane Pemberton, NJ 08068	1st & 3rd Monday: 9:00 – 4:00	
06	Central Baptist Church 5th & Maple Avenue Palmyra, NJ 08065	1st Thursday: 12:30 – 3:30	
08	1st United Methodist Church Camden & Pleasant Valley Moorestown, NJ 08057	2nd Thursday: 9:00 – 4:00	
09	Medford Farms Firehouse Rt. 206 Tabernacle, NJ 08088	2nd Wednesday: 12:30 – 3:30	
10	Shiloh Baptist Church 104 ½ Elizabeth Street Bordentown, NJ 08505	4th Wednesday: 9:00 – 12:30	
13	JFK Center 429 JFK Way Willingboro, NJ 08046	3rd Wednesday: 9:00 – 4:00	
14	American Legion 212 American Legion Drive Riverside, NJ 08075	1st Thursday: 9:00 – 4:00	
16	Heureka Center 11 Dunbar Homes at Belmont Street Burlington, NJ 08016	2nd Tuesday: 9:00 – 12:30	
19	McGuire AFB Chapel 2 Annex, Bldg. #3827 Falcons Ct. North MAFB, NJ 08641	1st Wednesday: 9:00 – 12:30 3rd Thursday: 9:00 – 4:00 (5905 Recreation Center, Newport & Doughboy Loop, Ft. Dix)	
20	Beverly Housing Authority 100 Magnolia Street Beverly, NJ 08010	Fourth Thursday: (January, April, July, October) 9:00 – 4:00PM	
03	(combined with site 09)		
12	(not in use)		
22	(not in use)		
70	(not in use)		

05 Tri-County/Gateway Community Action Partnership
10 WASHINGTON STREET
BRIDGETON, NJ 08302
(856) 451-5600 (office)
(856 453-9478 (fax)

Coordinator: Dr. Jaya Velpuri

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Bridgeton WIC Office 10 Washington Street Bridgeton, NJ 08302	Monday – Friday: 8:00 – 4:30 1st & 3rd Wednesday: 8:00 – 6:30	(856) 451-5600 Ext. 6732 Fax: 856-453-9478
02	Teen Center: Bridgeton High School 111 West Avenue Bridgeton, NJ 08302	1st Wednesday as needed: 9:30 – 11:00 October – May	(856) 455-8030
05* see detail at bottom	Millville WIC Moved 10/10 to **530 North High St** Millville, NJ 08332	Monday, Thursday, Friday: 8:30 – 4:30 1st Thursday 9:30 – 6:30	(856) 327-6868 Fax- 856-293-4107
08 van	Countryside Village Parsonage Road Seabrook, NJ 08302	3rd Tuesday: 9:00 – 3:00	(609) 501-8370
13 Admin	Vineland WIC Office 610 E. Montrose Street Vineland, NJ 08360	Monday – Friday: 8:00 – 4:30 1st Tuesday: 8:00 – 6:30	(856) 691-1155 (856) 691-2410 (fax)
43 Admin	Salem WIC Office 14 New Market Street Salem, NJ 08079	Monday – Thursday: 8:00 – 4:00 1st Monday: 9:00 – 5:00	FAX: 856-935-1817
40 van	Penns Grove IGA	2nd & 4th Friday: 8:00 – 3:30	
41	Salem Hospital Health Start 310 Woodstown Rd. Salem, NJ 08079	1st Tuesday: 1:00 – 3:00	(856) 935-1000
61 Admin	Cape May WIC Crest Haven Complex 6 Moore Rd. Cape May Court House, NJ 08210	Monday – Thursday 8:00 – 4:30 Friday 7-3:00	(609) 465-1224 Fax: 609-465-6836
62 van	Ocean City(Not going) Tabernacle Baptist Church	2nd Monday: 9:00 – 2:30	(609) 501-8370
63	Wildwood WIC(temporarily operating from site 61)Cape Human Resource Center 14104 New Jersey Avenue Wildwood, NJ 08260	1st, 2nd & 4th Friday: 7:30 – 3:30	(609) 522-0231
64	North Cape May Villa Lower Township Municipal Court North Cape May, NJ 08204	1st, 2nd & 3rd Thursday: 8:30 – 2:00	(609) 898-8899
17 Admin	Lakeland WIC Office Di Piero Center, Suite 501 512 Lakeland Road Blackwood, NJ 08012	Monday-Thursday: 8:00 – 4:30	(856) 374-6085 Fax: 856-374-6083
04 Admin	AFCD WIC Office County Administration Bldg., Basement 600 Market Street Camden, NJ 08102	Monday- Friday: 8:00 – 4:30	856) 225-5155 (Fax: 856-225-5129
30 Admin	Mt Emphraim WIC Office Mt. Ephraim Plaza, Suite 411 2600 Mt. Ephraim Ave. Camden, NJ 08104	Monday, Tuesday, Thursday & Friday: 8:00 – 4:30 Wednesday: 8:00 – 6:30	856-225-5050 856-225-5051 Fax: 856-225-8405

*05 van sites: Oak View Apts., 1701 E. Broad Street, Millville
Delsea Garden Apts., 2213 S. 2nd Street, Millville
Millville Senior High School, 200 N. Wade Blvd., Millville

06 **EAST ORANGE WIC PROGRAM**
185 Central Avenue, Suites 505 & 507.*
EAST ORANGE, NJ 07018
(973) 395-8960 **Coordinator: Monica Blissett**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
02 Main Admin	East Orange WIC 185 Central Avenue, Suites 505 & 507, East Orange, NJ 07018	Monday – Friday: 8:30 – 4:30 Monday & Wednesday: 8:30 – 7:00	(973) 395-8960 **Fax: 973-676-1360**
16 Admin	Belleville WIC Office 152 Washington Avenue Belleville, NJ 07109	Tuesday, Wednesday & Thursday: 9:00 – 1:00	(973) 450-3395 Fax: 973-450-4550
11	Montclair WIC Clinic (within United Way) 60 S. Fullerton Avenue (as of 9/11/09) Montclair, NJ 07042	Monday & Friday: 8:30 – 4:30	(973) 509-6501 (973) 509-6502
06	(not in use)		
08	(not in use)		
09	(not in use)		
17	(not in use)		
29	(not in use)		
07 -		CLOSED March 2010- merged caseload with 0206	
70	(not in use)		

07 GLOUCESTER COUNTY WIC PROGRAM
204 EAST HOLLY AVE.
SEWELL, NJ 08080
(856) 218-4116 **Coordinator: Kathleen Mahmoud**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
04 Main Admin	Gloucester County WIC Gloucester Co. Dept of Health & Senior Services 204 East Holly Ave. Sewell, NJ 08080	Monday – Friday: 8:00 – 4:00 (office hours) Tuesday & and every other Thursday: 8:00 – 4:00 Certs only Extended hours every other Tuesday: until 6:00 PM Friday NE classes – 8-3	(856) 218-4116 Fax: **856-218-4117**
03	Williamstown-Monroe Township 125 Virginia Avenue Williamstown, NJ 08094	Monday: 8:00 – 4:00 NE (8 am and 1 PM)	(856) 728-9800
01	Paulsboro WIC Office Gloucester County Health Dept 1000 Delaware Street Paulsboro, NJ 08066	Monday- Friday 8:30 – 4:30 Extended hours every other Wednesday: until 6:00	(856) 423-5849
05	(not in use)		

09 JERSEY CITY WIC PROGRAM
DEPARTMENT OF HEALTH AND HUMAN SERVICES
384 Martin Luther King (Temporary location)
JERSEY CITY, NJ 07305
(201) 547-5682 (see other phone numbers below) **Coordinator: Deborah M. Murray**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
13 Main Admin	Jersey City WIC Program Dept. of Health & Human Services 384 Martin Luther King Jersey City, NJ 07305	Monday – Friday: 7:00 – 4:30	201-547-5682 201-547-4687 201—547-4697 Fax: **201-547-5971**
06	Horizon Health Center (Health Start) 706-714 Bergen Avenue Jersey City, NJ 07306	Monday: 8:30 – 11:00	(201) 451-6300
15	North Hudson Community Action Corp. of Jersey City (Health Start) 324 Palisades Avenue Jersey City, NJ 07307	Tuesday: 8:30 – 11:00	(201) 459-8888
16	Bayonne Hospital (Health Start) 29 East 29th Street Bayonne, NJ 07002	Wednesday and Thursday: 8:30 – 11:00	(201) 858-5000 Ext. 5356
14 Not going here	Metropolitan Family Health Network (Health Start) 935 Garfield Avenue Jersey City, NJ 07304	Closed	(201) 946-6400

10 VNA OF CENTRAL JERSEY WIC PROGRAM
888 MAIN STREET
BELFORD, NJ 07718
(732) 471-9301 **Coordinator: Robin McRoberts**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
02 Admin	How Lane Health Center 123 How Lane New Brunswick, NJ 08901	Mon – Fri: 8:30 – 4:30 2nd , 3rd & 4th Saturday: 8:30 – 4:30	(732) 249-3513 Staff: (732) 249-3768 Fax: 732-249-3793
05	First Presbyterian Church 177 Gatzmer Avenue Jamesburg, NJ 08831	4th Tuesday: 8:30 – 2:00	(908) 902-3611
07	Edison Township Health Dept. 80 Idlewild Rd Edison, NJ 08817	2nd Tuesday & 4th Thursday: 8:30 – 4:00	(732) 248-7285
09	Somerset Community Action Program 900 Hamilton (temp street change 1/2010) Somerset, NJ 08875	1st Monday: 8:30 – 12:30	(732) 8282956
03 Admin	Perth Amboy VNA Central Jersey Ambulatory Care Dept. (Health Start) 313 State Street, Suite 704 Perth Amboy, NJ 08861	Tuesday, Wednesday, Thursday & Friday: 8:30 – 4:30 1st Saturday of the month: 8:30 – 4:30	(732) 376-1138 (staff) (732) 376-1188 (staff) Fax: 732-376-1193
15	Iglesia Penticostal el Tabernaculo 104 Union Street Carteret, NJ 07708	1st & 3rd Thursday: 8:30 – 4:30	
16	St. Mary's Church/St. Pat's Hall Church & Stevens Street South Amboy, 08879	2nd Thursday: 8:30 – 4:30	
19	Woodbridge/St. James Food Pantry Hwy 35/Main Street Woodbridge, NJ 07095	2nd & 4th Friday: 8:30 – 4:30	
08 Main Admin	Hartshorne Health Center 888 Main Street Belford, NJ 07718	Monday – Friday (office) 2nd Monday: 8:30 – 6:30 4th Monday: 8:30 – 4:30	(732) 471-9301 (732) 471-9302 Fax: 732-471-9303
01	Trinity Church 503 Asbury Ave, A Asbury Park, NJ 07712	Monday & Tuesday: 8:30 – 4:30	
04	Keyport Health Center, Health Start 35 Broad Street Keyport, NJ 07735	1st & 2nd Monday: 8:30 – 4:30	(732) 888-4146
06	St. Rose of Lima Church 12 Throckmorton Street Freehold, NJ 07728	Wednesday: 8:30 – 4:30 1st Wed until 7:00 1st & 3rd Certs (NE in evening) 2nd & 4th NE/check pick-up 1st Thursday of month (6/1)	
10	Red Bank Health Center 176 Riverside Drive Red Bank, NJ 07701	Wednesday: 8:30 – 4:30 4th Wednesday until 7:00 1st & 3rd – NE/check pick-up 2nd & 4th – certs (NE in evening)	
12	Trinity AME Church 66 Liberty Street Long Branch, NJ 07740	2nd, 3rd & 4th Thursday & Friday: 8:30 – 4:30 Thursdays NE/check pick-up Fridays certs	(732) 222-8436
14	First Presbyterian Church 9th Avenue and E Street Belmar, NJ 07719	1st Friday: 8:30 – 4:30	(732) 681-3108

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
72	Keansburg Senior Center 100 Main Street Keansburg, NJ		
11	(not in use)		
17	(formerly Piscataway Fire Co.)		
18	(not in use)		
70	(not in use)		
71	(not in use)		
73	(not in use)		
74			
75	(not in use)		
76	(not in use)		

11 NEWARK WIC PROGRAM
DEPARTMENT OF Child and Family Well-Being
110 WILLIAM STREET
NEWARK, NJ 07102
(973) 733-7628 **Coordinator: Christine Reynolds**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
15 Main Admin	Newark WIC Department of Child and Family Well-Being 110 William Street Newark, NJ 07102	Monday, Tuesday & Wed Friday: 8:30 – 4:30 Thursday: 8:30 – 6:30 Saturday: 9:00 – 2:00 – 2nd and 4th Sat.	(973) 733-7628 Fax: 973-733-7629
01	Newark Preschool/Alberta Bay 300 Chancellor Avenue Newark, NJ 07112	No longer going	
29	NCHC Dayton Street Center (Health Start) 101 Ludlow Street Newark, NJ 07114	1st and 3rd Wednesday: 10:00 – 3:00	(973) 565-0355
31	NCHC (Health Start) 741 Broadway Newark, NJ 07104	2nd and 4th Wednesday: 10:00 – 3:00	(973) 483-1300
18 Admin	Newark Beth Israel Medical Center (Health Start) 166 Lyons Avenue Newark, NJ 07112	Monday – Friday: 8:30 – 4:30	(973) 733-5157 (973) 733-5158 Fax: 973-733-5157
20 Admin	Irvington Municipal Building 1 Civic Square Irvington, NJ 07111	Monday – Friday: 8:30 – 4:30	(973) 399-6732 Fax: 973-416-5676
26 Admin	Columbus Hospital Admin 495 North 13th Street Newark, NJ 07107	Monday-Friday 8:30AM-4:30PM	973) 973-497-5618 Fax: 973-497-5619 online 7/2009
03			
17	St. James Hospital Family Service Heath Start 155 Jefferson Street , 3rd Floor Newark, NJ 07102	Monday and Friday : 8:30 – 4:30	(973) 465-2828 Ext. 1704/1705 Fax: 973-344-0641
02	(not in use)		
06	Not in use	**Closed – May 8, 2008**	
07	(not in use)		
08	(not in use – formerly Club del Barrio)		
80	van sites?? Locations Closed	Closing 4/30/09	(201) 819-2538
09 closed	(not in use – formerly Irvington Ped.)		

12 NORTH HUDSON COMMUNITY ACTION CORPORATION (NHCAC) WIC PROGRAM
407 39th Street, Union City, NJ
Union City, NJ 07087
(201) 866-4700 **Coordinator: Karen Lazarowitz**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	NHCAC WIC 407 39th Street, Union City, NJ 07087	Monday Wed, Thurs and Friday: 8:30 – 4:00 Tuesday: 8:30 – 6:45 PM	(201) 866-4700 Fax: 201-866-2495
06 Closed	Meadowlands Hospital 55 Meadowlands Parkway Secaucus, NJ 07094	closed	
	Kearny Health Department 645 Kearny Avenue Kearny, NJ 07032	1st Tuesday and 2nd Monday and 4th Monday: 9:30-3:00 pm	(201) 997-0600
07 (mobile)	Kearny	3rd Monday and 3rd Friday 9:30- 3:00PM	
08	Harrison Health Department Annex 318 Harrison Avenue Harrison, NJ 07029	2nd & 3rd Thursday and 4th Wednesday 9:30 – 3:00	(973) 268-2464
09	NHCAC Community Health Center at Hoboken 124 Grand Street Hoboken, NJ 07030	Tuesday: 9:30 – 3:30 Thursday: 9:30 – 3:00	(201) 863-7180 (201) 795-9521
71	Palisades General Hospital Maternity Floor 7600 River Road North Bergen, NJ 07047	Monday, Wednesday & Friday: 9:30 – 2:00 Closed	
85 Mobile site	NHCAC at Mesivta Sanz School 3400 New York Avenue Union City, NJ 07087	2nd Wednesday, March, June, Sept, Dec 9:30-3:30	(201) 424-3240
79	NHCAC at Union City CLOSED	CLOSED	
73	(not in use)		
74	(not in use)		
75	(not in use)		
82	(not in use)		
83	(not in use)		
84	(not in use)		
86	(not in use)		
87	(not in use)		
88	(not in use)		
89	(not in use)		

13 NORWESCAP WIC PROGRAM
350 Marshall Street
Phillipsburg, NJ 08865
(908) 454-1210
(800) 527-0125 **Coordinator: Nancy Quinn**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
07 Admin	NORWESCAP WIC Program 10 Moran Street Newton, NJ 07860 (Sussex Co.) (– mailing use site 1320)	Mon Tues and Wed. – 8:30- 4:30 Tuesday 10-7	(973) 579-5155 Fax: 973-579-5655
05			
20 Main Admin	NORWESCAP WIC Program 350 Marshall Street Phillipsburg, NJ 08865 (Warren Co.)	Monday – Friday: 8:00 – 4:30 2nd and 4th Thursday: 8:00 – 7:00	(908) 454-1210 Fax: 908-454-5731
08	Trinity Methodist Church 211 Main Street Hackettstown, NJ 07840 (Warren Co.)	1st, 3rd & 5th Wednesday: 9:30 – 3:30	(908) 852-3020 Ext. 237
10	Flemington United Methodist Church 116 Main Street Flemington, NJ 08822	2nd & 4th Wednesday: 9:30 – 3:30	(908) 782-1070
17	First Presbyterian Church 41 East Church Street Washington, NJ 07882 (Warren Co.)	1st & 3rd Friday: 9:15 – 3:30	(908) 689-2547
22 Admin	NORWESCAP WIC Program People Care Center 120 Finderne Avenue, Suite 230 Bridgewater, NJ 08807 (Somerset Co.)	Monday – Friday: 8:30 – 5:00 1st & 3rd Tuesday: 8:30 – 7:00	(908) 685-8282 Fax: 908-704-9382
26	Watchung Avenue Presbyterian Church 170 Watchung Avenue North Plainfield, NJ 07060 (Somerset Co.)	Tuesdays: 9:00 – 3:00	(908) 755-2781
01	(not in use)		
02	(not in use)		
04	(not in use)		
06 Closed			
11 Closed			
24 closed		Closed 1/27/2009	(732) 356-1372

14 PLAINFIELD WIC PROGRAM
510 WATCHUNG AVENUE
PLAINFIELD, NJ 07060
(908) 753-3397 **Coordinator: Prema Achari**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Plainfield WIC Program 510 Watchung Avenue Plainfield, NJ 07060	Monday – Friday: 9:00 – 5:00 Tuesday: 9:00 – 6:30PM	(908) 753-3397 Fax: 908-753-3640
02	(not in use)		

15 ST. JOSEPH WIC PROGRAM
185 6th Avenue
PATERSON, NJ 07524
(973) 754-4575 **Coordinator: Dorothy Monica**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	St. Joseph WIC Program 185 6th Avenue Paterson, NJ **07524** (Passaic Co.)	Mon & Fri: 8:00 – 4:30 Tues, Wed & Thursday: 8:00 – 6:00	(973) 754-4575 Fax: 973-754-4542
07	Market Street Clinic 166 Market Street Paterson, NJ 07505 (Passaic Co.)	Closed clients referred to main site. As of June 1, 2012	
12	Hackensack Department of Health 215 State Street Hackensack, NJ 07601 (Bergen Co.)	1st & 3rd Monday & every Thursday: 9:00 – 3:00	(201) 646-3965
14	St. Mark's Episcopal Church 118 Chadwick Road Teaneck, NJ 07666 (Bergen Co.)	1st, 2nd, 3rd & 4th Monday: 9:00 – 2:30	
15	Center for Family Resources 12 Morris Rd. Ringwood, NJ 07456 (Passaic Co)	1st Thursday 9:00 - 3:30 As of June 1, 2008	(973) 962- 0055
16	Pompton Lakes Health Department 25 Lenox Avenue Pompton Lakes,NJ 07442(Passaic Co.)	4th Monday: 9:00 – 3:00	(973) 835-0143 Ext. 222
17	First Presbyterian Church 457 Division Avenue Carlstadt, NJ 07072 (Bergen Co.)	1st Wednesday: 9:00 – 3:00	(201) 438-5526
18	St. Paul's Episcopal Church 113 Engle Street Englewood, NJ 07632 (Bergen Co.)1/2012	2nd & 4th Tuesday, 2nd & 3rd Thursday: 9:00 – 3:00	(Call main number)
19	Cliffside Park Head Start 263 Lafayette Ave. Cliffside Park, NJ 1/2012	1st and 2nd Friday: 9:00 – 3:00	Call main number
20	Wayne Health Department 475 Valley Road Wayne, NJ 07470 (Passaic Co.)	3rd Tuesday: 9:00 – 3:00	(201) 387-4058
21	Bergenfield Department of Health 198 N. Washington Avenue Bergenfield, NJ 07621 (Bergen Co.)	2nd & 4th Monday: 9:00 – 3:30	(201) 387-4058
22	Red Cross 74 Godwin Avenue Ridgewood, NJ 07450 (Bergen Co.)	3rd & 4th Friday: 9:00 – 3:30	(201) 652-3210
23	St. Margaret Church 6 Sussex Ave. Morristown, NJ 07960 (Morris Co.)1/2012	1st, 2nd, 3rd & 4th Friday: 9:00 – 3:00	
27	Boonton United Methodist Church 626 Lathrop Avenue Boonton, NJ 07005 10/2011 (Morris Co.)	3rd Wednesday: 9:00 – 3:00	(201) 299-7745
29	Dover Head Start 18 Thompson Street Dover, NJ 07801 (Morris Co.)	Wednesday: 9:00 – 3:30	(973) 989-9052
30	Clifton Health Department 900 Clifton Avenue Clifton, NJ 07012 (Passaic Co.)	3rd Tuesday: 9:00 – 3:30	(973) 470-5778

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
09	St. Paul's Community Dev. Corp 451 Van Houten Street, 2nd Floor Paterson, NJ 07503 (Passaic Co.)	Closing March 31, 2011	(973) 278-7900
11	Garfield Head Start 535 Midland Avenue Garfield NJ	2nd Wed. 9-3 2nd Tuesday 9-3 4th Thursday 9-3	**Call main number for Appointment**

17 Children's Home Society Mercer WIC PROGRAM (CHS Mercer WIC)
80 West Upper Ferry Road
Fisk Professional Center, 2nd Floor
Ewing, New Jersey 08628
(609) 498-7755 **Coordinator: Kelly Ryan**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 (26) Main Admin	CHS Mercer WIC 80 West Upper Ferry Road Fisk Professional Center, 2nd Floor Ewing, NJ 08628	Clinic hours: Monday: 8:30-5:00 Tuesday: 8:30 – 5:00 Wednesday: 8:30-6:00 Thursday: 8:30-6:00 Office: Friday: 8:30 – 4:00	(609) 498-7755 Central Call number for all sites. Fax: 609-434-0040
04	Hamilton Health Department 2090 Greenwood Avenue Hamilton, NJ 08609	Most Fridays 1st, 3rd & 4th Friday: 9:00 – 3:30 by appointment	
22	Princeton Twp. Municipal Building WIC 400 Witherspoon Street Princeton, NJ 08542	3rd Friday: 9:00 – 3:30 By appointment	
25	Ewing Clinic Ewing Neighborhood Center 320 Hollowbrook Drive Ewing, NJ 08638 Closing	CLOSED	
11	Henry J. Austing FQHC *321 North Warren Street,* *Trenton, New Jersey 08618*	Friday 8:30 -4:00PM	
19	First United Methodist Church 187 Stockton St, PO 137 Hightstown, NJ 08520	2nd and 4th Friday of the month 9:00-3:30PM, by apppointment	Clients should call main site
02 (30)			

18 UMDNJ WIC PROGRAM
Stanley Bergen Building, RM GA-06
65 BERGEN STREET
NEWARK, NJ 07107
(973) 972-3416 **Coordinator: Valeria Jacob-Andrews**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
03 Main Admin	UMDNJ WIC Program Stanley Bergen Bldg, Room GA-06 65 Bergen Street Newark, NJ 07107-1709	Monday, Tuesday, Thursday & Friday: 8:30 – 4:30 Wed. 8:30 – 6:30PM 1st Wednesday: 3:30 – 6:30	(973) 972-3416 (973) 972-3417 Fax: 973-972-8977
05	Ivy Hill Apartments Senior Citizen Center 230 Mt. Vernon Place Newark, NJ 07106	Wednesdays: 7:15 AM – 2:15PM	(973) 416-8826
70	University Hospital Prenatal Clinic Ambulatory Care Center 140 Bergen Street, Newark, NJ 07101-1709	Monday: 9:45 – 2:15 Tuesday: 9:00 – 2:15	(973) 972-2726
71	University Hospital Maternity Unit F-Green 150 Bergen Street Newark, NJ 07101-1709	Monday and Tuesday: 9:45 am- 2:45 pm Friday: 9:30-2:30	(973) 972-5624
04	(not in use)		
06	(not in use)		
07	(not in use)		

19 OCEAN COUNTY WIC PROGRAM
OCEAN COUNTY DEPARTMENT OF HEALTH
175 SUNSET AVENUE, PO BOX 2191
TOMS RIVER, NJ 08755
(732) 341-9700 EXT. 7520 **Coordinator: Meg-Ann McCarthy-Klein**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
06 Main Admin	Ocean County WIC Program Ocean County Health Department 175 Sunset Avenue Toms River, NJ 08755	Monday – Friday: 8:00 – 5:00 1st, 2nd & 4th Monday: 8:00 – 8:30	(732) 341-9700 Ext. 7520 Fax: **732-286-3951**
07	Brick Presbyterian Church 111 Drum Point Road Brick, NJ 08723	Tuesday: 8:00-5:00PM NE/Checks 2:00 – 3:00	(732) 691-7307 staff cell phone
09	Berkeley Head Start 264 First Avenue South Toms River, NJ 08758	Wednesday: 9:00 – 4:00 (AM certs/PM NE/checks)	(732) 691-7307 staff cell phone
14	Southern Ocean Resource Center 333 Haywood Avenue Manahawkin, NJ 08050	Monday-Thursday: 8:00AM –5:00 NE/Checks Monday: 8:30AM &Tueday : 2:00PM	
15	Lighthouse Alliance Community Church	CLOSED July 2011	(732) 691-7307 staff cell phone
16	Ortley Beach First Aid Squad Rt. 35 at 6th Avenue Ortley Beach, NJ 08751	Closed	(732) 691-7307 staff cell phone
72	Medical Center of Ocean County	Closed July 2011	
73	Southern Ocean County Hospital Health Start clinic Manahawkin, NJ 08050	Closed July 2011	
74	Community Medical Center (prenatal) 301 Lakehurst Road, 3rd Floor Toms River, NJ 08753	Tuesday & Thursday: 8:00 – 12:00	(732) 818-3388
12 Admin	Northern Ocean Co Board of Health 1771 Madison Ave Lakewood NJ 08701 **Meg located at this site**.	Monday –Friday 8:00 – 5:00 1st & 3rd Thursday: 5:00 – 7:00	(732) 370-0122 Fax: 732-886-0983
71	Ocean Health Initiatives (OHI) Federal Qualified Health Center 101 Second St. Lakewood NJ 08701	Monday to Fridays 9AM-4PM Thursdays 3 PM checks/NE	732) 691-7307 staff cell phone
17	Forked River Baptist Church	CLOSED March 2010	

20 PASSAIC WIC PROGRAM
333 Passaic STREET
PASSAIC, NJ 07055
(973) 365-5620 **Coordinator: Dana Hordyszynski**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Passaic WIC Program 333 Passaic Street Passaic, NJ 07055	Monday – Friday: 8:30 – 4:00 Saturdays (3/month) 8:00AM-12:00PM	(973) 365-5620/5619 Fax: 973-365-5622
02	The Senior Center 330 Passaic Street Passaic, NJ 07055	Closed	
03	NHCAC 110 Main Avenue Passaic, NJ 07055	Tuesday inactive 1:00 – 4:00	(973) 777-0256
05 Not in use	St. Mary's Hospital – Health Start 211 Pennington Avenue Passaic, NJ 07055	(not active)	(973) 470-3019

22 TRINITAS WIC PROGRAM
40 Parker Road
ELIZABETH, NJ 07208
(908) 994-5141 **Coordinator: Anita Otokiti**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Trinitas WIC Program 40 Parker Road Elizabeth, NJ 07208 As of March 1, 2012	Monday – Friday: 8:00 – 5:00 Door opens 8:30	(908) 994-5141 Fax: 908-994-5513
02	Hillside Health Department Municipal Building Liberty Avenue & Hillside Avenue Hillside, NJ 07205	1st & 3rd Friday*: 9:00 – 2:00 * subject to change	
04	Union – UTCAO as of July 1 2410 Springfield Avenue Union, NJ 07083 or Vauxhall, NJ	1st 2nd & 3rd Tuesday*: 9:00 – 2:00 * subject to change	
05	Summit Health Department City Hall 512 Springfield ? Summit, NJ 07901	1st 2nd & 3th Tuesday*: 9:00 – 2:00 *subject to change	
03	(not in use)		