

**SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR
WOMEN, INFANTS AND CHILDREN (WIC)**

FFY 2009

STATE STRATEGIC PLAN

DUNS #806418075

**NEW JERSEY DEPARTMENT OF HEALTH
& SENIOR SERVICES**

**PUBLIC HEALTH SERVICES BRANCH
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2009 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 created by Congress as a result of research findings indicating that a substantial number of pregnant, breastfeeding and postpartum women, infants and children are predisposed to inadequate nutrition due to low income. WIC was created to serve as an adjunct to good health care during critical times of growth and development, to prevent the occurrence of drug abuse and improve the health status of low income pregnant, postpartum and breastfeeding women, infants and children (Child Nutrition Act of 1966, Section 17). To address the identified and implement the mandates of the legislation, WIC:

- Provides a new 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 an 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 and nutrition 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 breastfeeding and provides infant formula for mothers who choose the alternative to the breastfeeding.
- Through integration of programs (National Fruit and Vegetable Program, Farmers' Market Nutrition Program, Immunization Program, Intergenerational School Breakfast Program, Faith and Community Based Programs) reduces barriers and strengthens the abilities of program participants to adopt life long dietary practices for health promotion.
- Nutrition education health plan assessment program for pregnant and breast feeding women, infants, and children up to age five who meet eligibility requirements.

WIC is considered one of the most successful public health programs. 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. The association between better birth outcomes and cost savings and WIC prenatal participation is stronger for Black than non Black (ref. #1-#6)

Improved Diet and Health-Related Outcomes

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 that increases access to a locally grown fresh fruits and vegetables combined. The Farmers Market Nutrition Program also incorporates nutrition education which strengthens the abilities of program participants to adopt life long dietary practices necessary to prevent the onset of chronic diseases. Through the New Jersey WIC Farmers Market Nutrition Program, 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 2008, a total of 202 New Jersey farmers served as vendors for the Farmers Market Nutrition Program and vouchers worth over \$1.7 million dollars were issued. (ref #6)

New Jersey WIC Services coordinates the Intergenerational School Breakfast Program (ISBP) which promotes the importance of eating breakfast and good nutrition to school age children. Childcare programs and elementary schools can register on the ISBP website, www.nj.gov/health/isbp, to receive free children's books and materials to promote healthy eating. Schools can also download nutrition education materials, fact sheets and other program information directly from the website.

Improved Infant Feeding Practices

WIC promotes breastfeeding as the best method of infant feeding. WIC participants who report having received advice to breastfeed their babies from the WIC clinic are more likely to breastfeed than other WIC participants or eligible non-participants:

Contract iron-fortified formula is offered to all WIC infants who are fed infant formula for the first year of life except when a contraindication due to medical reasons is presented. (ref. #9)

Improved Immunization Rates and Regular Source of Medical Care

The Centers for Disease for Disease Control and Prevention and the American Academy of Pediatrics recommend that young children between birth and 24 months be immunized against nine infectious diseases. WIC provides immunization screenings to ensure that infants and children participating in the program are fully immunized. Studies on the impact of WIC participation on childhood immunization rates show WIC participation improved rates of childhood immunization from 24 to 33 percentage points within 12-15 months of starting interventions. WIC staff also, assists the program participants to apply for medical care coverage through the FamilyCare. Enrollment into the FamilyCare program provides access to primary care services, regular provider of medical care and reduces the burden of emergency care use (ref. #7).

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 and Senior Services (NJDHSS) 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 eighteen local agencies and three Maternal and Child Health Consortia. Eleven agencies are local/county health departments, three are hospitals, and four 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 NJDHSS 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, who are at special risk in respect to their physical and mental health, through the facilitation, coordination and implementation of enhanced and more efficient program services.

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 2007, the New Jersey WIC Services through the local WIC agencies served 263,000 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 25% Black not Hispanic, 17% White not Hispanic, 53% Hispanic, 3% Asian not Hispanic and 2 % Other ethnicities. In 2005, according to data from the Electronic Birth Certificate, 23% 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.

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:

- To contribute to the promotion of the New Jersey WIC Services;
- To provide support and make recommendations to New Jersey WIC Services for the operation of an effective program;
- To act as a clearinghouse for the exchange of ideas and information; and
- To 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 and Senior Services 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). Celeste Andriot Wood 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 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), New Food Package, Vendor Cost Containment, and Program Integrity.

1.8 2009 Objectives

Objectives

- To improve client services through technology and collaboration of services;
- To provide participant centered services through Value Enhanced Nutrition Assessment (VENA) and the enhancement of nutrition assessment tools through improved process, content and staff skill;
- To provide New Food Packages statewide that are consistent with the 2005 Dietary Guidelines for Americans, supports improved nutrient intakes, encourages and support breastfeeding, and address emerging public health nutrition-related issues;
- To continue complying with the Vendor Cost Containment rule; and
- To continue monitoring Program Integrity through local agency program operation monitoring and evaluations, vendors compliance buys, MIS ad hoc reporting, and program data analysis and evaluations.

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 audits and reviews, internal controls, efficiency and effectiveness of 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 50 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 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 Dietetic Association 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, 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.

New Jersey WIC Services, 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. In FFY 2008, State nutrition services staff in the VENA Workgroup focused on staff training and policy revision necessary to implement VENA. The workgroup members customized four training modules: Rapport Building, Critical Thinking for Support Staff, Critical Thinking/Stages of Change for CPAs, and Health Outcome Based Nutrition Assessment. State staff developed qualitative dietary assessment tools and drafted a new Dietary Assessment policy. State trainers attended a Training Facilitation Skills Course to develop skills necessary to deliver effective trainings. Training was provided to all local WIC agency staff during April and May of 2008.

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 three Maternal and Child Health consortia by monitoring, reviewing, and evaluating the services provided. The State WIC office 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; 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 new WIC food package will be implemented statewide October 1, 2009.

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 substance abuse counseling and ensure access at no cost or at a reduced cost. During certification, information is given to participants 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. HealthStart 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 eligible for HealthStart are adjunctively eligible for WIC. Many local WIC agencies refer WIC staff to HealthStart clinics to enroll pregnant women in WIC. The health and nutrition information provided by HealthStart staff on the referral form facilitates the WIC certification process and this coordination will continue during FFY 2009.

The State and local agencies in New Jersey work in cooperation with healthcare and social service providers, 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 142 clinic sites of which 77 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 (North Hudson Community Action Corporation);
- Utilization of three mobile WIC clinics to provide increased access to services in underserved areas (Newark, 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.

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 would like to register to vote and 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.

2.1.3 Monitoring and Evaluation Services

The Monitoring and Evaluation Services Unit (M&E) ensures the appropriate management and 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 and Senior Services 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 provisos.

The M&E Unit incorporates all requirements into the annual grant application packet and provides an information session to all interested applicants each April. 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. Our 18 local grantees have over 45 administrative (permanent, fixed) service sites and 145 satellite clinics throughout the state that provides direct benefits to more than 170,000 participants monthly. Benefits are delivered through the issuance of checks for specific foods. Checks are cashed at vendors (retail grocery stores and pharmacies) under contract with WIC. WIC Services presently issues over 6,300,000 checks per year, and these checks have a value of more than \$107 million per year. The FD Unit oversees the operations of all local grantees and their service sites with particular emphasis on check reconciliation and payment. Food Delivery also monitors more than 790 contracted WIC grocery stores (vendors) to ensure compliance with the Vendor Agreement and program integrity.

The above-50-percent vendors are monitored monthly to ensure that they meet vendor cost neutrality. Vendors are identified as above-50-percent vendors by submitting their New Jersey Division of Taxation Sales and Use Tax forms. Vendors submit food prices quarterly (Commodity Price Lists) that are analyze to ensure vendor cost containment is implemented.

Ensuring compliance is accomplished through a variety of activities including: review of local grantee management 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 Financial Services Management Corporation (FSMC), our banking contractor.

The local grantee 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 grantee staff, and development of management action plans for bringing an agency into compliance.

FD personnel oversee the local grantee 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.

FD 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.

FD 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.

FD 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.

FD 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.

FD 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.

FD 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. Through the efforts of WIC's computer system contractor, CMA, this data exchange has been enhanced and improved.

FD 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 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.

2.1.5.1 Operations and Maintenance/Project Management of WIC ACCESS Section

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, State Office System 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 vendor compliance. 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 new WIC initiatives, or to improve efficiency of operations. (for example: The Dual Participation Interstate Agreement for the detection and prevention of dual participation required programming changes in WIC ACCESS to provide the required participant data files.) WIC ACCESS provides automated support for all aspects of WIC and must continuously evolve as WIC evolves.

The IT Unit is also responsible for the integration of FNS' new WIC food package interim final rule into the WIC ACCESS application by the August 5, 2009 deadline. Included in this initiative is the issuance of a cash value benefit for vegetables and fruits.

2.1.5.2 Quality Assurance Section

The IT 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 stand alone 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 to verify that the new version of the software operates without problems in the production environment.

2.1.5.3 Field Support Section

The IT 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 assistance to local agencies at 40 administrative sites and 108 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 General Support of Client Services

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 contracts for preventive maintenance on all State and local agency hardware and 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 final stages of issuing a Request for Proposal for the selection of a replacement Electronic Data Processing System.

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 an effective outreach tool as evidenced by more than 30,000 visits per month. The most popular sites are the local agencies list, program information; nutrition education plan and the authorized foods.

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 263,000 women, infants, and children at 142 administrative and clinic sites in the 18 local agencies listed below. The agency sponsors consist of three hospitals, eleven municipal/county health departments, and four private/nonprofit organizations.

<u>Local Agency</u>	<u>Type of Agency</u>	<u># Of Administrative/Satellite Clinics</u>
Atlantic	Local Government	4/1
Burlington County	Local Government	1/10
Camden County	Local Government	3/2
East Orange	Local Government	3/1
Tri-County	Non Profit	4/8
Gloucester County	Local Government	1/2
Newark	Local Government	5/5
Jersey City	Local Government	1/4
North Hudson Community Action Corporation	Non Profit	2/7
NORWESCAP	Non Profit	3/8
Plainfield	Local Government	1/0
St. Joseph's Regional Medical Center	Hospital	2/13
Trenton	Local Government	2/4
UMDNJ	Hospital	1/3
Ocean County	Local Government	2/10
Passaic	Local Government	1/3
Trinitas	Hospital	1/3
Visiting Nurse Association of C-NJ	Non Profit	3/18

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. 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. The final FFY 2008 budget was approved in December 2007.

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 USDA utilizes both a food and a NSA funding formula to distribute the funds to participating State agencies. The NSA funding formula includes the following provisions:

- Fair share target funding level determination – each State’s projected average monthly caseload for the funded fiscal year. An adjustment is made to account for the higher per participant costs associated with small participation levels (15,000 or less) and differential salary levels relative to a national average salary level.
- 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.

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 has reserved a contingency fund of \$150,000,000 to remain available until expended to be allocated, as the Secretary of the USDA deems necessary, to support participation should cost or participation exceed budget estimates.

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 formulas prescribed to the majority of participants. New Jersey WIC Services awarded a three year contract to Ross Products Division, Abbot Laboratories effective October 1, 2007 to September 30, 2010. The infant formula rebate funds are used to cover food costs thereby reducing the USDA food grant. USDA encourages additional food rebate cost containment. USDA encourages states to implement cost containment systems for other supplemental foods, such as infant cereal and infant juice.

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 Immunization – these funds, if available, supplement CDC funding for immunization referral.
- 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.
- Breastfeeding Peer Counselor funds to enhance the existing breastfeeding peer counseling program.

3.2 State Funding Process

3.2.1 State Requirements

New Jersey State Plan Section II, Policy and Procedures 5.00 through 5.24 and Section III.V., Administrative Expenditures, provide requirements for local agency administrative expenditures. New Jersey State Plan Section III.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

FFY 2008 is the third year of the implementation of the revised funding formula that 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 18 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 for FFY 2008.

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. Eight local agencies and three Maternal and Child Health Consortia are funded to provide breastfeeding services at the WIC sites throughout the State. The funding formula for breastfeeding is based on the USDA formula, which uses the average of the reported number of pregnant and breastfeeding women in May, June and July of the previous year for each service area multiplied by the Federal base amount and a State increase.

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. The long-range vision is to institutionalize peer counseling as a core service in WIC with a strong management component.

The FFY 2008 BFPC funds for New Jersey of \$279,743 are available through September 30, 2009. These funds are provided to six local agencies and three consortia, which serve ten local agencies.

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 and Senior Services (DHSS).
- MCH Services funds are State appropriated funds provided to local grantees to enhance services to WIC participants.
- COLA (Cost of Living Adjustments) funds provided from the State budget to support grantee services to WIC participants.
- Immunization COLA - State Cola funds are provided through a Memoranda of Agreement with the DHSS, Vaccine Preventable Disease Program. These monies are provided to grantees based on caseload allocation for immunization screening and referral of WIC participants to ensure that WIC enrolled infants and children are age appropriately immunized.

3.3 Preliminary FFY 2008 and FFY 2009 Funding

3.3.1 Preliminary Funding

The preliminary budget for FFY 2007 is determined from specific correspondences provided to the State Agency from the USDA. To date, as of April 18, 2007, the State has been given a preliminary estimate as shown in Table 1. This will affect next year's budget (FFY 2009) which will be determined, as per Federal regulations, to be the guaranteed base grant amount from the previous year. That preliminary amount is shown in Table 1.

3.3.2 Preliminary Funding Tables and Charts

The following tables detail the preliminary FFY 2007 budget and the succeeding FFY 2008 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 2008 and FFY 2009 Funding Sources
- Table 2. Preliminary FFY 2008 and FFY 2009 Funding Distribution
- Table 3. Grantee Preliminary NSA Base Funding
- Table 4. Estimated Food Dollar Breakdown
 - Chart - USDA Food Grant and Estimated Formula Rebate
- Table 5. New Jersey WIC USDA Participation by Region
 - Chart - NJ Population in 2000 Census
 - Chart - USDA Participation
- Chart 1. Preliminary FFY 2009 Funding Sources
- Chart 2. FFY 2008 Preliminary Funding Distribution
- Chart 3. FFY 2008 Preliminary USDA NSA Distribution
- Chart 4. Grantee Preliminary FFY 2008 USDA Funded Activities

Table 1. Preliminary FFY 2008 and FFY 2009 Funding Sources

PRELIMINARY FFY 2008 USDA FUNDING						
FFY 2006 FUNDING	FOOD	NSA	TOTAL Food & NSA	Projected Infant Formula Rebate	TOTAL Food, NSA & Rebate	TOTAL Food & Rebate
(b)	(c)	(d)	(e)	(f)	(g)	(h)
			(c + d)		(e + f)	(c + f)
Base Grant	\$75,615,763	\$25,657,747	\$101,273,510	\$35,500,000	\$136,773,510	\$111,115,763
OA Projects		\$ 151,366				
OA Funding		\$ 1,814,900	\$ 1,966,266			
Total OA		\$ 1,966,266				
Jan. Reallocation	\$ 1,566,639	\$ 566,736	\$ 2,133,375			
Apr. Reallocation	\$ 559,919	\$ 285,260	\$ 845,179			
Grant to date	\$77,742,321	\$28,476,009	\$106,218,330	\$35,500,000	\$141,718,330	\$113,242,321
PRELIMINARY FFY 2009 USDA FUNDING						
Base Grant	\$75,615,763	\$25,657,747	\$101,273,510	\$35,500,000	\$136,773,510	\$111,115,763
OA	Not Guaranteed					
Jan. Reallocation	Not Guaranteed					
Grand Total	\$75,615,763	\$25,657,747	\$101,273,510	\$35,500,000	\$136,773,510	\$111,115,763
PRELIMINARY FUNDS from OTHER SOURCES						
			FFY 2008		FFY 2009	
State Cola			\$270,000	0.91%	Not Guaranteed	
CDC Immunization			\$199,400	0.67%	Not Guaranteed	
MCH Funds			\$471,000	1.59%	Not Guaranteed	
USDA BF PEER COUNSELOR			\$277,171	0.93%	\$278,900	
Total Other Funds			\$1,217,571	4.10%	\$278,900	1.08%
Preliminary USDA NSA Grant			\$ 28,476,009	95.90%	\$ 25,657,747	98.92%
Total NSA & Other Funds			\$29,693,580	100.00%	\$25,936,647	100.00%

Table 2. Preliminary FFY 2008 and FFY 2009 Funding Distribution

Preliminary USDA Funding Distribution				
	FFY 2008	Percent	FFY 2009	Percent
Guaranteed NSA Base to Grantees				
Local WIC Agencies Base	\$15,981,500	56.12%	\$15,981,500	62.29%
LA Base BF Initiative	\$580,500	2.04%	\$580,500	2.26%
MCH Consortia Base BF Initiative	\$517,400	1.82%	\$517,400	2.02%
Sub-Total	\$17,079,400	59.98%	\$ 17,079,400	66.57%
Other USDA Funding				
Add-on LA Projects + Hot Line	\$1,036,654	3.64%	Not Guaranteed	
USDA Immunization	\$0	0.00%	Not Guaranteed	
Operational Adjustment (OA)	\$75,800	0.27%	Not Guaranteed	
Sub-Total	\$1,112,454	3.91%	\$0	
Sub-Total Funding to LA Grantees	\$18,191,854	63.88%	\$17,079,400	66.57%
State Budget to Support Grantee Operations				
Computer and Banking Services	\$3,484,000	12.23%	\$3,400,000	13.25%
Nutrition Education Materials/Equipment	\$408,900	1.44%	123,831	0.48%
Grants In Aid Audit Fee	\$54,516	0.19%	\$54,516	0.21%
Sub-Total	\$3,947,416	13.86%	\$3,578,347	13.95%
Sub-Total Funding for LA Operations	\$22,139,270	77.75%	\$20,657,747	80.51%
State Budget State Operations				
Salaries, Fringe Benefits, and Indirect	\$5,657,075	19.87%	5,000,000	19.49%
Other Support Services	\$679,664	2.39%		0.00%
Sub-Total	\$6,336,739	22.25%	\$5,000,000	19.49%
Total USDA Funding	\$28,476,009	100%	\$25,657,747	100%

Table 3: Grantee Preliminary NSA Base Funding

	Preliminary Grant Award FFY 2008	Preliminary Grant Award FFY 2009
Atlantic	\$512,600	\$512,600
Burlington County	\$588,700	\$588,700
Camden County	\$1,203,300	\$1,203,300
East Orange	\$653,000	\$653,000
Tri-County	\$919,300	\$939,300
Gloucester County	\$474,100	\$474,100
Jersey City	\$1,166,700	\$1,166,700
Newark	\$1,220,100	\$1,220,100
North Hudson Community Action Program*	\$1,091,600	\$1,091,600
NORWESCAP*	\$618,200	\$618,200
Plainfield	\$511,900	\$511,900
St. Joseph's Hospital and Medical Center*	\$1,892,300	\$1,892,300
Trenton	\$868,100	\$868,100
UMDNJ	\$656,400	\$656,400
Ocean County*	\$1,026,100	\$1,026,100
Passaic*	\$610,900	\$610,900
Trinitas	\$1,004,900	\$1,004,900
Visiting Nurse Association*	\$1,543,800	\$1,543,800
WIC Grantee Total	\$16,562,000	\$16,562,000
Southern NJ Perinatal Cooperative, Inc.*	\$197,200	\$197,200
Hudson Perinatal Consortium, Inc*	\$160,500	\$160,500
Gateway Northwest MCH Network *	\$159,700	\$159,700
GRAND TOTAL	\$17,079,400	\$17,079,400

*Provides Breastfeeding Initiative Services

Table 4.

ESTIMATED FOOD DOLLAR BREAKDOWN

	FOOD DOLLARS	PERCENT	REDEEMED PARTICIPATION	Served by
USDA FOOD GRANT	\$77,182,402	68.25%	1,233,453	USDA Grant
EST. FORMULA REBATE 3-28-08	\$35,909,985	31.75%	573,878	Formula Rebate
TOTAL DOLLARS	\$113,092,387		1,807,331	

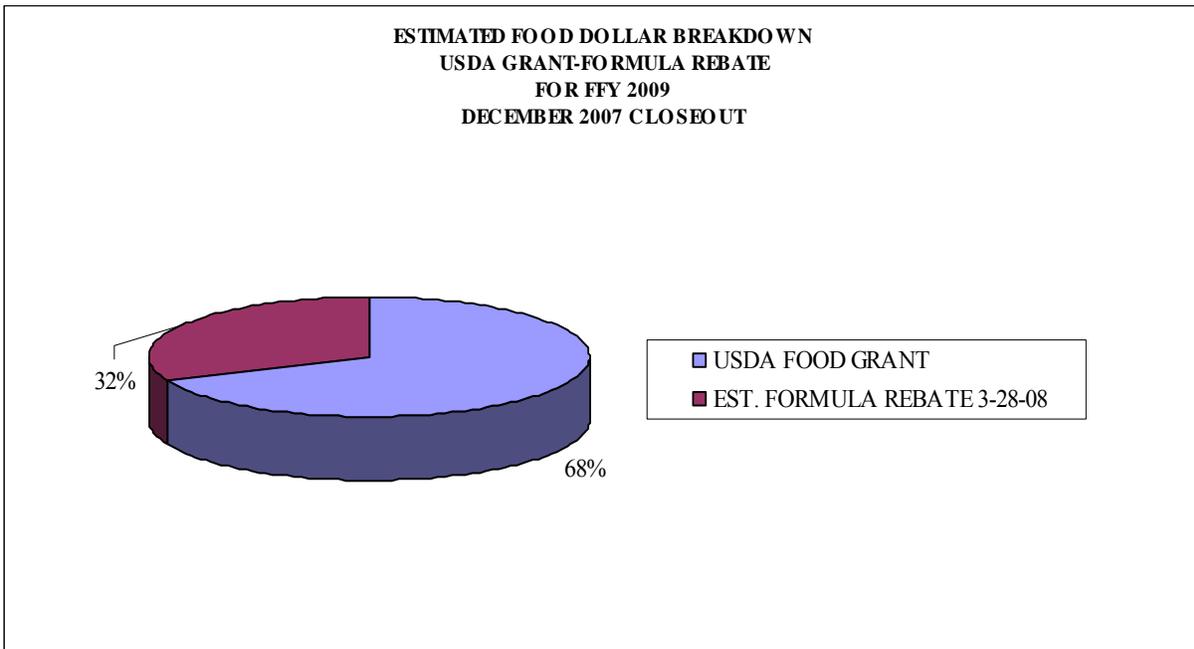


TABLE 5. NJ WIC USDA PARTICIPATION BY REGION DECEMBER 2007

REGION	YEAR 2000 CENSUS POPULATION	% POPULATION	USDA PARTICIPATION	% USDA PARTICIPATION
NORTH	3,245,987	38.58%	65,131	42.38%
CENTRAL	2,904,847	34.52%	44,802	29.15%
SOUTH	2,263,516	26.90%	43,746	28.47%
STATE	8,414,350		153,679	

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	Camden	Camden
North Hudson	Morris	Trenton	Monmouth	Test City	Cape May
S. Joseph's	Passaic	Trinitas	Somerset	Gloucester	Cumberland
UMDNJ			Sussex	Ocean	Gloucester
Passaic			Union		Ocean
			Warren		Salem

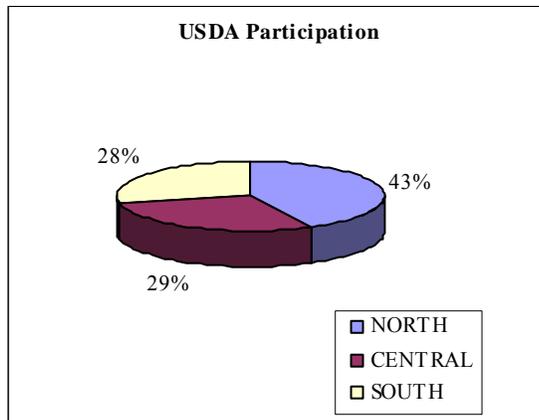
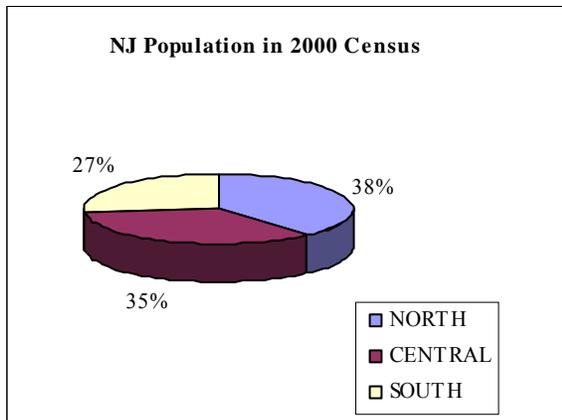


Chart 1 Preliminary FFY 2008 Funding Sources

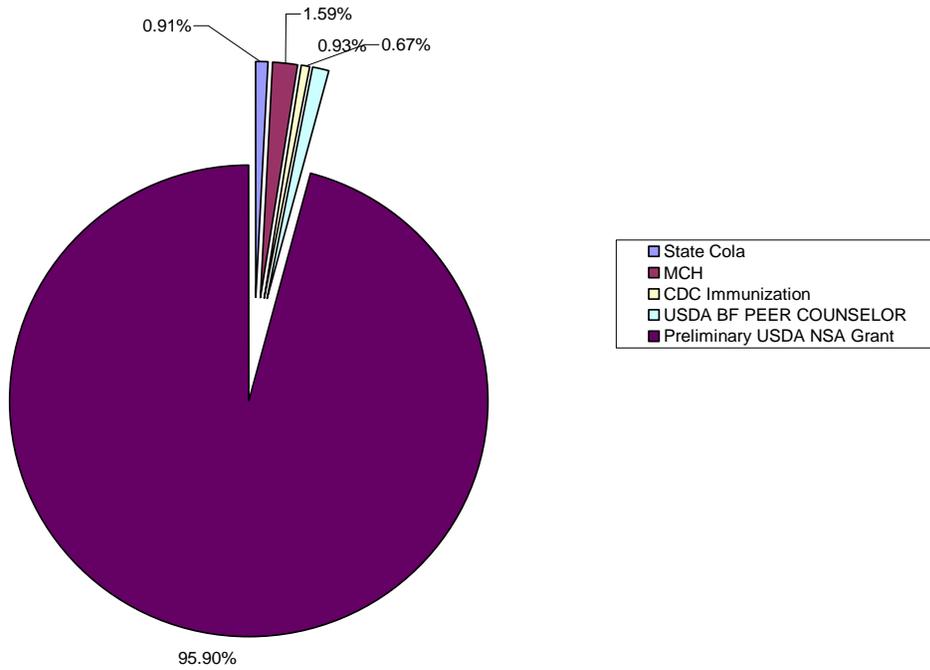


Chart 2. FFY 2008 Preliminary Funding Distribution

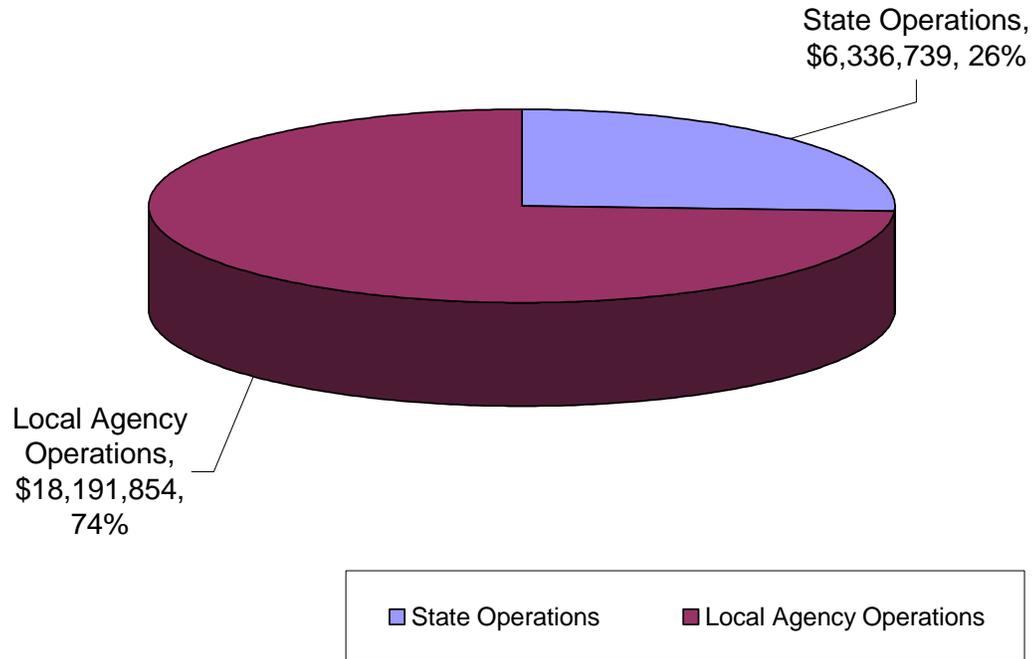


Chart 3. FFY 2008 Preliminary USDA NSA Distribution

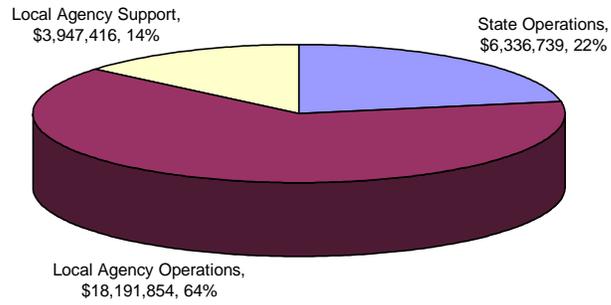
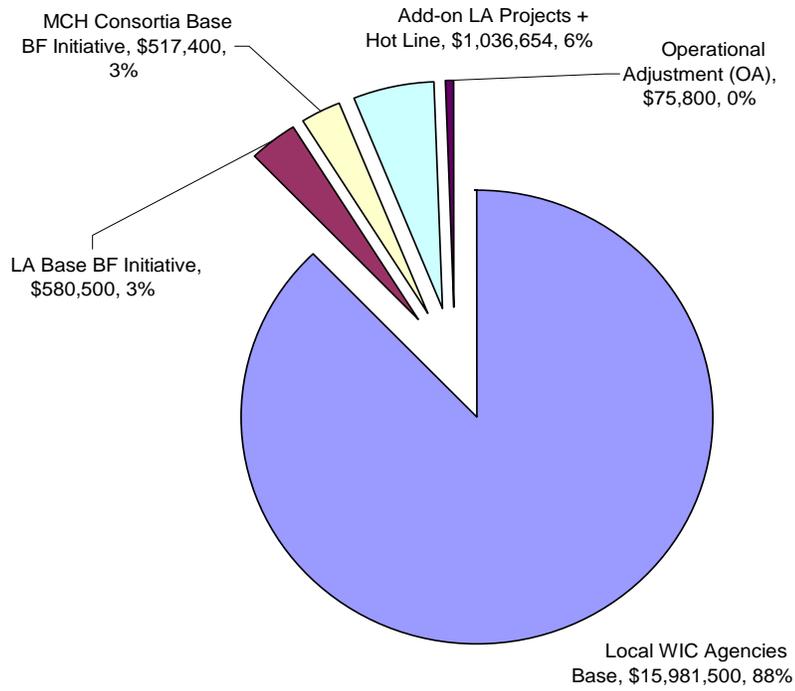


Chart 4. Grantee Preliminary FFY 2008 USDA Funded Activities



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 18 local agencies. Participants may cash their checks at any of the 766 authorized retail groceries, commissaries or pharmacies.

Authorized vendors deposit the checks 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.

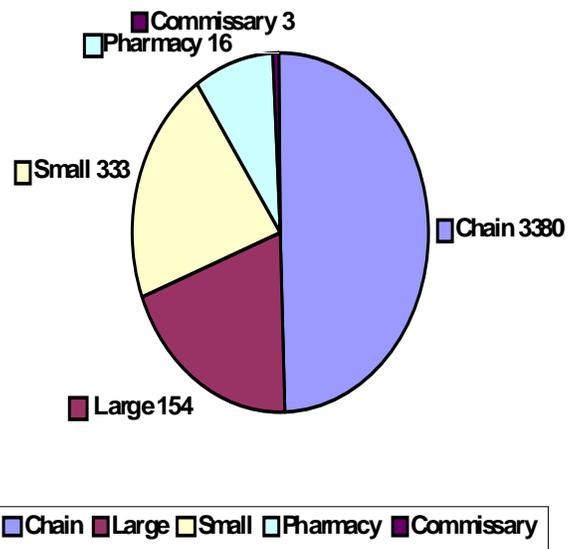
The vendors are categorized into peer groups of similar type with comparable prices. Peer group 1 is chain vendors who are a corporation that own 11 or more stores. Peer group 2 is large independent vendors that have 4 or more registers. Peer group 3 is small independent vendors that have 1-3 registers. 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. . Peer Group 7 is the peer group for above-50-percent vendors who have WIC food sales that exceed over 50% of their total annual food sales.

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.

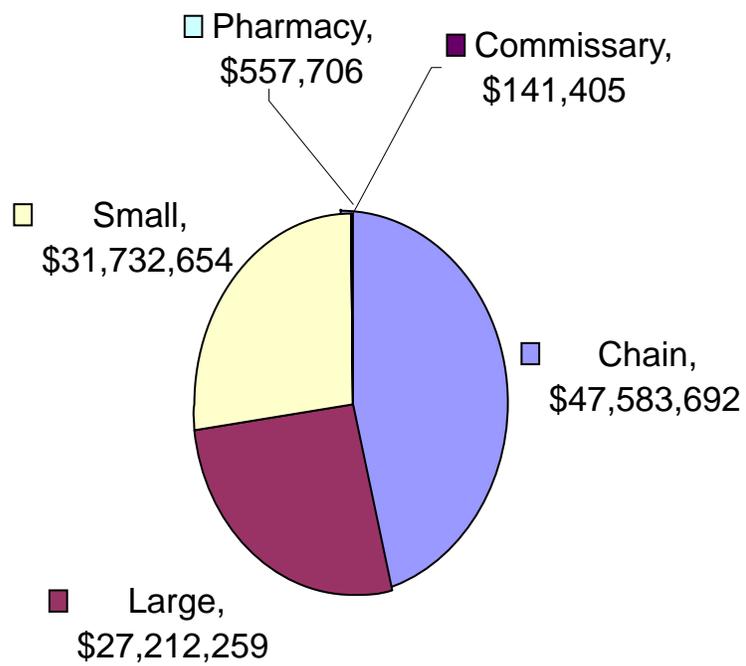
The vendor summary for FY 2007 provided the total number of checks and dollar amounts for the checks. There were 892 vendors, which included approximately 102 vendors that were terminated during the fiscal year. The vendors redeemed approximately 6 and ½ million checks in the amount of approximately \$107,227,718. (Refer to Charts 1 and 2). The two charts below do not include the 6 above-50-percent vendors. The total dollar amount redeemed by them was \$142,405.

Number of Vendors By Store Type FFY 2007

CHART 1



Vendor Redemptions FFY 2007 Chart 2



4.0 Population Analysis

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 1999 poverty level as reported by the 2000 Census of Population
- Births to Teenage Mothers Ratio: Teenage mothers birth ratio is the number of births to mothers under 19 years of age per 1,000 live births.

Data on sixty-nine (69) municipalities and twenty-one counties (21) were obtained for each criterion variable. Municipalities with populations of 30,000 or more persons, based upon the 2000 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 2001, 2002, and 2003, 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 2000 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,

$$Z_i = (X_i - \bar{X})/S$$

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:

$$T_j = W1Z1j + W2Z2j + W5z5j.$$

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 2000 census.

- Table 1** New Jersey WIC Affirmative Action Ranking for FFY 2007
- 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 2008

AREA	WEIGHTED	
	TOTAL	RANK
	2002-2004	
Camden City	9.858	1
Irvington Town	8.434	2
Trenton City	8.165	3
East Orange City	7.229	4
Newark City	6.821	5
Atlantic City	5.798	6
*Orange City	5.646	7
Vineland City	5.386	8
Pennsauken Township	3.804	9
Paterson City	3.687	10
Linden City	3.521	11
CUMBERLAND COUNTY (BALANCE)	3.293	12
Jersey City	3.275	13
Willingboro Township	3.118	14
Plainfield City	3.053	15
Perth Amboy City	2.586	16
ATLANTIC COUNTY (Balance)	2.432	17
New Brunswick City	2.332	18
Elizabeth City	2.328	19
Hackensack City	1.467	20
Hamilton Twp.	1.164	21
GLOUCESTER COUNTY (Balance)	1.088	22
*Long Branch City	1.028	23
CAMDEN COUNTY (BALANCE)	0.949	24
Union City	0.709	25
SALEM COUNTY (Total)	0.659	26
Passaic City	0.509	27
Winslow Township	0.504	28
Bloomfield Town	0.470	29
West Orange Township	0.291	30
*Egg Harbor Township	0.070	31
Union Twp.	0.052	32
Gloucester Township	-0.059	33
Fair Lawn Borough	-0.189	34
Bayonne City	-0.223	35
Franklin Township	-0.254	36
Sayreville Borough	-0.325	37
Kearny Town	0.428	38
Berkeley Township	-0.504	39
CAPE MAY COUNTY (Total)	-0.556	40
BURLINGTON COUNTY (Balance)	-0.558	41

AREA	WEIGHTED	
	TOTAL	RANK
	SCORE	
	2002-2004	
Ewing Township	-0.581	42
North Brunswick Township	-0.615	43
Clifton City	-0.624	44
*Galloway Township	-0.651	45
OCEAN COUNTY (Balance)	-0.799	46
Dover Township	-0.806	47
Manchester Township	-0.828	48
HUDSON COUNTY (Balance)	-0.888	49
MONMOUTH COUNTY (Balance)	-0.892	50
MIDDLESEX COUNTY (Balance)	-0.992	51
West New York Town	-1.126	52
North Bergen Township	-1.136	53
Belleville Town	-1.220	54
PASSAIC COUNTY (Balance)	-1.268	55
UNION COUNTY (Balance)	-1.350	56
MERCER COUNTY (Balance)	-1.522	57
Piscataway Township	-1.543	58
Brick Township	-1.617	59
WARREN COUNTY (Total)	-1.706	60
Parsippany-Troy Hills	-1.753	61
Cherry Hill Township	-1.771	62
Woodbridge Township	-1.811	63
East Brunswick Township	-1.831	64
Montclair Town	-1.882	65
*Hillsborough Township	-1.928	66
*South Brunswick Township	-1.929	67
Edison Township	-2.001	68
Teaneck Township	-2.002	69
Mt. Laurel Township	-2.013	70
BERGEN COUNTY (Balance)	2.099	71
Old Bridge Township	-2.198	72
Middletown Township	-2.245	73
Washington Township	-2.248	74
MORRIS COUNTY (Balance)	-2.261	75
ESSEX COUNTY (Balance)	-2.293	76
Evesham Township	-2.356	77

AREA	WEIGHTED TOTAL SCORE 2002 - 2004	RANK
Howell Township	-2.479	78
Wayne Township	-2.485	79
Lakewood Township	-2.509	80
Bridgewater Township	-2.633	81
SUSSEX COUNTY (Total)	-2.637	82
SOMERSET COUNTY (Balance)	-2.718	83
Jackson Township	-2.757	84
*Marlboro Township	-3.182	85
*Manalapan Township	-3.505	86
HUNTERDON COUNTY (Total)	-3.525	87
*Freehold Township	-3.797	88
Hoboken City	-4.649	89
Fort Lee Borough	-4.967	90

AREA	WEIGHTED TOTAL SCORE 2002 - 2004	RANK	TOTAL ELIGIBLE WOMEN & CHILDREN	ACTIVE ENROLLEES FIRST QUARTER FFY 2007	PERCENT ELIGIBLES ACTIVE ENROLLEES
Camden City	9.858	1	9,002	5,626	62.50%
Irvington Town	8.434	2	3,314	2,901	87.54%
Trenton City	8.165	3	5,722	6,032	105.42%
East Orange City	7.229	4	3,922	3,226	82.25%
Newark City	6.821	5	20,359	13,691	67.25%
Atlantic City	5.798	6	3,312	1,857	56.07%
*Orange City	5.646	7	1,971	1,731	87.82%
Vineland City	5.386	8	2,262	2,342	103.54%
Pennsauken Township	3.804	9	819	923	112.70%
Paterson City	3.687	10	11,606	9,560	82.37%
Linden City	3.521	11	840	669	79.64%
CUMBERLAND COUNTY (Balance)	3.293	12	4,053	4,546	112.16%
Jersey City	3.275	13	12,288	9,586	78.01%
Willingboro Township	3.118	14	485	839	172.99%
Plainfield City	3.053	15	2,601	3,212	123.49%
Perth Amboy City	2.586	16	3,004	3,052	101.60%
ATLANTIC COUNTY (Balance)	2.432	17	3,937	2,644	67.16%
New Brunswick City	2.332	18	4,503	3,936	87.41%
Elizabeth City	2.328	19	7,638	5,976	78.24%
Hackensack City	1.467	20	1,361	1,199	88.10%
Hamilton Township	1.164	21	1,116	882	79.03%
GLOUCESTER COUNTY (Balance)	1.088	22	4,184	3,596	85.95%
*Long Branch City	1.028	23	1,665	1,439	86.43%
CAMDEN COUNTY (Balance)	0.949	24	4,304	2,958	68.73%
Union City	0.709	25	4,668	4,014	85.99%
SALEM COUNTY (Total)	0.659	26	1,570	1,294	82.42%
Passaic City	0.509	27	6,321	4,878	77.17%
Winslow Township	0.504	28	737	784	106.38%
Bloomfield Town	0.470	29	835	708	84.79%
West Orange Township	0.291	30	817	620	75.89%
*Egg Harbor Township	0.070	31	721	469	65.05%
Union Township	0.052	32	730	504	69.04%
Gloucester Township	-0.059	33	1,078	456	42.30%
Fair Lawn Borough	-0.189	34	260	88	33.85%
Bayonne City	-0.223	35	1,553	1,395	89.83%
Franklin Township	-0.254	36	1,108	709	63.99%
Sayreville Borough	-0.325	37	685	501	73.14%
Kearny Town	-0.428	38	912	850	93.20%
Berkeley Township	-0.504	39	476	193	40.55%
CAPE MAY COUNTY (Balance)	-0.556	40	2,024	1,680	83.00%
BURLINGTON COUNTY (Balance)	-0.558	41	4,843	4,179	86.29%
Ewing Township	-0.581	42	377	276	73.21%

AREA	WEIGHTED TOTAL SCORE 2002-2004	RANK	TOTAL ELIGIBLE WOMEN & CHILDREN	ACTIVE ENROLLEES FIRST QUARTER FFY 2007	PERCENT ELIGIBLES ACTIVE ENROLLEES
North Brunswick Township	-0.615	43	632	629	99.53%
Clifton City	-0.624	44	1,616	1,455	90.04%
*Galloway Township	-0.651	45	571	286	50.09%
OCEAN COUNTY (Balance)	-0.799	46	2,757	1,479	53.65%
Dover Township	-0.806	47	1,309	879	67.15%
Manchester Township	-0.828	48	400	95	23.75%
HUDSON COUNTY (Balance)	-0.888	49	1,611	1,216	75.48%
MONMOUTH COUNTY (Balance)	-0.892	50	6,925	5,676	81.96%
MIDDLESEX COUNTY (Balance)	-0.992	51	2,931	2,102	71.72%
West New York Town	-1.126	52	2,920	2,422	82.95%
North Bergen Township	-1.136	53	2,121	1,934	91.18%
Belleville Town	-1.220	54	883	705	79.84%
PASSAIC COUNTY (Balance)	-1.268	55	1,997	1,001	50.13%
UNION COUNTY (Balance)	-1.350	56	3,426	2,430	70.93%
MERCER COUNTY (Balance)	-1.522	57	1,630	1,020	62.58%
Piscataway Township	-1.543	58	673	25	3.71%
Brick Township	-1.617	59	1,124	448	39.86%
WARREN COUNTY (Total)	-1.706	60	1,751	1,426	81.44%
Parsippany-Troy Hills	-1.753	61	559	215	38.46%
Cherry Hill Township	-1.771	62	678	266	39.23%
Woodbridge Township	-1.811	63	1,464	941	64.28%
East Brunswick Township	-1.831	64	339	338	99.71%
Montclair Town	-1.882	65	540	212	39.26%
*Hillsborough Township	-1.928	66	308	223	72.40%
*South Brunswick Township	-1.929	67	414	132	31.88%
Edison Township	-2.001	68	1,490	1,253	84.09%
Teaneck Township	-2.002	69	478	275	57.53%
Mt. Laurel Township	-2.013	70	341	207	60.70%
BERGEN COUNTY (Balance)	-2.099	71	9,823	4,543	46.25%
Old Bridge Township	-2.198	72	828	68	8.21%
Middletown Township	-2.245	73	592	211	35.64%
Washington Township	-2.248	74	380	128	33.68%
MORRIS COUNTY (Balance)	-2.261	75	4,724	2,318	49.07%
ESSEX COUNTY (Balance)	-2.293	76	1,670	569	34.07%
Evesham Township	-2.356	77	392	120	30.61%

AREA	WEIGHTED TOTAL SCORE 2002 - 2004	RANK	TOTAL ELIGIBLE WOMEN & CHILDREN	ACTIVE ENROLLEES FIRST QUARTER FFY 2007	PERCENT ELIGIBLES ACTIVE ENROLLEES
Howell Township	-2.479	78	667	201	30.13%
Wayne Township	-2.485	79	355	122	34.37%
Lakewood Township	-2.509	80	8,696	7,310	84.06%
Bridgewater Township	-2.633	81	353	152	43.06%
SUSSEX COUNTY (Total)	-2.637	82	1,658	947	57.12%
SOMERSET COUNTY (Balance)	-2.718	83	2,412	2,250	93.28%
Jackson Township	-2.757	84	582	209	35.91%
*Marlboro Township	-3.182	85	283	44	15.55%
*Manalapan Township	-3.505	86	276	55	19.93%
HUNTERDON COUNTY (Total)	-3.525	87	1,015	459	45.22%
*Freehold Township	-3.797	88	271	23	8.49%
Hoboken City	-4.649	89	1,167	329	28.19%
Fort Lee Borough	-4.967	90	598	74	12.37%
TOTAL			222,613	165,443	74.32%

Table 2. Infant Perinatal Data

AREA	CENSUS	LIVE BIRTHS			FETAL DEATHS		
	POPULATION 2000	2004	2003	2002	2004	2003	2002
Atlantic City	40,517	826	760	792	11	7	6
*Egg Harbor Township	30,726	517	475	464	3	1	4
*Galloway Township	31,209	352	336	393	3	2	1
ATLANTIC COUNTY (Balance)	150,100	1,811	1,885	1,904	9	17	6
Fair Lawn Borough	31,637	319	306	304	4	3	1
Fort Lee Borough	35,461	353	412	380	0	2	0
Hackensack City	42,677	665	684	656	3	3	4
Teaneck Township	39,260	529	541	514	1	6	4
BERGEN COUNTY (Balance)	735,083	8,576	8,837	8,698	34	44	43
Evesham Township	42,275	561	564	576	4	1	2
Mt. Laurel Township	40,221	450	480	468	0	7	3
Willingboro Township	33,008	393	380	373	3	3	1
BURLINGTON COUNTY (Balance)	307,890	3,889	3,969	3,961	28	21	30
Camden City	79,904	1,736	1,713	1,617	15	12	16
Cherry Hill Township	69,965	671	736	704	1	4	7
Gloucester Township	64,350	751	755	792	4	3	5
Pennsauken Township	35,737	456	482	430	2	3	3
Winslow Township	34,611	516	506	545	5	1	5
CAMDEN COUNTY (Balance)	224,365	2,655	2,756	2,660	17	11	16
CAPE MAY COUNTY (Total)	102,326	882	1,016	1,024	8	4	5
Vineland City	56,271	858	797	789	7	2	9
CUMBERLAND COUNTY (Balance)	90,167	1,366	1,361	1,293	10	14	10
Belleville Town	35,928	495	510	482	4	3	4
Bloomfield Town	47,683	678	565	590	9	3	1
East Orange City	69,824	1,087	1,138	1,240	15	21	11
Irvington Town	60,695	1,086	1,101	1,061	21	18	16
Montclair Town	38,977	493	487	488	2	3	3
Newark City	273,546	4,655	4,790	4,606	72	56	84
*Orange City	32,868	595	566	637	8	9	10
West Orange Township	44,943	640	696	600	6	9	5
ESSEX COUNTY (Balance)	189,169	2,321	2,312	2,407	16	14	8

AREA	CENSUS	LIVE BIRTHS			FETAL DEATHS		
	POPULATION	2004	2003	2002	2004	2003	2002
Washington Township	47,114	481	518	452	2	4	0
GLOUCESTER COUNTY (Balance)	207,559	2,684	2,870	2,602	17	15	17
Bayonne City	61,842	718	692	705	3	3	5
Hoboken City	38,577	684	609	536	1	0	0
Jersey City	240,055	3,733	3,715	3,743	31	30	32
Kearny Town	40,513	454	493	477	2	3	5
North Bergen Township	58,092	800	820	776	6	4	3
Union City	67,088	1,107	1,104	1,084	7	9	3
West New York Town	45,768	725	760	708	6	6	3
HUDSON COUNTY (Balance)	57,040	688	731	720	2	5	4
HUNTERDON COUNTY (Total)	121,989	1,311	1,406	1,503	5	6	4
Ewing Township	35,707	302	296	331	3	1	2
Hamilton Township	87,109	952	993	969	5	11	5
Trenton City	85,403	1,498	1,426	1,519	19	19	19
MERCER COUNTY (Balance)	142,542	1,853	1,798	1,745	5	16	11
East Brunswick Township	46,756	429	468	449	1	3	2
Edison Township	97,687	1,363	1,422	1,392	6	5	11
New Brunswick City	48,573	1,030	1,067	1,022	4	6	9
North Brunswick Township	36,287	535	574	545	3	5	3
Old Bridge Township	60,456	790	836	808	7	4	2
Perth Amboy City	47,303	831	882	867	2	6	8
Piscataway Township	50,482	730	722	697	4	3	6
Sayreville Borough	40,377	609	634	558	3	5	4
*South Brunswick Township	37,734	516	561	587	2	1	1
Woodbridge Township	97,203	1,212	1,344	1,197	5	5	5
MIDDLESEX COUNTY (Balance)	187,304	2,499	2,518	2,461	13	9	17
*Freehold Township	31,537	335	364	367	1	1	3
Howell Township	48,903	618	679	643	2	5	4
*Long Branch City	31,340	548	571	547	3	2	3
*Manalapan Township	33,423	315	362	369	1	1	2
*Marlboro Township	36,398	427	452	470	1	3	2
Middletown Township	66,327	796	811	772	3	6	7
MONMOUTH COUNTY (Balance)	367,373	4,540	4,863	4,754	22	30	36

AREA	CENSUS	LIVE BIRTHS			FETAL DEATHS		
	POPULATION	2004	2003	2002	2004	2003	2002
	2000	2004	2003	2002	2004	2003	2002
Parsippany-Troy Hills	50,649	671	647	575	3	0	5
MORRIS COUNTY (Balance)	419,563	5,472	5,766	5,650	33	28	22
Berkeley Township	39,991	289	276	296	0	4	1
Brick Township	76,119	814	907	844	7	4	7
Dover Township	89,706	974	946	933	5	6	4
Jackson Township	42,816	633	603	607	1	0	4
Lakewood Township	60,352	2,806	2,647	2,365	13	12	11
Manchester Township	38,928	224	194	222	3	0	1
OCEAN COUNTY (Balance)	163,004	1,922	1,859	1,783	13	11	6
Clifton City	78,672	1,040	1,027	963	4	2	1
Passaic City	67,861	1,483	1,512	1,551	5	8	6
Paterson City	149,222	2,778	2,954	2,843	19	22	22
Wayne Township	54,069	571	537	563	2	1	2
PASSAIC COUNTY (Balance)	139,225	1,751	1,709	1,774	10	6	8
SALEM COUNTY (Total)	64,285	787	814	738	7	6	3
Bridgewater Township	42,940	520	547	566	3	1	3
Franklin Township	36,634	913	926	918	3	6	4
*Hillsborough Township	50,903	511	463	538	1	2	0
SOMERSET COUNTY (Balance)	167,013	2,335	2,516	2,492	11	11	13
SUSSEX COUNTY (Total)	144,166	1,601	1,744	1,648	12	11	16
Elizabeth City	120,568	2,143	2,198	2,187	23	21	23
Linden City	39,394	509	472	467	4	0	4
Plainfield City	47,829	950	907	884	11	7	16
Union Township	54,405	635	602	657	3	11	6
UNION COUNTY (Balance)	260,345	3,367	3,470	3,404	18	27	25
WARREN COUNTY (Total)	102,437	1,309	1,336	1,351	6	6	7
TOTAL	8,414,350	114,303	116,856	114,642	742	752	781

Table 3. Neonatal and Infant Deaths

AREA	NEONATAL DEATHS			INFANT DEATHS		
	2004	2003	2002	2004	2003	2002
Atlantic City	4	6	11	5	7	13
*Egg Harbor Township	2	0	4	3	1	5
*Galloway Township	1	2	3	2	2	3
ATLANTIC COUNTY (Balance)	23	8	12	28	11	19
Fair Lawn Borough	2	4	1	2	4	1
Fort Lee Borough	0	0	1	0	0	1
Hackensack City	3	2	8	4	4	10
Teaneck Township	3	0	0	3	0	0
BERGEN COUNTY (Balance)	23	25	22	30	31	28
Evesham Township	1	3	1	1	4	2
Mt. Laurel Township	0	3	0	0	4	0
Willingboro Township	4	1	1	4	3	1
BURLINGTON COUNTY (Balance)	15	12	14	22	15	20
Camden City	19	20	24	24	28	28
Cherry Hill Township	2	2	1	5	2	1
Gloucester Township	2	4	4	4	7	4
Pennsauken Township	1	1	9	1	1	13
Winslow Township	2	3	1	2	3	4
CAMDEN COUNTY (Balance)	19	14	18	27	19	20
CAPE MAY COUNTY (Total)	5	3	3	8	7	5
Vineland City	12	8	6	16	10	9
CUMBERLAND COUNTY (Balance)	6	9	3	8	14	5
Belleville Town	1	2	1	2	2	2
Bloomfield Town	4	6	4	4	8	6
East Orange City	4	7	9	7	14	16
Irvington Town	9	14	7	12	19	10
Montclair Town	2	1	0	3	1	0
Newark City	27	31	26	41	53	42
*Orange City	2	4	1	5	5	4
West Orange Township	3	1	2	4	2	5
ESSEX COUNTY (Balance)	10	2	1	12	6	2

AREA	NEONATAL DEATHS			INFANT DEATHS		
	2004	2003	2002	2004	2003	2002
Washington Township	1	2	2	1	3	2
GLOUCESTER COUNTY (Balance)	18	12	13	20	16	16
Bayonne City	4	1	2	5	1	4
Hoboken City	0	1	0	0	1	1
Jersey City	16	28	33	31	36	43
Kearny Town	2	3	0	3	4	1
North Bergen Township	2	3	1	3	5	1
Union City	3	7	7	4	8	9
West New York Town	0	3	1	0	5	1
HUDSON COUNTY (Balance)	2	5	4	2	5	4
HUNTERDON COUNTY (Total)	0	5	2	2	5	3
Ewing Township	0	1	1	0	1	1
Hamilton Township	5	2	6	10	5	8
Trenton City	18	12	16	20	18	18
MERCER COUNTY (Balance)	9	4	3	12	4	3
East Brunswick Township	0	1	3	0	2	3
Edison Township	1	2	5	3	2	7
New Brunswick City	5	1	5	7	1	8
North Brunswick Township	2	0	1	3	2	1
Old Bridge Township	2	4	0	3	5	1
Perth Amboy City	1	8	7	4	11	10
Piscataway Township	3	2	1	4	2	2
Sayreville Borough	1	4	4	2	6	4
*South Brunswick Township	4	1	0	4	2	0
Woodbridge Township	0	3	3	3	3	4
MIDDLESEX COUNTY (Balance)	10	9	13	12	11	16
*Freehold Township	1	0	1	1	0	1
Howell Township	1	0	1	1	0	1
*Long Branch City	2	2	2	3	2	3
*Manalapan Township	0	0	0	0	1	0
*Marlboro Township	1	2	0	1	2	0
Middletown Township	1	2	0	3	2	2
MONMOUTH COUNTY (Balance)	11	8	10	16	17	15

AREA	NEONATAL DEATHS			INFANT DEATHS		
	2004	2003	2002	2004	2003	2002
Parsippany-Troy Hills	2	3	4	2	3	4
MORRIS COUNTY (Balance)	7	21	14	10	26	17
Berkeley Township	2	1	0	2	1	1
Brick Township	1	2	1	2	2	4
Dover Township	5	1	3	6	3	5
Jackson Township	1	0	2	2	0	2
Lakewood Township	10	6	6	17	6	6
Manchester Township	0	1	1	0	1	1
OCEAN COUNTY (Balance)	5	8	5	7	10	5
Clifton City	6	7	2	6	8	4
Passaic City	4	5	2	9	6	7
Paterson City	11	15	8	19	27	15
Wayne Township	0	1	1	0	3	2
PASSAIC COUNTY (Balance)	4	5	7	6	8	9
SALEM COUNTY (Total)	4	2	4	4	4	4
Bridgewater Township	3	0	0	3	1	0
Franklin Township	5	3	1	5	4	1
*Hillsborough Township	2	1	0	2	1	0
SOMERSET COUNTY (Balance)	4	6	4	7	6	6
SUSSEX COUNTY (Total)	2	5	3	3	8	5
Elizabeth City	7	17	6	12	19	9
Linden City	2	6	6	5	7	8
Plainfield City	3	2	5	3	2	7
Union Township	3	2	2	3	2	3
UNION COUNTY (Balance)	14	9	8	15	13	11
WARREN COUNTY (Total)	1	4	4	2	8	6
TOTAL	445	469	444	624	654	614

Table 4. Birth Data

AREA	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 19 YEARS)		
	2004	2003	2002	2004	2003	2002
Atlantic City	76	83	71	97	58	91
*Egg Harbor Township	48	30	44	16	20	13
*Galloway Township	24	25	24	20	13	6
ATLANTIC COUNTY (Balance)	136	156	164	97	114	126
Fair Lawn Borough	14	31	24	1	1	1
Fort Lee Borough	21	14	12	2	1	2
Hackensack City	54	56	58	25	23	22
Teaneck Township	37	43	32	10	8	7
BERGEN COUNTY (Balance)	585	631	610	102	83	86
Evesham Township	38	44	35	3	3	6
Mt. Laurel Township	33	33	33	9	5	4
Willingboro Township	38	39	48	32	32	40
BURLINGTON COUNTY (Balance)	297	296	293	128	159	173
Camden City	190	216	196	271	268	288
Cherry Hill Township	46	58	46	9	9	8
Gloucester Township	52	69	64	15	23	19
Pennsauken Township	48	41	47	21	40	42
Winslow Township	49	45	38	18	26	26
CAMDEN COUNTY (Balance)	233	197	229	106	95	104
CAPE MAY COUNTY (Total)	58	52	60	41	54	56
Vineland City	78	70	76	92	83	83
CUMBERLAND COUNTY (Balance)	108	130	101	166	151	170
Belleville Town	26	35	30	9	18	12
Bloomfield Town	42	40	42	11	11	12
East Orange City	114	169	157	80	104	99
Irvington Town	136	160	115	75	67	78
Montclair Town	38	33	33	5	7	7
Newark City	535	551	506	397	468	439
*Orange City	69	70	68	31	29	33
West Orange Township	52	75	35	6	9	9
ESSEX COUNTY (Balance)	158	188	168	13	11	11

AREA	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 19 YEARS)		
	2004	2003	2002	2004	2003	2002
Washington Township	40	22	30	12	11	9
GLOUCESTER COUNTY (Balance)	282	241	218	95	94	96
Bayonne City	45	58	61	28	22	22
Hoboken City	29	28	21	14	16	10
Jersey City	322	327	341	215	214	231
Kearny Town	30	34	38	11	14	20
North Bergen Township	58	44	58	31	23	29
Union City	79	70	65	73	62	76
West New York Town	41	40	42	30	38	37
HUDSON COUNTY (Balance)	47	48	52	13	18	13
HUNTERDON COUNTY (Total)	71	73	101	12	13	9
Ewing Township	29	23	31	7	11	9
Hamilton Township	90	89	80	25	28	28
Trenton City	178	167	185	153	153	182
MERCER COUNTY (Balance)	132	139	114	24	25	17
East Brunswick Township	36	32	32	2	1	3
Edison Township	102	98	105	12	11	13
New Brunswick City	77	90	86	94	101	103
North Brunswick Township	53	50	41	17	11	17
Old Bridge Township	72	47	46	11	4	11
Perth Amboy City	69	62	51	88	64	83
Piscataway Township	50	60	50	8	9	11
Sayreville Borough	42	53	42	9	6	6
*South Brunswick Township	46	37	47	0	6	7
Woodbridge Township	111	85	104	17	19	15
MIDDLESEX COUNTY (Balance)	198	167	184	52	51	54
*Freehold Township	10	22	20	9	4	4
Howell Township	42	51	55	8	7	10
*Long Branch City	42	37	53	46	55	35
*Manalapan Township	19	24	23	3	2	4
*Marlboro Township	26	33	26	2	2	1
Middletown Township	47	63	52	6	9	8
MONMOUTH COUNTY (Balance)	362	383	351	132	177	175

AREA	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 19 YEARS)		
	2004	2003	2002	2004	2003	2002
Parsippany-Troy Hills	44	60	34	3	4	3
MORRIS COUNTY (Balance)	384	408	375	56	52	62
Berkeley Township	27	19	18	10	7	6
Brick Township	54	81	58	7	13	15
Dover Township	96	67	62	20	18	21
Jackson Township	36	41	50	11	11	14
Lakewood Township	119	113	113	69	69	70
Manchester Township	18	21	12	3	7	11
OCEAN COUNTY (Balance)	145	150	143	58	68	61
Clifton City	89	79	66	33	30	34
Passaic City	114	96	105	110	110	120
Paterson City	288	302	281	253	267	265
Wayne Township	39	34	50	6	3	2
PASSAIC COUNTY (Balance)	132	128	151	13	19	24
SALEM COUNTY (Total)	81	60	45	43	52	59
Bridgewater Township	42	41	38	1	4	6
Franklin Township	93	85	84	11	16	25
*Hillsborough Township	52	34	45	6	6	4
SOMERSET COUNTY (Balance)	152	142	168	45	37	35
SUSSEX COUNTY (Total)	91	111	82	18	20	20
Elizabeth City	188	172	171	121	117	143
Linden City	43	52	36	13	18	17
Plainfield City	96	83	97	61	83	71
Union Township	65	36	48	13	11	20
UNION COUNTY (Balance)	270	245	225	53	62	41
WARREN COUNTY (Total)	82	97	100	38	34	38
TOTAL	9,150	9,234	8,921	4,242	4,412	4,608

Table 5. Infant Rates and Birth Ratio Data

AREA	LOW BIRTH WEIGHT RATE 2002 - 2004	INFANT DEATH RATE 2002-2004	PERINATAL DEATH RATE 2002-2004	TEEN BIRTH RATIO 2002-2004	1999 200% POVERTY RATE
Atlantic City	96.7	10.5	22.4	103.4	49.9%
*Egg Harbor Township	83.8	6.2	10.2	33.7	18.0%
*Galloway Township	67.5	6.5	11.0	36.1	18.8%
ATLANTIC COUNTY (Balance)	81.4	10.4	16.6	60.2	24.7%
Fair Lawn Borough	74.3	7.5	16.0	3.2	9.8%
Fort Lee Borough	41.0	0.9	4.4	4.4	18.6%
Hackensack City	83.8	9.0	14.3	34.9	24.2%
Teaneck Township	70.7	1.9	11.3	15.8	10.9%
BERGEN COUNTY (Balance)	69.9	3.4	9.0	10.4	13.1%
Evesham Township	68.8	4.1	8.2	7.1	8.0%
Mt. Laurel Township	70.8	2.9	10.6	12.9	8.5%
Willingboro Township	109.1	7.0	13.0	90.8	15.2%
BURLINGTON COUNTY (Balance)	75.0	4.8	11.5	38.9	14.7%
Camden City	118.8	15.8	23.4	163.2	62.4%
Cherry Hill Township	71.1	3.8	10.3	12.3	11.4%
Gloucester Township	80.5	6.5	11.7	24.8	16.4%
Pennsauken Township	99.4	11.0	16.7	75.3	21.1%
Winslow Township	84.2	5.7	12.7	44.7	16.1%
CAMDEN COUNTY (Balance)	81.7	8.2	13.7	37.8	18.5%
CAPE MAY COUNTY (Total)	58.2	6.8	11.9	51.7	24.1%
Vineland City	91.7	14.3	19.5	105.6	33.3%
CUMBERLAND COUNTY (Balance)	84.3	6.7	16.5	121.1	35.7%
Belleville Town	61.2	4.0	14.0	26.2	21.1%
Bloomfield Town	67.6	9.8	16.8	18.5	15.8%
East Orange City	127.0	10.7	24.4	81.7	40.5%
Irvington Town	126.5	12.6	32.8	67.7	35.8%
Montclair Town	70.8	2.7	10.8	12.9	12.8%
Newark City	113.3	9.7	25.1	92.8	38.8%
*Orange City	115.1	7.8	26.6	51.7	50.4%
West Orange Township	83.7	5.7	15.8	12.4	15.1%
ESSEX COUNTY (Balance)	73.0	2.8	8.9	5.0	8.4%

AREA	LOW BIRTH WEIGHT RATE 2002 - 2004	INFANT DEATH RATE 2002-2004	PERINATAL DEATH RATE 2002-2004	TEEN BIRTH RATIO 2002-2004	1999 200% POVERTY RATE
Washington Township	63.4	4.1	8.9	22.1	9.3%
GLOUCESTER COUNTY (Balance)	90.9	6.4	13.9	34.9	18.1%
Bayonne City	77.5	4.7	11.3	34.0	25.3%
Hoboken City	42.6	1.1	2.2	21.9	24.1%
Jersey City	88.5	9.8	17.6	59.0	38.2%
Kearny Town	71.6	5.6	11.8	31.6	22.8%
North Bergen Township	66.8	3.8	9.5	34.6	30.9%
Union City	64.9	6.4	11.5	64.0	49.8%
West New York Town	56.1	2.7	10.4	47.9	46.7%
HUDSON COUNTY (Balance)	68.7	5.1	11.2	20.6	26.6%
HUNTERDON COUNTY (Total)	58.1	2.4	6.8	8.1	8.4%
Ewing Township	89.3	2.2	10.7	29.1	14.0%
Hamilton Township	88.9	7.9	14.9	27.8	13.3%
Trenton City	119.3	12.6	26.6	109.8	45.3%
MERCER COUNTY (Balance)	71.3	3.5	12.5	12.2	10.6%
East Brunswick Township	74.3	3.7	10.3	4.5	8.5%
Edison Township	73.0	2.9	9.5	8.6	12.5%
New Brunswick City	81.1	5.1	13.3	95.5	51.7%
North Brunswick Township	87.1	3.6	9.6	27.2	13.6%
Old Bridge Township	67.8	3.7	9.0	10.7	11.9%
Perth Amboy City	70.5	9.7	15.7	91.1	40.9%
Piscataway Township	74.5	3.7	10.6	13.0	10.9%
Sayreville Borough	76.1	6.7	13.8	11.7	13.4%
*South Brunswick Township	78.1	3.6	7.8	7.8	8.7%
Woodbridge Township	79.9	2.7	7.4	13.6	13.6%
MIDDLESEX COUNTY (Balance)	73.4	5.2	11.0	21.0	14.0%
*Freehold Township	48.8	1.9	8.4	15.9	8.7%
Howell Township	76.3	1.0	7.2	12.9	11.6%
*Long Branch City	79.2	4.8	10.7	81.6	36.0%
*Manalapan Township	63.1	1.0	6.6	8.6	9.4%
*Marlboro Township	63.0	2.2	8.1	3.7	7.5%
Middletown Township	68.1	2.9	10.4	9.7	8.7%
MONMOUTH COUNTY (Balance)	77.4	3.4	10.4	34.2	17.0%

AREA	LOW BIRTH WEIGHT RATE 2002 - 2004	INFANT DEATH RATE 2002-2004	PERINATAL DEATH RATE 2002-2004	TEEN BIRTH RATIO 2002-2004	1999 200% POVERTY RATE
Parsippany-Troy Hills	72.9	4.8	9.5	5.3	10.3%
MORRIS COUNTY (Balance)	69.1	3.1	9.4	10.1	9.7%
Berkeley Township	74.3	4.6	12.7	26.7	20.7%
Brick Township	75.2	3.1	9.7	13.6	15.2%
Dover Township	78.9	4.9	10.1	20.7	16.2%
Jackson Township	68.9	2.2	5.9	19.5	11.0%
Lakewood Township	44.1	3.7	8.3	26.6	41.3%
Manchester Township	79.7	3.1	9.3	32.8	22.3%
OCEAN COUNTY (Balance)	78.7	4.0	9.6	33.6	17.5%
Clifton City	77.2	5.9	8.5	32.0	18.8%
Passaic City	69.3	4.8	9.4	74.8	48.6%
Paterson City	101.6	7.1	12.9	91.5	47.0%
Wayne Township	73.6	3.0	7.1	6.6	7.3%
PASSAIC COUNTY (Balance)	78.5	4.4	9.7	10.7	13.3%
SALEM COUNTY (Total)	79.5	5.1	12.3	65.8	23.3%
Bridgewater Township	74.1	2.4	6.7	6.7	7.2%
Franklin Township	95.0	3.6	9.7	18.9	14.3%
*Hillsborough Township	86.6	2.0	6.6	10.6	7.2%
SOMERSET COUNTY (Balance)	62.9	2.6	8.4	15.9	11.6%
SUSSEX COUNTY (Total)	56.9	3.2	11.1	11.6	11.4%
Elizabeth City	81.3	6.1	18.7	58.4	41.2%
Linden City	90.5	13.8	19.8	33.1	20.4%
Plainfield City	100.7	4.4	17.3	78.4	33.9%
Union Township	78.7	4.2	17.2	23.2	13.8%
UNION COUNTY (Balance)	72.3	3.8	12.3	15.2	11.6%
WARREN COUNTY (Total)	69.8	4.0	8.2	27.5	15.4%

4.2 Estimated Eligible WIC Participants Methodology for FFY 2007

The estimated total number of woman and children in New Jersey eligible for WIC participation as of January 1, 2005, was 222,613. Refer to Tables 6-8. This figure includes 177,798 children less than 5 years of age and 44,815 women. Estimates were made for 69 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 2000 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 2000-2004 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 2004, and the estimated number of postpartum women, which is 50% of the number of live births and fetal deaths in 2003.

The low-income rates in the Table 6 are derived from the percentage of all people in the area below 200% of the 1999 poverty level, based on the 2000 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 2004, this ratio was 1.372969286. For example, the estimated WIC eligible children for Atlantic City equal:

$$\text{Stage 1: } 3,837 \times 0.499 = 1,915$$

$$\text{Stage 2: } 1,915 \times 1.372969286 = 2,629$$

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.

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

$$\text{Stage 1: } 1,003 \times 0.499 = 500$$

$$\text{Stage 2: } 500 \times 1.364838743 = 683$$

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: $2,629 + 683 = 3,312$.

The estimated eligible infants were determined by taking the number of live births for the year 2003 minus the number of infant deaths for 2003. 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 1.372504 in 2002.

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

$$\text{Stage 1: } 821 \times 0.499 = 410$$

$$\text{Stage 2: } 410 \times 1.363553 = 559$$

List of Tables:

Table 6	Estimated Number of Women, Infants and Children Eligible for WIC Services
Table 7	Pregnant and Post Partum Women
Table 8	Estimated Number of Women, Infants and Children by Agency

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	1999 200% POVERTY RATE
Atlantic City	3,837	2,629	559	1,003	683	3,312	49.9%
*Egg Harbor Township	2,293	567	126	627	154	721	18.0%
*Galloway Township	1,783	460	90	433	111	571	18.8%
ATLANTIC COUNTY (Balance)	9,317	3,160	601	2,304	777	3,937	24.7%
Fair Lawn Borough	1,535	207	42	393	53	260	9.8%
Fort Lee Borough	1,873	478	90	471	120	598	18.6%
Hackensack City	3,260	1,083	218	843	278	1,361	24.2%
Teaneck Township	2,524	378	78	669	100	478	10.9%
BERGEN COUNTY (Balance)	43,807	7,879	1,527	10,872	1,944	9,823	13.1%
Evesham Township	2,869	315	61	704	77	392	8.0%
Mt. Laurel Township	2,348	274	52	579	67	341	8.5%
Willingboro Township	1,838	384	81	485	101	485	15.2%
BURLINGTON COUNTY (Balance)	19,110	3,857	775	4,916	986	4,843	14.7%
Camden City	8,353	7,156	1,457	2,167	1,846	9,002	62.4%
Cherry Hill Township	3,464	542	104	875	136	678	11.4%
Gloucester Township	3,851	867	167	943	211	1,078	16.4%
Pennsauken Township	2,248	651	131	585	168	819	21.1%
Winslow Township	2,694	596	113	643	141	737	16.1%
CAMDEN COUNTY (Balance)	13,586	3,451	663	3,377	853	4,304	18.5%
CAPE MAY COUNTY (Total)	4,951	1,638	287	1,172	386	2,024	24.1%
Vineland City	3,906	1,786	382	1,047	476	2,262	33.3%
CUMBERLAND COUNTY (Balance)	6,570	3,220	661	1,710	833	4,053	35.7%

AREA	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	TOTAL ESTIMATED ELIGIBLE WOMEN & CHILDREN	1999 200% POVERTY RATE
Belleville Town	2,423	702	142	628	181	883	21.1%
Bloomfield Town	3,059	664	145	792	171	835	15.8%
East Orange City	5,672	3,154	596	1,390	768	3,922	40.5%
Irvington Town	5,378	2,643	524	1,373	671	3,314	35.8%
Montclair Town	2,465	433	86	615	107	540	12.8%
Newark City	23,528	16,281	3,171	5,928	4,078	20,359	38.8%
*Orange City	2,970	1,582	312	734	389	1,971	50.4%
West Orange Township	3,118	646	131	831	171	817	15.1%
ESSEX COUNTY (Balance)	11,592	1,337	264	2,901	333	1,670	8.4%
Washington Township	2,355	301	61	620	79	380	9.3%
GLOUCESTER COUNTY (Balance)	13,402	3,330	657	3,457	854	4,184	18.1%
Bayonne City	3,591	1,247	246	887	306	1,553	25.3%
Hoboken City	2,713	898	225	818	269	1,167	24.1%
Jersey City	18,785	9,852	1,928	4,673	2,436	12,288	38.2%
Kearny Town	2,325	728	140	590	184	912	22.8%
North Bergen Township	3,994	1,694	336	1,012	427	2,121	30.9%
Union City	5,451	3,727	749	1,384	941	4,668	49.8%
West New York Town	3,634	2,330	462	925	590	2,920	46.7%
HUDSON COUNTY (Balance)	3,532	1,290	249	884	321	1,611	26.6%
HUNTERDON COUNTY (Total)	7,118	821	150	1,688	194	1,015	8.4%
Ewing Township	1,588	305	58	376	72	377	14.0%
Hamilton Township	4,908	896	171	1,213	220	1,116	13.3%
Trenton City	7,365	4,581	913	1,846	1,141	5,722	45.3%
MERCER COUNTY (Balance)	8,918	1,298	266	2,294	332	1,630	10.6%

AREA	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	TOTAL ESTIMATED ELIGIBLE WOMEN & CHILDREN	1999 200% POVERTY RATE
East Brunswick Township	2,347	274	50	557	65	339	8.5%
Edison Township	6,954	1,193	232	1,739	297	1,490	12.5%
New Brunswick City	5,040	3,578	721	1,311	925	4,503	51.7%
North Brunswick Township	2,699	504	99	690	128	632	13.6%
Old Bridge Township	4,067	664	128	1,012	164	828	11.9%
Perth Amboy City	4,289	2,408	461	1,068	596	3,004	40.9%
Piscataway Township	3,589	537	108	912	136	673	10.9%
Sayreville Borough	2,950	543	111	776	142	685	13.4%
*South Brunswick Township	2,804	335	61	668	79	414	8.7%
Woodbridge Township	6,268	1,170	224	1,584	294	1,464	13.6%
MIDDLESEX COUNTY (Balance)	12,128	2,331	475	3,142	600	2,931	14.0%
*Freehold Township	1,835	219	40	435	52	271	8.7%
Howell Township	3,388	540	98	805	127	667	11.6%
*Long Branch City	2,674	1,322	268	698	343	1,665	36.0%
*Manalapan Township	1,719	222	40	418	54	276	9.4%
*Marlboro Township	2,209	227	44	547	56	283	7.5%
Middletown Township	3,956	473	94	1,006	119	592	8.7%
MONMOUTH COUNTY (Balance)	23,850	5,567	1,049	5,855	1,358	6,925	17.0%
Parsippany-Troy Hills	3,128	442	94	829	117	559	10.3%
MORRIS COUNTY (Balance)	28,515	3,798	722	6,998	926	4,724	9.7%

AREA	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	TOTAL ESTIMATED ELIGIBLE WOMEN & CHILDREN	1999 200% POVERTY RATE
Berkeley Township	1,322	376	81	355	100	476	20.7%
Brick Township	4,322	902	168	1,068	222	1,124	15.2%
Dover Township	4,686	1,042	214	1,206	267	1,309	16.2%
Jackson Township	3,080	465	95	778	117	582	11.0%
Lakewood Township	11,922	6,760	1,571	3,434	1,936	8,696	41.3%
Manchester Township	1,043	319	68	266	81	400	22.3%
OCEAN COUNTY (Balance)	9,113	2,190	457	2,374	567	2,757	17.5%
Clifton City	4,976	1,284	265	1,294	332	1,616	18.8%
Passaic City	7,613	5,080	977	1,871	1,241	6,321	48.6%
Paterson City	14,435	9,315	1,768	3,572	2,291	11,606	47.0%
Wayne Township	2,847	285	57	698	70	355	7.3%
PASSAIC COUNTY (Balance)	8,778	1,603	316	2,172	394	1,997	13.3%
SALEM COUNTY (Total)	3,913	1,252	249	999	318	1,570	23.3%
Bridgewater Township	2,911	288	51	665	65	353	7.2%
Franklin Township	4,504	884	177	1,150	224	1,108	14.3%
*Hillsborough Township	2,513	248	50	615	60	308	7.2%
SOMERSET COUNTY (Balance)	12,151	1,935	368	3,016	477	2,412	11.6%
SUSSEX COUNTY (Total)	8,525	1,334	248	2,081	324	1,658	11.4%
Elizabeth City	10,801	6,110	1,197	2,718	1,528	7,638	41.2%
Linden City	2,380	667	140	620	173	840	20.4%
Plainfield City	4,421	2,058	438	1,174	543	2,601	33.9%
Union Township	3,075	583	119	780	147	730	13.8%
UNION COUNTY (Balance)	17,263	2,749	530	4,273	677	3,426	11.6%
WARREN COUNTY (Total)	6,641	1,404	274	1,653	347	1,751	15.4%
TOTAL	573,545	177,798	35,244	144,559	44,815	222,613	

Table 7: Pregnant and Postpartum Women

AREA	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	WOMEN TOTAL
Atlantic City	421	262	683
*Egg Harbor Township	95	59	154
*Galloway Township	68	43	111
ATLANTIC COUNTY (Balance)	457	320	777
Fair Lawn Borough	32	21	53
Fort Lee Borough	68	52	120
Hackensack City	164	114	278
Teaneck Township	59	41	100
BERGEN COUNTY (Balance)	1,148	796	1,944
Evesham Township	46	31	77
Mt. Laurel Township	39	28	67
Willingboro Township	61	40	101
BURLINGTON COUNTY (Balance)	584	402	986
Camden City	1,107	739	1,846
Cherry Hill Township	78	58	136
Gloucester Township	126	85	211
Pennsauken Township	98	70	168
Winslow Township	85	56	141
CAMDEN COUNTY (Balance)	502	351	853
CAPE MAY COUNTY (Total)	217	169	386
Vineland City	292	184	476
CUMBERLAND COUNTY (Balance)	498	335	833
Belleville Town	107	74	181
Bloomfield Town	110	61	171
East Orange City	450	318	768
Irvington Town	397	274	671
Montclair Town	64	43	107
Newark City	2,397	1,681	4,078
*Orange City	236	153	389
West Orange Township	99	72	171
ESSEX COUNTY (Balance)	200	133	333

AREA	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	WOMEN TOTAL
Washington Township	46	33	79
GLOUCESTER COUNTY (Balance)	496	358	854
Bayonne City	185	121	306
Hoboken City	168	101	269
Jersey City	1,456	980	2,436
Kearny Town	106	78	184
North Bergen Township	253	174	427
Union City	563	378	941
West New York Town	346	244	590
HUDSON COUNTY (Balance)	187	134	321
HUNTERDON COUNTY (Total)	113	81	194
Ewing Township	43	29	72
Hamilton Township	129	91	220
Trenton City	693	448	1,141
MERCER COUNTY (Balance)	201	131	332
East Brunswick Township	38	27	65
Edison Township	174	123	297
New Brunswick City	544	381	925
North Brunswick Township	74	54	128
Old Bridge Township	96	68	164
Perth Amboy City	347	249	596
Piscataway Township	82	54	136
Sayreville Borough	83	59	142
*South Brunswick Township	46	33	79
Woodbridge Township	168	126	294
MIDDLESEX COUNTY (Balance)	357	243	600
*Freehold Township	30	22	52
Howell Township	73	54	127
*Long Branch City	202	141	343
*Manalapan Township	31	23	54
*Marlboro Township	33	23	56
Middletown Township	70	49	119
MONMOUTH COUNTY (Balance)	788	570	1,358

AREA	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	WOMEN TOTAL
Parsippany-Troy Hills	71	46	117
MORRIS COUNTY (Balance)	542	384	926
Berkeley Township	61	39	100
Brick Township	127	95	222
Dover Township	162	105	267
Jackson Township	71	46	117
Lakewood Township	1,185	751	1,936
Manchester Township	51	30	81
OCEAN COUNTY (Balance)	343	224	567
Clifton City	200	132	332
Passaic City	736	505	1,241
Paterson City	1,334	957	2,291
Wayne Township	43	27	70
PASSAIC COUNTY (Balance)	238	156	394
SALEM COUNTY (Total)	188	130	318
Bridgewater Township	38	27	65
Franklin Township	133	91	224
*Hillsborough Township	37	23	60
SOMERSET COUNTY (Balance)	277	200	477
SUSSEX COUNTY (Total)	187	137	324
Elizabeth City	901	627	1,528
Linden City	107	66	173
Plainfield City	329	214	543
Union Township	89	58	147
UNION COUNTY (Balance)	399	278	677
WARREN COUNTY (Total)	205	142	347
	26,580	18,235	44,815

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	17,201	5,409	1,370	6,779	4,364	1,037	681	1,718	8,497
BURLINGTON	25,817	3,810	956	4,766	6,595	720	494	1,214	5,980
CAMDEN	33,804	10,373	2,572	12,945	8,497	1,949	1,328	3,277	16,222
TRI-COUNTY	20,054	6,502	1,627	8,129	5,111	1,230	842	2,072	10,201
EAST ORANGE	15,454	5,665	1,379	7,044	3,900	1,042	721	1,763	8,807
GLOUCESTER	16,195	3,167	781	3,948	4,181	590	422	1,012	4,960
JERSEY CITY	22,620	8,956	2,227	11,183	5,741	1,677	1,135	2,812	13,995
VNACJ	93,071	17,494	4,222	21,716	23,270	3,175	2,256	5,431	27,147
NEWARK	34,943	12,629	3,078	15,707	8,818	2,326	1,608	3,934	19,641
NORTH HUDSON	25,244	8,849	2,196	11,045	6,389	1,653	1,122	2,775	13,820
NORWESCAP	37,729	4,830	1,137	5,967	9,239	855	605	1,460	7,427
PLAINFIELD	17,170	3,698	913	4,611	4,309	686	473	1,159	5,770
ST. JOSEPH'S	99,892	19,502	4,675	24,177	24,853	3,521	2,455	5,976	30,153
TRENTON	23,358	5,790	1,437	7,227	5,876	1,088	714	1,802	9,029
UMDNJ	12,989	4,714	1,148	5,862	3,277	868	600	1,468	7,330
OCEAN	35,105	9,298	2,625	11,923	9,379	1,978	1,276	3,254	15,177
PASSAIC	17,407	5,322	1,272	6,594	4,333	959	668	1,627	8,221
TRINITAS	25,492	6,546	1,629	8,175	6,427	1,226	835	2,061	10,236
TOTAL	573,545	142,554	35,244	177,798	144,559	26,580	18,235	44,815	222,613

4.3 Disclaimers and Notes for FFY 2009 WIC Affirmative Action Plan

The Data Source for the 2008 WIC Affirmative Action Plan was the New Jersey Department of Health & Senior Services Birth and Death Certificate files as prepared by the Maternal and Child Health Epidemiology Program. 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 2000 census. It should be noted that Pemberton Township's population dropped below 30,000 in the 2000 census.

4.4 Pregnancy Nutrition Surveillance System¹

The Pregnancy Nutrition Surveillance System (PNSS) is a program-based public health surveillance system that monitors risk factors associated with infant mortality and poor birth outcomes among low-income pregnant women who participate in federally funded public health programs. The PNSS provides nutrition surveillance reports for the nation defined as “all participating contributors” as well as for each contributor. A contributor may be a state, U.S. territory, or a tribal government. In New Jersey, all PNSS data is from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

The PNSS collects data for demographic, maternal health and behavioral, smoking/drinking, and infant health indicators from women during prenatal and postpartum clinic visits (Table 1).

Table 1

Health and Demographic Indicators	
Demographic Indicators	Source of data (WIC, MCH, etc), race/ethnicity, woman’s age, education, % poverty level, program participation and migrant status
Maternal Health Indicators	Prepregnancy BMI, maternal weight gain, anemia, parity, interpregnancy interval, diabetes during pregnancy and hypertension during pregnancy
Maternal Behavioral Indicators	Medical care, WIC enrollment and multivitamin consumption
Smoking/Drinking Indicators	Smoking, smoking changes, smoking in household and drinking
Infant Health Indicators	Birthweight, preterm birth, full term low birthweight and breastfeeding initiation

Data Collection Procedures and Dissemination

During the prenatal clinic visit, demographic and maternal health and behavioral data are collected and at the postpartum clinic visit, infant health data describing the birth outcome are obtained. Each woman contributes one record representing one pregnancy. The PNSS record that includes both prenatal and postpartum data is collected in the clinic and aggregated at the contributor or state level and then submitted to CDC on a quarterly basis. A report is generated annually that includes births for the calendar year, January 1 through December 31. The annual report includes a series of tables

¹ Available at <http://www.cdc.gov/pednss/>.

that summarize demographic, behavioral and nutrition-related health indicators for each contributing state, tribal government, or U.S. territory. CDC calculates the distribution of demographic indicators and prevalence of maternal and infant nutrition related health indicators and prenatal behaviors. Some health indicators are further stratified by race/ethnicity, age and education. In addition, geographic comparisons and trend analysis are provided.

Maternal Health Indicators

Prepregnancy Body Mass Index (BMI) is a measure of weight for height expressed as wt (kg) / ht (m²) before the woman became pregnant. The BMI cut-off values specified by the Institute of Medicine (IOM) in 1990 are commonly used to classify women as underweight, normal weight, overweight, and obese prior to pregnancy. Prepregnancy BMI is a determinant of weight gain during pregnancy and birthweight (IOM, 1990). Normal weight is defined as a BMI between 19.8 and 26.0 (Table 2).

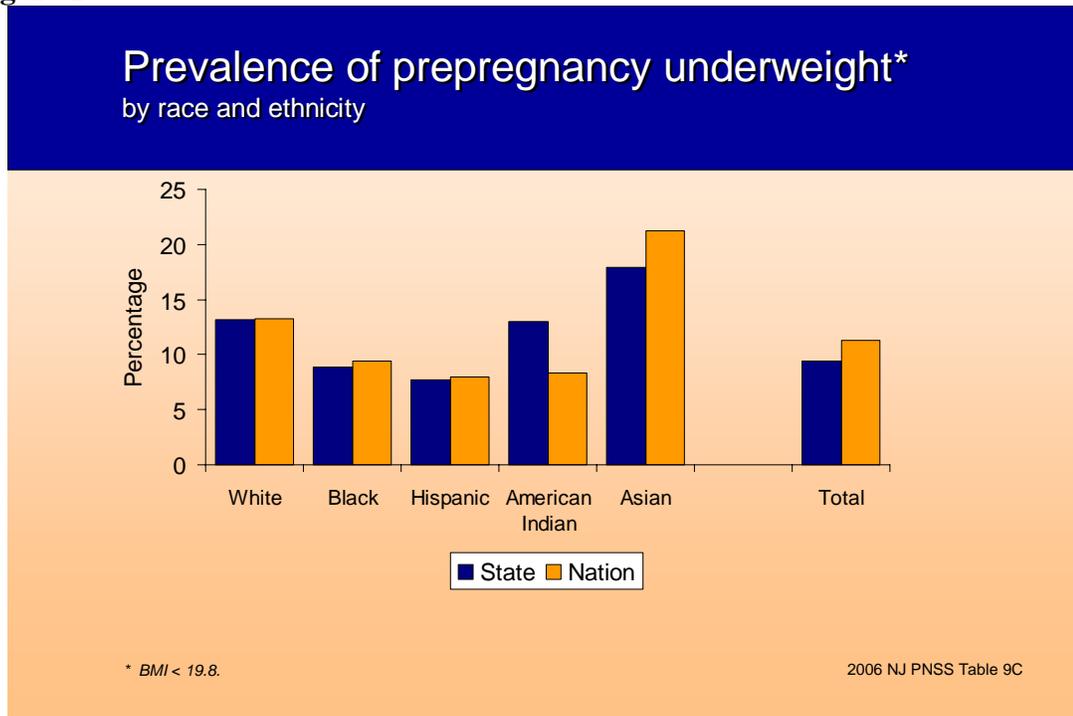
Table 2

Prepregnancy Weight	BMI
Underweight	<19.8
Normal weight	19.8–26.0
Overweight	>26.0–29.0
Obese	>29

Underweight

Underweight is defined as BMI below 19.8 prior to pregnancy. The lower a woman’s weight-for-height or BMI, the more likely she is to be undernourished. Women who are underweight prior to pregnancy are at a higher risk for having low birthweight infant, fetal growth problems, perinatal mortality and other pregnancy complications (IOM, 1996). New Jersey PNSS data for 2006 shows that 9.4% of women have a prepregnancy BMI that indicates underweight compared with 11.3% of all women records in PNSS (Figure1). Rates of prepregnancy underweight have declined since 1999 for all groups from 12.6% to 9.4%. However, these rates have decreased for American Indian/Alaskan Native from 15.6% in 2004 to 13.0% in 2006 in NJ.

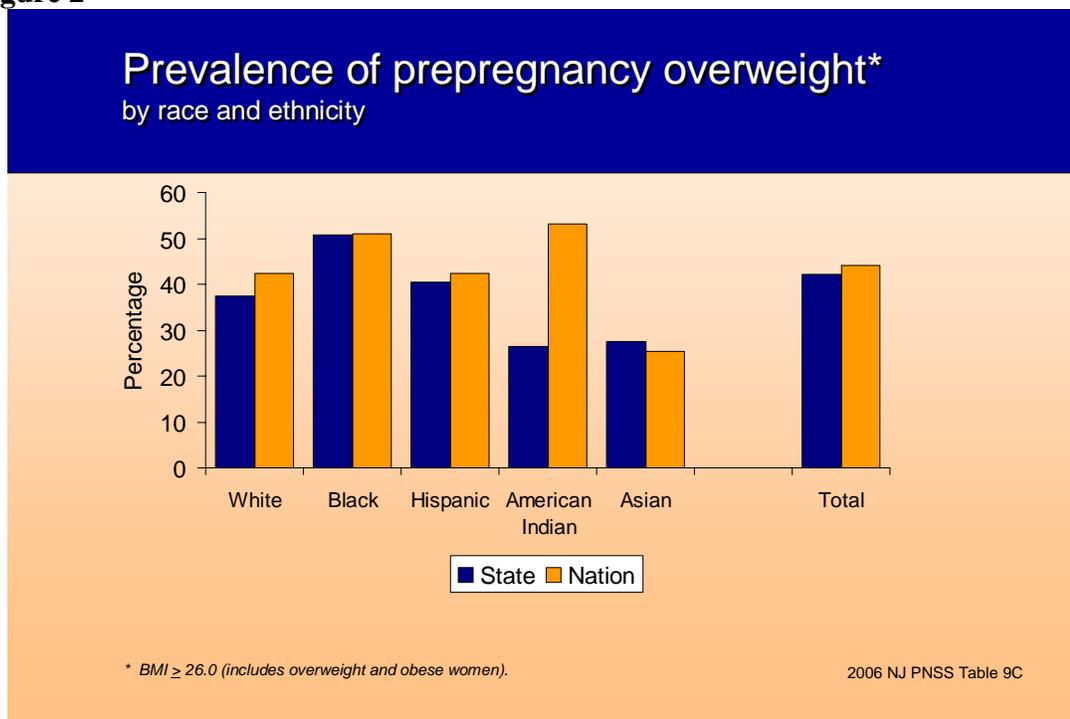
Figure 1



Overweight

Overweight is defined as a BMI greater than 26.0 up to 29.0. Being overweight prior to pregnancy is a risk factor for postpartum weight retention of prenatal weight gain. (IOM, 1996) New Jersey PNSS data for 2006 shows that 42.2% of women have a prepregnancy BMI that indicates overweight compared to a national rate of 44.2%. Since 1999, NJ rates of prepregnancy overweight increased from 37.6% to 42.2%. The NJ rates increased for all racial ethnic groups except American Indian/Alaskan Natives, which declined from 29.8% in 2004 to 26.4% in 2006. New Jersey Black women have the highest rates, 50.7%.(Figure 2).

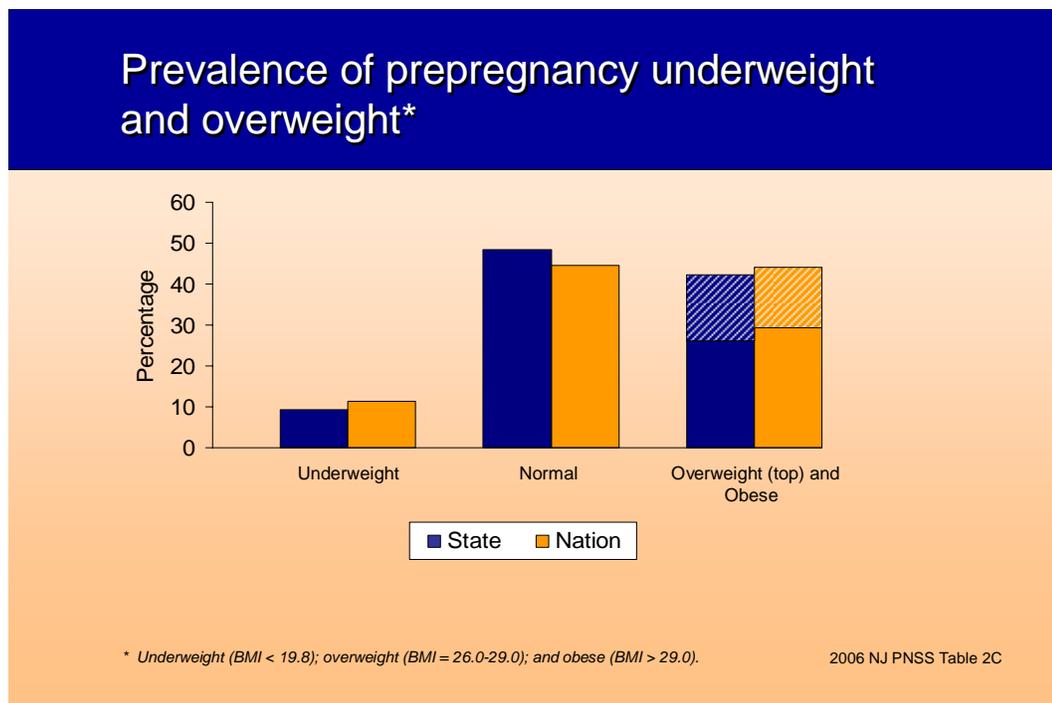
Figure 2



Obesity

Obese is defined as a BMI greater than 29.0. Obese women are at greater risk of delivering a macrosomic infant and experiencing shoulder dystocia and other complications (IOM, 1996). Obese women are also more likely to develop gestational diabetes. In the 2006 PNSS, 25.9% of New Jersey women were obese, compared to a national prevalence of 30.0%. New Jersey WIC participants have slightly less prepregnancy overweight and underweight compared to all women in the nation, and are more likely to be of normal weight (Figure 3).

Figure 3



Maternal Weight Gain

Maternal Weight Gain, also called gestational weight gain, refers to the amount of weight gained from conception to delivery. In 1990, the IOM published recommended weight gain amounts based on prepregnancy BMI for optimal infant health. Maternal weight gain is based on prepregnancy weight status and is considered to be a major determinant of birthweight as well as infant mortality and morbidity. Women underweight prepregnancy have a target weight gain of 28 to 40 pounds while women obese prepregnancy still have at least 15 pounds to gain (Table 3).

Table 3

Weight	Prepregnancy BMI	Total Weight Gain (lb)
Underweight	<19.8	28–40
Normal weight	19.8–26.0	25–35
Overweight	>26.0–29.0	15–25
Obese	>29	>15

Ideal Weight is defined as a total weight gain within the range recommended by the IOM for each prepregnancy BMI classification. The ideal weight gain recommendations by IOM are considered as targets for identifying women who should be evaluated for inadequate or excessive gains (IOM, 1990). Gestational weight gain varies considerably among women of the same age, weights, heights, ethnic backgrounds and socioeconomic status. However, teenagers and Black women continue to gain less than the recommended amount and are at a higher risk for poor outcomes (HP2010). A developmental health objective was established in *Healthy People 2010* to increase the proportion of mothers who achieve the recommended amount of weight gain during their pregnancies.

Less than (<) Ideal Weight Gain is defined as a total weight gain below the lower limits of that recommended by IOM for each prepregnancy BMI classification (Table 4). Women with a low prepregnancy BMI and low gestational weight gain are more likely to have a low birthweight infant. During the second and third trimesters low maternal weight gain is a determinant to fetal growth, and is associated with smaller average birthweight and an increased risk of delivering an infant with fetal growth restriction. (IOM)

Table 4

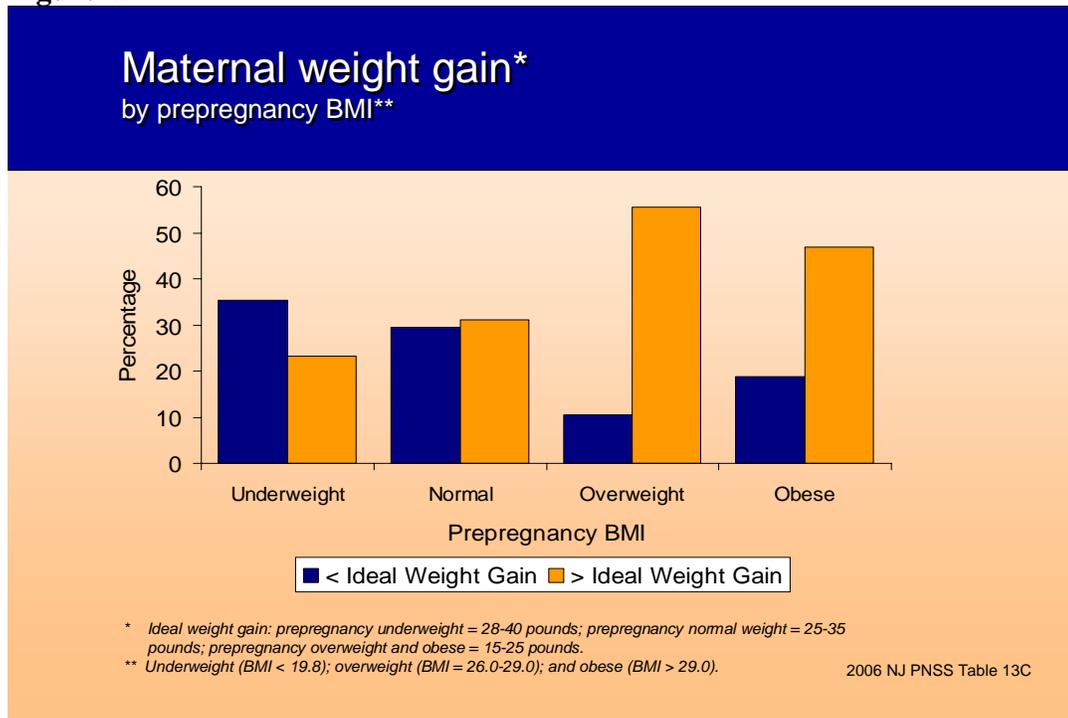
Prepregnancy Weight	< Ideal Weight Gain (lb)	> Ideal Weight Gain (lb)
Underweight	<28	>40
Normal weight	<25	>35
Overweight/Obese	<15	>25

Of New Jersey WIC women who begin their pregnancy underweight in 2006, 41.4% gained less than the Ideal Weight while 23.2% gain more than the Ideal. Of those who begin pregnancy at normal weight, 29.4% gain less than Ideal and 31.2% gain more than Ideal. Of those who begin pregnancy overweight, 10.6% gain less than Ideal and 55.6% gain more than Ideal weight. Of those who begin pregnancy obese, 18.8% gain less than Ideal and 46.9% gain more than Ideal weight (Figure 4).

Greater than (>) Ideal Weight Gain is defined as a total weight gain that exceeds the upper limit of that recommended by IOM for each prepregnancy BMI classification (Table 4). High maternal weight gain has been recognized as a common nutritional problem in the U.S. with the prevalence being highest among low-income, Black, and Hispanic women. (IOM, 1996) Macrosomia, increased risk of cesarean deliveries and, possibly, spontaneous preterm delivery are all problems associated with very high gestational weight gain. In adolescents, high weight gain during pregnancy is association with neonatal complications. (IOM, 1996)

The IOM did not establish an upper limit for obese women; however, the upper limit was established as greater than 25 pounds in PNSS for data analysis.

Figure 4



Anemia

Anemia during pregnancy is defined as less than the 5th percentile of the distribution of hemoglobin (Hb) or hematocrit (Hct). The distribution and cut off values are based on data obtained from clinical studies of European women who had taken iron supplements during pregnancy (MMWR, 1998). The cut off values vary by trimester for pregnant women and are different from non pregnant women. For non pregnant women, anemia cut off values are established below the 5th percentile of the distribution of Hb or Hct from the third National Health and Nutrition Examination Survey for a healthy population. Trimester and age specific cut off values used in PNSS are shown below for pregnant and non pregnant women, respectively (Table 5). Because persons residing at higher altitudes have higher hematology levels, in PNSS Hb or Hct values are automatically adjusted for altitude.

Table 5

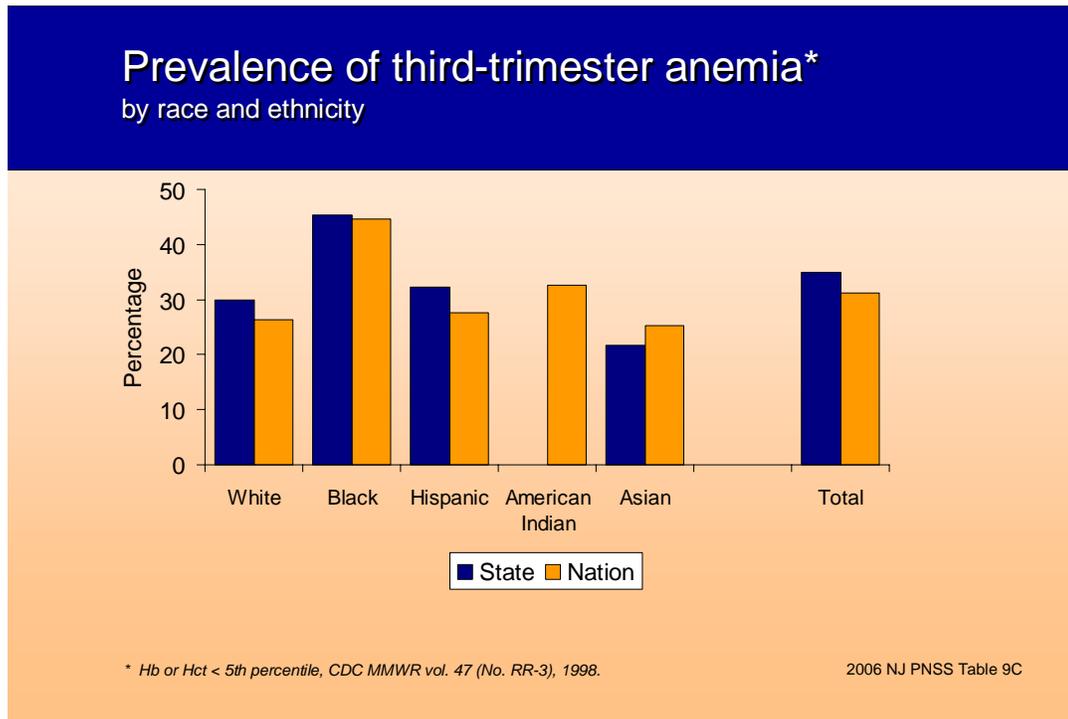
Pregnancy Trimester	Hemoglobin	Hematocrit
First	<11.0	<33
Second	<10.5	<32

Postpartum Age	Hemoglobin	Hematocrit
12 - < 15 yrs	<11.8	<35.7
15 - < 18 yrs	<12.0	<35.9

Pregnant women are at a higher risk for iron deficiency anemia because of the increased iron requirements of pregnancy. In pregnant women hemoglobin (Hb) or hematocrit (Hct) levels drop during the first and second trimester because of blood volume expansion. Among pregnant women who do not take iron supplements Hb and Hct remain low during the third trimester. Longitudinal studies have shown that the highest prevalence of anemia during pregnancy is in the third trimester; therefore, the *Healthy People 2010* objective monitors the prevalence of anemia during the third trimester of pregnancy. This objective seeks to reduce anemia in the third trimester among low-income women from its baseline of 29 percent in 1996 to 20 percent in 2010. Pregnant women who have adequate iron intake have a gradual rise in Hb and Hct during the third trimester toward the prepregnancy levels (MMWR, 1998). Changes in the prevalence of anemia over time can be used to evaluate the effectiveness of programs designed to decrease the prevalence of iron deficiency.

In 2006, the prevalence of third-trimester anemia was 35.0% in New Jersey as compared to 31.2% for the nation. The highest rates of third trimester anemia, at 45.4%, are among Black women (Figure 5). Whether women enter WIC in their first, second, or third trimester, or postpartum, they have higher rates of anemia than other women in the nation who enter participating federally funded public health programs during the same timeframe.

Figure 5



The analysis of postpartum anemia includes only records with valid Hb and Hct measurements taken at greater than 4 weeks or 28 days postpartum when Hb and Hct measurements are expected to return to prepregnancy or first trimester levels. After delivery, maternal hemoglobin is expected to increase as the expanded red cell mass of pregnancy contracts and iron returns to body stores.

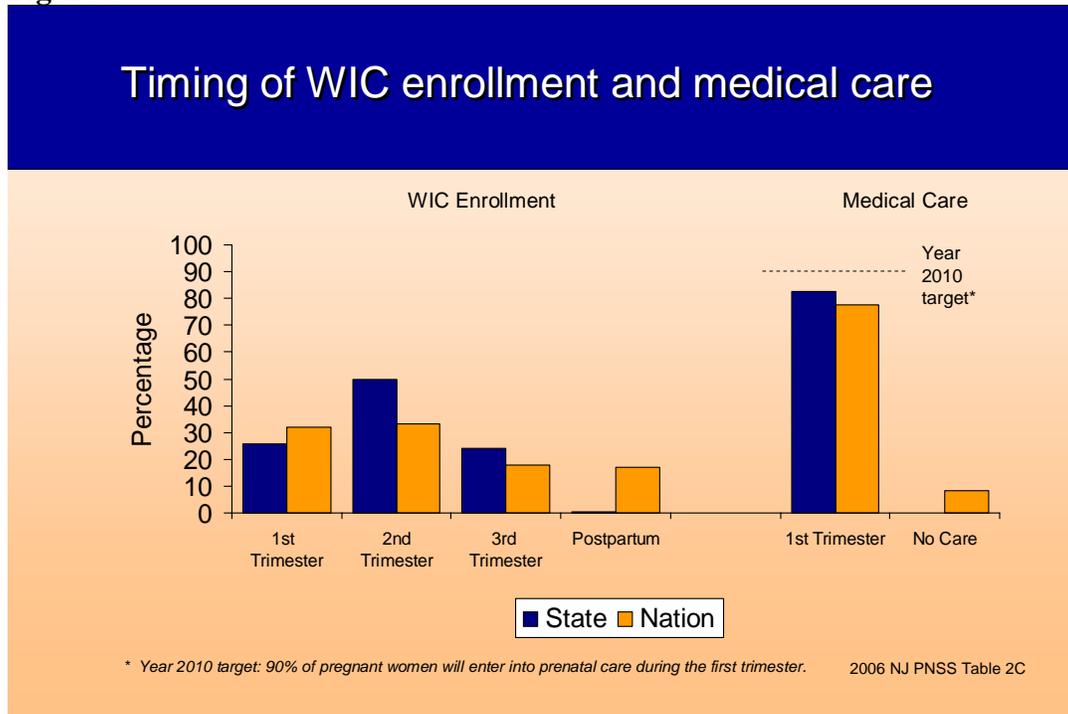
Maternal Behavioral Indicators

WIC Enrollment is defined as the date the woman enrolled in WIC for the current pregnancy. This indicator is used to determine the length of WIC exposure for this pregnancy, which is related to birth outcome. A number of studies considering WIC participation, low birthweight and prematurity concluded that prenatal WIC participation is associated with improved birthweights and a reduction in pre-term delivery. (Devaney et. al 1992, Abrams, 1993). Additionally, Ahluwalia et. al. concluded that WIC participation resulted in a reduction in small for gestational age deliveries. Furthermore, longer enrollment in WIC program was associated with a reduced risk of small for gestational age delivery. (Ahluwalia,1998)

In 2006, 50.0% of New Jersey women participants enrolled in WIC during the second trimester as compared to the nation (33.4%). American Indian/Alaskan Native women enrolled in the first

trimester (29.6%). Black women enroll at the lowest rates in the first trimester (22.0%) followed by White women (25.8%) (Figure 6).

Figure 6



Pregnancy Advances and Concerns

Rates of prepregnancy underweight declined in the New Jersey PNSS population from 1999 to 2006 for all groups. More than half of Black women begin pregnancy overweight. A quarter of New Jersey’s pregnant women are obese and women who enter pregnancy overweight or obese continue gaining more than the Ideal amount of weight during pregnancy. Rates of anemia in New Jersey are higher than the national rates and are particularly high among Black women.

Pregnancy Recommendations

The New Jersey PNSS data indicate that the following actions need support:

- Outreach to pregnant women, particularly Black women, in the first trimester of pregnancy to encourage enrollment in WIC.
- Promote Ideal weight gain for all stages of pregnancy through good nutrition and physical activity.
- Promote adequate iron intake to decrease the prevalence of iron deficiency.

4.5 The New Jersey Pediatric Nutrition Surveillance System

The Pediatric Nutrition Surveillance System (PedNSS) is a public health surveillance system that monitors the nutritional status of low-income children in federally funded maternal and child health programs. Data on birthweight, short stature, underweight, overweight, anemia, and breastfeeding are collected for children who visit public health clinics for routine care and nutrition services, including education and supplemental food. Data are collected at the clinic level, and then aggregated at the state level and submitted to the Centers for Disease Control and Prevention (CDC) for analysis.

Data for the New Jersey 2006 PedNSS were collected from children enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) a federally funded program that serves low-income children. The goal of PedNSS is to collect, analyze, and disseminate surveillance data to guide public health policy and action. PedNSS information is used to set priorities and plan, implement, and evaluate nutrition programs. This report summarizes 2006 data and highlights trends from 1997 through 2006.

Demographic Characteristics

In the New Jersey 2006 PedNSS, 17.4% of the records were from Not Hispanic White children, 51.4% from Hispanic children, 26.4% from not Hispanic Black children, 3.3% from Asian or Pacific Islander children, 0.5% from American Indian or Alaska Native children, and 1.0% from children of multiple races. Most PedNSS records (59.6%) were from children aged 1 to 5 years; 40.4% were from infants aged less than 1 year.

Pediatric Health Indicators

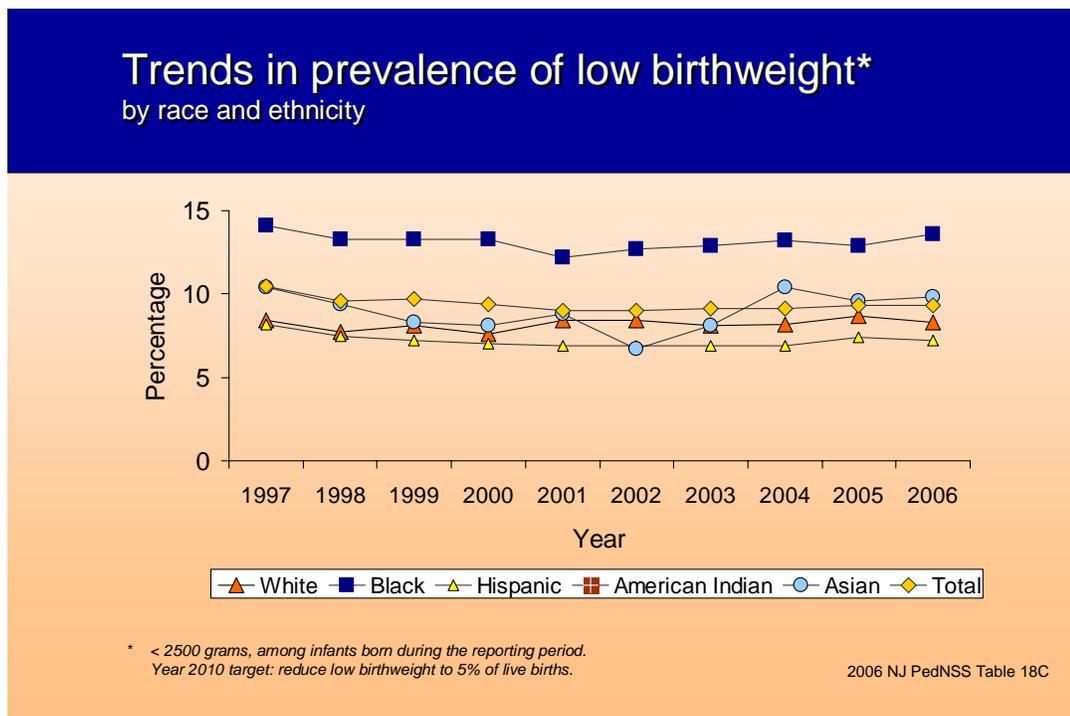
Low Birthweight

The single most important factor affecting neonatal mortality and a significant determinant of postneonatal mortality is low birthweight (<2,500 grams). Low-birthweight infants who survive are at increased risk for health problems ranging from neurodevelopment disabilities to respiratory disorders. In the New Jersey 2006 PedNSS, 9.3% of infants were low birthweight, compared with 9.4% of all U.S. infants.¹ One of the *Healthy People 2010* objectives (16-10a) calls for a reduction in low birthweight to no more than 5% of all live births.²

The overall prevalence of low birthweight in New Jersey decreased slightly from 10.0% in 1994 to 9.3% in 2006; however, variations were observed among racial and ethnic groups (Figure 1). From

1997 to 2006, the prevalence of low-birthweight rates improved for Hispanic infants; decreased slightly for Blacks, Asian or Pacific Islander infants prevalence decreased slightly in 2006 (9.8%) from 10.4% in 2004 and 1997 and there was a slight decrease for White infants. In 2006, 13.6% of Black infants were low birthweight; 8.3% of White; 9.8% Asian or Pacific Islander infants; and 7.2%% of Hispanic infants were low birthweight.

Figure 1



Low Birthweight: Less than 2,500 grams at birth.

High Birthweight

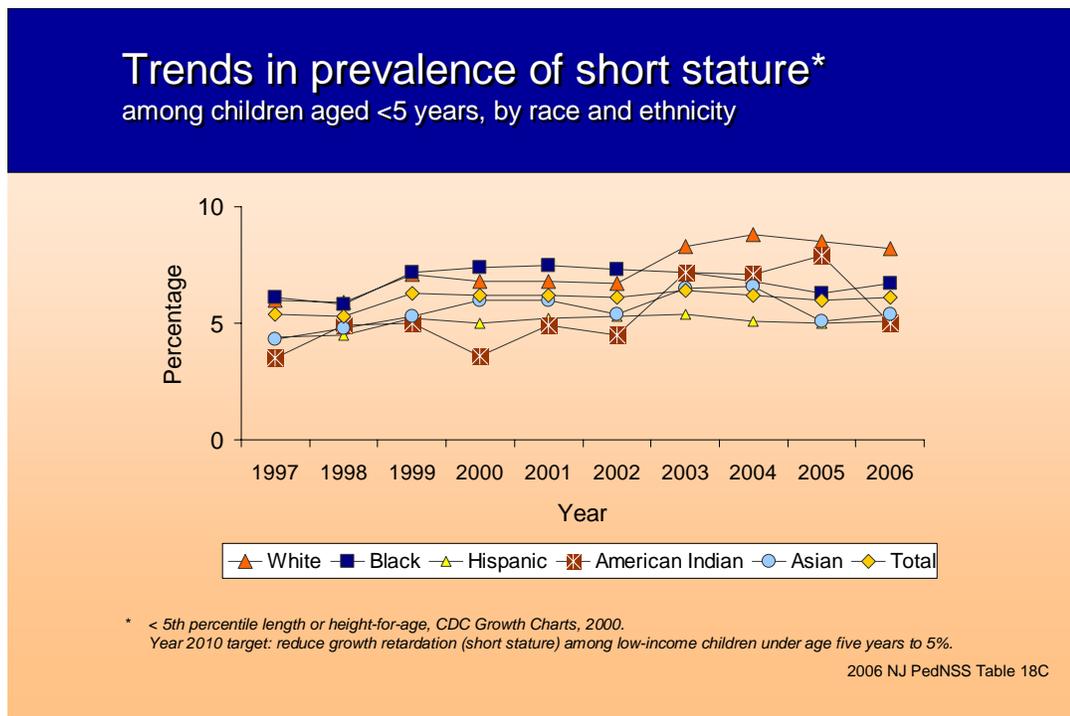
High birthweight (>4,000 grams) puts infants at increased risk for death and birth injuries such as shoulder dystocia. In the New Jersey 2006 PedNSS, 6.2% of infants were high birthweight, compared with 9.7% in 1997. The high-birthweight rate for New Jersey was lower than the overall U.S. rate (6.6%).³

The overall prevalence of high birthweight decreased slightly from 1997 (9.7%) to 2006 (6.2%). The greatest decrease (5.7%) was among White infants. A decrease in the prevalence of high birthweight was seen in all groups.

Short Stature

Short stature (low length/height-for-age) may reflect the long-term health and nutritional status of a child or a population. Although short stature can be associated with short parental stature or low birthweight, it can also result from growth retardation due to chronic malnutrition caused by inadequate food intake, recurrent illness, or both. In the PedNSS, 6.4% of children from birth to age 5 were of short stature, compared with 2.4% of all U.S. children (Dr. Zuguo Mei, CDC, unpublished data analysis, the National Health and Nutrition Examination Survey [NHANES], 1999-2002). In the New Jersey 2006 PedNSS, 6.1% of children from birth to age 5 were of short stature, compared with 6.4% of U.S. children. The prevalence of short stature in the New Jersey PedNSS population is somewhat above the expected level (5%) and does not meet the *Healthy People 2010* objective (19-4) to reduce growth retardation among low-income children under 5 years of age to 5%.² The prevalence of short stature increased from 5.4% in 1997 to 6.1% in 2006. An increase in short stature was evident in all racial and ethnic groups; the largest increase was in White children (Figure 2). The highest prevalence of short stature was in White and Black infants younger than age 1 (7.7%).

Figure 2



Short Stature: Based on the 2000 CDC gender-specific growth chart percentiles of less than the 5th percentile length-for-age for children younger than 2 years and less than the 5th percentile height-for-age for children aged 2 years or older.

Underweight

Data on underweight (low weight-for-length/BMI[†]-for-age) in children from birth to age 5 indicate that acute malnutrition was not a public health problem in the PedNSS population. In the New Jersey 2006 PedNSS population; the prevalence of underweight is 4.1%. The prevalence of underweight for U.S. children in this age group is 4.8%. The highest prevalence of underweight in PedNSS was in the 0 – 11 months group of children (5.1%). The overall prevalence of underweight decreased from 6.7% in 1997 to 4.1% in 2006.

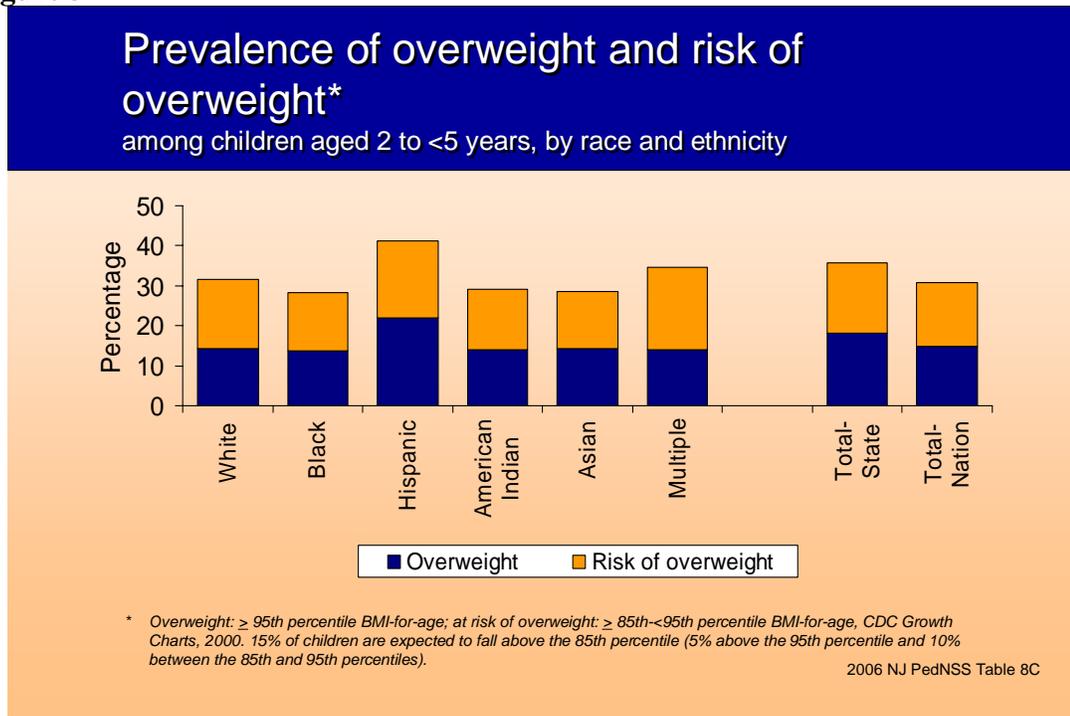
Underweight: Based on the 2000 CDC gender-specific growth chart percentiles of less than the 5th percentile weight-for-length for children younger than 2 years of age and less than the 5th percentile BMI -for-age for children aged 2 years or older.

† To calculate BMI (body mass index): Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000 or Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703.

Overweight and Risk of Overweight

Overweight (high weight-for-length/BMI-for-age) in children has increased in recent years, and the associated health consequences warrant preventive efforts. In the New Jersey 2006 PedNSS, the prevalence of overweight in children under two (2) years of age is 16.3%. Overweight in children younger than age 2 does not pose the same risk as it does for children aged 2 or older because a weak association has been found between their weight and increased risk for adult obesity.³ Expert committees have recommended a two-level screening for overweight in children aged 2 years or older. The recommendations are to use BMI-for-age at or above the 95th percentile to define overweight and between the 85th and 95th percentiles to define risk of overweight⁴⁻⁶

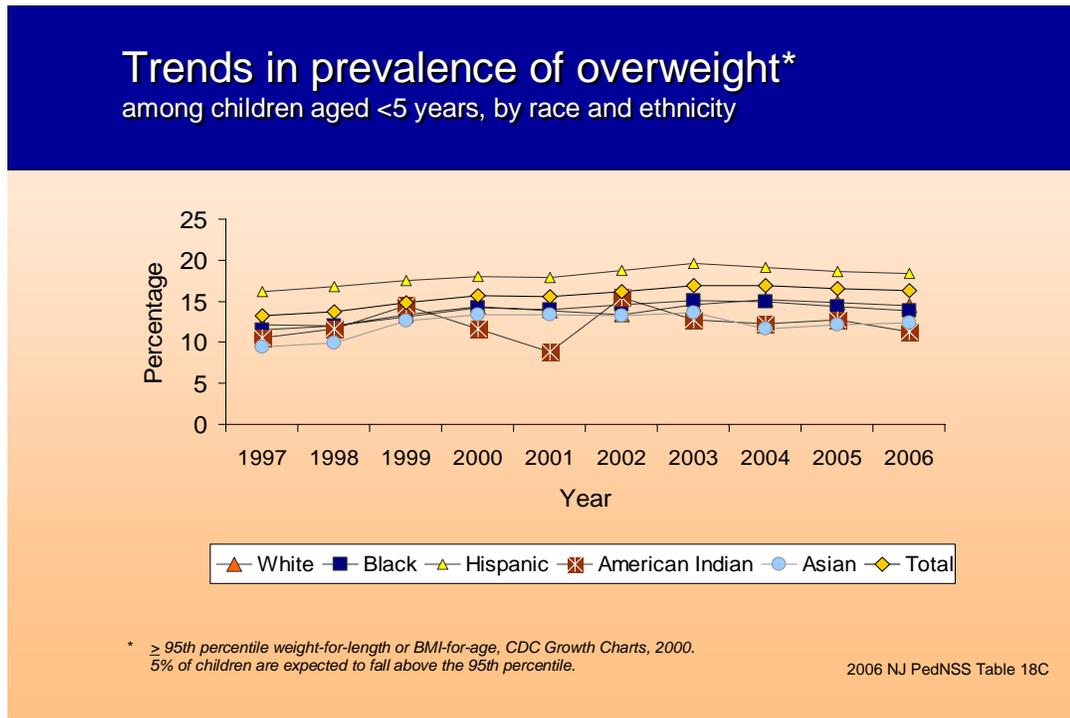
Figure 3



Overweight: Based on the 2000 CDC age-and sex-specific growth chart percentiles of equal to or greater than the 95th percentile BMI-for-age for children aged 2 years or older.
At Risk of Overweight: Based on the 2000 CDC age-and sex-specific growth chart percentiles of the 85th to the 95th percentile BMI-for-age for children aged 2 years or older.

In the 2006 PedNSS, the prevalence of overweight in children \geq 95th percentile aged 2 to 5 years in New Jersey was 18.1%. The highest rates were among Hispanic (22.0%), Asian/Pacific Islander and White (14.2%) children; the lowest (13.7%) were among Black children (Figure 3). Of particular concern is that the prevalence of overweight in children aged 2 to 5 has steadily increased from 14.1% in 1997 to 18.1% in 2006 (Figure 4). This is an increase in overweight of 4.0% between 1997 and 2006. Overweight has increased among all racial and ethnic groups; however, the greatest increase occurred among Asian/Pacific Islander children.

Figure 4

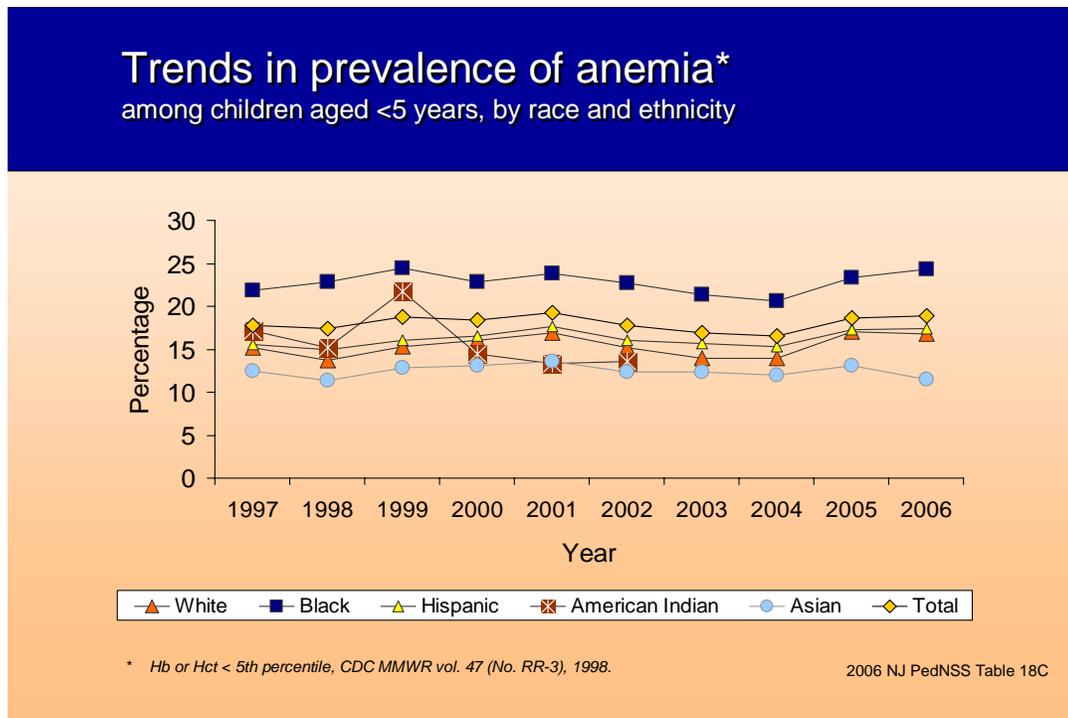


The prevalence of risk of overweight in children aged 2 to 5 years increased from 14.9% in 1997 to 17.5% in 2006. This increase was seen among all racial and ethnic groups. Hispanic children have a prevalence of risk of overweight (19.2%) that is consistently higher than all other groups. Findings from PedNSS are consistent with trends of increasing overweight in children aged 2 to 5 years in the U.S. population; however, the prevalence of overweight (16.1%) and risk of overweight (14.7%) is considerably lower for U.S. children aged 2 to 5 years.⁷

Anemia

Anemia (low hemoglobin/hematocrit) is an indicator of iron deficiency, the most common known nutrient deficiency in the world. Iron deficiency in children is associated with developmental delays and behavioral disturbances. In the New Jersey 2006 PedNSS, the prevalence of anemia was 18.9%, compared with 13.6% for the national rate of children less than 5 years of age, indicating a wide difference between these populations. The highest prevalence of anemia in both the New Jersey PedNSS and U.S. children is in children younger than age 2; the prevalence decreases as children get older. The prevalence of anemia varies among racial and ethnic groups in PedNSS. The highest prevalence of anemia was among Black children (24.3%), while the lowest prevalence of anemia was among Asian/Pacific Islander children (11.5%). The overall prevalence of anemia in PedNSS increased from 17.8% in 1997 to 18.9% in 2006. Increases were seen in White, Black, and Hispanic children (Figure 5).

Figure 5



Anemia: Children aged 6 months to 2 years are considered anemic if their hemoglobin (Hb) concentration is less than 11.0 g/dL or hematocrit (Hct) is less than 32.9%; children aged 2 to 5 years are considered anemic if their Hb concentration is less than 11.1 g/dL or their Hct level is less than 33%. Hb concentration and Hct level are not reported for children younger than 6 months.⁸

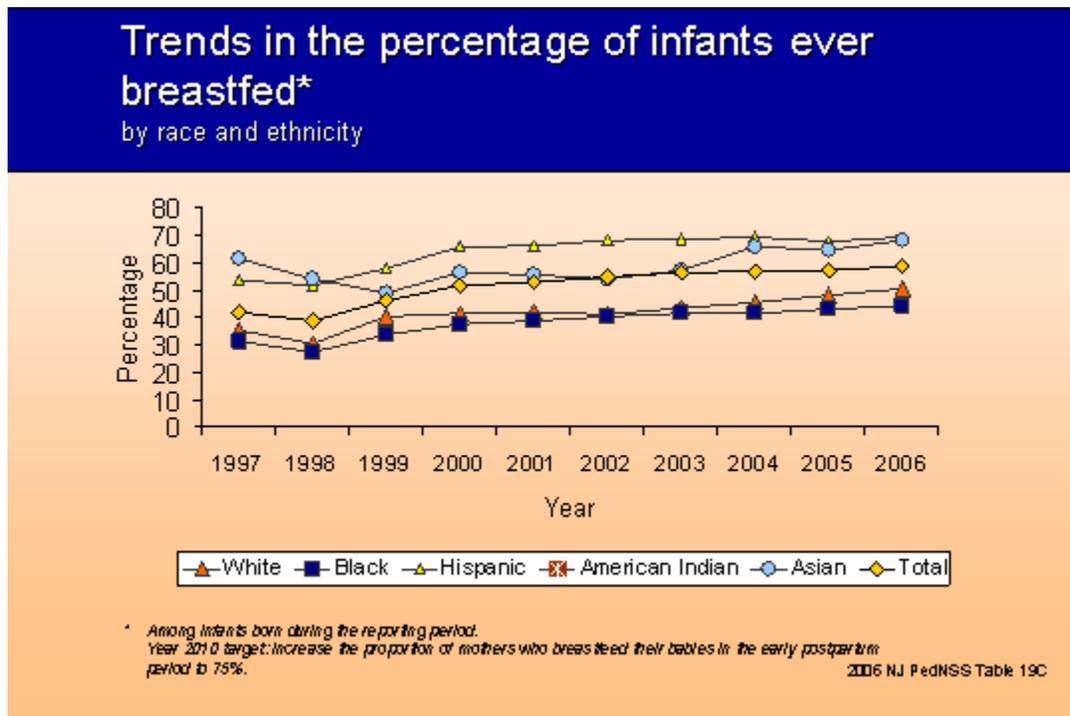
Breastfeeding

The nutritional, immunological, economical, and psychological importance of breastfeeding is well recognized. In the New Jersey 2006 PedNSS, 58.9% of infants were ever breastfed, 33.7% were

breastfed **for at least 6 months**, and 26.0% were breastfed **for at least 12 months**. The *Healthy People 2010* objectives (16-19a-c) for breastfeeding are to increase the proportion of children ever breastfed to 75%, of children breastfed at 6 months to 50%, and at 1 year to 25%.² The initiation and duration at 6 month rates are not yet achieved in the New Jersey PedNSS population but duration beyond one year exceeds the objective.

The prevalence of children in New Jersey ever breastfed increased more than 88.0% from the 1994 rate of 31.3%, and these improved breastfeeding rates are evident among all racial and ethnic groups (Figure 6). Although Black infants still have the lowest prevalence of breastfeeding (44.3% in 2006), this prevalence has increased by 42% since 1997, when the rate was 31.2%.

Figure 6



Breastfeeding: Infant ever breastfed.

From 1997 to 2006 in NJ, the prevalence among Whites increased from 35.3% to 50.7%, a 43.6% increase; among Hispanics from 53.8% to 69.3%, a 28.8% increase; among American Indian/Alaskan Native from 54.2% to 72.3%, a 33.4% increase; and among Asian/Pacific Islander from 61.6% to 68.4%, an 11.0% increase.

Infant and Child Health Advances and Concerns

Several advances in nutrition and health indicators were observed in the New Jersey PedNSS population from 1997 to 2006. Small overall improvements were made in both low and high birthweight among all groups. Short stature increased slightly in every group. Slight increases in the prevalence of anemia occurred among the White, Black, and Hispanic groups.

Other areas of concern remain. No racial or ethnic group achieved the *Healthy People 2000*⁹ objective to reduce the low-birthweight prevalence to 5%. Although there has been a decrease in the prevalence of anemia, it is still high among all racial and ethnic groups. The New Jersey PedNSS population did not achieve the *Healthy People 2000*⁹ objective that 75% of infants initiate breastfeeding. Overweight is a major public health problem that has steadily increased. Over 17% more children aged 2 to 5 years are overweight (between the 85th and 95th percentile) than in 1997 and over 28% are over the 95th percentile. Although Hispanic children have the highest prevalence of overweight, increases occurred among all racial and ethnic groups.

Pediatric Nutrition Recommendations

PedNSS data indicate that public health programs need to support the following actions:

- Prevent low birthweight by promoting preconception nutrition care and outreach activities to identify pregnancy in its early stages and foster early entry into comprehensive prenatal care, including the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Title V Maternal and Child Health Program.
- Implement innovative strategies to reverse the rising trend of overweight in young children by increasing breastfeeding, increasing physical activity, promoting increased consumption of fruits and vegetables, and decreasing television viewing.
- Promote and support breastfeeding through medical care systems, work sites, and communities.
- Promote adequate dietary iron intake and the screening of children at risk for iron deficiency.

Additional recommendations are as follows:

- Expand participation of states, U.S. territories, and tribal governments in PedNSS and increase collaboration between CDC and participating government agencies to establish and maintain nutrition surveillance systems and improve data quality.

- Promote routine screening of weight status by physicians or allied health care providers in all children for overweight (BMI \geq 95th percentile for age and sex) and at risk of overweight (BMI \geq 85th percentile to <95th percentile for age and sex) based on the American Academy of Pediatrics Policy Statement.¹⁰

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5.0 MILESTONES - SIGNIFICANT INITIATIVES FOR FFY 2009

5.1 Office of the Director

5.1.1 Transition

This year has been one of transition with the appointment of a new Director and the initiation of two major program changes by USDA, VENA and the new WIC Food Packages. These are significant changes to the original 1974 two main service benefits of WIC, customer service and supplemental foods. Both impact all state and local agency staff and policies and procedures for service delivery. Both offer tremendous improvement in the services that participants will receive from WIC.

Ongoing significant program activities during 2008 and 2009 include the search for a more efficient client application, a new bank contract, completion of the state Vendor Management Application, a contract for vendor compliance buys, computer system changes for the Vendor Cost Containment Regulations and the initiation of the Fruits and Veggies- More Matters. Staffs also attend to all the details of program operations to insure compliance with federal regulations. During FFY 2008 the program was subject to three USDA reviews (Food Funds and Caseload Management, Food Delivery, and Civil Rights) and one state audit.

Staff developed the VENA Implementation Plan two years ago and is avidly completing the tasks to have it fully implemented by FFY 2010. Staff completed and submitted an IAPD and a RFP to USDA for review and approval. The approved RFP will be forwarded through the Department to Purchase Bureau for issuance and contract award during 2009.

5.1.2 New Food Packages

In December 2007, the Department of Agriculture Food and Nutrition Service published an interim rule for revisions to the WIC Food Packages. This rule, which must be implemented by October 2009, significantly changes the foods the WIC Program will provide to participants. The new food packages will align the WIC food packages with the *2005 Dietary Guidelines for Americans* and current infant feeding practice guidelines of the American Academy of Pediatrics, better promote and support the establishment of successful long-term breastfeeding, provide WIC participants with a wider variety of food, and provide WIC State agencies with greater flexibility in prescribing food packages to accommodate participants with cultural food preferences.

New foods include:

- fresh, frozen, canned, or dried fruits and vegetables for women and children
- jarred baby foods, including meats for fully breastfed infants, and fruits and vegetables for all infants 6 - 11 months of age
- milk alternatives, including calcium-set tofu, and calcium and vitamin D-rich soy beverages, which will require a medical prescription
- canned or dried legumes, with canned beans or peas as an alternative to dried legumes
- canned salmon, sardines, and mackerel for fully breastfeeding women
- whole wheat bread, with other whole grain substitutions that include brown rice, bulgur, oatmeal, and whole-grain barley for children 1 through 4 years and pregnant and breastfeeding women

To keep the cost of the new food packages level with the cost of current food packages and to agree with dietary guidelines, some of the current foods were reduced or eliminated.

Reductions from the current package are:

- Infant formula for fully formula fed infants in the first three months and 6 through 11 months of age, and the allotment of half the amount of formula for partially breastfed infants 2 through 11 months of age as is allowed for fully formula fed infants of the same age
- Eggs, milk, and juice for children and women

Eliminations include:

- Juice for all infants
- Infant cereal before six months of age
- Whole milk for participants age 2 and older
- Formula for fully breastfed infants

Food instruments for participants to obtain fruits and vegetables will be issued in amounts of \$10 per month for exclusively breastfeeding women, \$8 per month for postpartum and pregnant women and \$6 per month for children. Farmers' markets may be authorized to accept these food instruments. Fully breastfed infants will be issued twice the amount of jarred fruits and vegetables as infants who receive formula.

The exciting venture into the new food packages offers challenges to effectuate foods that can be readily identified and purchased by participants. Staff will be engaging all stakeholders, including the retail vendor and farmers' market communities and medical providers, in designing implementation strategies.

5.2 Health and Ancillary Services

Significant program initiatives for the Health and Ancillary Services unit for FFY 2008 included preparation and training for the implementation of Value Enhanced Nutrition Assessment (VENA); the preparation for the implementation of the new food packages; overseeing the targeted projects for the Breastfeeding Peer Counseling Program; coordinating the National Fruit and Vegetable Program (formerly the 5-A-Day Program); containing the cost of infant formula; coordinating the Intergenerational School Breakfast Program; coordinating immunization data entry and referrals to healthcare providers; conducting nutrition services trainings, breastfeeding promotion and support trainings, nutrition services orientation, technical assistance training, bloodwork training; and publishing four quarterly issues of the MARWIC Times.

5.2.2 Value Enhanced Nutrition Assessment (VENA)

In FFY 2008, State nutrition services staff in the VENA Workgroup revised training modules developed by the Rochester Institute of Technology to make the content more relevant to local agency WIC staff. The workgroup members customized four training modules: Rapport Building, Critical Thinking for Support Staff, Critical Thinking/Stages of Change for CPAs, and Health Outcome Based Nutrition Assessment. State staff developed qualitative dietary assessment tools and drafted a new Dietary Assessment policy based on the VENA Guidance provided by USDA. State trainers attended a Training Facilitation Skills Course to develop skills necessary to deliver effective trainings. A professional training consultant was retained to provide the first nine regional trainings and state staff administered the remaining 18 competency-based trainings in April and May of 2008. State nutrition services staff revised policies and procedures to reflect the VENA philosophy and developed new policies related to training and staff development.

5.2.3 Breastfeeding Peer Counseling

New Jersey WIC Services' breastfeeding grantees used the Breastfeeding Peer Counseling Funding to enhance the salaries of peer counselors, increase staffing, and to target communities where breastfeeding rates are low. Each grantee developed a plan to reach a specific objective for the target project. Sample objectives were to increase the percentage of women who have Ever Breastfed and Breastfed at Least 6 months, to target groups with low breastfeeding rates, and add services at new sites. Grantees began collaborations with Early Head Start Programs, hospitals, Public Health nurses, the Black Infant Mortality Reduction Grant for Asbury Park, prenatal and pediatric clinics, the Metropolitan Health Center, and a school for pregnant and parenting teens.

5.2.4 National Fruit and Vegetable Program

The New Jersey Fruit and Vegetable Program began a process to develop a plan to create healthier New Jersey communities for WIC participants and to increase their access and desire for fruits and vegetables as part of a healthy lifestyle. Based upon the national program's goal to put a set of policy, marketing, business, public health, and communication strategies that can increase fruit and vegetable consumption, into action at the State and local level, the following new accomplishments were achieved in FY 2008:

- Initial steps were taken to strengthen the New Jersey Fruit and Vegetable Coalition and expand it to the county level.
- As the New Jersey Lead State Program Authority, guidance was provided to public sector entities for the Fruits & Veggies – More Matters® Brand. For the first time, this new social marketing campaign targets moms and other gatekeepers with support and solutions to increase fruit and vegetable consumption by young families.
- New relationships were formed with existing partners to support the efforts of the New Jersey State Food Purchase Program. The purpose of the program is to improve the quality of food available to and distributed through New Jersey Food Banks. The result is that the families served by the New Jersey Emergency Food System have improved access to fruits, vegetables, and other healthy foods.

5.2.5 The Intergenerational School Breakfast Program (ISBP)

The Intergenerational School Breakfast Program, which began in 1999, provides schools with books and materials to promote good nutrition and healthy eating habits in young children, pre-kindergarten through the third grade. Marketing brochures with the announcement of the ISBP website, www.nj.gov/health/isbp, were mailed to 800 childcare programs and elementary schools in New Jersey. The website allows New Jersey schools to register and receive free program materials to support nutrition education. Schools may order five free kits of materials. Each kit includes a tote bag containing eight children's books with nutrition themes. Schools also receive a box of nutrition education materials to distribute to students. The website contains downloadable tips and fact sheets, a nutrition education curriculum, links and other resources for schools. The registration database and automated evaluation surveys allow WIC to collect information on how schools are using the materials to support nutrition education to young children. ISBP program materials were provided to nurses and staff of childcare centers throughout the state at regional trainings administered by the

Department of Health and Senior Services Division of Maternal Child and Community Health. In 2008, more than 300 ISBP kits were distributed to childcare centers and preschools in Mercer, Sussex, Warren and Hunterdon counties because of this collaboration.

5.2.6 Immunization

The immunization algorithm was under final development and review in FY 2006. The algorithm was implemented at all WIC local agencies in FY 2007. WIC immunization records were transmitted to the State Registry.

5.2.7 Nutrition Services Training

The State Office coordinated quarterly Nutrition Services meetings for local agency nutrition staff, coordinators, breastfeeding staff, HealthStart and in-kind nutritionists, State staff and others working with the WIC population to provide opportunities for continuing education as well as staff development and training. Topics for these meetings were selected based on local agency suggestions and public health and WIC priorities. The scheduled meeting dates for 2008 were October 26, 2007, January 30, 2008, April 2008, and July 30, 2008. In lieu of the third quarterly nutrition services meeting, a three-day statewide Value Enhanced Nutrition Assessment (VENA) training for all local agency staff was scheduled for the months of April and May 2008. Topics covered during the October, January, and July nutrition meetings included: Calcium: Select to Protect, WIC Formula Updates and Review, New Food Package Rule and Implementation Plan, Dealing with Change in Anticipation of VENA and Strategies to Incorporate VENA in the WIC clinic.

5.2.8 Breastfeeding Promotion and Support Trainings

The State conducted trainings on breastfeeding promotion and support for WIC professional staff in November 2007, and February, March, and July 2008. These trainings focused on basic breastfeeding management skills and how to help women overcome their barriers to breastfeeding. Meetings with the Regional Breastfeeding Managers provided technical assistance, reviewed policies and procedures, updated skills and knowledge, and were a forum to exchange ideas. Orientation was provided to new Regional Breastfeeding Managers.

5.2.9 Nutrition Services Orientation Technical Assistance Training

State staff provided training for newly hired coordinators, chief nutritionists and other local agency nutritionists. The training topics included State policies and procedures, Federal regulations and mandates covering the eleven functional areas of WIC as well as WIC ACCESS. State staff also provided training to local agencies on income screening, anthropometrics, food package tailoring, diet assessment, voter registration, updates on immunizations, and nutrition education.

5.2.10 Bloodwork Training

The New Jersey State Local Agency WIC Programs provided annual bloodwork training in March 2008. Those trainings fulfilled the Federal requirements to provide a refresher blood borne pathogen training and training on Hemoglobin/Hematocrit screening to new staff. The local agency training included a presentation on the blood borne pathogens standards and the proper procedure for conducting Hemoglobin or Hematocrit screenings. Local agencies have submitted documentation of their 2008 bloodwork training to the NJ State WIC Program, which is responsible in ensuring that all local agencies comply with this regulation.

5.2.11 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. During 2008, the Newsletter will be available on WIC Works.

5.3 Food Delivery and Vendor Management

5.3.1 Vendor Cost Containment

New Jersey WIC Services has implemented a Memorandum of Agreement between New Jersey Department of Health and Senior Services 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-percents vendors.

5.3.2 Banking Services Contract

In the fall of 2007, New Jersey WIC Services, in conjunction with the Department of Treasury, developed and issued an RFP for a new banking services contract. The contract was awarded in March 2008 to Financial Services Management Corporation (FSMC). The contract is for a five (5) year period, and it will take effect on October 1, 2008. In addition, the contract allows for additional one-year extensions as needed by the state.

5.4 WIC Information Technology Systems

5.4.1 Field Support Services

Local Agency hardware maintenance, operating system, 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 and networks utilized with WIC ACCESS. Field support staff has responded to over 690 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 has been provided for development support for the generation of Crystal Reports upon request. That staff has responded to approximately 140 requests for data/reports.

5.4.3 WIC ACCESS Operating System, Database Upgrade and MICR Check Printing

Computing hardware in local agencies has undergone a replacement project that includes new desktop and laptop workstations running Windows XP 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. A statewide staged installation was completed by April 30th, 2008. WIC ACCESS version 4.4 was implemented statewide and included risk revision 8 and password and permission synchronization between administrative and satellite servers. WIC ACCESS version 4.5 is scheduled to be implemented in the spring of 2008, followed by risk revision 9.

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 is continuing the development of a Data Warehousing project which will provide access to bank redemption data and statewide participant data to State employees via the Internet. These files currently exist in different formats on separate equipment so that reporting which requires combinations of information from each file cannot be done. Additionally, real time updates to these data will enhance program integrity. The Vendor database will also reside there and be accessible via the Internet.

5.4.6 Systems Lifecycle

WIC's Automated Client Centered Electronic Service System (ACCESS) has reached the end of its useful product lifecycle. New Jersey has submitted an Implementation Advanced Planning Document to the USDA and received permission to submit a Request for Proposal to the USDA. The State submitted a draft Request for Proposal to the USDA in March, 2008 and should release a final Request for Proposal for public bid in State fiscal year 2009.

5.5 Monitoring and Evaluation

5.5.1 Infant Formula Rebate

The Infant Formula Rebate Contract with Ross Products Division, Abbotts Laboratories is providing \$36M which will serve 518,206 WIC participants.

The Ross contract is effective until September 30, 2010.

5.5.2 WIC Administrative Funding Formula

Due to possible federal cuts and/ or a cap at the FFY 2007 WIC funding, the state is maintaining level funding, with an inflation adjustment, as provided in the WIC Administrative funding formula. It is anticipated at this time that funding at the beginning of 2009 will be via Continuing Resolution. Once the FFY WIC appropriations is signed, and New Jersey receives its 2009 WIC appropriations is signed, and New Jersey receives its 2009 grant award adjustments will be made to the grantee funding amounts accordingly.

5.5.3 Infant Cereal and Juice Rebate

The Infant Cereal and Juice Rebate which New Jersey entered into a consortia of MARO states with Gerber Products Company went into effect May 1, 2007 for a period of three years. This rebate is estimated to provide \$840,000 per year. Due to possible changes in the WIC food list, baby food may be added to this rebate during either FFY 2009 or 2010.

6.0 STRATEGIES

6.1 Client Services through Technology and Collaboration of Services

The State of New Jersey is in the process of implementing a replacement electronic data processing system to address client service issues inherent in its legacy electronic data processing system. The New Jersey system resulting from this project will be a state-of-the-art WIC system. It will be developed using the most current versions of the software tools and up-to-date hardware. The software application will be modular so that components can be updated over time if federal requirements change. The replacement WIC system for the State of New Jersey will also be a web-based application.

The Monitoring and Evaluation Unit will be assessing new technology for gathering, processing, and disseminating data for the most effective ways of monitoring caseload and food funds.

New Jersey WIC Services collaborated with the Plainfield City WIC Agency to design a dual access, interactive nutrition education website for WIC participants. The objectives of the project were to provide participants with a new and engaging option for education as well as address issues related to limited clinic/staff resources and an increasingly diverse WIC population. The website, available in English and Spanish, is designed for use on touch screen kiosks in the WIC office as well as through direct access via the internet. USDA's WIC Nutrition Education Guidance and Appendix A, Criteria for the Development and Evaluation of Electronic-Based Nutrition Education for WIC Participants were used to guide the development, design, and preliminary evaluation phases of this project. Interactive approaches to nutrition education have been shown to be effective in changing behavior and provide the opportunity for participant-centered, self-paced learning. In FFY 2009, it is planned that all local agencies will be able to offer participants the option of completing their second nutrition education contact online. Following statewide roll out state nutritionists will begin drafting content for additional lessons and activities for the website.

New Jersey WIC Services has a comprehensive plan to provide breastfeeding education to pregnant women so they can make informed infant feeding decisions and to provide support to breastfeeding women. Peer counselors meet with new mothers at initial infant certification, check pick-up and package change appointments at administrative sites, and refer to International Board Certified Lactation Consultants as necessary. The lactation consultants provide consultations for breastfeeding women who have more in-depth questions or problems. Breastfeeding literature and aids are

available for pregnant and breastfeeding women. Breastfeeding staff coordinates with community groups and health care providers so that WIC women receive consistent, accurate breastfeeding information wherever they receive healthcare.

Breastfeeding peer counseling funding has been renewed through September 2009. These funds are used to enhance peer counselors' salaries, increase staffing, and to target communities where breastfeeding rates are low. Breastfeeding grantees develop an objective for each local agency where there is current data. They may target a community where there are barriers to breastfeeding or develop a specific objective to increase breastfeeding initiation or duration. They identify community and faith-based organizations and individuals to contact in their target communities to overcome community barriers to breastfeeding and determine how they will work together. Local hospitals where WIC participants predominantly deliver their babies and local obstetricians, pediatricians, public health nurses, and others who provide health care for WIC participants are also part of the community with which the breastfeeding grantees may collaborate.

Breastfeeding peer counselors, who come from the targeted communities and speak the same language as WIC participants, work on the project. After satisfactorily completing the eighteen-hour breastfeeding peer counselor training, they are mentored by experienced breastfeeding staff. The breastfeeding peer counselors are given a caseload of fifty pregnant and breastfeeding women for every ten hours they work per week. They are available to WIC participants by phone outside normal clinic hours and they document their contacts with the women in their caseload. They 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. They make appropriate referrals to lactation consultants and community programs.

The New Jersey Fruit and Vegetable Program is the State Program Authority for the National Fruit and Vegetable Program in New Jersey, and works to increase fruit and vegetable consumption. The first three objectives of the 2009 New Jersey WIC State Plan align most closely with the strategic priorities of the New Jersey Fruit and Vegetable Program. These include effective collaboration and communication, adjustments to the food package that are consistent with the Dietary Guidelines, and address obesity prevention.

Collaborative priorities in 2009 include creation of linkages to expand partnerships of the New Jersey Fruit & Vegetable Coalition and expand its influence to the county level. Existing State Plans, including the 2006 New Jersey Obesity Prevention Action Plan, the Strategic Plan to Eliminate Health Disparities, the Comprehensive Cancer Control Plan, and the New Jersey Statewide Nutrition Action Plan (SNAP) will be reviewed to identify shared interest in interventions to increase consumption of fruits and vegetables as a strategy to reduce health inequity in vulnerable populations. At the county level, the need to address obesity, nutrition, and physical activity rank as the number two public health priority in the recently developed twenty-one Community Health Improvement Plans (CHIPs) now on record in New Jersey. The NJ Fruit and Vegetable Program coordinator will serve as part of a program infrastructure under development to position the Department, including the WIC program, in a leadership role for statewide coordination and partnership development of nutrition, physical activity, and obesity prevention efforts.

To improve communication messages, the program's new brand, Fruits & Veggies - More Matters®, targets mom-friendly messages and family-friendly strategies to increase consumption behavior through supportive solutions for the obstacles that families face. Beyond the brand, plans continue to identify fruit and vegetable messages that target core level emotions of WIC Moms as another effective communication strategy.

Work plan strategies to implement revisions to the WIC food package and collaborate with food banks, food pantries, and the New Jersey State Food Program are among the approaches planned to improve access and desire for fruits and vegetables for WIC and other New Jersey families.

6.2 Value Enhanced Nutrition Assessment (VENA)

USDA's Value Enhanced Nutrition Assessment guidance seeks to promote a participant-centered approach to dietary assessment and counseling. Qualitative dietary assessment tools will replace the current quantitative food frequency tool and assessment will shift from risk assignment for eligibility determination to risk assessment to direct counseling and referrals based on the individual needs of participants. In FFY 2009, State nutrition services staff will continue to revise policies and procedures to be consistent with the VENA philosophy. A three-day VENA skills course will be offered to new staff and as a refresher to staff needing more practices in the course competencies. Staff will begin to use monitoring and evaluation tools that incorporate VENA skill competencies

during the local agency onsite review process. The state will work with the local agencies to develop individual training plans for staff when indicated. VENA will be fully implemented by the FFY 2010.

6.3 New Food Package

All Program areas are affected by the new food package rule and are involved in its implementation.

Food Delivery personnel are working with the Nutrition Services Unit and the MIS Unit to add several new food items to the WIC food package. Staff is involved in price and brand data collection for the purpose of identifying new items that will meet the new Federal requirements. A new food list, minimum stock and cashier training materials will be developed and implemented. Food Delivery personnel will work closely with the vendors for them to be fully prepared for the new foods to be available in the stores by October 1, 2009. All vendors shall attend an interactive training prior to the implementation of the new food items.

The New Jersey WIC program will integrate FNS' new food packages into the current electronic certification and benefit delivery system known as WIC ACCESS. WIC's Application Service Provider will be responsible for the modifications of the default food packages by status. The new foods and food prices will be added for monitoring food instrument issuance and redemption. An additional instrument providing a cash value benefit for vegetables and fruits will be generated by the system.

The Monitoring and Evaluation Unit will work towards adding baby food to the Infant Cereal and Infant Juice Rebate Contract with Gerber Products Company when baby food is added to the WIC Food Package. The Infant Juice will be removed since the new WIC Food Package does not allow juice for infants.

Food costs analysis will be conducted during the food item review process. The goal will be to offer the maximum selection of foods while maintaining food package costs to serve all New Jersey eligible residents.

MAJOR TASK	DESCRIPTION	TIMELINE
<p>2B</p>	<ul style="list-style-type: none"> • Use food selection criteria in the development of tool – include availability and cost, current WIC approved foods as well as new products • Provide completed tool to Work Group 2B <p>Develop Proposed Food List</p> <ul style="list-style-type: none"> • Review foods and supply systems research results • Review food manufacturers applications/information • Use food selection criteria to evaluate foods • Incorporate results of review into a proposed food list • Analyze fiscal impact of proposed foods on food budget, caseload, banking cost, etc • Draft a proposal with justification/rationale for new foods to be included or removed from WIC approved food list – Include fiscal impact analysis • Involve external input from stakeholders (i.e. NJ Food Council, local agencies) • Finalize proposed Food List • Present proposed Food List to Director and management staff 	<p>Due May 30, 2008</p> <p>Completed by July 31, 2008</p> <p>September 1, 2008</p>
<p>WORK GROUP 3 - Internal WIC staff (MIS, Vendor Unit, Farmers Market, and Fruits and Vegetables Nutrition Program)</p>	<p>Determine Cash Benefit Methodology</p> <ul style="list-style-type: none"> • Prepare a cash benefit methodology proposal • At a minimum, coordinate food list work group; policy and procedure development to identify policies needing to be revised; banking services contract revisions; retail vendor agreement revisions; WIC FMNP and Senior FMNP; check design • Present to Director and management staff 	<p>October 15, 2008</p>
<p>WORK GROUP 4 – Internal WIC staff (MIS, Nutrition Services, Food Deliver, Vendor Unit) and</p>	<p>Gather WIC ACCESS Business Requirements; Design and program WIC ACCESS Modifications</p> <ul style="list-style-type: none"> • Meet with appropriate parties to 	<p>March 1 2008 – December 31, 2008</p>

MAJOR TASK	DESCRIPTION	TIMELINE
<p>External staff (Management Information System – CMA)</p> <p>WORK GROUP 4 - CONTINUE</p>	<p>gather business requirements for software changes</p> <ul style="list-style-type: none"> • Develop business case following prioritization process • Based on business requirements, determine technical requirements • Determine affected application <ul style="list-style-type: none"> • Research and propose WIC ACCESS application changes • Create software specifications – Includes State, Client Services and WIC Reports Applications • Include plan for creating new food packages and modifying existing food packages in WIC ACCESS • Develop release notes and user guides <p>WIC ACCESS System Test</p> <ul style="list-style-type: none"> • Test all components of system and backup system <p>WIC ACCESS Pilot Testing</p> <ul style="list-style-type: none"> • Develop and implement a deployment plan that includes State and Client Services pilot testing • Deployment plan should include pilot sites, local agencies, WIC retailers, training materials etc • Includes State and Client Services evaluation components • Pilot and complete State application before WIC ACCESS Client Services is piloted tested and deployed • Pilot test during Farmers Market season <p>Statewide Implementation</p> <ul style="list-style-type: none"> • Internal staff to assist external staff with pilot testing and Statewide implementation • Train state staff, and local agency staff on modified WIC ACCESS 	<p>January 2, 2009 – March 31, 2009</p> <p>April 1, 2009 – July 31, 2009</p> <p>August 2009 – September 28, 2009</p>
<p>OTHER ASSIGNMENTS – All Units</p>	<p>Revise and implement WIC Retailers Contract ; Train WIC Retailers– Vendor Unit</p>	<p>Others assignments are to be completed based on established due dates. Must be completed prior to October 1, 2009</p>

MAJOR TASK	DESCRIPTION	TIMELINE
	<p>Assess Need for WIC check redesign, print check stock for statewide implementation – Food Delivery Design, and print education materials – Nutrition Services, Food Delivery, Vendors</p> <p>Develop and Implement State Staff. Local Agency and Retailer Training – All Units</p> <ul style="list-style-type: none"> • Develop and distribute staff educational materials • Assess training needs • Establish and implement training plan <p>Update Local Agency and WIC Retailer Monitoring Tools and Processes</p>	

6.4 Vendor Cost Containment

Enhancements to the State Vendor Management System to assure optimal use of the vendor cost neutrality assessment determinations. These new tools will be used for efficient tracking and generation of reports on over 50 percent vendors.

Food Delivery personnel shall demonstrate that cost neutrality has been met with the above 50 percent vendors by continuing to conduct quarterly assessments. Staff shall monitor average redemption amounts at least quarterly, and if necessary adjust payment levels or take other actions to ensure compliance with above 50 percent vendors if applicable.

6.5 Program Integrity

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 which will enhance program integrity.

Food Delivery will contract for vendor compliance buy investigations.

7.0 APPENDICES

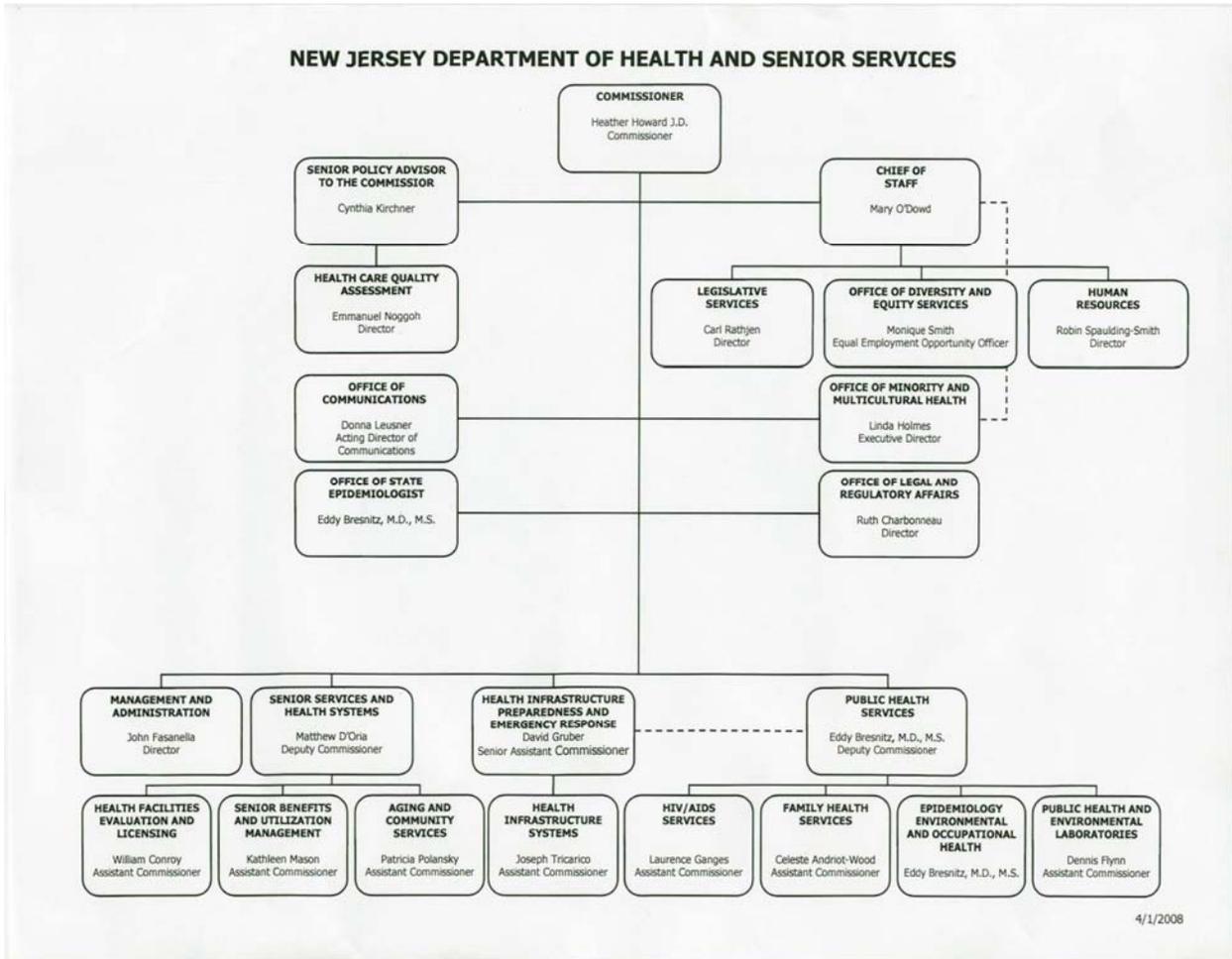
7.1 Organizational Charts

7.1.1 Department of Health and Senior Services

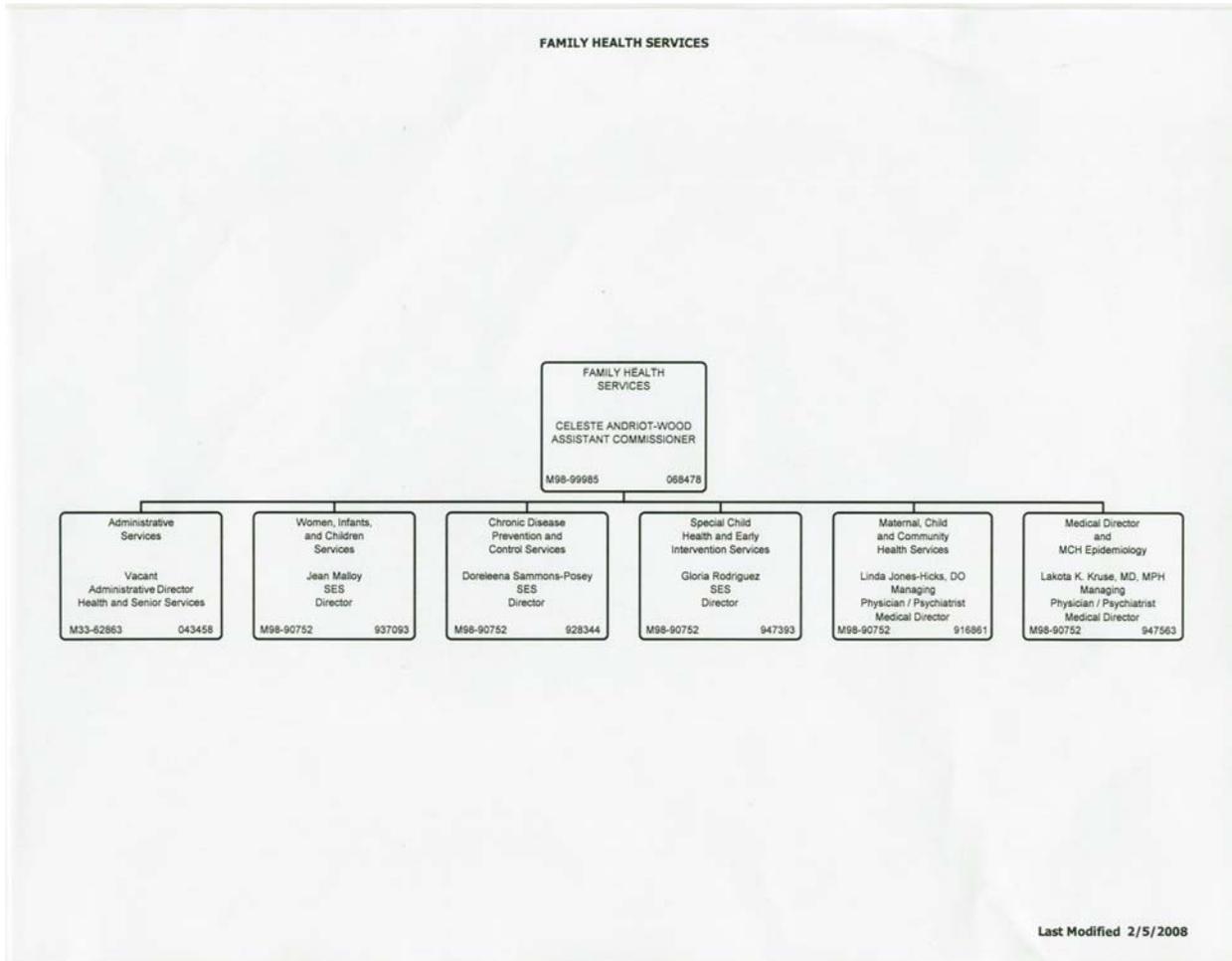
7.1.2 Division of Family Health Services

7.1.3 WIC Services

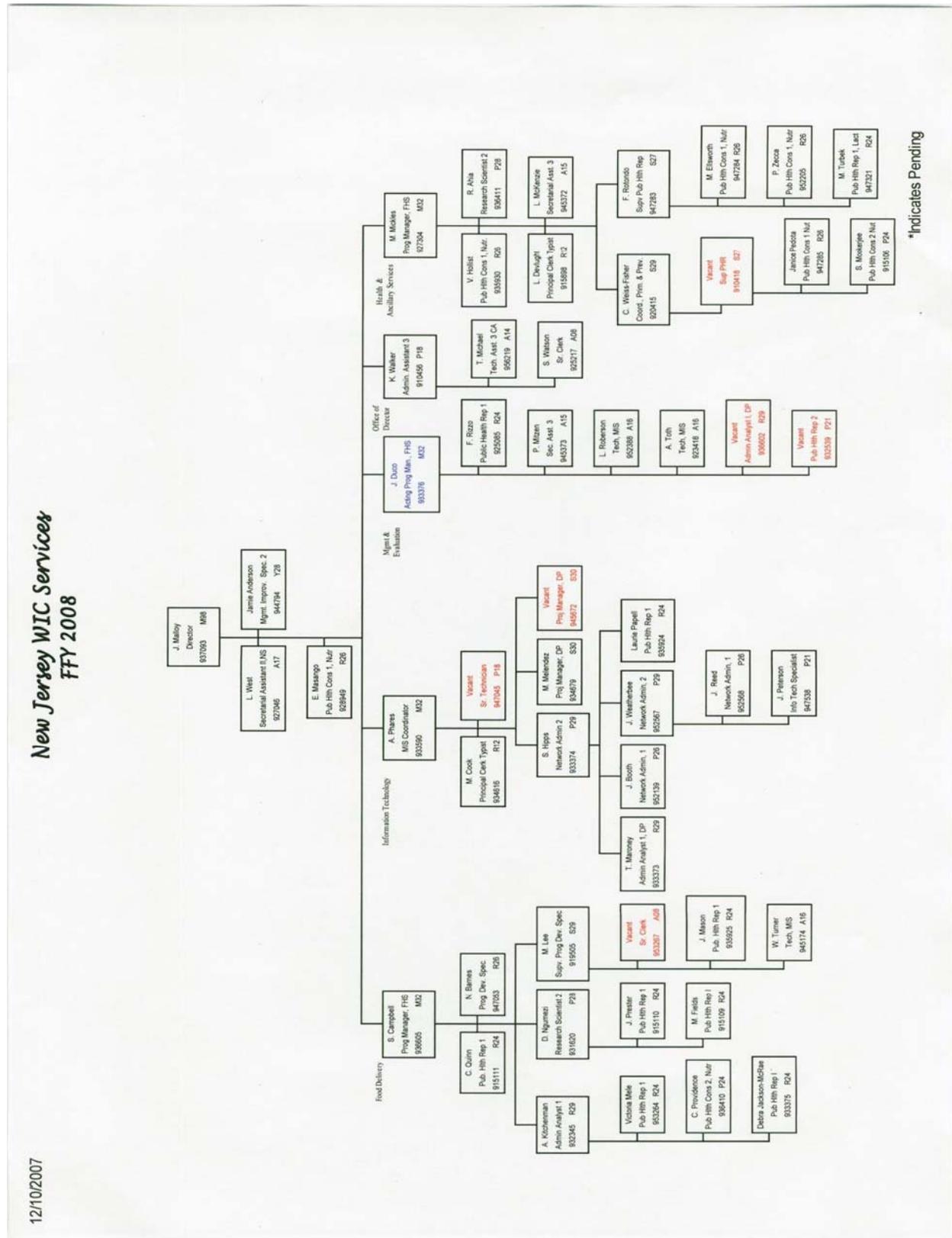
7.1.1 Department of Health and Senior Services



7.1.2 Division of Family Health Services



7.1.3 WIC Services



8.0 WIC Clinic Sites by County

01 ATLANTIC WIC PROGRAM (All Atlantic except Long Beach)

1301 BACHARACH BOULEVARD
 FIRST FLOOR, CITY HALL
 ATLANTIC CITY, NJ 08401
 (609) 347-5656

Coordinator: **Kathleen Gesler**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Admin	Family Life Center 200 Phila Ave. Egg Harbor City, NJ 08215	Wed, Thur and Friday 9:00 – 4:00	(609) 965-9126
07			
08			
04 Admin	Pleasantville Family Center 9 South Main Street Pleasantville, NJ 08232	Monday - Thursday 9:00 – 4:00	(609) 272-0854 (WIC) (609) 272-8800 (center)
03			
09	Egg Harbor Township Community Center. 3050 Spruce St. Egg Harbor, NJ 08215	Every Friday 9:00 – 2:00	
11			
12			
05 Main Admin	Atlantic City WIC Program 1301 Bacharach Blvd. Atlantic City, NJ 08401	Monday – Friday 8:30 - 4:00	(609) 347-5656
10			
44			
06 Admin	Long Beach Twp. Health Dept. 11601 Long Beach Blvd. Beach Haven, NJ 08008 (Ocean county)	2nd Tuesday & Thursday 9:00 - 3:00	(609) 492-1212

03 BURLINGTON COUNTY WIC PROGRAM (All Burlington)

RAPHAEL MEADOW HEALTH CENTER
 15 PIONEER BOULEVARD, P.O. BOX 6000
 WESTAMPTON, NJ 08060
 (609) 267-7004

Coordinator: **Deepti Das**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Burlington County Health Department (Health Start also) 15 Pioneer Blvd, Westampton NJ 08060	M - F 8:00 - 5:00 3 x per month, 1st & 3 rd Tues, 2 nd Mon. 8:00 - 8:00 PM	(609) 267-7004
03	Chatsworth School 2 nd & Giles Chatsworth, NJ 08019	2nd Tuesday June, Sept, Dec 1:00 – 3:00	
04	Browns Mills Nesbitt Recreation Center Anderson Lane Pemberton, NJ 08068	1st and 3rd Mon. 9:00 - 3:30	
06	Central Baptist Church 5th & Maple Avenue Palmyra, NJ 08065	First Thursday 12:30– 3:30	
08	1st United Methodist Church Camden & Pleasant Valley Moorestown, NJ 08057	2nd Thursday 12: 30 -3:30	
09	Medford Farms Firehouse Rt. 206 Tabernacle, NJ 08088	2nd Wednesday 12:45 – 2:45	
10	Shiloh Baptist Church 104 1/2 Elizabeth Street Bordentown, NJ 08505	4th Wednesday 9:00 – 11:00	
12			
13	JFK Center 429 JFK Way Willingboro, NJ 08046	Third Wed. 9:00 am – 3:30 pm	
14	American Legion 212 American Legion Drive Riverside, NJ 08075	1 st Thursday 9:00-3:30	
16	Heureka Center 11 Dunbar Homes at Belmont St. Burlington, NJ 08016	2 nd Tuesday 9:00 – 12:30	609-386-2676
19	McGuire AFB Chapel 2 Annex Bldg# 3827 Falcons Ct north housing Area MAFB, NJ 08641	4 th Thurs. 9:30 – 3:00	609-744-2809
20	Beverly Municipal Bldg. 446 Broad Street Beverly, NJ 08010	3rd Thurs. 9:00 - 11:00	
22			
70			

04 CAMDEN COUNTY WIC PROGRAM (All Camden)

CAMDEN COUNTY HEALTH DEPARTMENT

AND HUMAN SERVICES

DI PIERO CENTER, SUITE 501

512 LAKELAND RD

BLACKWOOD, NJ 08012

(856) 374 – 6321

Coordinator: **Kathleen Kachur**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Admin	AFDC WIC Office County Administration Bldg, Basement 600 Market Street Camden, NJ 08102	M, T, W, F 8:30 - 4:30	(856) 225-5155 5157
02 Main Admin	Camden County WIC Program Mt. Ephraim Plaza, Suite 411 2600 Mt. Ephraim Ave. Camden, NJ 08104	M, T, Th, F 8:00-5:00 W 7:30- 7:00	(856) 225-5050 225-5051
05	Gloucester City Regional Health Center 700 Monmouth St. Gloucester City, NJ 08030	1st Monday 8:30 - 4:30 PM (will be closed in May, 2007)	(856) 456 - 4139
06			
59	CamCare East 2610 Federal St. Camden, NJ 08102	Fridays 8:30 – 12:00	(856) 635-0212 ext. 281
70	Bellmawr Regional Health Center 35 Browning Rd Bellmawr, NJ 08031	First & third Tuesday 11:00 – 7:00 pm	(856) 931-2700
71			
17 Admin	Lakeland Clinic Di Piero Center, Suite 501 512 Lakeland Road Blackwood, NJ 08012	T, W, TH 8:00-4:00	(856) 374-6085 -6084

05 TRI-COUNTY WIC PROGRAM

110 COHANSEY ST.
BRIDGETON, NJ 08302
(856) 451-5600
Fax (856) 453-9481

Coordinator: **Dr. Jaya Velpuri**

SITE CODE	NAME AND ADDRESS	HOURS/DAYS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Bridgeton WIC 10 Washington St. Bridgeton 08302 (Cumberland)	M - F 8::30 – 4:30 2 nd & 4 th Wed. 8:00 – 7:00	(856) 451-5600
02	Teen Center Bridgeton High School 111 West Avenue, Bridgeton 08302 (Cumberland)	1st Wed 9:30 – 11:00 Oct – May only	(856) 455-8030
03			
05	Millville WIC 113 S. 5 th St. Millville 08332 (Cumberland)	M – F 8 :30 – 4 :30 Wed 10-6 (see detail at the end) *	(856) 327 -6868
06	Cumberland Regional High School 90 Silver Lake Road Bridgeton, NJ 08302 (Cumberland)	1 st Wed. 1:30 – 3:00 Oct – May only	(856) 451-9400
08 van site	Countryside Village Parsonage Road Seabrook, NJ 08302 (Cumberland)	3rd Tues 9:00- 3:00	(609) 501-8370
51			
13 Admin	Vineland WIC 123 W. Landis Avenue Vineland, NJ 08360 (Cumberland)	M-F 8:30-4:30 1 st Tues 11:00 – 7:00	(856) 691-1155
14			
26			
43 Admin	Salem WIC 14 New Market Street Salem, NJ 08079 (Salem)	M, T, W 8:00 – 4:00 PM 1 st Mon 9:00 – 5:00	(856) 935-8919
40 Van site	Penns Grove IGA (Salem)	2 nd and 3 rd Friday	
41	Salem Hospital (Health Start) 310 Woodstown Rd. Salem, NJ 08079 (Salem)	Every other Tuesday 1:00 – 3:15 pm	(856) 935-1000
61 Admin	Cape May WIC Crest Haven Complex, #6 Moore Rd Garden State Pkwy Cape May Court House, NJ 08210 (Cape May)	M-Th 8:00-4:30	(609) 465-1224
60			
62 Van site	Ocean City Tabernacle Baptist Church (Atlantic)	Second Monday 9:00 – 2:30	(609) 501-8370

SITE CODE	NAME AND ADDRESS	HOURS/DAYS OF OPERATION	TELEPHONE NUMBER
63	Wildwood WIC c/o Cape Human Resource Center 14104 New Jersey Avenue Wildwood 08260 (Cape May)	1 st , 2 nd & 4 th Friday 7:30 –3:30	(609) 522-0231
64	North Cape May Villa Lower Township Municipal Court North Cape May, NJ 08204 (Cape May)	1 st , 2 nd and 3 rd Thursday 8:30 – 2:00 pm	(609) 898-8899
65			

*05 van sites: Oak View Apartments, 1701 E. Broad Street, Millville NJ 08223
 Delsea Garden Apts, 2213 S. 2nd Street, Millville
 Millville Senior High School, 200 N. Wade Blvd. Millville

06 EAST ORANGE WIC PROGRAM (All Essex)

444 WILLIAM ST.
 EAST ORANGE, NJ 07017
 (973) 395-8960
 (973) 395-8963

Coordinator: **Monica Blissett**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
02 Main Admin	East Orange WIC Office 444 William St East Orange 07017	M-F 8:30 - 4:30 Mon & Wed until 7 p.m	(973) 395-8960
06			
08			
09			
11	Mountainside WIC Office 8 Walnut Crescent Montclair 07042	M&F 8:30-4:30 Fri until 7 p.m.	(973) 509-6501 -6502
17			
29			
07 Admin	Orange WIC Office 137 South Center St. Orange, NJ 07050	M-F 8:30-4:30 Thurs until 7 :00	973- 414-6281 Modem number: 973-414-6280
16 Admin	Belleville WIC Office 152 Washington Ave. Belleville, NJ 07109	Tu, Wed, Thur. 10:00 – 2:00	973- 450-3395
70			

07 GLOUCESTER COUNTY WIC PROGRAM (All Gloucester)

160 Fries Mill Road

(856) 262-4100

Fax (856) 629-0469

E-mail: Kmahmoud@co.gloucester.nj.us

Coordinator: **Kathleen Mahmoud**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
04 Main Admin	Gloucester WIC Gloucester Co Health Dept 160 Fries Mill Rd. Turnersville, NJ 08012	Mon- Fri 8:30 – 4:30 office hours Certification services & Nutrition Education classes 8:00am to 5:00 pm Tuesdays and 1 st & 3 rd Thursdays Extended hours until 7 pm every other Tuesday	(856) 262-4100 Fax (856) 629- 0469
03	Williamstown-Monroe Township 125 Virginia Ave Williamstown, NJ 08094	Monday 8:00 – 5:00 pm	(856) 728-9800 x 561
01	Gloucester WIC Paulsboro site Gloucester Co Health Dept 1000 Delaware Street Paulsboro, NJ 08066	Certification services & Nutrition Education Classes 8:00 am to 5:00 pm Wed. & 2 nd and 4 th Thursday Extended hours until 7 pm every other Wednesday	(856) 423-7160 Fax (856) 423-5631
05			

09 JERSEY CITY WIC PROGRAM (Hudson County)
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 201 CORNELISON AVENUE
 JERSEY CITY, NJ 07304
 Phone: (201) 547-6842

Coordinator: **Deborah M. Murray**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
13 Main Admin	Department of Health and Human Services 201 Cornelison Avenue Jersey City, NJ 07304	Mon - Fri 7:30 - 4:30	(201) 547-6842
06	Horizon Health Center (Health Start) 706-714 Bergen Avenue Jersey City 07306	Wed. 8:30-11:00	(201) 451-6300
14	Metropolitan Family Health Network (Health Start) 935 Garfield Ave Jersey City 07304	Monday 8:30 – 11:00	(201) 946 -6400
15	Christ Hospital (Health Start) 324 Palisade Avenue Jersey City 07307	Tues. 8:30 – 11:00	(201) 459-8888
16	Bayonne Hospital (Health Start) 29 E. 29th Street Bayonne, NJ 07002	W/Th 8:30 – 11:00	(201) 858-5000 Ext. 5356

10 VNA OF CENTRAL JERSEY WIC PROGRAM

888 Main Street
Belford, NJ 07718
1-800-762-6140

(732) 471-9305, Fax: 732 471-9303, Modem: 732 471-9304

Coordinator: Robin McRoberts

SITE CODE	NAME AND ADDRESS	HOURS/DAYS OF OPERATION	TELEPHONE NUMBER
02 Admin	How Lane Health Center 123 How Lane New Brunswick, NJ 08901 (Middlesex)	Mon, Tues, Thurs, Wed & Fri 8:30 - 4:30 2 nd & 4 th Sat. 8:30-4:30	(732) 249-3513
05	First Presbyterian Church 177 Gatzmer Avenue Jamesburg 08831 (Middlesex)	4 th Tuesday 8:30 - 12:30	(908) 902- 3611
07	Edison Twp Health Dept. 80 Idle wild Road Edison 08817 (Middlesex)	2 nd Tuesday 4 th Thursday 8:30 - 4:00	(732) 248-7285
09	Somerset Community Action Program 429 Lewis Street Somerset, NJ 08875 (Middlesex)	1 st Monday 8:30 - 12:30	(732) 828 –2956
17	Holmes Marshall Vol. Fire Co. 5300 Deborah Dr. Piscataway, NJ 08854 (Middlesex)	3 rd Monday 8:30 - 4:30	(732) 463-1506
71	Eric B Chandler Community Health (Health Start) 227 George Street New Brunswick, NJ 08901 (Middlesex)	1 st , 2 nd & 3 rd Thursday	(732) 235-7296
73	St. Peter's Medical Center Ambulatory Care Department (Health Start) 254 Easton Avenue New Brunswick 08903 (Middlesex)	Tuesday 8:30 - 4:30	(732) 745 – 8600 Ext. 5230
03 Admin	Perth Amboy VNA-Central Jersey 313 State St. Suite 704 Perth Amboy 08861 (Middlesex)	Tues, Wed, Thurs, and Fri 8:30 – 4:30 1 st & 3 rd Sat 8:30 – 4:30	(732) 376 - 1138
15	Iglesia Penticostal el Tabernaculo 104 Union Street Carteret, NJ 07708 (Middlesex)	1 st and 3 rd Thursday 8:30 -4:30	
16	St. Mary's Church/St. Pat's Hall Church and Stevens Street South Amboy 08879 (Middlesex)	2 nd Thursday 8:30 - 4:30	
19	Woodbridge, St. James Food Pantry Hwy 35/Main St. Woodbridge, NJ 07095 (Middlesex)	2 nd & 4 th Friday 8:30 – 4:30	

SITE CODE	NAME AND ADDRESS	HOURS/DAYS OF OPERATION	TELEPHONE NUMBER
74	Raritan Bay Medical Center Community Health Ctr. (H.S) 530 New Brunswick Avenue Perth Amboy 08661(Middlesex)	Monday 8:30 - 4:30	(732) 324-3304
08 Main Admin	Hartshorne Health Center 888 Main St. Belford, NJ 07718 (Monmouth)	Mon-Fri 8:30 – 4:30 (office) 2 nd & 4 th Mon 8:30 – 4:30, 2 nd Monday to 6:30	(732) 471-9301 (732) 471-9302
01	Asbury Park First United Methodist Church 906 Grand Avenue Asbury Park, NJ 07712 (Monmouth)	Mon and Tuesday 8:30 -4:30	
04	Keyport Health Center (HealthStart) 35 Broad Street Keyport, NJ 07735 (Monmouth)	1 st Mon 8:30-4:30 3 rd Mon 8:30-4:30 Prenatal 1 st & 3 rd Wed. BF 2:30 - 3:30 PM, 1&3 Wed	(732) 888-4146
06	St. Rose of Lima Church 12 Throckmorton Street Freehold, NJ 07728 (Monmouth)	1,2,3,4 th Wednesday Cert 1,3 Wed NE 2,4 Wed	(908) 902 - 3611
10	Red Bank Health Ctr 141 Bodman Place Red Bank, NJ 07701 (Monmouth)	2nd & 4th Wed 8:30-4:30 4th Wed 8:30-6:30	(732) 224 - 6835
11	Fort Monmouth 352 Pinebrook Rd. Tinton Falls (Monmouth)	2nd & 4th Wed 8:30 - 4:30	
12	Trinity AME Church 66 Liberty Street Long Branch, NJ 07740 (Monmouth)	2nd, 3rd, 4th Thursday and Friday 8:30 - 4:30	(732) 222- 8436
14	First Presbyterian Church 9th Ave. and E. Street Belmar, NJ 07719 (Monmouth)	1st Friday 8:30 - 4:30 p.m.	(732) 681-3108
70	CentraState Medical Center Ambulatory Care Serv (HealthStart) 1001 W. Main Street Freehold, NJ 07728 (Monmouth)		
75	Jersey Shore Medical Center (H.S) 1945 Highway 33 Neptune, NJ 07753 (Monmouth)		
76	Monmouth Med Ctr (HealthStart) Amb.Care Dep. 300 Second Avenue Long Branch, NJ 07740 (Monmouth)		

SITE CODE	NAME AND ADDRESS	HOURS/DAYS OF OPERATION	TELEPHONE NUMBER
72	Riverview Medical Center Amb.Care Center One Riverview Plaza, Red Bank, NJ 07701 (Monmouth)	Wed. 8:00 - noon	

11 NEWARK WIC PROGRAM (All Essex county)
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 110 WILLIAM STREET
 NEWARK, NJ 07102
 Phone: (973) 733-7604
 Fax: (973) 733-7629

Coordinator:

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
06 Admin	Division of Welfare (AFDC) 18 Rector St Newark, NJ 07102	Tues & Thur 8:30-4:30	(973) 733- 4511
15 Main Admin	Newark Health Dept. Main Office 110 William Street Newark 07102	Mon, Tues & Fri, 8:30-4:30, Wed & Thur. 8:30 –7:00 Saturday 9:00 –2:00	(973) 733-7575 (973) 733-7648
01	Newark Preschool Counsel/Alberta Bay, 300 Chancellor Ave Newark, NJ	Tues 10:30 – 3:00	(973) 923 - 7173
02			
07			
08	La Casa el Club Del Barrio 76 Clinton Avenue Newark, NJ 07114	Tuesday 8:30 – 4:30	(973) 624-4222
29	Dayton Health Center (Health Start) 101 Ludlow Street Newark, NJ	Wed. 10:00 – 3:00 Twice a month	(973) 565-0355
31	No. Newark Health Ctr (Health Start) 741 Broadway Newark, NJ	Wed. 10:00 – 3:00 Twice a Month	(973) 483-1300
80	Van	Mon-Fri 10:00 – 2:00	(201-819-2538
18 Admin	Newark Beth Israel Med. Center (Health Start) 166 Lyons Avenue Newark, NJ	Mon-Fri 8:30-4:30	(973) 733-5157 733-5158
20 Admin	Irvington Municipal building, 1 Civic Square	Mon & Wed 8:30 – 4:30	(973)-399-6732
09	Irvington Pediatric Association 22 Ball Street, Irvington	Mon. 4:30 – 6:00 Tues, Thurs 8:30 – 6:30 Fri. 8:30 - 12	(973) 371-1600
26 Admin	St. Michael Med. Center (Health Start) 268 Martin Luther King Blvd.	Mon-Fri 8:30-4:30	(973) 877-5084 (973) 877-2705 (973) 877-2698
03	Columbus Hospital (Health Start) 495 North 13th Street, Newark	Tuesday, Wednesday, & Thurs 8:30- 4:30	(973) 268-1400
17	St. James Hosp Fam Serv (Health Start) 228 Lafayette Street	Tuesday - Friday 8:30-4:30	(973) 465-2832

12 NORTH HUDSON C.A.P., WIC PROGRAM (All Hudson County)

5301 BROADWAY

W. NEW YORK, NJ 07093

(201) 866-4700

Coordinator: **Flor Maria Onorato**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	No Hudson WIC Program (Health Start) 5301 Broadway W. New York, NJ 07093-2622	Mon- Fri. 8:30 - 4:00 PM Tu - 8:30 AM – 7:00 PM	(201) 866-4700
06	Meadowlands Hospital 55 Meadolands PKWY Secaucus, NJ 07094	3 rd Monday 10:00 – 3 PM	(201) 392-3299
07	Kearny Health Dept 645 Kearny Ave Kearny, NJ 07032	4 th Monday 9:30 – 3:30	(201) 997-0600
07	Kearny West Hudson Park Kearny Ave	Mobil site 10am-4 pm 1 st Monday, 1 st and 2 nd Tuesday, 4 th Friday	
08	Harrison Health Dept (Annex) 318 Harrison Ave Harrison, NJ 07029	Mobil site 3 rd Thur. & 4 th Wed 10:00- 4:00	(973) 268-2464
09	NHCAC Community Health Center at Hoboken 124 Grand Street Hoboken, NJ 07030	Tuesday 9:30 – 3:30 pm Thursday 10:00am to 3:30 pm	
71	Palisades General Hospital Maternity floor 7600 River Rd. N. Bergen, NJ 07047	Monday, Wed and Fri 9:30 – 3:30	
73			
74/75			
85	NHCAC at Mesivta Sanz School 3400 New York Avenue Union City, NJ 07087	Mobile site, Second Wed. Jan, April, July & Oct 10:00- 4:00 pm	(201) 867-8690
79 (80) Admin	NHCAC @ Union City 714-31 st Street Union City, NJ 07087	Mon-Fri 8:30 – 4:00	(201) 863-7077
82			
83			
84			
86			
87			
88			
89			

13 NORWESCAP WIC PROGRAM

504 South Main 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 St. Newton, NJ 07860 (Sussex Co.)	2 nd & 4 th Tues. 11 to 7 8 to 4:30 Tues-Friday except for site 04,05,06,11	(973) 579-5155
04	Minisink Reformed Church 346 Old Mine - River Rd Montague, NJ 07827 (Sussex Co.)	1st Wednesday Feb, May, Aug & Nov 10:00 – 4:00	(973) 293-3596
05	Hopatcong Health Dept. River Styx Road Hopatcong, NJ 07843 (Sussex Co.)	1st & 3rd Tuesday 10 – 4	(973) 770-1200
06	Vernon Township Health Dept. Municipal Building Church Street Vernon, NJ 07462 (Sussex Co.)	2 nd Friday of Jan, Mar, Apr, June, July, Sept, Oct, Dec	(973) 764 - 4055
11	NORWESCAP Sussex office 39 Main Street Sussex, NJ 07461 (Sussex Co.)	2 nd Wed of Jan, Mar, Apr, June, July, Sept, Oct, Dec. 10:00-4:00	(973) 875-8565 Head Start
20 Main Admin	NORWESCAP - WIC Program 504 South Main Street Phillipsburg, NJ 08865 (Warren Co)	1 st &3 rd Thur. 8:30-7:00 all other days 8:30-4:30	(908) 454-1210
01			
02			
08	Trinity Methodist Church 211 Main Street Hackettstown, NJ 07840 (Warren Co)	1st, & 3rd Wed 10 - 4	(908) 852-3020 ext 237
10	Flemington United Methodist Church Main Street and Maple Avenue Flemington, NJ 08822 (Hunterdon Co)	2nd and 4th Wednesday 10 - 4	(908) 782-1070
17	First Presbyterian Church 41 East Church Street Washington, NJ 07882 (Warren Co)	1st, 3rd, Friday 10:00 – 4:00	(908) 689-9726 (pay phone)
22 Admin	NORWESCAP-WIC Program People Care Center 120 Finderne Avenue, Suite 230 Bridgewater, NJ 08807 (Somerset Co)	1 st and 3 rd Wed: 8:30 – 7:00 all other days: 8:30-5:00	908-685-8282 fax: 908-704-9382
24	United Methodist Church of Bound Brook 150 W. Union Ave Bound Brook, NJ 08805(Somerset Co)	4th Tuesday 10:00 – 4:00	
26	Watchung Ave Presbyterian Church 170 Watchung Avenue North Plainfield, NJ 07060 (Somerset Co)	1st, 2nd & 3rd Tuesday 10 - 4	

14 PLAINFIELD WIC PROGRAM (City of Plainfield, in Somerset County)

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 Office 510 Watchung Avenue Plainfield, NJ 07060	Monday - Friday 9:00 - 5:00 April – Oct. Wed. 9:00 – 7:00	(908) 753-3397
02			

15 ST. JOSEPH'S WIC PROGRAM

ST. JOSEPH'S HOSPITAL & MEDICAL CENTER
 703 MAIN STREET
 PATERSON, NJ 07503
 Phone: (973)-754-4575

Coordinator: **Judy Wajih**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Main Site 11 Getty Ave Paterson, NJ 07503 (Passaic Co)	M, F 8:00 - 4:30 Tu, Thur. 8:00 - 6:00, Wed. 8:00 - 8:30	(973) 754 - 4575
09	St. Paul's Community Development Corp 451 Van Housen Street, 2 nd Floor Paterson, NJ (Passaic Co)	1 st , 2 nd , 3 rd , 4 th Friday 9:00 - 3:30	(973) 278-7900
12	Hackensack Dept. of Health 215 State Street Hackensack, NJ 07601 (Bergen Co)	1 st and 3rd Monday Every Thursday 9:00 - 3:30	(201) 646 - 3965
14	St. Mark's Episcopal Church 118 Chadwick Rd. Teaneck, NJ 07666 (Bergen Co)	1 st , 2 nd , 3 rd , 4 th Mondays 9:00 - 3:30	
15	Center for Family Resources 12 Morris Rd. Ringwood, NJ 07456 (Passaic Co)	1st Thursday 9:00 - 3:30	(973) 962 - 0055
16	Pompton Lakes Health Dept. 25 Lenox Avenue Pompton Lakes, NJ 07442 (Passaic Co)	4th Monday 9:00 - 3:30	(973) 835 -0143 x 222
17	First Presbyterian Church 457 Division Ave Carlstadt, NJ 07072 (Bergen Co.)	1st Wed./Month 9:00 AM - 3:00 PM	(201) 438 - 5526
18	Mt. Calvary Baptist Church 90 Demarest Avenue Englewood, NJ 07632 (Bergen Co)	2 nd and 3 rd Thursday 2nd and 4th Tuesday 9:00 - 3:30	(201) 568 - 0817
20	Wayne Health Dept. 475 Valley Road Wayne, NJ 07470 (Passaic Co)	3rd Tuesday 9:00 - 3:30	(973) 694 - 1800 x 3258
21	Bergenfield Dept. of Health 198 N. Washington Ave. Bergenfield, NJ 07621 (Bergen Co)	2nd and 4th Monday 9:00 - 3:30	(201) 387 - 4058
22	Red Cross 74 Godwin Avenue Ridgewood, 07450 (Bergen Co)	3rd and 4th Friday 9:00 - 3:30	(201) 652 - 3210
23	AME Bethel Church 59 Spring Street Morristown, NJ 07960 (Morris Co.)	1 st , 2 nd , 3 rd , 4 th Friday, 9:30 - 2:30	
27	Boonton Health Department 100 Washington Street Boonton, 07005 (Morris Co.)	3rd Wed 9:00 - 3:30	(201) 299 - 7745

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
29	Dover Head Start 18 Thompson St. Dover, NJ 07801 (Morris Co.)	Every Wednesday 9:00 - 3:30	(973) 989 - 9052
30	Clifton Health Department 900 Clifton Avenue Clifton, NJ 07013 (Passaic Co)	3rd Tuesday 9:00 - 3:30	(973) 470 -5778
07 Admin	Market Street Clinic 166 Market Street Paterson, NJ 07505 (Passaic Co)	Mon – Fri 8:30 -4:30 Sat. 9:00 - 3:00	(973) 754 - 4730

17 TRENTON WIC PROGRAM (All Mercer County)

222 E. STATE STREET
 TRENTON, NJ 08608
 (609) 989- 3636

Coordinator: **Elaine Reaves**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
26 Main Admin (01)	* Trenton WIC Program 222 E. State Street Trenton, NJ 08608	Monday – Friday 8:30-4:30 Tues & Thurs to 7:00 pm	(609) 989-3636
04	Hamilton Clinic 2090 Greenwood Avenue Health Department Hamilton	1 st , 2 nd and 3 rd Tues 11:30 – 6:30 2 nd Tues. 2 nd , 3 rd and 4 th Fri 9:15 -3:45	
19	East Windsor WIC Clinic Environmental Center at Etra Park East Windsor	1 st , 2 nd & 4 th Friday 9:30 – 3:30	(609) 989-3636 Cell 609-638-2998 on clinic days only
22	Princeton Hank F. Pannell Learning Center 2 Clay Street & Witherspoon Street Princeton, NJ	3 rd Friday 9:30- 3:30	(609) 989-3636
25	Ewing Community Center Hollowbrook Drive Ewing	2 nd Friday 9:15 - 3:45	(609) 883-7704 (not WIC exclusively)
30 Admin (02)	Sam Naples Community Center 611 Chestnut Avenue Trenton NJ	Monday 8:30 -7 pm Wed. 8:30 - 7 pm	(609) 989-3656 or -3655

18 UMDNJ WIC PROGRAM (All Essex county)

65 BERGEN STREET

RM. GA-04

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 (Health Start) Martland Bldg. Room GA-06 65 Bergen Street Newark, NJ 07107	Mon, Tue, Thur, and Fri 8:30-4:30pm Wed 8:30 -6:00 pm	(973) 972 -3416
04			
05	Ivy Hill Apt. Senior Citizen Center 230 Mt. Vernon Place Newark, NJ 07103	2 nd , 3 rd , 4 th and 5 th Wed 7:00am-2:00 pm	(973) 416 - 8826
06			
07			
70	University Hospital Maternity Unit on F-Green Bergen St. Newark, NJ 07103	Mon. 9:45 -2:15 Tues. 9:00 – 2:15	
71	University Hospital OBGYN Doctor's Office 90 Bergen Street Newark, NJ 07103	Mon 9:30 am – 2:30 pm	(973) 972-2726

19 OCEAN COUNTY WIC PROGRAM (All Ocean County)

OCEAN COUNTY HEALTH DEPARTMENT

175 SUNSET AVENUE

P.O. 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 Health Department 175 Sunset Avenue Toms River, NJ 08755	M - F 8:00-5:00 1st, 2nd & 4th Monday 5:00 - 8:30	(732) 341-9700 Ext. 7520
07	Brick Presbyterian Church (effect 12/14/04) 111 Drum Point Road Brick, N.J. 08723	Tuesday 9:30 -12:00 Noon NE/Check 2:00-3:00	(732) 691--7307
09	Berkeley HeadStart 264 First Ave. South Toms River, NJ 08757	Wednesday 9:00 – 4:00 AM: cert/recert, PM: NE/check pickup	(732) 341-2802
14	Southern Ocean Resource Ctr. Recovery Road, Manahawkin	T 9:00-4:00 NE/Check 2:00 – 3:00	(609) 978-0376
15	The First Presbyterian Church 210 East Main St. Tuckerton, NJ 08087	Friday 9:30 – 4:00 AM – cert/recert PM – NE check p-u	(609) 296-8894 © (732) 779-7989
16	Ortley Beach First Aid Squad Rt. 35 at 6 th Ave Ortley Beach, NJ	Wed. 9:00 – 3:00	© (732) 779-7989
17	Forked River Baptist Church—Lacey WIC site 21 Haines Street (Lower Level) Lanoka Harbor, NJ 08734	Thursday 9:30 – 4:30 Pm. NE/check P-U	(732)691-7307
72	Medical Ctr of Ocean County Brick Prenatal Clinic, (Health Start) 425 Jack Martin Blvd. Brick, NJ	Wednesday 8:30 – 12:00 Pm NE/check P-U	(732) 840-3290
73	Southern Ocean County Hospital Healthstart Clinic 1140 Route 72 West Manahawkin, NJ 08050	Wednesday 1:00 – 3:00	(609) 978-3165
74	Community Med Ctr Prenatal, (Health Start) 301 Lakehurst Road, 3 rd floor Toms River, NJ 08753	Tuesday & Thursday 8:00 - Noon	(732) 818 -3388
12 Admin	Northern Ocean Resource Center 225 4th Street Lakewood, NJ 08701	M-F 8:00-5:00 1st & 3rd Thursday 5:00-7:00	(732) 370-0122
08	Jackson Elks Lodge 1050 East Veterans Highway Jackson, NJ 08527	1 st , 3 rd , and 5 th Monday 9:00 – 4:00	(732) 370 –0122 internal use (732) 363-4101
71			

20 PASSAIC WIC PROGRAM (City of Passaic, in Passaic County)

199 MADISON STREET
 PASSAIC, NEW JERSEY 07055
 (973) 365-5620

Coordinator: **Dana Hordyszynski**

Site Code	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Main Office 199 Madison Street Passaic, NJ 07055	Monday - Friday 8:30 - 4:00	(973) 365-5620
02	The Senior Center 330 Passaic St. Passaic, NJ 07055	Monday - Wednesday 4:00 - 7:00	(973) 365-5616
03	NHCAC 110 Main Ave Passaic, NJ 07055	Opening soon Tues. 1:00 – 4:00 pm	(973) 777-0256
05	St. Mary's Hospital (Health Start) 211 Pennington Avenue Passaic, NJ 07055 Contact person: Ellen Shapiro	Thursday 1:00-4:00	(973) 470-3019

22 TRINITAS WIC PROGRAM (All Union County)

TRINITAS HOSPITAL
 1124 E. JERSEY STREET
 ELIZABETH, NJ 07201
 (908) 994-5141

Coordinator: **Anita Otokiti**

SITE CODE	NAME AND ADDRESSES	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Main Site 1124 East Jersey Street Elizabeth	Monday-Friday 8:30 – 4:30	(908) 994-5141
02	Hillside Health Dept. Municipal Building Liberty Ave. and Hillside Ave Hillside, NJ 07205	Friday* 9:00 – 2:30 2 nd & 4 th in October & November 1 st & 3 rd in December	(908) 926-4535
03			
04	Union Township CHC Vauxhall Fire House 2493 Vauxhall Road Union, NJ 07083	1 st & 3 rd Tuesday 9:00 – 3:30 Except July & August Friday Instead	(908) 686-7258
05	Summit Health Dept. City Hall 512 Springfield Summit, NJ	Fridays, 9:00 – 3:00 Except July & August Tuesday Instead	