State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
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FRED M. JACOBS, M.D., J.D.
Commissioner

TO: **ALL PARTIES INTERESTED IN THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN INFANTS AND CHILDREN (WIC)**

FROM: **Celeste Andriot Wood**
Assistant Commissioner
Division of Family Health Services

DATE: **April, 2005**

RE: **NOTICE OF PUBLIC HEARING – MAY 17, 2005**
WIC FFY 2006 STATE STRATEGIC PLAN

Available for your review on our New Jersey Department of Health and Senior Services Website (www.state.nj.us/health/fhs/famhlth.htm - in PDF format) will be an electronic draft of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) FFY 2006 State Strategic Plan for Federal Fiscal Year 2006. Prior to the application being finalized, a public hearing will be held on May 17, 2005 from 9:30 am to 12:00 pm at the State House Annex, Committee Room 1, 1st Floor, 125 West State Street, Trenton, New Jersey.

The hearing will focus on the New Jersey WIC FFY 2006 State Strategic Plan of Operations in accordance with WIC Program Consolidated Regulations, 7 CFR Chapter II, Part 246, Subpart B, 246.4(b). Interested parties may provide verbal testimony at the public hearing. Testimony should not exceed five (5) minutes in length and should be accompanied by eight (8) written copies. Those interested in testifying should contact Ms. Tory Mele at (609) 777-7753 between the hours of 9:30 am to 5:30 pm, no later than Thursday, May 12, 2005, to arrange for a place on the testimony agenda.

Individuals not able to attend this hearing may submit written comments by the close of business no later than May 26, 2005, to: Ms. Tory Mele, Department of Health and Senior Services, Division of Family Health Services, OAC, Capital Center Building, 6th Floor, 50 East State Street, P.O. Box 364, Trenton, New Jersey 08625-0364.

Additional information about the hearing, or a hard copy of the WIC FFY 2006 State Strategic Plan may be obtained by contacting Ms. Lisa West at (609) 292-9560. If there is a need for sign language interpretation, please contact Ms. Mele before May 5, 2005.

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM

FOR

WOMEN, INFANTS AND CHILDREN (WIC)

FFY 2006

STATE STRATEGIC PLAN

DRAFT FOR PUBLIC COMMENT

DUNS #806418075

NEW JERSEY DEPARTMENT OF HEALTH

& SENIOR SERVICES

FAMILY HEALTH SERVICES
WIC SERVICES
PO BOX 364
TRENTON, NEW JERSEY
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DRAFT 2006 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 findings that a substantial number of pregnant, breastfeeding and postpartum women, infants and children from families with inadequate income are at special risk in respect to their physical and mental health. Inadequate nutrition and preventive health care are predominant factors contributing to increased health risks. This program provides eligible participants with supplemental foods containing nutrients, as determined by scientific nutritional research to be absent or at minimal levels in the diet, to promote good health. Nutrition education is the cornerstone of the program. Participants receive both individual and peer/group-counseling sessions designed to improve health status and develop positive changes in dietary habits. This educational process emphasizes the relationship between nutrition, health, and the participant's personal, cultural and socio-economic preferences. The program also serves as an adjunct to primary preventive health care during critical times of development and growth for the developing fetus, infant and child in order to prevent health problems and improve health status of vulnerable populations.

Since its beginning in 1974, the WIC Program has earned the reputation of being one of the most successful Federally-funded nutrition programs in the United States. WIC saves lives and improves the health of nutritionally at-risk women, infants and children. The results of studies conducted by United States Department of Agriculture (USDA) Food and Nutrition Services (FNS) and other non-government entities prove that WIC is a cost-effective nutrition intervention program. The following summarizes some of the findings:

- ***Improved Birth Outcomes and Savings in Health Care Costs***

- ***Improved Diet and Health-Related Outcomes***

- ***Improved Infant Feeding Practices***

- ***Improved Immunization Rates and Regular Source of Medical Care***

- ***Improved Cognitive Development***

- ***Improved Preconception Nutritional Status***

1.1.1 Improved Birth Outcomes and Savings in Health Care Costs

Research has shown that the WIC Program has been playing an important role in improving birth outcomes and containing health care costs. A series of reports published by USDA over the last few years based on linked 1988 WIC and Medicaid data on over 100,000 births found that Medicaid eligible pregnant women in five States who participated in WIC during their pregnancies had more full-term pregnancies, fewer premature births, lower incidence of moderately low and very low birth weight infants, fewer infant deaths, a greater likelihood of women receiving prenatal care, and a savings in health care costs of from $1.77 to $3.13 for each dollar spent on WIC.

1.1.2 Improved Diet and Health-Related Outcomes

Studies have found WIC to have a positive effect on children's diet and health-related outcomes such as:

- increased nutrient density in the diet by higher mean intakes of iron, vitamin C, niacin, folate, and vitamin B6, without an increase in food energy intake;
- a less likely diagnosis of Failure to Thrive than children who had not participated in WIC;
- more effective than other cash income or food stamp programs at improving preschoolers' intake of key nutrients; and
- a decline in the rate of iron deficiency anemia from 7.8 percent in 1975 to 2.9 percent in 1985, which the Centers for Disease Control and Prevention attributed to both a general improvement in iron nutrition and participation in WIC and other public nutrition programs.

1.1.3 Improved Infant Feeding Practices

- WIC promotes breastfeeding as the optimal 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 nonparticipants;

- Between 1995 and 2000, the percentage of WIC mothers breastfeeding in the hospital increased from 46.6 percent to 56.8 percent, while the percentage for non-WIC mothers breastfeeding in the hospital increased from 71 percent to 77.8 percent;
- The percentage of WIC infants breastfeeding at six months of age increased from 12.7 percent to 20.1 percent, while for non-WIC infants, the percentage breastfeeding at six months of age increased from 29.2 percent to 40.7 percent; and,
- For those WIC infants who are fed infant formula, 100 percent receive iron-fortified formula, which is recommended for nearly all non-breastfed infants for the first year of life.

1.1.4 Improved Immunization Rates and Regular Source of Medical Care

A regular schedule of immunizations is prescribed for children from birth to 2 years of age, which coincides with the period in which many low-income children participate in WIC. Studies have found:

- significantly improved rates of childhood immunization and of having a regular source of medical care associated with WIC participation; and
- that between June 1995 and May 1996, in a three-city study, immunization coverage of WIC participants improved from 24 to 33 percentage points within 12-15 months of starting interventions.

1.1.5 Improved Cognitive Development

Cognitive development influences school achievement and behavior. Participation in the WIC Program has been shown to:

- improve vocabulary scores for children of mothers who participated in WIC prenatally; and
- significantly improve memory of children enrolled in WIC after the first year of life.

1.1.6 Improved Preconception Nutritional Status

Preconception nutritional status is an important determinant of birth outcome. A previous pregnancy can cause nutritional depletion of the postpartum woman, particularly those with high parity and short interpregnancy intervals. One study found:

- women enrolled in WIC during pregnancy and postpartum periods delivered infants with higher mean birth weights in a subsequent pregnancy than women who only received WIC prenatally and

- women who received postpartum benefits had higher hemoglobin levels and lower risk of maternal obesity at the onset of the subsequent pregnancy.

1.1.7 Other Improved Outcomes

WIC participation has also been shown to:

- increase the likelihood of children having a regular provider of medical care and
- improved growth rates of infants and children.

References:

Vandeman A. The Effects of WIC on Children's Health and Development Poverty Research News. March - April 2001. 5:2, 6-9.

Oliveira V, Gundersen C. WIC Increases the Nutrient Intake of Children. Food Review. January - April 2001. 24:1, 27-30.

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 four 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.

1.2.1 New Jersey 1992 WIC Evaluation Study Results

1.2.1.1 Cost of Infant Hospitalization

The average cost of infant hospitalization at delivery for the WIC-Medicaid participant group was $1,903 while that of the non-WIC Medicaid Participant group had an average cost of $2,680. Similarly, Blacks and non-Blacks in the WIC-Medicaid participant group had a lower average cost of infant hospitalization at delivery ($2,239 and $1,695 respectively) than Blacks and non-Blacks in the non-WIC Medicaid participant group ($3,485 and $2,121 respectively). This result holds even when the average WIC food check and administrative costs were added to the cost of infant hospitalization after delivery.

1.2.1.2 Low Birthweight

The prevalence of low birthweight among infants in WIC-Medicaid participant group (6.3%) was almost two times lower than that of the non-WIC Medicaid group (11.7%). In addition, the prevalence rate of low birthweight for Black infants in the WIC-Medicaid participant group (9.3%) was lower than the rate for Black infants (17.3%) in the non-WIC Medicaid participant group. This is also true for their non-Black counterparts.

1.2.1.3 Infant Mortality Rates

Infant mortality rates for infants in the WIC-Medicaid participant group were: a) more than two times lower (6.1 per 1000 births) than that of infants in the non-WIC Medicaid participant group (14.1 per 1000 births); b) lower than the Statewide infant mortality in the non-WIC Medicaid participant group (6.7 per 1000 births); c) lower than that of Black infants in the non-WIC Medicaid group (22.3 per 1000 births); and d) the same result was also noted among non-White in the non-WIC Medicaid participant group (8.1 per 1000 births).

1.2.1.4 Length of Hospital Stay

The length of hospital stay after delivery for infants in the WIC-Medicaid participant group (3.6 days) was shorter than that of the non-WIC Medicaid participant group (5.0 days). Both Black and non-Black in the WIC-Medicaid participant group had fewer days of hospital stay after delivery than their counterparts in the non-WIC Medicaid participant group.

1.2.1.5 Benefit to Cost Ratio

The benefit to cost ratio analysis showed that for every dollar spent in WIC participation, Medicaid saved $5.60 in hospitalization cost. The WIC participation benefit to cost ratio for Black infants was $9.60 while that of non-Blacks was $2.60.

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 more enhanced and efficient program services.

1.3 Local Agency Overview

New Jersey WIC Services are provided to more than 150,000 women, infants and children who have inadequate income and are at special risk in respect to their physical and mental health. The ethnic distribution of New Jersey WIC participants is composed of 29% Black, 46% Hispanic, 17% White, and 8% Other.

1.3.1 Access to Services through a Client Centered Delivery System

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 23 members with 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 5.0 Strategies. The Strategies are: Outreach and Marketing, Caseload/Food Funds Activities, Quality Nutrition Services and Supplemental Food.

1.8 2006 Objectives

Objectives

- To improve client services through technology and collaboration of services;
- To reduce barriers to accessing WIC services, especially for at risk families;
- To increase awareness of the benefits of WIC services to the general population of New Jersey; and
- To ensure adequate administrative funding to local agencies for effective WIC services.

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 is responsible for the Administration and Operations of the Service Unit that includes: 1) Performing payroll activities for over 50 employees in New Jersey WIC Services; 2) managing WIC's main telephone; 3) completing and coordinating the preparation of all personnel actions for New Jersey WIC Services; and 4) providing administrative direction to program staff concerning interpretation of policies and procedures for travel/training requests, purchase orders, consultant agreements and other fiscal forms.

2.1.1.2 Program Integrity Section

The Program Integrity Section is responsible for internal controls, efficiency and effectiveness of Program Operations, the State Plan, monitoring annual USDA Nutrition Services and Administrative (NSA) Budget, monitoring and reporting on annual Operational Adjustment and Infrastructure Funding, Proficiency Testing, monitoring Subgrants and Letters of Understanding, Civil Rights and programmatic monitoring USDA State Technical Assistance Reviews (STAR), BRIGHT STAR reviews made of NJ WIC local agencies, Federal Fiscal Reviews conducted by NJ Family Health Services Fiscal Unit, and all other State and federal audits and reviews performed on NJ WIC Services or the NJ WIC Program.

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 provide technical assistance in nine out of eleven functional areas of the WIC program. The H&AS 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 relevant credentialing organization. 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).

Health and Ancillary Services manages the Didactic Curriculum in Dietetics Program in conjunction with the University of Medicine & Dentistry of New Jersey and directs the New Jersey Department of Health and Senior Services/WIC Services Alternative Dietetic Internship Program.

2.1.2.2 Nutrition Education

H&AS 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 documented for all WIC participants, including the high risk.

In addition to the Nutrition Education Plan, H&AS reviews and purchases nutrition education materials for local WIC agencies and translates materials into Spanish and other languages as needed. Nutrition education is more effective when 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.

New Jersey WIC Services reviewed the draft policy on (VENA) Value Enhanced Nutrition Assessment – WIC Nutrition Assessment Guidance. Both VENA guidance and Nutrition Risk Criteria revision 8 will be issued in 2005 and State agencies need to submit a VENA implementation plan by August 15, 2006.

2.1.2.3 Breastfeeding Promotion and Support

The State WIC office oversees all the breastfeeding promotion and support services provided for WIC participants by the local agencies and four 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; and tracking and compiling the breastfeeding rates and trends.

2.1.2.4 WIC Food Packages

The Health and Ancillary Services Unit identifies and provides local agencies with a list of foods that are acceptable for use in the program and ensures that staff make available at least one item from each food group in the WIC food package prescription. 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.

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. Health and Ancillary Services oversees the eligibility process (income screening, residency, ID, adjunctive eligibility, nutritional assessment and risk determination).

The Health and Ancillary Services Unit is responsible for updating the National Nutrition Risk Criteria. The WIC Policy Memorandum 98-9, revision 7 – Nutrition Risk Criteria needs to be implemented by October 1, 2005.

2.1.2.6 Access to Health Care

New Jersey WIC Services serves as an adjunct to primary preventive health care during critical times of fetal development, and 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 and HealthStart forms are used by all local agencies to collect screening and healthcare referral data. The HealthStart WIC referral form facilitates the enrollment of eligible pregnant women in each program and reduces the duplication of services. Pregnant women who are eligible for HealthStart are adjunctively eligible for WIC. Many local WIC agencies send 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 2005. The State and local agencies in New Jersey work in cooperation with healthcare and social service providers, Medicaid, NJ 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. As WIC co-locates with other services, utilization of such by the WIC eligible population is increased, as is WIC's participation by users of those services.

The State Health and Ancillary Services Unit staff continues to work 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 a total of 166 clinic sites of which 120 are co-located with other health and/or human services programs. H&AS 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" population. These initiatives include the following:

- Co-location with preventive and primary healthcare (North Hudson Community Action Corporation);
- Utilization of four mobile WIC clinics to provide increased access to services in underserved areas (Newark, Ocean, Tri-County and North Hudson WIC Programs);
- Providing immunization education and referral to children's medical homes or health departments;
- Providing breastfeeding promotion and support services through regional Maternal and Child Health Consortia and WIC local agencies;
- Coordination with the NJ 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 the "5-A-Day for Better Health" Program; 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 may 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 queried via a voter registration opportunity form that is available at all clinics 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 first 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 170 service sites throughout the state that provides direct benefits to more than 154,000 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 issue over 500,000 checks per month, and these checks have a value of more than $80 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 720 contracted WIC grocery stores (vendors) to ensure compliance with the Vendor Agreement and program integrity.

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.

2.1.5 WIC Management Information Systems

The WIC Management Information Systems Unit (MIS) is responsible for all data and technology functions for New Jersey WIC Services. MIS 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 MIS Unit supports the computers used by State WIC staff.

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 MIS 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, application implementation, resource management and liaison for the State and local agencies to the ASP.

The MIS Unit provides the necessary evaluation tools and training in use of the 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. MIS Unit also audits local agencies for compliance with Federal regulations that are considered MIS in nature.

MIS is also 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.

2.1.5.2 Quality Assurance Section

The MIS 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. A pilot test 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 MIS Unit provides technical and logistical support to the State and local agency staff and its associated facilities. In conjunction with the ASP help desk, MIS staff provides field support assistance to local agencies at 43 administrative sites and over 175 clinic satellite sites throughout the State of New Jersey. MIS also provides the same support to State WIC personnel located at WIC's State Office facilities.

MIS identifies and develops all specifications and allocations for new hardware and software applications. MIS researches and processes all purchase orders for ADP equipment and services. The MIS 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.

MIS 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.

2.2 Local Agency Operations

Direct WIC services are provided on a monthly basis to approximately 148,000 women, infants and children at 166 administrative and clinic sites in the 18 local agencies listed below. The agencies consist of three hospitals, eleven municipal/county health departments, and four private/nonprofit organizations.

Local Agency	**Type of Agency**	**# Of Administrative/ Satellite Clinics**
Atlantic	Local Government	4/2
Burlington County	Local Government	1/12
Camden County	Local Government	3/3
East Orange	Local Government	3/1
Tri-County	Non Profit	4/9
Gloucester County	Local Government	1/2
Newark	Local Government	5/8
Jersey City	Local Government	1/4
North Hudson Community Action Corporation	Non Profit	2/16
NORWESCAP	Non Profit	3/10
Plainfield	Local Government	1/0
St. Joseph's Regional Medical Center	Hospital	2/14
Trenton	Local Government	2/4
UMDNJ	Hospital	1/3
Ocean County	Local Government	2/11
Passaic	Local Government	1/2
Trinitas	Hospital	1/3
Visiting Nurse Assoc. of CNJ	Non Profit	3/22

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.

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 December. 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 2005 budget was approved in January 2005.

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.

3.1.3 Infant Formula Rebate

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, 2004. The infant formula rebate funds are used to cover food costs thereby reducing the USDA food grant.

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 support the Breastfeeding Peer Counselor 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 2005 is the first year of the implementation of the newly 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 to fund the agencies for FFY 2005.

This new 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 was compared to the new base grant to determine those over or under. To bring all agencies to the new equitable funding, the grants for all agencies will be adjusted, either increased or decreased, over a three-year period.

The formula was evaluated during the FFY2005 and it was determined to bring all local agencies up to their AGP base grant amounts during FFY2005.

3.2.4 Breastfeeding Initiative

USDA funding supports Breastfeeding (BF) promotion and support. Six local agencies and four MCH Consortia are funded to provide BF services at the WIC sites throughout the State. The funding formula for breastfeeding is based on the USDA formula and 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 plus a State increase.

Special Breastfeeding Peer Counselor Funding has been appropriated by Congress through September 30, 2005, 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. New Jersey WIC Services' share of the funds is $295,418.

During FFY2005, $293,400 was provided to nine 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 are 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 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 2005 and FFY 2006 Funding

3.3.1 Preliminary Funding

The preliminary budget for FFY 2005 is determined from specific correspondences provided to the State Agency from the USDA. To date, as of March 18, 2005, the State has been given a preliminary estimate as shown in Table 1. This will affect next year's budget (FFY 2006) 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 2005 budget and the succeeding FFY 2006 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 2005 and FFY 2006 Funding Sources

Table 2. Preliminary FFY 2005 and FFY 2006 Funding Distribution

Table 3. Grantee Preliminary NSA Base Funding

Table 4. Estimated Food Dollar Breakdown

*USDA Food Grant and Estimated Formula Rebate Chart

Table 5. New Jersey WIC USDA Participation by Region

* NJ Population in 2000 Census Chart

* USDA Participation Chart

Chart 1. Preliminary FFY 2005 Funding Sources

Chart 2. FFY 2005 Preliminary Funding Distribution

Chart 3. FFY 2005 Grantee Preliminary USDA NSA Distribution

Chart 4. Preliminary FFY 2005 USDA Grantee Funded Activities

Table 1. Preliminary FFY 2005 Funding Sources (Funding Data as of March 2005)

PRELIMINARY FFY 2005 USDA FUNDING						
	USDA FOOD	USDA NSA	**TOTAL USDA Food & NSA**	**Projected Infant Formula Rebate**	**TOTAL Food, NSA & Rebate**	**TOTAL USDA Food & Rebate**
(b)	(c)	(d)	(e)	(f)	(g)	(h)
			(c + d)		(e + f)	(c + f)
New Jersey Base	**$ 68,617,481**	**$ 22,088,115**	**$ 90,705,596**	**$ 33,600,000**	**$ 124,305,596**	**$ 102,217,481**
Operation Adjustment		$ 2,570,284				
January Reallocation	$ 112,839	$ 32,416				
Spendforward		$ 1,431,910				
Grand Total	**$ 68,730,320**	**$ 26,122,725**	**$ 94,853,045**	**$ 33,600,000**	**$ 128,453,045**	**$ 102,330,320**
PRELIMINARY FFY 2006 USDA FUNDING						
New Jersey Base	**$ 68,617,481**	**$ 22,088,115**	**$ 90,705,596**	**$ 33,600,000**	**$ 124,305,596**	**$ 102,217,481**
Operation Adjustment	**Not Guaranteed**					
January Reallocation	**Not Guaranteed**					
Spendforward	**Not Guaranteed**					
Grand Total	**$68,617,481**	**$22,088,115**	**$ 90,705,596**	**$ 33,600,000**	**$ 124,305,596**	**$ 102,217,481**
PRELIMINARY Administrative FUNDS from OTHER SOURCES						
	FFY 2005		**FFY 2006**			
State Cola	$ 316,000		Not Guaranteed			
Immunization COLA	$ 180,000		Not Guaranteed			
MCH Funds	$ 294,000		$ 450,000			
Family Care	$ 1,091		Not Guaranteed			
USDA Breast-feeding Peer Counselor - 2 year	$ 281,965		Not Guaranteed			
USDA Infrastructure	2 Year Grant $100,000		Upspent portion of $100,000			
Total Other Funds		**$ 1,173,056**		**$450,000**		
Total NSA & Other Funds	**$ 27,295,781**		**$ 22,538,115.00**			

Table 2 Preliminary FFY 2005 and FFY 2006 Funding Distribution

	PRELIMINARY	Percent	PRELIMINARY	Percent
PRELIMINARY	FFY 2005		FFY 2006	
USDA Funding Distribution				
Guaranteed USDA NSA Base to Grantees				
Local WIC Agencies Base	$13,811,500	52.87%	$13,811,500	60.92%
Funding Formula Equity Adjustment	$759,200	2.91%	$759,200	3.35%
MCH Consortia Base BF Initiative	$644,400	2.47%	$644,400	2.84%
LA Base BF Initiative	$397,800	1.52%	$397,800	1.75%
Grantee Base	**$15,612,900**	59.77%	**$15,612,900**	68.87%
Other USDA Funding				
Add-on LA Projects + Hot Line	$518,980	1.99%	Not Guaranteed	
USDA Immunization	$0	0.00%	Not Guaranteed	
Regional Operational Adjustment Funds	$718,260	2.75%	Not Guaranteed	
Sub-Total	$1,237,240	4.74%	$0	0.00%
Total USDA Funds to LA Grantees	**$16,850,140**	64.50%	**$15,612,900**	68.87%
State Budget to Support Grantee Operations				
Computer and Banking Services	$3,118,737	11.94%	$2,508,870	11.07%
Nutrition Educational Materials and Supplies	$100,000	0.38%	$0	0.00%
Grants In Aid Audit Fee	$505,504	1.94%	$0	0.00%
Sub-Total	**$3,724,241**	14.26%	**$2,508,870**	11.07%
Sub-total USDA Funding Distribution for LA's	**$20,574,381**	78.76%	**$18,121,770**	79.93%
State Budget State Operations				
Salaries, Fringe Benefits, and Indirect Cost	$4,549,729	17.42%	$4,549,729	20.07%
Other Support Services	$998,615	3.82%	$0	0.00%
Sub-Total	**$5,548,344**	21.24%	**$4,549,729**	20.07%
Total USDA Funding	**$26,122,725**	100.00%	**$22,671,499**	100.00%

Table 3: Grantee Preliminary NSA Base Funding

	Preliminary Grant Award FFY 2005	Preliminary Grant Award FFY 2006
Atlantic	$467,700	$467,700
Burlington County	$537,200	$537,200
Camden County	$1,098,000	$1,098,000
East Orange	$595,900	$595,900
Tri-County	$838,800	$838,800
Gloucester County	$432,600	$432,600
Jersey City	$1,064,600	$1,064,600
Newark	$1,113,200	$1,113,200
North Hudson Community Action Program*	$984,200	$984,200
NORWESCAP*	$532,500	$532,500
Plainfield	$447,000	$447,000
St. Joseph's Hospital and Medical Center*	$1,599,100	$1,599,100
Trenton	$792,100	$792,100
UMDNJ	$599,000	$599,000
Ocean County*	$874,000	$874,400
Passaic*	$531,400	$531,400
Trinitas	$791,500	$791,500
Visiting Nurse Association*	$1,271,500	$1,271,500
WIC Grantee Total	**$1,457,700**	**$1,457,700**
Northwest NJ MCH Network*	merged	Merged -Gateway
Central NJ MCH Network*	$77,500	$77,500
Southern NJ Perinatal Cooperative, Inc.*	$207,600	$207,600
Hudson Perinatal Consortium, Inc*	$148,300	$148,300
Gateway Northwest MCH Network *	$211,000	$211,000
GRAND TOTAL	**$15,215,100**	**$15,215,100**

*Provides Breastfeeding Initiative Services

Table 4. ESTIMATED FOOD DOLLOR BREAKDOWN

	FOOD DOLLARS	PERCENT	REDEEMED PARTICIPATION	
USDA FOOD GRANT	$68,730,320	67.02%	1,118,498	Served by USDA Grant
EST. FORMULA REBATE 2-23-05	$33,817,063	32.98%	550,329	Formula Rebate
TOTAL DOLLARS	**$102,547,383**		**1,668,827**	

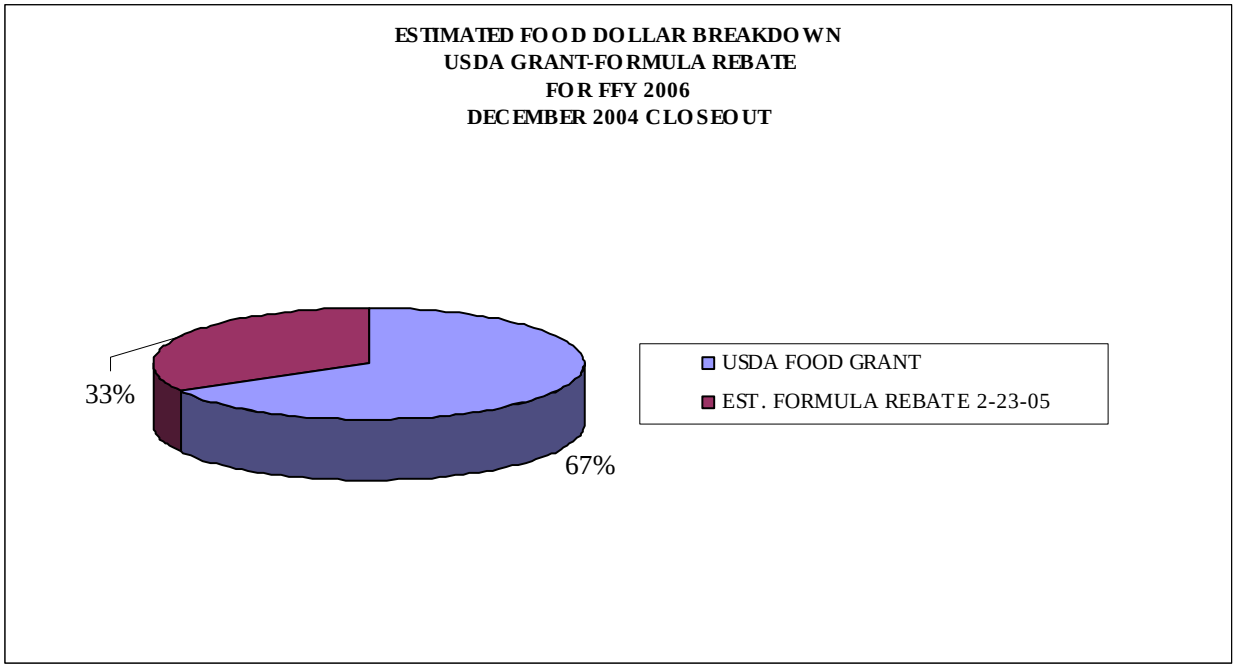
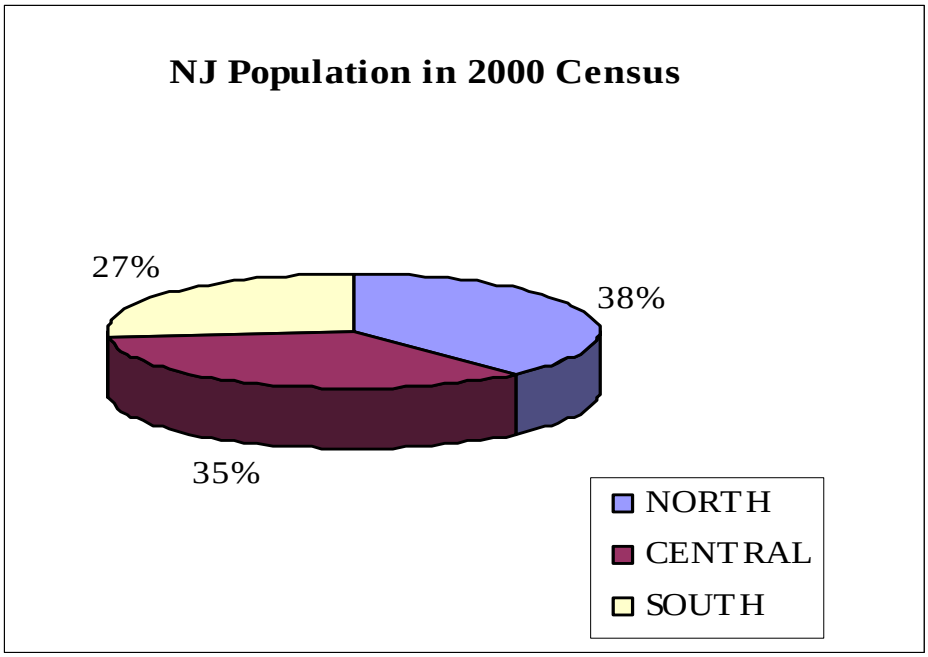
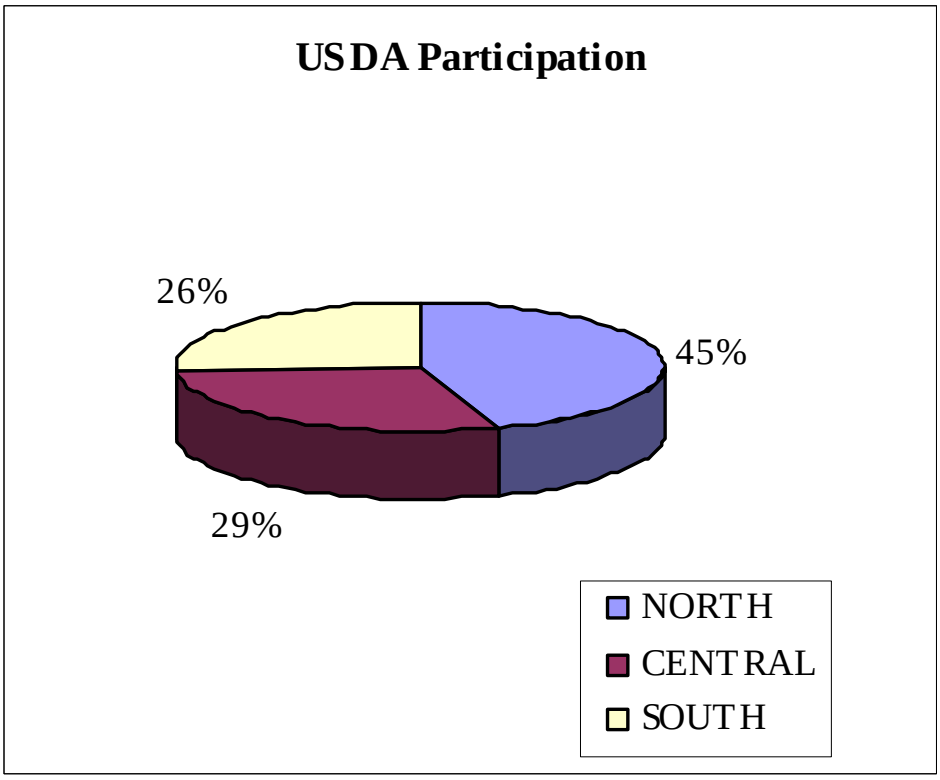


Table 5. **NJ WIC USDA PARTICIPATION BY REGION DECEMBER 2004**

REGION	YEAR 2000 CENSUS POPULATION	% POPULATION	USDA PARTICIPATION	% USDA PARTICIPATION
NORTH	3,245,987	38.58%	64,638	44.83%
CENTRAL	2,904,847	34.52%	41,578	28.84%
SOUTH	2,263,516	26.90%	37,957	26.33%
STATE	8,414,350		144,173	

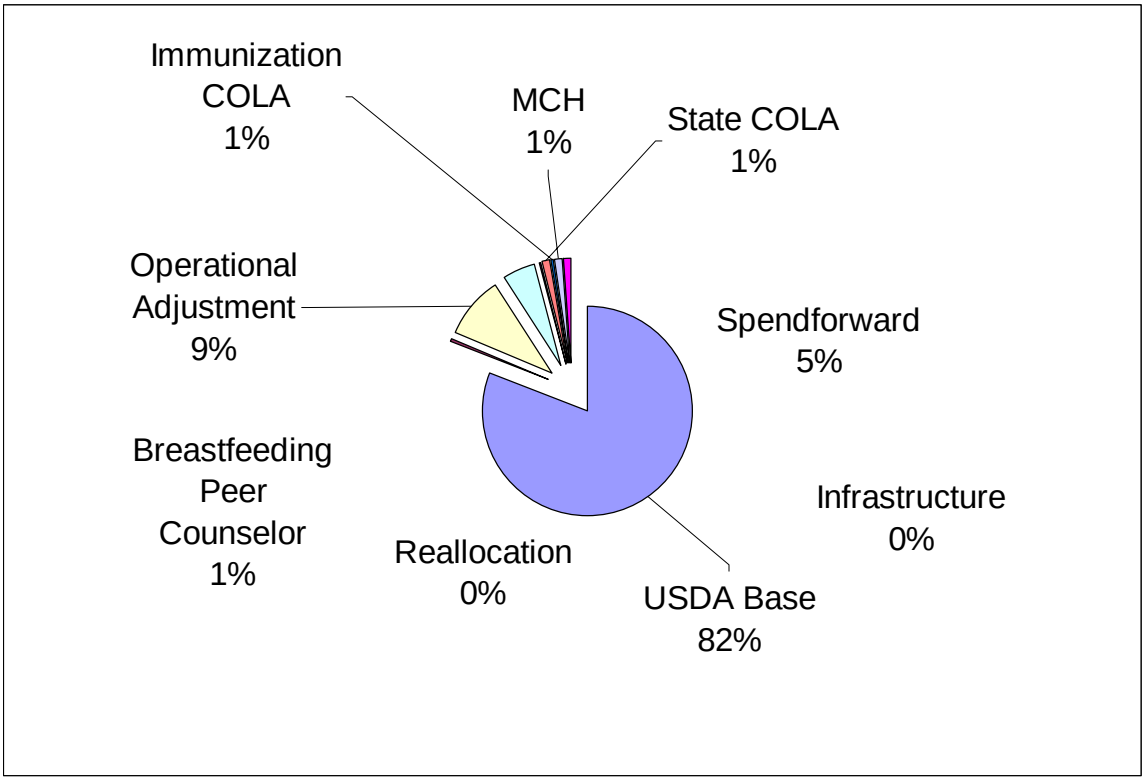
NORTH		CENTRAL		SOUTH	
LOCALS	**COUNTIES**	**LOCALS**	**COUNTIES**	**LOCALS**	**COUNTIES**
E. Orange	Bergen	VNA	Hunterdon	Atlantic	Atlantic
Jersey City	Essex	NORWESCAP	Mercer	Burlington	Burlington
Newark	Hudson	Plainfield	Middlesex	Camden	Camden
North Hudson	Morris	Trenton	Monmouth	Test City	Cape May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


NJ Population in 2000 Census
27%
38%
35%
NORTH
CENTRAL
SOUTH


USDA Participation
26%
45%
29%
NORTH
CENTRAL
SOUTH

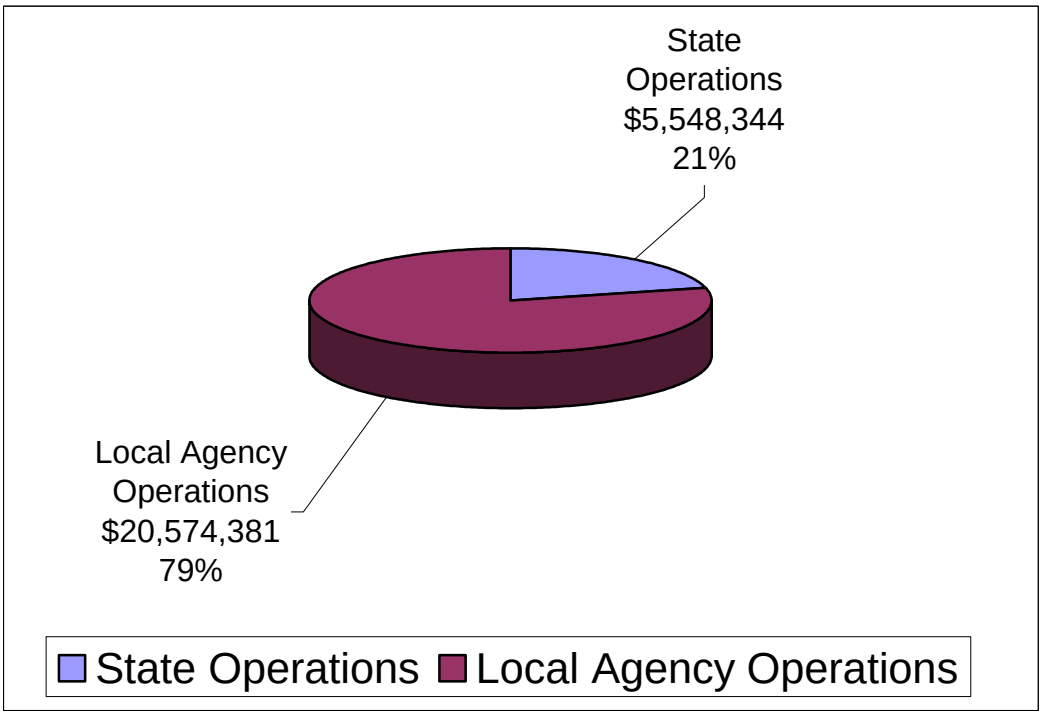
Preliminary FFY 2005 Funding Sources

Chart 1

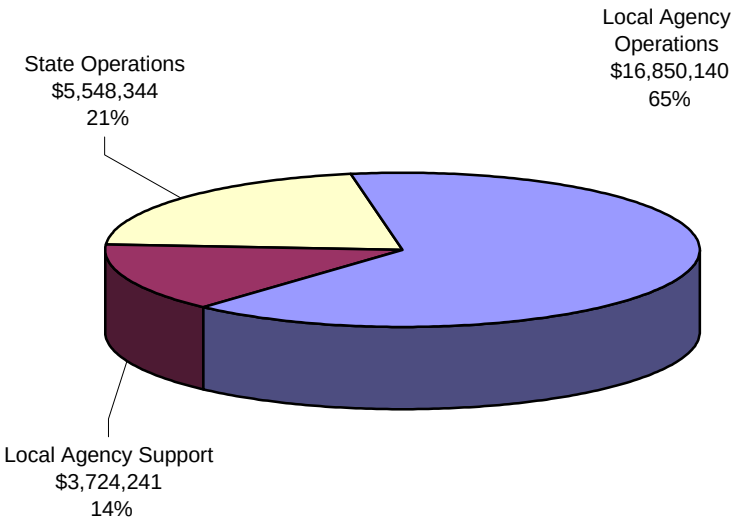


FFY 2005 Preliminary Funding Distribution

Chart 2

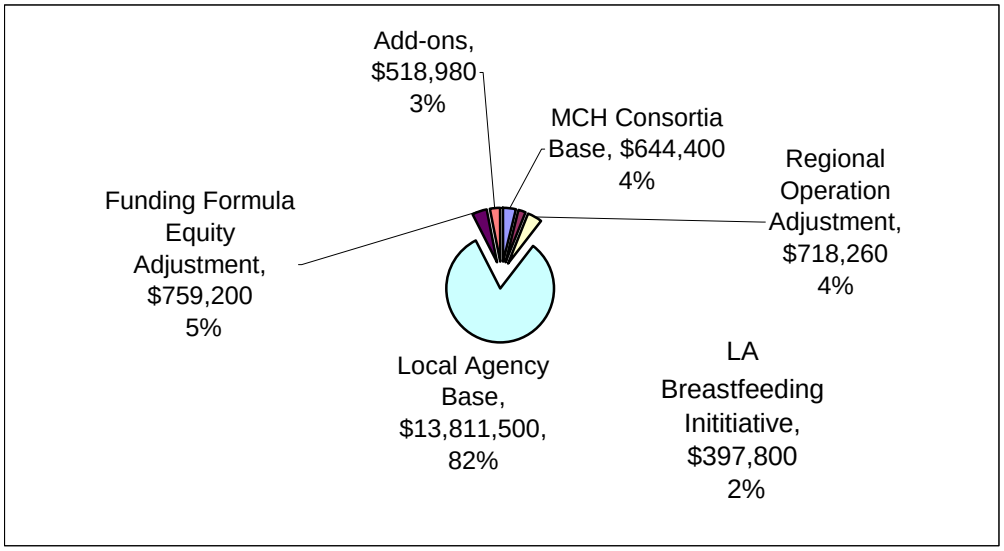


FFY 2005 PRELIMINARY USDA NSA DISTRIBUTION
Chart 3



Preliminary FFY 2005 USDA Grantee Funded Activities

Chart 4



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 720 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.

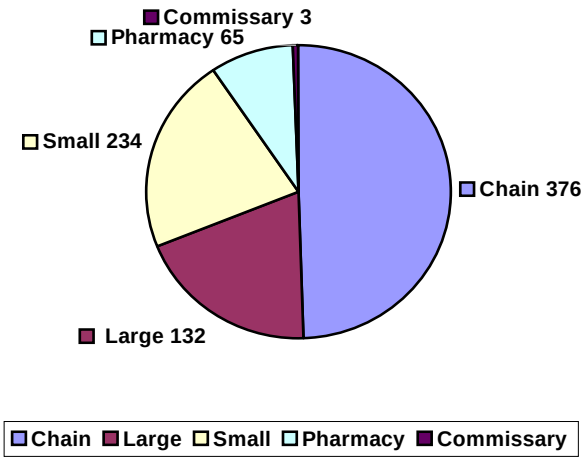
The vendors are categorized into peer groups of similar type with comparable prices. Peer group 1 is chain vendors who are a corporation that own 11 or more stores. Peer group 2 is large independent vendors that have 4 or more registers. Peer group 3 is small independent vendors that have 1-3 registers. 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.

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 2004 provided the total number of checks and dollar amounts for the checks. There were 810 vendors, which includes vendors that were terminated during the fiscal year, that redeemed over 6and ½ million checks in the amount of approximately $88,563,653 (Refer to Charts 1 and 2)

Number of Vendors By Store Type FFY 2004

CHART 1



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 2000, 2001, and 2002, 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,

$$Zi=(Xi-X)/S$$

The rate minus the mean rate divided by the standard deviation of the rate. The purpose of the conversion to standard scores was to have the rates in a common scale with a mean of zero and a variance of one. Such standardization allows one to assign weights to each variable to produce a composite score for each area that is not influenced by the variance of the individual criterion variable. The composite score is the weighted sum of the five criteria variables:

$$Tj = WIZIj + W2Z2j + W5z5j.$$

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

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

Refer to Tables 1-5. An asterisk denotes a municipality over 30,000 for the first time in the 2000 census.

Table 1 New Jersey WIC Affirmative Action Ranking for FFY 2006

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 2006

AREA	WEIGHTED TOTAL SCORE 2000-2002	RANK
Camden City	10.583	1
East Orange City	9.114	2
Newark City	7.783	3
Atlantic City	7.274	4
Trenton City	7.193	5
Irvington Town	6.471	6
CUMBERLAND COUNTY (Balance)	4.835	7
Plainfield City	4.766	8
Pennsauken Township	4.715	9
Vineland City	4.651	10
Orange City	4.488	11
Jersey City	4.194	12
New Brunswick City	3.823	13
Willingboro Township	3.599	14
Paterson City	3.524	15
Linden City	3.385	16
Perth Amboy City	3.065	17
Hackensack City	2.961	18
ATLANTIC COUNTY (Balance)	2.527	19
Elizabeth City	1.986	20
Passaic City	1.942	21
Ewing Township	1.870	22
Union Township	1.441	23
*Long Branch City	1.279	24
CAMDEN COUNTY (Balance)	0.712	25
Bayonne City	0.690	26
Winslow Township	0.351	27
*Egg Harbor Township	0.343	28
SALEM COUNTY (Total)	0.264	29
Union City	0.248	30
*Galloway Township	0.194	31
Bloomfield Town	0.166	32
Gloucester Township	0.165	33
CAPE MAY COUNTY (Total)	0.006	34
Hamilton Township	-0.003	35
GLOUCESTER COUNTY (Balance)	-0.099	36
West New York Town	-0.108	37
Berkeley Township	-0.344	38
Franklin Township	-0.565	39
BURLINGTON COUNTY (Balance)	-0.790	40
Manchester Township	-0.836	41

AREA	WEIGHTED TOTAL SCORE 2000-2002	RANK
MIDDLESEX COUNTY (Balance)	-0.867	42
Woodbridge Township	-0.964	43
Teaneck Township	-1.160	44
MONMOUTH COUNTY (Balance)	-1.171	45
UNION COUNTY (Balance)	-1.229	46
Edison Township	-1.260	47
Washington Township	-1.262	48
Piscataway Township	-1.278	49
Brick Township	-1.292	50
North Brunswick Township	-1.330	51
Dover Township	-1.343	52
North Bergen Township	-1.380	53
Belleville Town	-1.407	54
East Brunswick Township	-1.439	55
Kearny Town	-1.530	56
OCEAN COUNTY (Balance)	-1.636	57
HUDSON COUNTY (Balance)	-1.687	58
WARREN COUNTY (Total)	-1.690	59
PASSAIC COUNTY (Balance)	-1.727	60
West Orange Township	-1.735	61
Clifton City	-1.752	62
Montclair Town	-1.807	63
Cherry Hill Township	-1.921	64
Sayreville Borough	-2.033	65
*Manalapan Township	-2.122	66
MERCER COUNTY (Balance)	-2.162	67
Howell Township	-2.226	68
Mt. Laurel Township	-2.232	69
*South Brunswick Township	-2.281	70
Parsippany-Troy Hills	-2.322	71
Wayne Township	-2.453	72
Evesham Township	-2.458	73
Jackson Township	-2.470	74
Lakewood Township	-2.492	75
BERGEN COUNTY (Balance)	-2.520	76
SOMERSET COUNTY (Balance)	-2.790	77

AREA	WEIGHTED TOTAL SCORE 2000-2002	RANK
SUSSEX COUNTY (Total)	-2.798	78
Bridgewater Township	-2.806	79
MORRIS COUNTY (Balance)	-2.888	80
ESSEX COUNTY (Balance)	-3.096	81
Middletown Township	-3.128	82
Old Bridge Township	-3.244	83
*Hillsborough Township	-3.330	84
HUNTERDON COUNTY (Total)	-3.414	85
Fair Lawn Borough	-3.690	86
Hoboken City	-3.697	87
Fort Lee Borough	-3.801	88
*Freehold Township	-3.822	89
*Marlboro Township	-4.722	90

AREA	WEIGHTED TOTAL SCORE 2000-2002	RANK	TOTAL ELIGIBLE WOMEN & CHILDREN	ACTIVE ENROLLEES FIRST QUARTER FFY 2005	PERCENT ELIGIBLES ACTIVE ENROLLEES
Camden City	10.583	1	9,134	**5,829**	63.82%
East Orange City	9.114	2	4,066	**3,318**	81.60%
Newark City	7.783	3	20,503	**13,765**	67.14%
Atlantic City	7.274	4	3,305	**1,655**	50.08%
Trenton City	7.193	5	5,795	**6,170**	106.47%
Irvington Town	6.471	6	3,352	**2,998**	89.44%
CUMBERLAND COUNTY (Balance)	4.835	7	3,907	**4,319**	110.55%
Plainfield City	4.766	8	2,489	**2,966**	119.16%
Pennsauken Township	4.715	9	801	**928**	115.86%
Vineland City	4.651	10	2,168	**2,314**	106.73%
*Orange City	4.488	11	1,997	**1,847**	92.49%
Jersey City	4.194	12	12,521	**10,368**	82.80%
New Brunswick City	3.823	13	4,371	**3,487**	79.78%
Willingboro Township	3.599	14	495	**868**	175.35%
Paterson City	3.524	15	11,810	**10,054**	85.13%
Linden City	3.385	16	815	**665**	81.60%
Perth Amboy City	3.065	17	2,981	**3,038**	101.91%
Hackensack City	2.961	18	1,308	**1,178**	90.06%
ATLANTIC COUNTY (Balance)	2.527	19	3,997	**2,226**	55.69%
Elizabeth City	1.986	20	7,499	**5,921**	78.96%
Passaic City	1.942	21	6,377	**4,402**	69.03%
Ewing Township	1.870	22	396	**210**	53.03%
Union Township	1.441	23	707	**576**	81.47%
*Long Branch City	1.279	24	1,610	**1,313**	81.55%
CAMDEN COUNTY (Balance)	0.712	25	4,361	**3,153**	72.30%
Bayonne City	0.690	26	1,581	**1,259**	79.63%
Winslow Township	0.351	27	766	**729**	95.17%
*Egg Harbor Township	0.343	28	660	**327**	49.55%
SALEM COUNTY (Total)	0.264	29	1,536	**1,242**	80.86%
Union City	0.248	30	4,647	**4,047**	87.09%
*Galloway Township	0.194	31	602	**170**	28.24%
Bloomfield Town	0.166	32	814	**719**	88.33%
Gloucester Township	0.165	33	1,104	**472**	42.75%
CAPE MAY COUNTY (Total)	0.006	34	2,127	**1,623**	76.30%
Hamilton Township	-0.003	35	1,132	**958**	84.63%
GLOUCESTER COUNTY (Balance)	-0.099	36	4,129	**3,577**	86.63%
West New York Town	-0.108	37	2,859	**2,431**	85.03%
Berkeley Township	-0.344	38	435	**156**	35.86%
Franklin Township	-0.565	39	1,082	**682**	63.03%
BURLINGTON COUNTY (Balance)	-0.790	40	4,716	**4,246**	90.03%
Manchester Township	-0.836	41	375	**83**	22.13%

AREA	WEIGHTED TOTAL SCORE 2000-2002	RANK	TOTAL ELIGIBLE WOMEN & CHILDREN	ACTIVE ENROLLEES FIRST QUARTER FFY 2005	PERCENT ELIGIBLES ACTIVE ENROLLEES
MIDDLESEX COUNTY (Balance)	-0.867	42	2,828	**2,139**	75.64%
Woodbridge Township	-0.964	43	1,440	**914**	63.47%
Teaneck Township	-1.160	44	460	**303**	65.87%
MONMOUTH COUNTY (Balance)	-1.171	45	7,084	**5,398**	76.20%
UNION COUNTY (Balance)	-1.229	46	3,489	**2,413**	69.16%
Edison Township	-1.260	47	1,467	**1,220**	83.16%
Washington Township	-1.262	48	362	**131**	36.19%
Piscataway Township	-1.278	49	654	**35**	5.35%
Brick Township	-1.292	50	1,148	**352**	30.66%
North Brunswick Township	-1.330	51	621	**491**	79.07%
Dover Township	-1.343	52	1,289	**644**	49.96%
North Bergen Township	-1.380	53	2,085	**1,990**	95.44%
Belleville Town	-1.407	54	855	**716**	83.74%
East Brunswick Township	-1.439	55	356	**316**	88.76%
Kearny Town	-1.530	56	916	**787**	85.92%
OCEAN COUNTY (Balance)	-1.636	57	2,702	**1,400**	51.81%
HUDSON COUNTY (Balance)	-1.687	58	1,618	**1,338**	82.69%
WARREN COUNTY (Total)	-1.690	59	1,734	**1,472**	84.89%
PASSAIC COUNTY (Balance)	-1.727	60	2,044	**998**	48.83%
West Orange Township	-1.735	61	772	**589**	76.30%
Clifton City	-1.752	62	1,556	**1,414**	90.87%
Montclair Town	-1.807	63	555	**290**	52.25%
Cherry Hill Township	-1.921	64	686	**283**	41.25%
Sayreville Borough	-2.033	65	647	**471**	72.80%
*Manalapan Township	-2.122	66	282	**65**	23.05%
MERCER COUNTY (Balance)	-2.162	67	1,556	**1,005**	64.59%
Howell Township	-2.226	68	692	**200**	28.90%
Mt. Laurel Township	-2.232	69	346	**166**	47.98%
*South Brunswick Township	-2.281	70	422	**123**	29.15%
Parsippany-Troy Hills	-2.322	71	549	**248**	45.17%
Wayne Township	-2.453	72	365	**136**	37.26%
Evesham Township	-2.458	73	400	**130**	32.50%
Jackson Township	-2.470	74	593	**195**	32.88%
Lakewood Township	-2.492	75	7,304	**6,074**	83.16%
BERGEN COUNTY (Balance)	-2.520	76	9,953	**4,409**	44.30%
SOMERSET COUNTY (Balance)	-2.790	77	2,430	**2,264**	93.17%

AREA	WEIGHTED TOTAL SCORE 2000-2002	RANK	TOTAL ELIGIBLE WOMEN & CHILDREN	ACTIVE ENROLLEES FIRST QUARTER FFY 2005	PERCENT ELIGIBLES ACTIVE ENROLLEES
SUSSEX COUNTY (Total)	-2.798	78	1,708	**950**	55.62%
Bridgewater Township	-2.806	79	381	**161**	42.26%
MORRIS COUNTY (Balance)	-2.888	80	4,814	**2,430**	50.48%
ESSEX COUNTY (Balance)	-3.096	81	1,692	**605**	35.76%
Middletown Township	-3.128	82	604	**214**	35.43%
Old Bridge Township	-3.244	83	825	**49**	5.94%
*Hillsborough Township	-3.330	84	324	**230**	70.99%
HUNTERDON COUNTY (Total)	-3.414	85	1,074	**379**	35.29%
Fair Lawn Borough	-3.690	86	248	**70**	28.23%
Hoboken City	-3.697	87	938	**364**	38.81%
Fort Lee Borough	-3.801	88	588	**81**	13.78%
*Freehold Township	-3.822	89	285	**42**	14.74%
*Marlboro Township	-4.722	90	282	**55**	19.50%
TOTAL			221,353	**163,038**	73.66%

Table 2. Infant Perinatal Data

AREA	CENSUS POPULATION 2000	LIVE BIRTHS 2002	LIVE BIRTHS 2001	LIVE BIRTHS 2000	FETAL DEATHS 2002	FETAL DEATHS 2001	FETAL DEATHS 2000
Atlantic City	40,517	792	776	727	6	9	8
*Egg Harbor Township	30,726	464	448	403	4	1	0
*Galloway Township	31,209	393	338	377	1	0	6
ATLANTIC COUNTY (Balance)	150,100	1,904	1,900	1,914	6	19	17
Fair Lawn Borough	31,637	304	276	338	1	0	2
Fort Lee Borough	35,461	380	354	379	0	2	0
Hackensack City	42,677	656	652	633	4	6	8
Teaneck Township	39,260	514	461	489	4	4	3
BERGEN COUNTY (Balance)	735,083	8,698	8,794	9,058	43	45	40
Evesham Township	42,275	576	587	595	2	2	3
Mt. Laurel Township	40,221	468	499	459	3	2	2
Willingboro Township	33,008	373	360	346	1	2	3
BURLINGTON COUNTY (Balance)	307,890	3,961	3,761	3,623	30	17	21
Camden City	79,904	1,617	1,719	1,702	16	14	15
Cherry Hill Township	69,965	704	709	659	7	5	5
Gloucester Township	64,350	792	785	793	5	5	5
Pennsauken Township	35,737	430	448	453	3	4	2
Winslow Township	34,611	545	550	594	5	3	3
CAMDEN COUNTY (Balance)	224,365	2,660	2,792	2,827	16	16	15
CAPE MAY COUNTY (Total)	102,326	1,024	1,021	1,043	5	7	10
Vineland City	56,271	789	767	749	9	4	6
CUMBERLAND COUNTY (Balance)	90,167	1,293	1,337	1,277	10	15	9
Belleville Town	35,928	482	469	475	4	6	4
Bloomfield Town	47,683	590	653	600	1	4	8
East Orange City	69,824	1,240	1,099	1,183	11	19	17
Irvington Town	60,695	1,061	1,128	1,061	16	24	18
Montclair Town	38,977	488	515	490	3	5	3
Newark City	273,546	4,606	4,890	4,847	84	63	76
*Orange City	32,868	637	598	596	10	15	10
West Orange Township	44,943	600	581	616	5	5	2
ESSEX COUNTY (Balance)	189,169	2,407	2,298	2,288	8	12	9

AREA	CENSUS POPULATION 2000	LIVE BIRTHS 2002	LIVE BIRTHS 2001	LIVE BIRTHS 2000	FETAL DEATHS 2002	FETAL DEATHS 2001	FETAL DEATHS 2000
Washington Township	47,114	452	432	486	0	2	1
GLOUCESTER COUNTY (Balance)	207,559	2,602	2,634	2,692	17	22	9
Bayonne City	61,842	705	753	743	5	6	8
Hoboken City	38,577	536	477	410	0	2	0
Jersey City	240,055	3,743	3,854	3,926	32	29	33
Kearny Town	40,513	477	450	460	5	2	1
North Bergen Township	58,092	776	794	822	3	4	2
Union City	67,088	1,084	1,119	1,067	3	2	7
West New York Town	45,768	708	711	745	3	4	6
HUDSON COUNTY (Balance)	57,040	720	712	695	4	2	5
HUNTERDON COUNTY (Total)	121,989	1,503	1,476	1,441	4	7	9
Ewing Township	35,707	331	316	354	2	2	1
Hamilton Township	87,109	969	985	1,045	5	10	3
Trenton City	85,403	1,519	1,557	1,453	19	17	14
MERCER COUNTY (Balance)	142,542	1,745	1,732	1,820	11	20	16
East Brunswick Township	46,756	449	519	492	2	4	0
Edison Township	97,687	1,392	1,390	1,407	11	10	8
New Brunswick City	48,573	1,022	957	994	9	12	8
North Brunswick Township	36,287	545	562	495	3	2	3
Old Bridge Township	60,456	808	818	829	2	3	4
Perth Amboy City	47,303	867	878	870	8	9	9
Piscataway Township	50,482	697	742	717	6	4	4
Sayreville Borough	40,377	558	601	563	4	4	4
*South Brunswick Township	37,734	587	564	587	1	4	0
Woodbridge Township	97,203	1,197	1,266	1,270	5	7	8
MIDDLESEX COUNTY (Balance)	187,304	2,461	2,350	2,366	17	12	14
*Freehold Township	31,537	367	356	418	3	2	0
Howell Township	48,903	643	721	733	4	1	3
*Long Branch City	31,340	547	523	499	3	4	3
*Manalapan Township	33,423	369	325	353	2	3	1
*Marlboro Township	36,398	470	420	443	2	2	3
Middletown Township	66,327	772	817	772	7	6	2
MONMOUTH COUNTY (Balance)	367,373	4,754	4,946	4,828	36	31	36

AREA	CENSUS POPULATION 2000	LIVE BIRTHS 2002	LIVE BIRTHS 2001	LIVE BIRTHS 2000	FETAL DEATHS 2002	FETAL DEATHS 2001	FETAL DEATHS 2000
Parsippany-Troy Hills	50,649	575	632	615	5	1	6
MORRIS COUNTY (Balance)	419,563	5,650	5,890	5,823	22	34	20
Berkeley Township	39,991	296	273	197	1	3	1
Brick Township	76,119	844	886	889	7	3	3
Dover Township	89,706	933	965	889	4	5	9
Jackson Township	42,816	607	635	610	4	3	1
Lakewood Township	60,352	2,365	2,201	1,944	11	7	9
Manchester Township	38,928	222	196	211	1	0	2
OCEAN COUNTY (Balance)	163,004	1,783	1,782	1,802	6	6	11
Clifton City	78,672	963	990	982	1	4	5
Passaic City	67,861	1,551	1,596	1,516	6	13	9
Paterson City	149,222	2,843	2,954	3,010	22	15	18
Wayne Township	54,069	563	555	630	2	5	3
PASSAIC COUNTY (Balance)	139,225	1,774	1,779	1,798	8	11	5
SALEM COUNTY (Total)	64,285	738	783	811	3	3	5
Bridgewater Township	42,940	566	651	636	3	1	3
Franklin Township	36,634	918	935	835	4	5	4
*Hillsborough Township	50,903	538	477	530	0	4	3
SOMERSET COUNTY (Balance)	167,013	2,492	2,415	2,424	13	13	12
SUSSEX COUNTY (Total)	144,166	1,648	1,781	1,778	16	7	10
Elizabeth City	120,568	2,187	2,112	2,223	23	27	22
Linden City	39,394	467	484	475	4	7	11
Plainfield City	47,829	884	874	835	16	4	14
Union Township	54,405	657	586	615	6	6	4
UNION COUNTY (Balance)	260,345	3,404	3,526	3,579	25	26	19
WARREN COUNTY (Total)	102,437	1,351	1,346	1,328	7	5	3
TOTAL	8,414,350	114,642	115,626	115,374	781	804	767

Table 3. Neonatal and Infant Deaths

	NEONATAL DEATHS			INFANT DEATHS		
AREA	**2002**	**2001**	**2000**	**2002**	**2001**	**2000**
Atlantic City	11	4	6	13	10	9
*Egg Harbor Township	4	0	4	5	0	5
*Galloway Township	3	1	3	3	2	4
ATLANTIC COUNTY (Balance)	12	14	12	19	22	17
Fair Lawn Borough	1	0	1	1	0	1
Fort Lee Borough	1	0	1	1	2	2
Hackensack City	8	5	4	10	5	7
Teaneck Township	0	1	4	0	2	5
BERGEN COUNTY (Balance)	22	26	21	28	42	25
Evesham Township	1	5	1	2	6	1
Mt. Laurel Township	0	3	1	0	3	1
Willingboro Township	1	3	1	1	3	3
BURLINGTON COUNTY (Balance)	14	12	15	20	16	20
Camden City	24	19	17	28	30	24
Cherry Hill Township	1	3	3	1	4	3
Gloucester Township	4	3	4	4	4	6
Pennsauken Township	9	1	3	13	3	3
Winslow Township	1	1	3	4	4	4
CAMDEN COUNTY (Balance)	18	16	12	20	21	17
CAPE MAY COUNTY (Total)	3	5	6	5	8	7
Vineland City	6	9	5	9	13	6
CUMBERLAND COUNTY (Balance)	3	15	14	5	19	18
Belleville Town	1	0	1	2	0	2
Bloomfield Town	4	5	1	6	8	1
East Orange City	9	13	9	16	20	18
Irvington Town	7	7	6	10	11	7
Montclair Town	0	3	1	0	3	1
Newark City	26	29	40	42	63	61
*Orange City	1	2	2	4	4	4
West Orange Township	2	0	2	5	2	2
ESSEX COUNTY (Balance)	1	3	4	2	8	6

	NEONATAL DEATHS			INFANT DEATHS		
AREA	**2002**	**2001**	**2000**	**2002**	**2001**	**2000**
Washington Township	2	1	5	2	2	6
GLOUCESTER COUNTY (Balance)	13	11	7	16	18	10
Bayonne City	2	1	5	4	3	7
Hoboken City	0	1	0	1	1	0
Jersey City	33	31	27	43	40	36
Kearny Town	0	0	0	1	1	0
North Bergen Township	1	4	2	1	5	4
Union City	7	2	3	9	3	6
West New York Town	1	3	5	1	4	5
HUDSON COUNTY (Balance)	4	1	1	4	1	2
HUNTERDON COUNTY (Total)	2	4	3	3	5	4
Ewing Township	1	3	4	1	3	6
Hamilton Township	6	4	7	8	5	8
Trenton City	16	10	13	18	14	18
MERCER COUNTY (Balance)	3	5	6	3	5	6
East Brunswick Township	3	2	0	3	3	2
Edison Township	5	1	6	7	2	6
New Brunswick City	5	6	3	8	7	7
North Brunswick Township	1	3	2	1	4	2
Old Bridge Township	0	1	4	1	1	4
Perth Amboy City	7	3	8	10	5	9
Piscataway Township	1	4	5	2	4	7
Sayreville Borough	4	1	0	4	2	1
*South Brunswick Township	0	1	3	0	1	4
Woodbridge Township	3	2	6	4	2	9
MIDDLESEX COUNTY (Balance)	13	10	10	16	12	15
*Freehold Township	1	0	0	1	2	1
Howell Township	1	1	2	1	1	3
*Long Branch City	2	2	1	3	2	4
*Manalapan Township	0	1	3	0	1	3
*Marlboro Township	0	0	0	0	0	0
Middletown Township	0	2	2	2	2	3
MONMOUTH COUNTY (Balance)	10	8	9	15	12	21

	NEONATAL DEATHS			INFANT DEATHS		
AREA	**2002**	**2001**	**2000**	**2002**	**2001**	**2000**
Parsippany-Troy Hills	4	1	1	4	1	2
MORRIS COUNTY (Balance)	14	12	11	17	17	16
Berkeley Township	0	2	1	1	2	3
Brick Township	1	4	2	4	7	3
Dover Township	3	4	2	5	4	3
Jackson Township	2	0	2	2	1	3
Lakewood Township	6	5	5	6	5	7
Manchester Township	1	0	1	1	0	2
OCEAN COUNTY (Balance)	5	6	2	5	7	6
Clifton City	2	4	3	4	4	4
Passaic City	2	7	6	7	14	9
Paterson City	8	17	10	15	27	16
Wayne Township	1	1	1	2	3	1
PASSAIC COUNTY (Balance)	7	4	4	9	5	5
SALEM COUNTY (Total)	4	1	3	4	3	5
Bridgewater Township	0	2	1	0	4	1
Franklin Township	1	5	3	1	6	7
*Hillsborough Township	0	1	1	0	2	1
SOMERSET COUNTY (Balance)	4	4	4	6	5	7
SUSSEX COUNTY (Total)	3	3	3	5	5	6
Elizabeth City	6	8	4	9	15	7
Linden City	6	2	3	8	3	4
Plainfield City	5	5	5	7	9	8
Union Township	2	6	5	3	7	5
UNION COUNTY (Balance)	8	17	17	11	22	22
WARREN COUNTY (Total)	4	7	2	6	9	4
TOTAL	444	465	461	614	698	666

Table 4. Birth Data

	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 19 YEARS)		
AREA	**2002**	**2001**	**2000**	**2002**	**2001**	**2000**
Atlantic City	71	82	88	91	96	83
*Egg Harbor Township	44	38	29	13	17	21
*Galloway Township	24	20	27	6	11	12
ATLANTIC COUNTY (Balance)	164	157	150	126	126	134
Fair Lawn Borough	24	10	20	1	0	2
Fort Lee Borough	12	13	19	2	2	2
Hackensack City	58	59	55	22	27	32
Teaneck Township	32	26	47	7	8	10
BERGEN COUNTY (Balance)	610	520	591	86	97	108
Evesham Township	35	45	25	6	4	6
Mt. Laurel Township	33	39	30	4	10	8
Willingboro Township	48	41	42	40	35	26
BURLINGTON COUNTY (Balance)	293	274	236	173	136	183
Camden City	196	222	185	288	305	340
Cherry Hill Township	46	50	38	8	10	6
Gloucester Township	64	64	65	19	31	28
Pennsauken Township	47	39	35	42	42	36
Winslow Township	38	49	41	26	24	32
CAMDEN COUNTY (Balance)	229	219	218	104	114	125
CAPE MAY COUNTY (Total)	60	72	66	56	48	70
Vineland City	76	79	43	83	76	95
CUMBERLAND COUNTY (Balance)	101	131	98	170	180	168
Belleville Town	30	29	31	12	14	17
Bloomfield Town	42	58	42	12	17	14
East Orange City	157	152	183	99	93	126
Irvington Town	115	147	133	78	82	89
Montclair Town	33	37	24	7	11	15
Newark City	506	596	636	439	509	571
*Orange City	68	48	63	33	35	42
West Orange Township	35	39	41	9	11	9
ESSEX COUNTY (Balance)	168	151	167	11	15	20

	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 19 YEARS)		
AREA	**2002**	**2001**	**2000**	**2002**	**2001**	**2000**
Washington Township	30	30	29	9	9	8
GLOUCESTER COUNTY (Balance)	218	213	190	96	99	129
Bayonne City	61	53	62	22	37	25
Hoboken City	21	20	26	10	15	18
Jersey City	341	373	401	231	245	301
Kearny Town	38	45	24	20	10	22
North Bergen Township	58	42	45	29	26	34
Union City	65	61	76	76	63	76
West New York Town	42	41	47	37	39	40
HUDSON COUNTY (Balance)	52	39	34	13	20	32
HUNTERDON COUNTY (Total)	101	84	75	9	13	13
Ewing Township	31	26	39	9	9	19
Hamilton Township	80	74	75	28	38	36
Trenton City	185	162	170	182	203	199
MERCER COUNTY (Balance)	114	115	119	17	18	27
East Brunswick Township	32	56	22	3	2	5
Edison Township	105	135	97	13	10	14
New Brunswick City	86	77	84	103	110	118
North Brunswick Township	41	42	34	17	10	6
Old Bridge Township	46	51	43	11	12	18
Perth Amboy City	51	66	69	83	76	104
Piscataway Township	50	49	43	11	15	13
Sayreville Borough	42	40	31	6	5	7
*South Brunswick Township	47	43	44	7	7	6
Woodbridge Township	104	103	108	15	18	20
MIDDLESEX COUNTY (Balance)	184	160	184	54	50	43
*Freehold Township	20	16	24	4	2	6
Howell Township	55	43	56	10	12	15
*Long Branch City	53	39	33	35	50	38
*Manalapan Township	23	23	18	4	1	2
*Marlboro Township	26	16	23	1	0	1
Middletown Township	52	36	45	8	3	8
MONMOUTH COUNTY (Balance)	351	364	337	175	172	156

	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 19 YEARS)		
AREA	**2002**	**2001**	**2000**	**2002**	**2001**	**2000**
Parsippany-Troy Hills	34	44	36	3	1	6
MORRIS COUNTY (Balance)	375	376	359	62	64	70
Berkeley Township	18	18	12	6	13	9
Brick Township	58	69	67	15	13	16
Dover Township	62	67	68	21	29	22
Jackson Township	50	41	31	14	9	10
Lakewood Township	113	92	80	70	70	57
Manchester Township	12	14	15	11	5	15
OCEAN COUNTY (Balance)	143	135	109	61	51	71
Clifton City	66	68	65	34	26	30
Passaic City	105	119	116	120	144	167
Paterson City	281	307	281	265	266	326
Wayne Township	50	36	41	2	0	5
PASSAIC COUNTY (Balance)	151	119	120	24	31	28
SALEM COUNTY (Total)	45	59	72	59	58	77
Bridgewater Township	38	41	48	6	7	5
Franklin Township	84	78	56	25	17	23
*Hillsborough Township	45	40	21	4	4	2
SOMERSET COUNTY (Balance)	168	143	154	35	43	35
SUSSEX COUNTY (Total)	82	91	127	20	26	33
Elizabeth City	171	187	178	143	141	194
Linden City	36	35	42	17	19	37
Plainfield City	97	71	76	71	88	74
Union Township	48	65	46	20	14	15
UNION COUNTY (Balance)	225	261	242	41	64	73
WARREN COUNTY (Total)	100	103	62	38	45	43
TOTAL	8,921	8,922	8,699	4,608	4,833	5,432

Table 5. Infant Rates and Birth Ratio Data

AREA	LOW BIRTH WEIGHT RATE 2000-2002	INFANT DEATH RATE 2000-2002	PERINATAL DEATH RATE 2000-2002	TEEN BIRTH RATIO 2000-2002	1999 200% POVERTY RATE
Atlantic City	105.0	13.9	22.8	117.6	**49.9%**
*Egg Harbor Township	84.4	7.6	9.8	38.8	**18.0%**
*Galloway Township	64.1	8.1	17.8	26.2	**18.8%**
ATLANTIC COUNTY (Balance)	82.4	10.1	17.0	67.5	**24.7%**
Fair Lawn Borough	58.8	2.2	6.5	3.3	**9.8%**
Fort Lee Borough	39.5	4.5	7.1	5.4	**18.6%**
Hackensack City	88.6	11.3	19.4	41.7	**24.2%**
Teaneck Township	71.7	4.8	13.5	17.1	**10.9%**
BERGEN COUNTY (Balance)	64.8	3.6	8.5	11.0	**13.1%**
Evesham Township	59.7	5.1	10.2	9.1	**8.0%**
Mt. Laurel Township	71.5	2.8	9.7	15.4	**8.5%**
Willingboro Township	121.4	6.5	13.8	93.6	**15.2%**
BURLINGTON COUNTY (Balance)	70.8	4.9	11.7	43.4	**14.7%**
Camden City	119.7	16.3	24.7	185.2	**62.4%**
Cherry Hill Township	64.7	3.9	12.9	11.6	**11.4%**
Gloucester Township	81.4	5.9	13.8	32.9	**16.4%**
Pennsauken Township	90.9	14.3	20.8	90.2	**21.1%**
Winslow Township	75.8	7.1	13.5	48.5	**16.1%**
CAMDEN COUNTY (Balance)	80.4	7.0	14.7	41.4	**18.5%**
CAPE MAY COUNTY (Total)	64.1	6.5	13.5	56.3	**24.1%**
Vineland City	85.9	12.1	19.7	110.2	**33.3%**
CUMBERLAND COUNTY (Balance)	84.5	10.7	20.2	132.6	**35.7%**
Belleville Town	63.1	2.8	13.9	30.2	**21.1%**
Bloomfield Town	77.0	8.1	13.5	23.3	**15.8%**
East Orange City	139.7	15.3	26.2	90.3	**40.5%**
Irvington Town	121.5	8.6	28.3	76.6	**35.8%**
Montclair Town	63.0	2.7	14.6	22.1	**12.8%**
Newark City	121.2	11.6	25.2	105.9	**38.8%**
*Orange City	97.8	6.6	28.2	60.1	**50.4%**
West Orange Township	64.0	5.0	11.0	16.1	**15.1%**
ESSEX COUNTY (Balance)	69.5	2.3	6.3	6.6	**8.4%**

AREA	LOW BIRTH WEIGHT RATE 2000-2002	INFANT DEATH RATE 2000-2002	PERINATAL DEATH RATE 2000-2002	TEEN BIRTH RATIO 2000-2002	1999 200% POVERTY RATE
Washington Township	65.0	7.3	11.6	19.0	**9.3%**
GLOUCESTER COUNTY (Balance)	78.3	5.5	12.1	40.9	**18.1%**
Bayonne City	80.0	6.4	14.4	38.2	**25.3%**
Hoboken City	47.1	1.4	4.9	30.2	**24.1%**
Jersey City	96.8	10.3	19.4	67.4	**38.2%**
Kearny Town	77.1	1.4	7.9	37.5	**22.8%**
North Bergen Township	60.6	4.2	9.1	37.2	**30.9%**
Union City	61.8	5.5	9.4	65.7	**49.8%**
West New York Town	60.1	4.6	11.5	53.6	**46.7%**
HUDSON COUNTY (Balance)	58.8	3.3	11.2	30.6	**26.6%**
HUNTERDON COUNTY (Total)	58.8	2.7	7.4	7.9	**8.4%**
Ewing Township	95.9	10.0	13.9	37.0	**14.0%**
Hamilton Township	76.4	7.0	13.6	34.0	**13.3%**
Trenton City	114.2	11.0	22.9	128.9	**45.3%**
MERCER COUNTY (Balance)	65.7	2.6	12.9	11.7	**10.6%**
East Brunswick Township	75.3	5.5	10.9	6.8	**8.5%**
Edison Township	80.4	3.6	11.8	8.8	**12.5%**
New Brunswick City	83.1	7.4	17.3	111.3	**51.7%**
North Brunswick Township	73.0	4.4	11.2	20.6	**13.6%**
Old Bridge Township	57.0	2.4	7.7	16.7	**11.9%**
Perth Amboy City	71.1	9.2	18.1	100.6	**40.9%**
Piscataway Township	65.9	6.0	12.9	18.1	**10.9%**
Sayreville Borough	65.6	4.1	10.9	10.5	**13.4%**
*South Brunswick Township	77.1	2.9	7.4	11.5	**8.7%**
Woodbridge Township	84.4	4.0	10.6	14.2	**13.6%**
MIDDLESEX COUNTY (Balance)	73.6	6.0	11.6	20.5	**14.0%**
*Freehold Township	52.6	3.5	5.2	10.5	**8.7%**
Howell Township	73.4	2.4	8.5	17.6	**11.6%**
*Long Branch City	79.7	5.7	11.4	78.4	**36.0%**
*Manalapan Township	61.1	3.8	14.2	6.7	**9.4%**
*Marlboro Township	48.8	0.0	7.4	1.5	**7.5%**
Middletown Township	56.3	3.0	10.1	8.0	**8.7%**
MONMOUTH COUNTY (Balance)	72.4	3.3	11.5	34.6	**17.0%**

AREA	LOW BIRTH WEIGHT RATE 2000-2002	INFANT DEATH RATE 2000-2002	PERINATAL DEATH RATE 2000-2002	TEEN BIRTH RATIO 2000-2002	1999 200% POVERTY RATE
Parsippany-Troy Hills	62.6	3.8	12.0	5.5	**10.3%**
MORRIS COUNTY (Balance)	63.9	2.9	8.1	11.3	**9.7%**
Berkeley Township	62.7	7.8	12.9	36.6	**20.7%**
Brick Township	74.1	5.3	9.5	16.8	**15.2%**
Dover Township	70.7	4.3	10.7	25.8	**16.2%**
Jackson Township	65.9	3.2	8.6	17.8	**11.0%**
Lakewood Township	43.8	2.8	8.2	30.3	**41.3%**
Manchester Township	65.2	4.8	11.0	49.3	**22.3%**
OCEAN COUNTY (Balance)	72.1	3.4	8.0	34.1	**17.5%**
Clifton City	67.8	4.1	7.8	30.7	**18.8%**
Passaic City	72.9	6.4	12.5	92.4	**48.6%**
Paterson City	98.7	6.6	13.2	97.3	**47.0%**
Wayne Township	72.7	3.4	8.5	4.0	**7.3%**
PASSAIC COUNTY (Balance)	72.9	3.6	10.4	15.5	**13.3%**
SALEM COUNTY (Total)	75.5	5.1	9.4	83.2	**23.3%**
Bridgewater Township	68.5	2.7	8.0	9.7	**7.2%**
Franklin Township	81.1	5.2	11.4	24.2	**14.3%**
*Hillsborough Township	68.6	1.9	5.8	6.5	**7.2%**
SOMERSET COUNTY (Balance)	63.4	2.5	8.7	15.4	**11.6%**
SUSSEX COUNTY (Total)	57.6	3.1	10.1	15.2	**11.4%**
Elizabeth City	82.2	4.8	16.5	73.3	**41.2%**
Linden City	79.2	10.5	27.5	51.2	**20.4%**
Plainfield City	94.1	9.3	24.6	89.9	**33.9%**
Union Township	85.6	8.1	19.7	26.4	**13.8%**
UNION COUNTY (Balance)	69.3	5.2	13.1	16.9	**11.6%**
WARREN COUNTY (Total)	65.8	4.7	8.9	31.3	**15.4%**

4.2 Estimated Eligible WIC Participants Methodology for FFY 2006

The estimated total number of woman and children in New Jersey eligible for WIC participation as of January 1, 2003, was 221,353. Refer to Tables 6-8. This figure includes 176,654 children less than 5 years of age and 44,699 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 1998-2002 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 2002, and the estimated number of postpartum women, which is 50% of the number of live births and fetal deaths in 2001.

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 2002, this ratio was 1.377818214.

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

Stage 1: 3,825 x 0.499 = 1,909

Stage 2: 1,909 x 1.377818214 = 2,630

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:

Stage 1: 986 x 0.499 = 492

Stage 2: 425 x 1.371988125 = 675

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: 2,630 + 675 = 3,305.

The estimated eligible infants were determined by taking the number of live births for the year 2002 minus the number of infant deaths for 2002. 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 1.375576 in 2002.

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

Stage 1: 779 x 0.499 = 389

Stage 2: 389 x 1.375576 = 535

List of Tables:

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

AREA	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	TOTAL ESTIMATED ELIGIBLE WOMEN & CHILDREN	1999 200% POVERTY RATE
Atlantic City	3,825	2,630	535	986	675	3,305	49.9%
*Egg Harbor Township	2,093	519	114	572	141	660	18.0%
*Galloway Township	1,861	482	101	467	120	602	18.8%
ATLANTIC COUNTY (Balance)	9,367	3,188	640	2,387	809	3,997	24.7%
Fair Lawn Borough	1,472	199	41	367	49	248	9.8%
Fort Lee Borough	1,834	470	97	462	118	588	18.6%
Hackensack City	3,105	1,035	215	822	273	1,308	24.2%
Teaneck Township	2,450	368	77	618	92	460	10.9%
BERGEN COUNTY (Balance)	44,250	7,987	1,562	10,941	1,966	9,953	13.1%
Evesham Township	2,902	320	63	727	80	400	8.0%
Mt. Laurel Township	2,355	276	55	602	70	346	8.5%
Willingboro Township	1,906	399	78	461	96	495	15.2%
BURLINGTON COUNTY (Balance)	18,443	3,735	797	4,862	981	4,716	14.7%
Camden City	8,552	7,353	1,364	2,080	1,781	9,134	62.4%
Cherry Hill Township	3,486	548	110	885	138	686	11.4%
Gloucester Township	3,897	881	178	989	223	1,104	16.4%
Pennsauken Township	2,208	642	121	548	159	801	21.1%
Winslow Township	2,773	615	120	685	151	766	16.1%
CAMDEN COUNTY (Balance)	13,722	3,498	672	3,399	863	4,361	18.5%
CAPE MAY COUNTY (Total)	5,127	1,702	338	1,284	425	2,127	24.1%
Vineland City	3,752	1,721	357	978	447	2,168	33.3%
CUMBERLAND COUNTY (Balance)	6,306	3,102	633	1,643	805	3,907	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	2,346	682	139	598	173	855	21.1%
Bloomfield Town	2,968	646	127	773	168	814	15.8%
East Orange City	5,805	3,239	682	1,488	827	4,066	40.5%
Irvington Town	5,433	2,680	518	1,369	672	3,352	35.8%
Montclair Town	2,526	445	86	625	110	555	12.8%
Newark City	23,613	16,397	3,164	5,938	4,106	20,503	38.8%
*Orange City	2,957	1,581	338	782	416	1,997	50.4%
West Orange Township	2,971	618	124	742	154	772	15.1%
ESSEX COUNTY (Balance)	11,677	1,351	278	2,959	341	1,692	8.4%
Washington Township	2,268	291	58	556	71	362	9.3%
GLOUCESTER COUNTY (Balance)	13,295	3,316	644	3,273	813	4,129	18.1%
Bayonne City	3,628	1,265	244	909	316	1,581	25.3%
Hoboken City	2,187	726	177	641	212	938	24.1%
Jersey City	19,058	10,031	1,944	4,751	2,490	12,521	38.2%
Kearny Town	2,337	734	149	583	182	916	22.8%
North Bergen Township	3,922	1,670	329	980	415	2,085	30.9%
Union City	5,403	3,707	736	1,376	940	4,647	49.8%
West New York Town	3,557	2,289	454	890	570	2,859	46.7%
HUDSON COUNTY (Balance)	3,521	1,290	262	899	328	1,618	26.6%
HUNTERDON COUNTY (Total)	7,410	858	173	1,870	216	1,074	8.4%
Ewing Township	1,646	318	64	407	78	396	14.0%
Hamilton Township	4,960	909	176	1,221	223	1,132	13.3%
Trenton City	7,369	4,599	935	1,925	1,196	5,795	45.3%
MERCER COUNTY (Balance)	8,485	1,239	254	2,183	317	1,556	10.6%

Table 7: Pregnant and Postpartum Women

AREA	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	WOMEN TOTAL
Atlantic City	407	268	675
*Egg Harbor Township	86	55	141
*Galloway Township	76	44	120
ATLANTIC COUNTY (Balance)	485	324	809
Fair Lawn Borough	31	18	49
Fort Lee Borough	73	45	118
Hackensack City	164	109	273
Teaneck Township	57	35	92
BERGEN COUNTY (Balance)	1,173	793	1,966
Evesham Township	48	32	80
Mt. Laurel Township	41	29	70
Willingboro Township	58	38	96
BURLINGTON COUNTY (Balance)	600	381	981
Camden City	1,040	741	1,781
Cherry Hill Township	82	56	138
Gloucester Township	134	89	223
Pennsauken Township	94	65	159
Winslow Township	90	61	151
CAMDEN COUNTY (Balance)	507	356	863
CAPE MAY COUNTY (Total)	255	170	425
Vineland City	270	177	447
CUMBERLAND COUNTY (Balance)	476	329	805
Belleville Town	105	68	173
Bloomfield Town	96	72	168
East Orange City	517	310	827
Irvington Town	391	281	672
Montclair Town	65	45	110
Newark City	2,392	1,714	4,106
*Orange City	254	162	416
West Orange Township	94	60	154
ESSEX COUNTY (Balance)	208	133	341

AREA	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	WOMEN TOTAL
Washington Township	43	28	71
GLOUCESTER COUNTY (Balance)	485	328	813
Bayonne City	184	132	316
Hoboken City	133	79	212
Jersey City	1,473	1,017	2,490
Kearny Town	111	71	182
North Bergen Township	247	168	415
Union City	556	384	940
West New York Town	340	230	570
HUDSON COUNTY (Balance)	197	131	328
HUNTERDON COUNTY (Total)	131	85	216
Ewing Township	48	30	78
Hamilton Township	133	90	223
Trenton City	708	488	1,196
MERCER COUNTY (Balance)	190	127	317
East Brunswick Township	40	30	70
Edison Township	179	120	299
New Brunswick City	544	342	886
North Brunswick Township	76	53	129
Old Bridge Township	99	67	166
Perth Amboy City	365	249	614
Piscataway Township	78	56	134
Sayreville Borough	77	56	133
*South Brunswick Township	52	34	86
Woodbridge Township	167	119	286
MIDDLESEX COUNTY (Balance)	355	227	582
*Freehold Township	33	21	54
Howell Township	76	58	134
*Long Branch City	202	130	332
*Manalapan Township	36	21	57
*Marlboro Township	36	22	58
Middletown Township	69	49	118
MONMOUTH COUNTY (Balance)	833	580	1,413

AREA	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	WOMEN TOTAL
Parsippany-Troy Hills	61	45	106
MORRIS COUNTY (Balance)	564	393	957
Berkeley Township	63	39	102
Brick Township	132	93	225
Dover Township	156	108	264
Jackson Township	69	48	117
Lakewood Township	1,006	625	1,631
Manchester Township	51	30	81
OCEAN COUNTY (Balance)	321	215	536
Clifton City	187	128	315
Passaic City	776	535	1,311
Paterson City	1,376	957	2,333
Wayne Township	42	28	70
PASSAIC COUNTY (Balance)	244	162	406
SALEM COUNTY (Total)	177	126	303
Bridgewater Township	42	32	74
Franklin Township	135	92	227
*Hillsborough Township	40	24	64
SOMERSET COUNTY (Balance)	298	193	491
SUSSEX COUNTY (Total)	193	140	333
Elizabeth City	928	602	1,530
Linden City	98	69	167
Plainfield City	309	206	515
Union Township	93	56	149
UNION COUNTY (Balance)	406	282	688
WARREN COUNTY (Total)	215	142	357
	26,647	18,052	44,699

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

LOCAL AGENCY	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	TOTAL ESTIMATED ELIGIBLE CHILDREN	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	ESTIMATED ELIGIBLE WOMEN & CHILDREN
ATLANTIC CITY	16,974	5,354	1,373	6,727	4,370	1,041	683	1,724	8,451
BURLINGTON	24,899	3,634	966	4,600	6,468	726	467	1,193	5,793
CAMDEN	34,672	10,845	2,537	13,382	8,599	1,926	1,352	3,278	16,660
TRI-COUNTY	19,752	6,390	1,613	8,003	5,037	1,215	826	2,041	10,044
EAST ORANGE	15,822	5,821	1,432	7,253	4,008	1,082	747	1,829	9,082
GLOUCESTER	15,753	3,062	738	3,800	3,878	556	376	932	4,732
JERSEY CITY	22,818	9,113	2,247	11,360	5,770	1,696	1,157	2,853	14,213
VNACJ	92,143	17,192	4,335	21,527	23,343	3,261	2,196	5,457	26,984
NEWARK	34,732	12,592	3,102	15,694	8,799	2,343	1,615	3,958	19,652
NORTH HUDSON	24,394	8,629	2,129	10,758	6,151	1,606	1,094	2,700	13,458
NORWESCAP	38,472	4,851	1,216	6,067	9,706	915	616	1,531	7,598
PLAINFIELD	16,556	3,492	895	4,387	4,212	673	446	1,119	5,506
ST. JOSEPH'S	103,068	20,290	4,968	25,258	25,666	3,737	2,556	6,293	31,551
TRENTON	23,652	5,850	1,484	7,334	6,043	1,121	762	1,883	9,217
UMDNJ	12,987	4,724	1,163	5,887	3,290	878	605	1,483	7,370
OCEAN	32,490	8,308	2,342	10,650	8,583	1,758	1,133	2,891	13,541
PASSAIC	15,012	4,650	1,140	5,790	3,751	858	589	1,447	7,237
TRINITAS	25,667	6,510	1,667	8,177	6,519	1,255	832	2,087	10,264
TOTAL	569,863	141,307	35,347	176,654	144,193	26,647	18,052	44,699	221,353

4.3 Disclaimers and Notes for FFY 2006 WIC Affirmative Action Plan

The Data Source for the 2006 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 SYSTEM[1]

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 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.

[1] Available at http://www.cdc.gov/pednss/.

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).

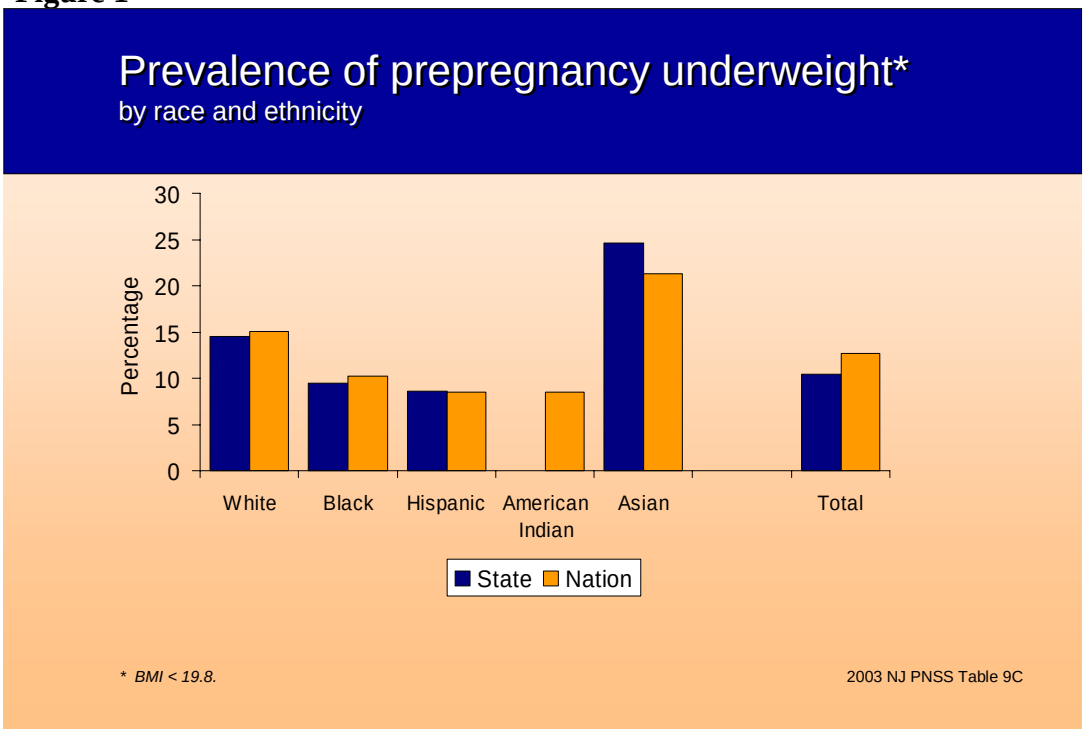
Table 2

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 a low birthweight infant, fetal growth problems, perinatal mortality and other pregnancy complications (IOM, 1996). New Jersey PNSS data for 2003 shows that 10.5% of women have a prepregnancy BMI that indicates underweight compared with 12.7% of all women records in PNSS (Figure1). Rates of prepregnancy underweight have declined since 1999 for all groups from 13.1% to 10.5%. However, these rates have increased for Asian/Pacific Islanders from 21.0% to 24.6%.

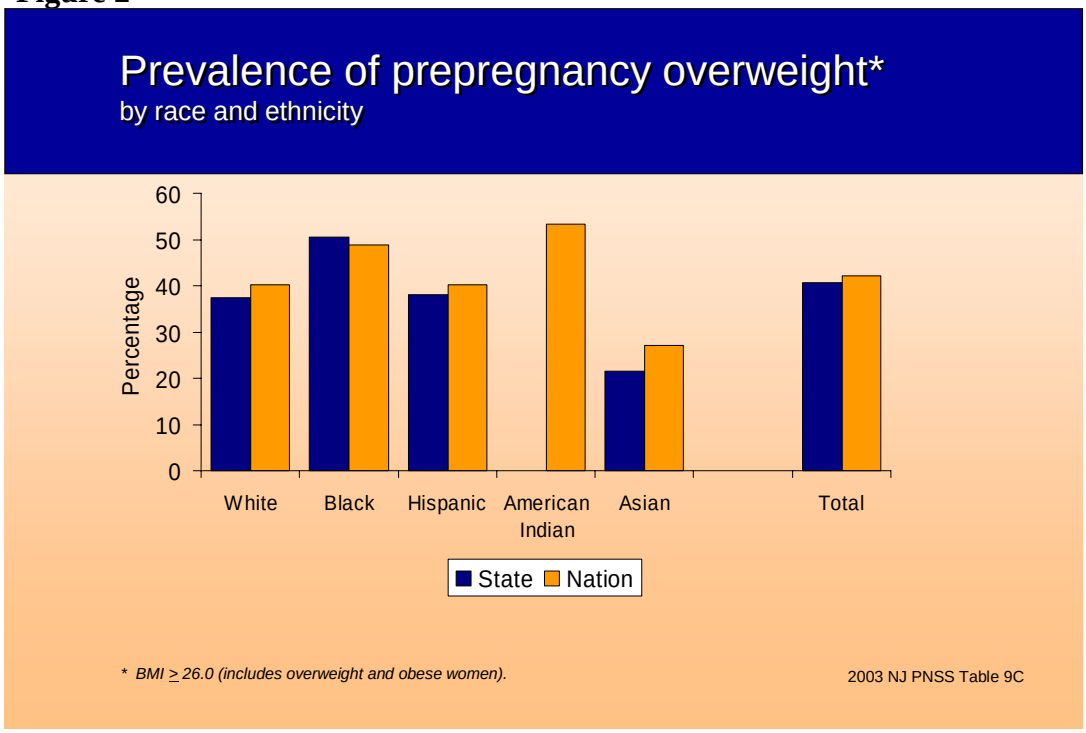
Figure 1



Overweight

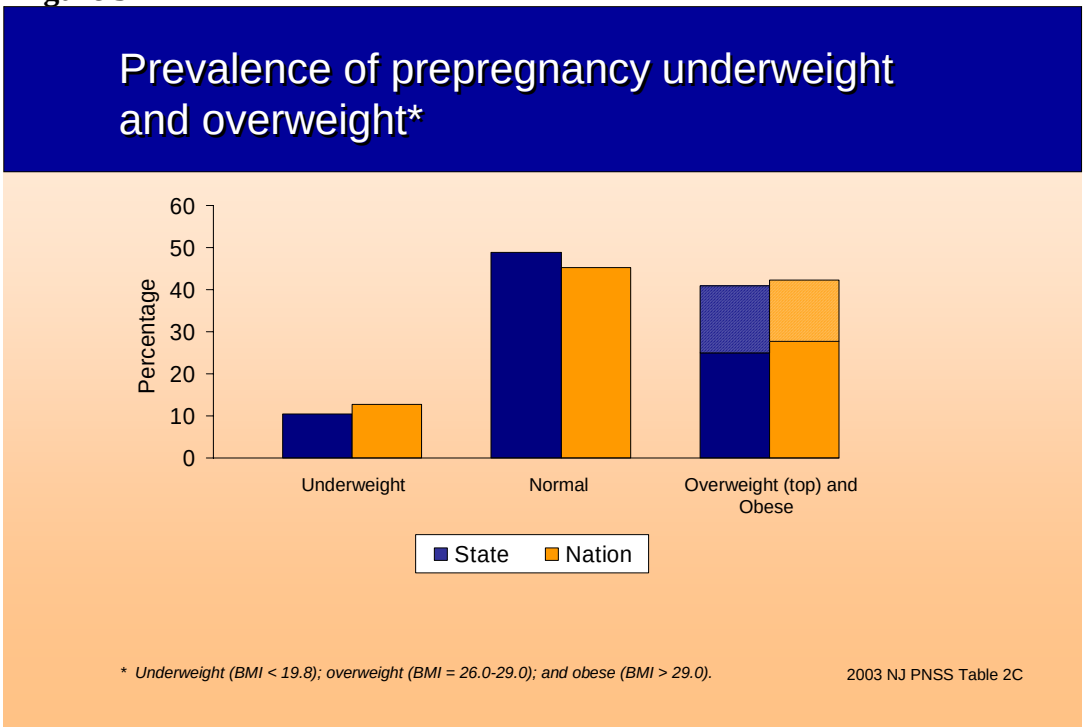
Overweight is defined as a BMI greater than 26.0 up to 29.0. Being overweight prior to pregnancy is a risk factor for postpartum weight retention of prenatal weight gain. (IOM, 1996) New Jersey PNSS data for 2003 shows that 40.7% of women have a prepregnancy BMI that indicates overweight compared to a national rate of 42.2%. Since 1999, rates of prepregnancy overweight increased from 37.1% to 40.7%. The rates increased for all racial ethnic groups except Asian/Pacific Islanders, which declined from 26.1% to 21.5%. Black women have the highest rates, 50.5%, while rates for Hispanic women are increasing most rapidly, from 29.9% to 38.0% (Figure 2).

Figure 2



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 2003 PNSS, 24.9% of New Jersey women were obese, compared to a national prevalence of 27.8%. New Jersey WIC participants have less prepregnancy overweight and underweight 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	At least 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 of fetal growth, and is associated with smaller average birthweights and an increased risk of delivering an infant with fetal growth restriction. (IOM)

Of New Jersey WIC women who begin pregnancy underweight, 32.9% achieve Ideal Weight Gain while 25.9% gain more than the Ideal. Of those who begin pregnancy at normal weight, 27.0% gain less than Ideal and 34.8% gain more than Ideal. Of those who begin pregnancy overweight, 12.8% gain less than Ideal and 57.4% gain more than Ideal weight. Of those who begin pregnancy obese, 20.8% gain less than Ideal and 48.2% gain more than Ideal weight (Figure 4).

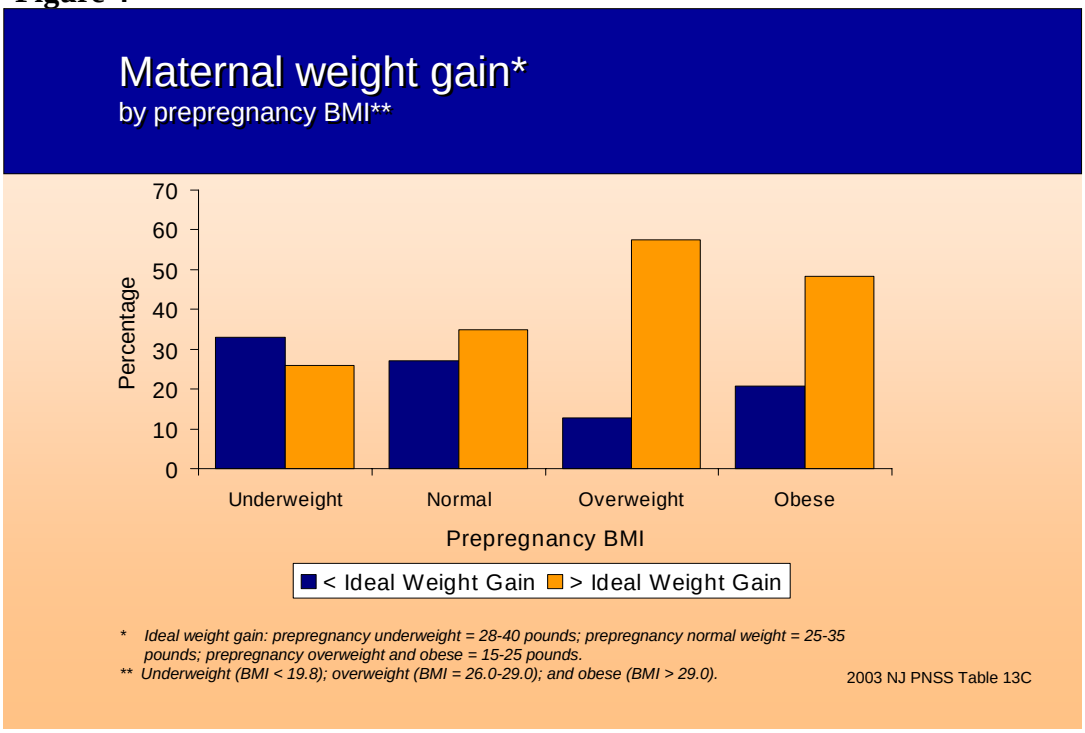
Table 4

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

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)

Note that 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 nonpregnant women. For nonpregnant 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 nonpregnant 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.

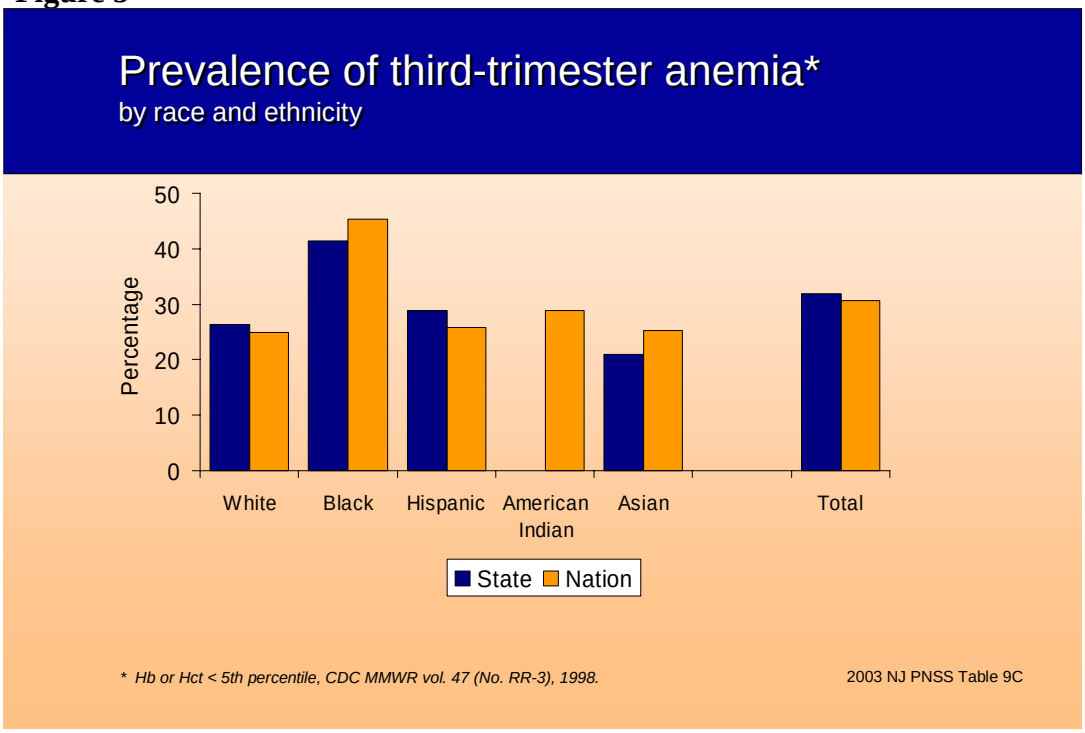
Table 5

Pregnancy Trimester	Hemoglobin	Hematocrit
First	<11.0	<33
Second	<10.5	<32
Third	<11.0	<33
Postpartum Age	Hemoglobin	Hematocrit
12 - < 15 yrs	<11.8	<35.7
15 - < 18 yrs	<12.0	<35.9
≥ 18 yrs	<12.0	<35.7

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 2003, the prevalence of third-trimester anemia was 31.8% in New Jersey as compared to 30.6% for the nation. The highest rates of third trimester anemia, at 41.4%, 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



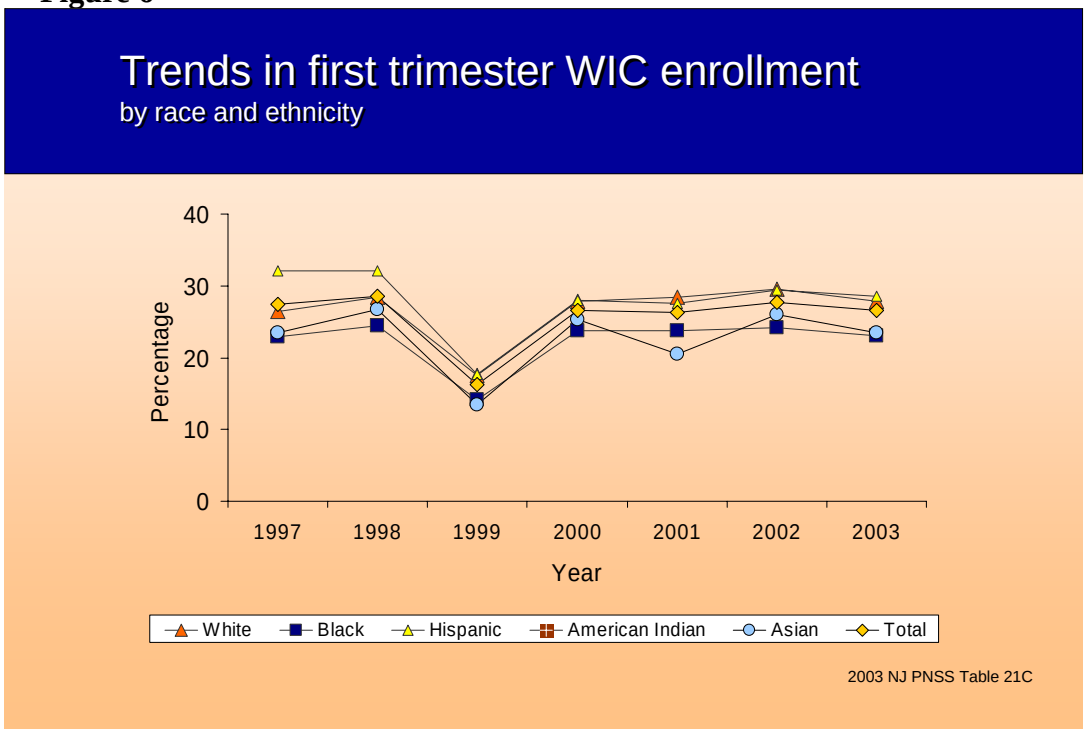
The analysis of postpartum anemia includes only records with valid Hb and Hct measurements taken at greater than 4 weeks or 28 days postpartum when Hb and Hct measurements are expected to return to prepregnancy or first trimester levels. After delivery, maternal hemoglobin is expected to increase as 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 2003, 26.6% of participants enrolled in WIC during the first trimester while most women (48.9%) enrolled in New Jersey WIC during their second trimester compared to the nation where almost even percents of women enroll in each trimester. Hispanic women are most likely to enroll in the first trimester (28.5%) while black women enroll at the lowest rates in the first trimester (23.1%) followed by Asian/Pacific Islanders (23.4%) (Figure 6).

Figure 6



Pregnancy Advances and Concerns

Rates of prepregnancy underweight declined in the New Jersey PNSS population from 1999 to 2003 for all groups except the Asian/Pacific Islanders. This was the only group that had a decline in prepregnancy overweight. 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 New Jersey Pediatric Nutrition Surveillance System (PedNSS) is a child-based 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 2003 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 2003 data and highlights trends from 1994 through 2003.

Demographic Characteristics

In the New Jersey 2003 PedNSS, 16.9% of the records were from non-Hispanic white children, 45.7% from Hispanic children, 29.6% from non-Hispanic black children, 1.9% from Asian or Pacific Islander children, 0.1% from American Indian or Alaska Native children, and 5.9% from children of all other or unspecified races and ethnicities. Most PedNSS records (59.7%) were from children aged 1 to 5 years; 40.3% were from infants aged less than 1 year.

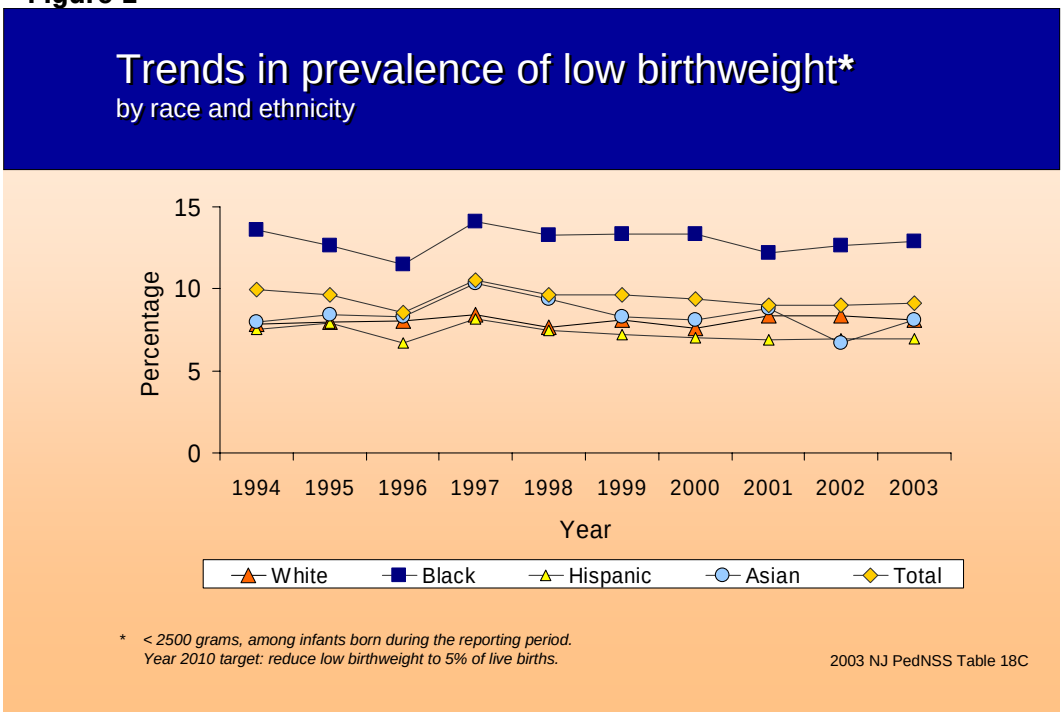
Pediatric Health Indicators

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 neurodevelopmental disabilities to respiratory disorders. In the New Jersey 2003 PedNSS, 9.1% of infants were low birthweight, compared with 8.9% of 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 decreased slightly from 10.0% in 1994 to 9.1% in 2003; however, variations were observed among racial and ethnic groups (Figure 1). During this time period, low-birthweight rates improved for Hispanic infants; remained the same for black, American Indian or Alaska Native, and Asian or Pacific Islander infants; and worsened for white infants. In 2003, 12.9% of black infants were low birthweight; 8.1% of white and Asian or Pacific Islander infants were low birthweight and 6.9% 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 2003 PedNSS, 7.2% of infants were high birthweight, compared with 7.6% of U.S. infants.[1]

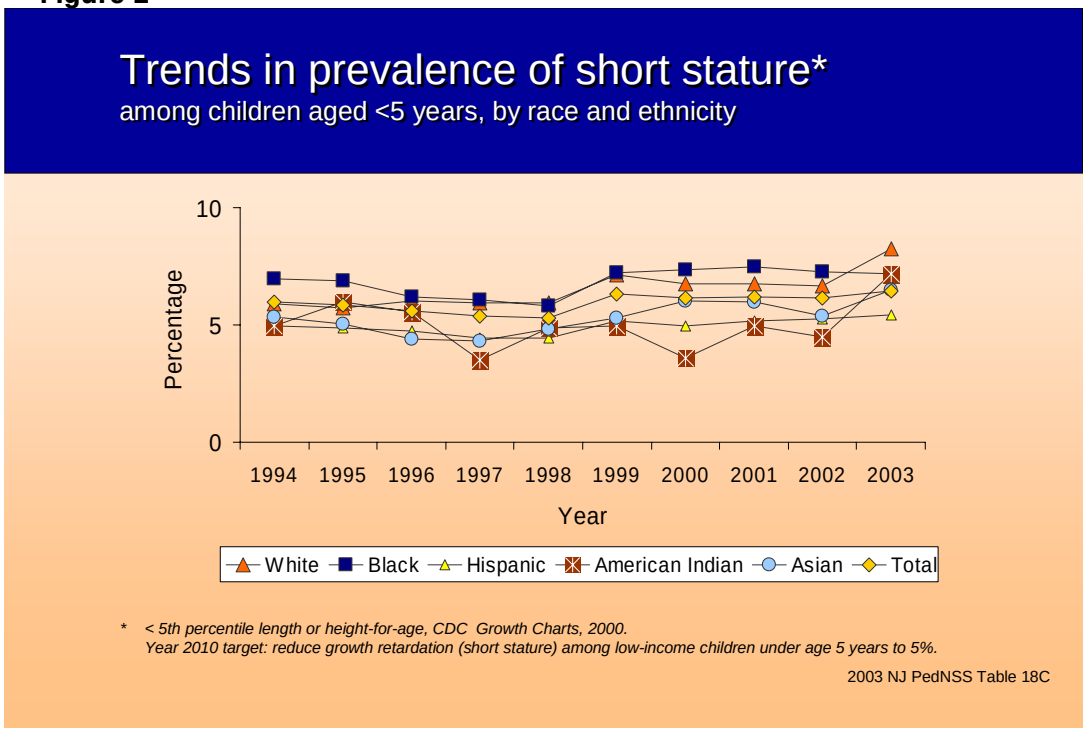
The overall prevalence of high birthweight decreased slightly from 1994 (7.7%) to 2003 (7.2%). The greatest decrease (1.5%) was among white infants and a decrease was seen in all groups.

High Birthweight: More than 4,000 grams at birth.

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 New Jersey 2003 PedNSS, 6.4% of children from birth to age 5 were of short stature, compared with 2.3% of U.S. children (unpublished data, Dr. Zuguo Mei, CDC, 2003). 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 6.0% in 1994 to 6.4% in 2003. 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 (9.6%).

Figure 2



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

Underweight

Data on underweight (low weight-for-length/BMI[†]-for-age) in children from birth to age 5 indicate that acute malnutrition is not a public health problem in the New Jersey 2003 PedNSS population; the prevalence of 5.0% is at the expected level (5%). The prevalence of underweight for U.S. children in this age group is 4.8% (unpublished data, Dr. Zuguo Mei, CDC, 2003). The highest prevalence of underweight in PedNSS was in the all other group of children (6.8%). Black infants aged 0–11 months had an underweight rate of 8.6%, which may reflect the high rate of low birthweight in this group. The overall prevalence of underweight decreased from 7.1% in 1994 to 5.0% in 2003.

Underweight: Based on the 2000 CDC 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 2 years of age or older.

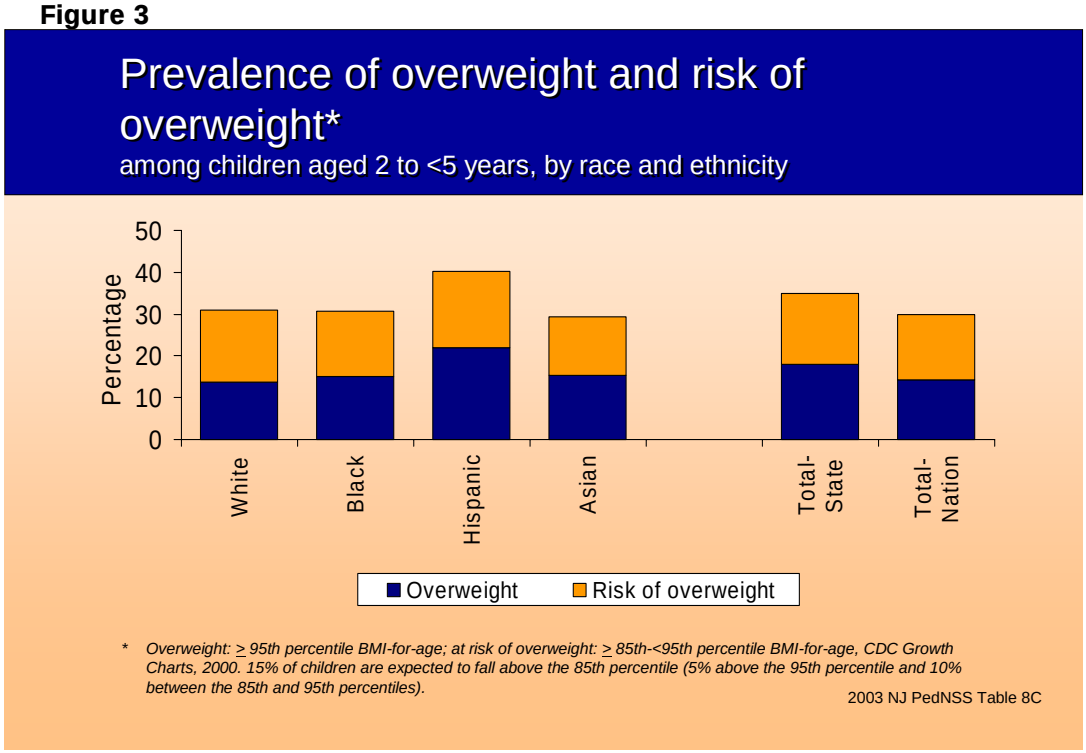
† *To calculate BMI (body mass index): Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000* ***or*** *Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703.*

Overweight and Risk of Overweight

Overweight (high weight-for-length/BMI-for-age) in children and adolescents has reached epidemic proportions in recent years. In the New Jersey 2003 PedNSS, the prevalence of overweight in children from birth to age 5 is 16.9%. 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

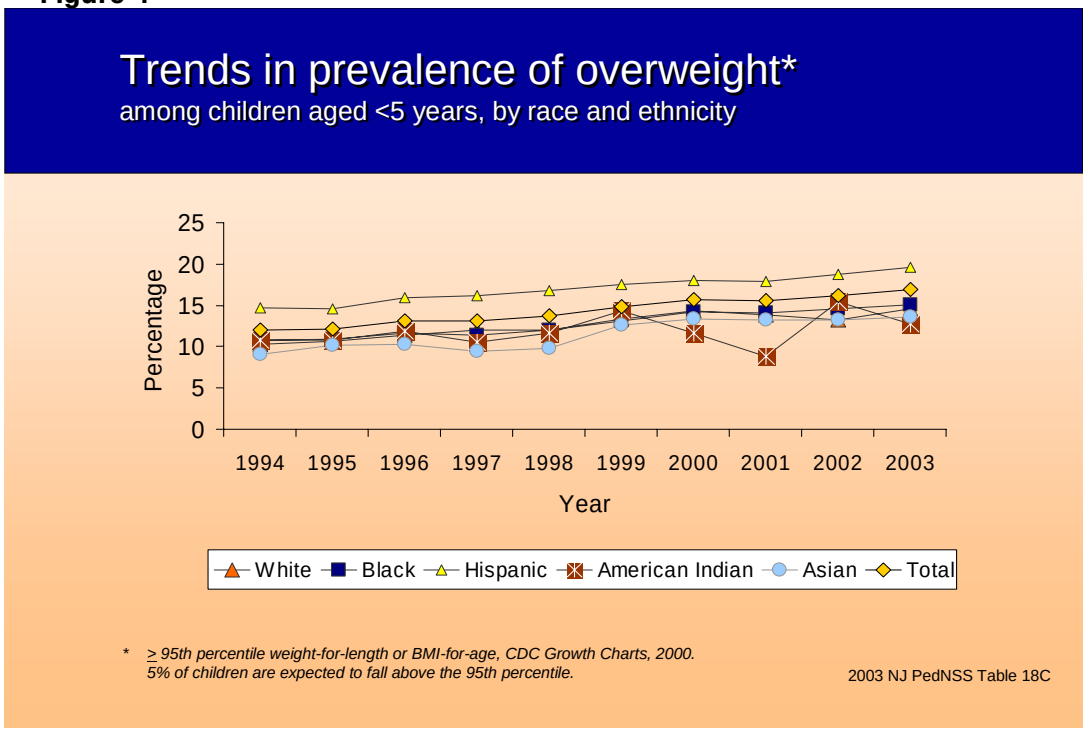
the 95th percentile to define overweight and between the 85th and 95th percentiles to define risk of overweight.[4-6]

Figure 3



In PedNSS, the prevalence of overweight in children aged 2 to 5 years was 17.9%. The highest rates were among Hispanic (21.9%) and Asian/Pacific Islander (15.4%) children; the lowest (13.6%) were among white children (Figure 3). Of particular concern is that the prevalence of overweight in children aged 2 to 5 has steadily increased from 14.0% in 1994 to 17.1% in 2003 (Figure 4). This is a relative increase in overweight of 3.1% between 1994 and 2003. Overweight has increased among all racial and ethnic groups; however, the greatest increase occurred among Hispanic children.

Figure 4



The prevalence of risk of overweight in children aged 2 to 5 years increased from 14.0% in 1994 to 17.1% in 2003. This increase was seen among all racial and ethnic groups. Hispanic children have a prevalence of risk of overweight (18.3%) 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 (10.4%) and risk of overweight (10.2%) is considerably lower for U.S. children aged 2 to 5 years.[7]

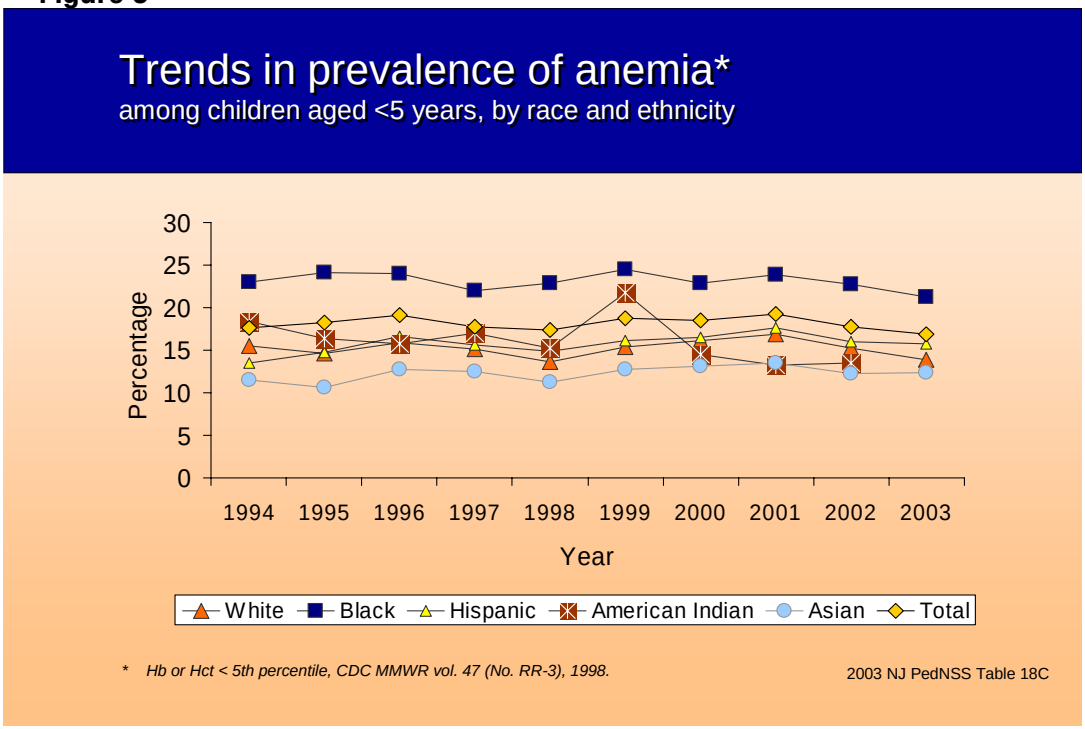
Overweight: Based on the 2000 CDC growth chart percentiles of greater than or equal to the 95th percentile weight-for-length for children less than 2 years of age and greater than the 95th percentile BMI-for-age for children 2 years of age or older.

Risk of Overweight: Based on the 2000 CDC growth chart percentiles of the 85th to the 95th percentile BMI-for-age for children 2 years of age or older.

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 2003 PedNSS, the prevalence of anemia was 16.9%, compared with 2.8% for U.S. children less than 5 years of age (unpublished data, Dr. Zuguo Mei, CDC, 2003), 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; black children have the highest prevalence (21.3%). The overall prevalence of anemia in PedNSS declined from 17.6% in 1994 to 16.9% in 2003. Increases were seen in the Hispanic and Asian or Pacific Islander children (Figure 5).

Figure 5



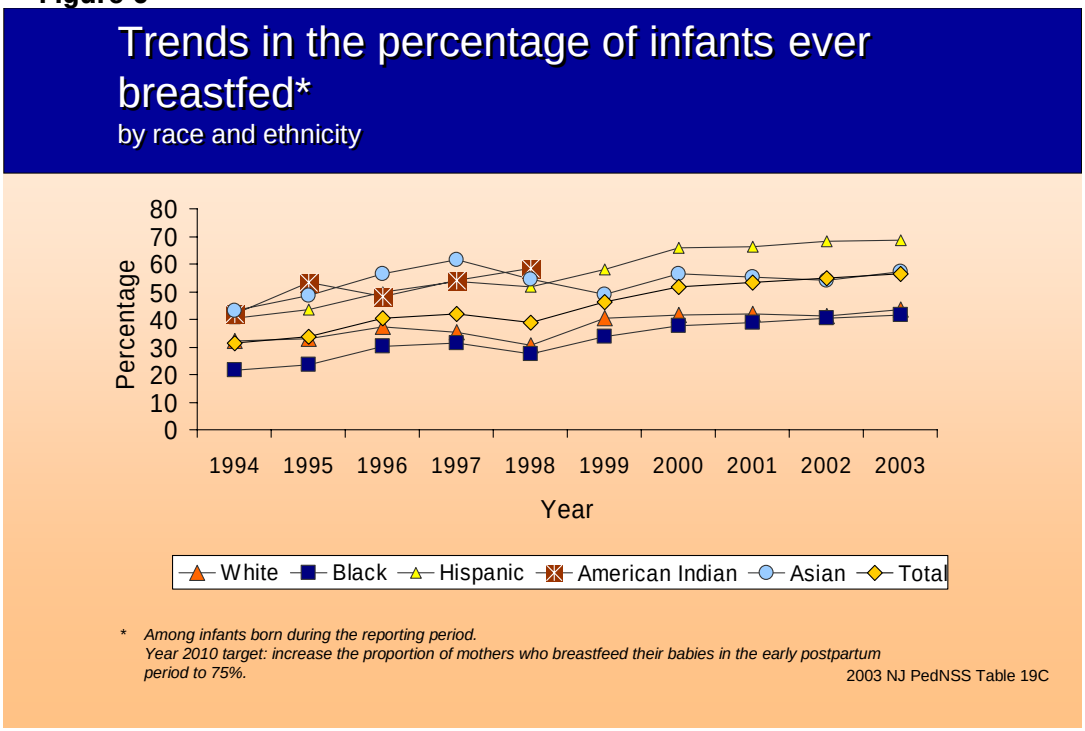
Anemia: Children aged 1 to 2 years are considered anemic if their hemoglobin (Hb) concentration is less than 11.0 g/dL or their hematocrit (Hct) level is less than 33.0%; children aged 2 to 5 years are considered anemic if their Hb concentration is less than 11.1 g/dL or their Hct level is less than 33.3%.[8]

Breastfeeding

The nutritional, immunologic, allergenic, economic, and psychologic advantages of breastfeeding are well recognized. In the New Jersey 2003 PedNSS, 56.3% of infants were ever breastfed, 20.8% were breastfed for at least 6 months, and 12.3% were breastfed for at least 12 months. The *Healthy People 2010* objective (16-19a-c) 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 is far from being achieved in the New Jersey PedNSS population. National data from other sources indicate that 70.1% of mothers ever breastfed; 33.2% were still breastfeeding at 6 months, and 19.7% at 12 months.[9]

The prevalence of breastfeeding for children in PedNSS has increased more than 25.0% 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 (41.7% in 2003), this prevalence has increased by more than 20% since 1994, when the rate was 21.6%. National data from other sources indicate that the ever breastfed rate for all U.S. mothers increased from 55.9% in 1993 to 70.1% in 2003.[9]

Figure 6



Breastfeeding: Child ever breastfed or breastfed until 6 months of age or breastfed until 12 months of age.

Infant and Child Health Advances and Concerns

Several advances in nutrition and health indicators were observed in the New Jersey PedNSS population from 1994 to 2003. Small overall improvements were made in both low and high birthweight, but there was an increase in low birthweight among white and Asian/Pacific Islander infants. Short stature increased slightly, with no group showing improvement and the white group showing the greatest decline. Slight reductions occurred in the prevalence of anemia. An increase occurred among the Hispanic and Asian/Pacific Islander groups, with the Hispanic children having a 2.2% increase. Major improvements have occurred in both the prevalence of infants ever breastfed and those breastfed for at least 6 months. While the prevalence of breastfeeding remains lowest for black infants, this group showed the largest improvement in prevalence of ever breastfed and breastfed for at least 6 months.

Other areas of concern remain. No racial or ethnic group achieved the *Healthy People 2000*[10] objective to reduce the low-birthweight prevalence to 5%, and increases in low birthweight occurred among white and Asian/Pacific Islander infants. 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*[10] objective that 75% of infants initiate breastfeeding. Overweight is a major public health problem that has steadily increased; 5.4% more children aged 2 to 5 years are overweight than in 1994. Although Hispanic and Asian Pacific Islander children have the highest prevalence of overweight, increases occurred among all racial and ethnic groups, with the largest increase among black and Asian/Pacific Islander children aged 2 to 5 years.

Pediatric Nutrition Recommendations

The New Jersey PedNSS data indicate that national and state public health programs are needed to support the following actions:

• 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.
• Prevent low birthweight by providing preconception nutrition care and outreach activities to promote early identification of pregnancy and 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.

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.
• Routinely screen for overweight and risk of overweight using BMI-for-age as recommended by the American Academy of Pediatrics Policy Statement.[11]

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5.0 MILESTONES - SIGNIFICANT INITIATIVES FOR FFY 2005

5.1 Health and Ancillary Services

Significant program initiatives for the Health and Ancillary Services unit for FFY 2005 include nutrition services trainings; breastfeeding promotion and support trainings; bloodwork training; infant formula cost containment and development of a WIC infant formula brochure; nutrition services orientation and technical assistance training; coordinating the 5-A-Day Program; working with certification and nutrition issues in WIC ACCESS; coordinating with the Centers for Disease Control and Prevention for the Pregnancy Nutrition Surveillance System (PNSS) and Pediatric Nutrition Surveillance System (PedNSS); publication of MARWIC Times; coordinating immunization data entry and referrals to healthcare providers; managing the alternative Dietetic Internship Program and Didactic Curriculum in Dietetics; coordinating the Intergenerational School Breakfast Program; and development of the New Jersey WIC web site.

5.1.1 Nutrition Services Training

The State Office coordinates 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 are selected based on local agency suggestions and public health and WIC priorities. The scheduled meeting dates for this year are January 21, April 29, July 29, and September 30, 2005.

5.1.2 Breastfeeding Promotion and Support Trainings

The State meets with the Regional Breastfeeding Managers three times a year to provide technical assistance, review policies and procedures, update skills and knowledge, and exchange ideas. In October 2004, the State provided a training on "Using *Loving Support*© to Manage Peer Counseling Programs" Phase One, for WIC coordinators, consortia directors, and International Board Certified Lactation Consultants. In May, New Jersey WIC hosted the "Using *Loving Support*© to Implement Best Practices in Peer Counseling Training" Phase Two, for the USDA Mid-Atlantic Region states. Breastfeeding management training for WIC professional staff was conducted in October and November 2004, and March, June, August 2005.

5.1.3 Bloodwork Training

Annual bloodwork training is offered to local agency staff to fulfill the Federal requirement to provide a refresher blood borne pathogen training or to provide training to new staff before they conduct Hemoglobin or Hematocrit screenings. The training this year was conducted on March 31, 2005. A presentation on the bloodborne pathogens standards was given by a representative from the New Jersey PEOSH program; an overview of the HemoCue photometer and the proper procedure for conducting Hemoglobin screenings was given by the HemoCue representative and the NJ Public Health laboratory staff presented an overview of CLIA and proficiency testing. WIC Staff who attended the training had an opportunity to practice conducting blood screens using the HemoCue photometer.

5.1.4 Infant Formula Cost Containment and WIC Infant Formula Brochure

New Jersey WIC began a new contract for infant formula with Ross Products on October 1, 2004. Nutrition Services staff worked closely with the MIS unit and the system vendor to successfully implement changes in the primary dairy and soy infant formulas. The WIC "Making a Difference" brochure was revised, published, and distributed to all health professionals in New Jersey. This brochure contains policies and procedures on contract and exempt infant formulas and medical foods. The State worked closely with members of the New Jersey Chapter of the American Academy of Pediatrics Nutrition Committee and the WIC Infant Formula Task Force in revising its policies and procedures and their recommendations for infant formula changes and uses were adopted.

5.1.5 Nutrition Services Orientation/Technical Assistance Training

New Jersey WIC Services provides ongoing training for newly hired coordinators, chief nutritionists and other local agency nutritionists. The training topics include 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 SOAP note documentation, food package tailoring, diet assessment and nutrition education.

5.1.6 5 A Day Program

The 5 A Day Program works to improve the health, weight, and nutritional status of WIC participants and all New Jersey residents. The primary message of the 5 A Day Program is to eat a colorful variety of fruits and vegetables every day. For the first time, the 2005 Dietary Guidelines for Americans recommend that people consume more fruits and vegetables than any other food group. The number of fruits and vegetables recommended has increased for all population subgroups. As consumer messages are tested, consumers will be guided to fill half their plate with colorful fruits and vegetables at every meal and snack. Adults will aim for about 5 cups a day. Less than 30 percent of the New Jersey population report consumption of the recommended intake levels.

The New Jersey 5 A Day Coalition continued to work toward the expansion of the Color Way™ and other campaigns in schools and community settings such as, retail grocery and farms markets, as well as faith-based settings. Plans were established to begin to work in worksite and other foodservice settings. The New Jersey 5 A Day Program continues to establish new strategic working partnerships, both internal and external.

5.1.7 WIC ACCESS

The Reference data base and build for implementing new contract formula was implemented in October 2004. The nutrition services unit continues to work with the system vendor for certification and nutrition education issues. Nutrition staff participated in conducting an exhaustive User Acceptance Test for the system upgrade including the Operation System and the Oracle Database Management System. Nutrition staff also visited the Arizona WIC Programs and evaluated their systems.

5.1.8 Pregnancy Nutrition Surveillance (PNSS) and Pediatric Nutrition Surveillance System (PedNSS)

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. PedNSS is a child-based public health surveillance system that monitors the nutritional status of children in those programs. Data is collected and submitted to Centers for Disease Control and Prevention for analysis. New Jersey is one of the 44 contributors, including 36 states, the District of Columbia, Puerto Rico, and 6 tribal governments. To comply with a CDC directive, New Jersey WIC revised its code files and made necessary revisions to reflect the new PNSS and PedNSS formats. The new PNSS and PedNSS data items and record specification/file layout were submitted to the CDC. New Jersey received complete PNSS and PedNSS reports for the year 2003 and distributed them to all local agencies.

5.1.9 MARWIC Times Newsletter

Since 1995, New Jersey WIC Services has been producing 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 is 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 Office.

5.1.10 Immunization

The immunization algorithm is under final development and review in preparation for implementation in FFY 2006 at all WIC local agencies.

5.1.11 The New Jersey Department of Health and Senior Services Alternative Dietetic Internship Program and Didactic Curriculum in Dietetics

Six New Jersey WIC nutritionists completed the 900 hours of the supervised practice experience with the New Jersey Department of Health and Senior Services Alternative Dietetic Internship Program (ADIP) in FFY 2005. The nutritionists that completed the supervised practice experience are now preparing to take the Dietetics registration examination. Four nutritionists successfully completed the State-Sponsored Didactic Curriculum in Dietetics, a pre-requisite to participation in the Alternative Dietetic Internship Program offered by the New Jersey Department of Health and Senior Services/WIC Services. The four nutritionists will start their supervised practice experience in April 2005.

The Commission on Accreditation for Dietetics Education granted eligibility status to the New Jersey Department of Health and Senior Services/WIC Services ADIP to apply for the initial accreditation after a rigorous review of its application. New Jersey WIC Services is waiting for a final decision of the Commission on Accreditation for Dietetic Education on the application for initial accreditation.

5.1.12 The Intergenerational School Breakfast Program (ISBP)

The Intergenerational School Breakfast Program provides schools with books and materials to promote good nutrition and healthy eating habits in young children, pre-kindergarten through the third grade. ISBP began in 1999 as an initiative of the Departments of Health and Senior Services, Agriculture, and Education, with a goal to recruit seniors and mature adults to serve on a voluntary basis in the school breakfast program as role models for young children and to promote the school breakfast program, which is underutilized. In 2004, the addition of children's books with nutrition titles and revised training materials strengthened the nutrition component of the program and added a goal to promote literacy. The program targets children in elementary schools and child care programs in Abbott districts. The overall goals of the program are:

- To promote the school breakfast program.
- To promote good nutrition.
- To promote literacy.
- To bring the generations together.

The Long Branch and Neptune school districts continued their ISBP programs in the 2004-2005 school year. Other school districts had difficulty retaining volunteers and used the materials in alternative ways. Some schools are using the State provided books and materials to promote good nutrition and literacy within the school curriculum and during before or after school programs without volunteers.

The State received $30,000 in MCH funding for fiscal year 2005 to enhance schools access to program materials. An ISBP website is under construction so schools can register online to receive free training kits and program materials. The website will contain downloadable information that schools can use to start their own ISBP program and will collect information on the schools use of the materials and their program status. A marketing brochure will be sent to more than 800 Abbott pre-school, elementary schools and child care centers to announce the availability of the materials through the newly created website.

5.1.13 New Jersey WIC Website

The newly designed New Jersey WIC website, http://www.state.nj.us/health/fhs/wic/, went live to the public in July 2004. It includes animation, streaming videos and participant education materials in both English and Spanish. The website's design facilitates easy access to Federal, State and local social service programs and provides a "link to the system" for New Jersey WIC participants and their families. The website contains extensive links and resources for community, health and military professionals as well as retail grocery representatives serving New Jersey's WIC participants and young families. Future development of the website will include an interactive nutrition education component and a secured intranet system for State and local WIC professionals.

5.2 Food Delivery and Vendor Management

5.2.1 Participant and Vendor Videos

WIC Services had a contract with New Jersey Network to develop orientation and training videos for participants and vendors. The videos provided an overview of authorized supplemental foods that participants may purchase. The video for cashiers demonstrated procedures for cashiers to follow in ensuring that only authorized foods are purchased. The emphasis in both videos is on learning correct procedures in order to avoid confusion and conflict and make the WIC experience a pleasant one. The videos and CD's were distributed to over 700 vendors at the annual vendor training

5.2.2 Special Formula Distribution Center

WIC Services has authorized the Special Formula Distribution Center, located in Lancaster, Pennsylvania, to participate as a WIC vendor. The Special Formula Distribution Center provided the delivery of special formulas and/or quantities that are not available at other retail vendors or pharmacies in New Jersey. Local grantees contacted the state office when a participant required a special formula that is unavailable. Nutrition Unit staff reviewed and authorized the prescription. FD staff has contacted the Distribution Center and arranged for the special formula to be shipped out overnight to the local grantee office, where the participant can pick it up. The State developed a policy and procedures to govern the operation of the Special Formula Distribution Center.

5.2.3 Grants Appeals Board Training

The FD staff provided a one-day training session to the Grants Appeal Board members. The Final Rule that amended the WIC Federal Regulations for Food Delivery was discussed in detail. The Vendor Selection Process was explained to the board in preparation for the hearings that would be scheduled for applicants who requested hearings because they did not meet the selection criteria and requested hearings. The Department of Health and Senior Services appoints employees to the Grants Appeals Board to govern as an impartial decision-maker. Vendors and /or grantees that are adversely affected by WIC Services may request hearings. The provisions of Public Law 108-265 were presented and discussed in detail with the Grants Appeal Board.

5.2.4 Dual Participation Interstate Agreements

WIC Services has entered into an agreement with the Pennsylvania WIC Program for the detection and prevention of dual participation. Programming changes shall be made in WIC ACCESS to provide Pennsylvania WIC with the required participant data files.

5.2.5 Compliance with Provisions of Public Law 108-265

WIC Services has implemented the following provisions for P. L. 108-265. WIC Services allows participants to receive supplemental foods from any of the authorized stores under retail food delivery systems. WIC Services has a policy "Vendor Selection during Contract Period", for accepting and processing vendor applications outside of the established timeframes. WIC Services notifies a vendor of the initial occurrence of the violation that requires a pattern of occurrences before imposition of a sanction, unless notification would compromise an investigation. WIC Services is maintaining a list of infant formula wholesalers, distributors and retailers licensed in the State.

5.2.6 Cross-Training Food Delivery Staff

Food Delivery staff have been crossed trained to perform all FD Unit functions, i.e., both local grantee and vendor activities. The cross training is instrumental in enhancing the skills and knowledge of the staff, which is needed to maximize productivity.

5.2.7 Revamping the Onsite Review Process

FD staff has taking the lead in reviewing and enhancing the State's local grantee review process. Staff has taking steps to ensure the timely completion of all steps in the procedures, as well as reviewing forms, reports, letters and questionnaires used. The goal was to ensure that the process is completed in full by the closeout of each fiscal year.

5.2.8 WIC Moms Reading for Love

WIC implemented a comprehensive reading campaign relating to reading readiness that enlisted the parents, caregivers, and community members to read to children. Books in English and Spanish were purchased and received at 10 local agencies WIC located within Abbott school districts. Local Agencies recruited volunteers to provide reading to children at the clinic sites. There were books distributed to 79,000 WIC households. Reading for Love bus kings were on the exterior and interior of New Jersey transit buses that provided transportation in the following Abbott district areas (Atlantic City, Tri-County, Camden, Jersey City, North Hudson, Plainfield, Passaic, Trinitas, VNA and Newark). They appeared on the buses from January-February 15, 2005. Reading for Love posters were distributed to 10 local WIC agencies and over 100 WIC clinic sites.

5.3 WIC Management Information Systems

5.3.1 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. 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 and administration of the PCs and networks utilized with WIC ACCESS.

5.3.2 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 had not been available in a manner conducive to timely decision-making. Training given to State and Local agency staff on the use of Crystal Reports application provides WIC Services with a valuable real time tool that assists management in its decision-making process both at the State and Local level. In addition, state staff provides development support for the generation of Crystal Reports upon request.

5.3.3 WIC ACCESS Operating System and Database Upgrade

The operating system and database upgrade is predicated upon the need for WIC to utilize software that is supported by its software developers. Windows 98, Windows NT and Oracle 8i have reached the end of their product life cycles and have been replaced with Windows 2000 Professional workstation and server and Oracle 9i. All new product versions have undergone rigorous compatibility and regression testing to certify the WIC ACCESS application by the current contractor, CMA. A statewide staged installation began in September 2005 with a scheduled completion in the 2nd quarter of FFY 2006.

5.3.4 State Office Hardware/Software Improvement

The MIS Unit applied for and received operational adjustment funding from USDA for improvement of data communications and integrity. The state is currently researching replacement technologies for the current dial-up communications systems.

5.3.5 Systems Lifecycle

WIC ACCESS is approaching the end of its product lifecycle and the state has identified the need to research and evaluate other state systems. Contingent upon USDA approval, the state will proceed with the development of a Cost Benefit Analysis and Feasibility Study to assist in the selection of a replacement system. Upon a system selection, all required USDA and state documentation will be completed and submitted for approval.

5.4 Monitoring and Evaluation

5.4.1 Infant Formula Rebate RFP

The Infant Formula Rebate Contract was awarded to Ross Products Division, Abbotts Laboratories effective October 1, 2004.

5.4.2 Funding Formula Reassessment

The State staff recalculated the funding formula using FFY 2004 closeout data. It was determined to provide funding to bring all agencies up to their AGP grant level during FFY 2005.

6.0 STRATEGIES

6.1 Marketing and Outreach

WIC Services will coordinate with various public, private, faith and community based organizations and agencies. Staff will distribute approved programs information to such agencies in order to service an additional 141,000 eligible children ranging in age from 2 - 4 years old. WIC Services will collaborate with local WIC agencies to develop and implement marketing and outreach campaigns to increase program participation.

6.2 Caseload/Food Funds

6.2.1 Administrative Funding Formula Ongoing Analysis

The new administrative funding formula methodology implemented for FFY2005 was agreed to by the Administrative Funding Committee, WIC Advisory Council, local agency coordinators and State staff as a viable approach to achieve funding equity for the local WIC grantees. The provision was that the State will perform continual analysis using updated data which is consistent with the USDA funding formula methodology.

NJ WIC Services will conduct semi-annual reviews of the funding formula and issue an evaluation report to the Administrative Funding Formula Committee and local agency coordinators for comments on further adjustments.

6.2.2 Maximizing Utilization of Food Funds

The M&E Unit will provide funding utilization data monthly to the local WIC agencies and the State staff via the Caseload Monthly Projection System charts. The unit staff will function as the leader to assess methods to maximize full expenditure of funds. All program functional areas and policies that impact services will be assessed to determine effective intervention actions to ensure quality delivery of services without over expenditure of the food grant.

6.3 Quality Nutrition Services

6.3.1 Department of Health and Senior Services/WIC Services Alternative Dietetic Internship Program (ADIP)

The WIC Alternative Dietetic Internship Program (ADIP) was undertaken as a strategy to recruit, train and retain culturally competent, qualified nutrition professionals for the New Jersey WIC Program. National studies show nutritionists who are Registered Dietitians have higher job satisfaction and less turnover rates. Opportunities for public health nutritionists, especially those in WIC, to complete an internship while working are limited. In December 2000, ADIP received Developmental Accreditation from the Commission in Accreditation for Dietetics Education of ADA for a maximum of ten interns per year. ADIP, in 2004 applied for initial accreditation. CADE will make a decision about the application for initial accreditation in 2005. WIC Services will continue to collaborate with the University of Medicine and Dentistry of New Jersey to implement a dietetic didactic curriculum consisting of six modules on CD-ROMs delivered via self-study, classroom instruction, and CD-ROM based instruction.

By the end of FY 2005, a total of 17 WIC nutritionists have participated in the ADIP. Efforts in providing opportunities for qualified WIC nutritionists to participate in ADIP and become eligible to take the dietetic registration examination will be continued.

6.3.2 Immunization

A regular schedule of immunizations is prescribed for children from birth to 2 years of age, which coincides with the period in which many low-income children participate in WIC. In 2006, the immunization algorithm will be implemented statewide at all WIC local agencies. Technical assistance will be provided to WIC local agencies that have difficulty in entering data from immunization records. Also, training will be provided to WIC agencies on CASA (Clinical Assessment Software Application) reports for immunization.

WIC will keep requesting participants to bring their immunization records, data enter the records into the WIC System, emphasize the importance of age-appropriate immunization and, refer them back to their health care providers.

6.3.3 Breastfeeding Promotion and Support

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 the women who initiate breastfeeding. Peer counselors meet with new mothers at initial infant certification, check pick-up, and package change appointments scheduled 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.

In FFY 2004, Congress allocated additional funds for breastfeeding peer counseling which would be available through September 2005. This funding is expected to be renewed for FFY 2006. New Jersey WIC Services is using the new funding to enhance the comprehensive promotion and support services already in place and to target at least one community in each local agency where funds were accepted, for a minimum of seventeen communities.

Breastfeeding grantees selected at least one community in each local agency in their service areas where there is current data. After determining the predominant population in that community, they were asked to conduct focus groups by race/ethnicity and gender with mothers and fathers and speak with WIC CPAs, clerks and breastfeeding staff and health care providers to establish the factors that enable or hinder breastfeeding. The State provided a Power Point presentation for breastfeeding grantees to conduct for local agency staff as an orientation to the enhanced peer counseling projects.

The State asked breastfeeding grantees to 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, were hired. After satisfactorily completing the eighteen hour breastfeeding peer counselor training and being hired, they are mentored by experienced breastfeeding staff. Breastfeeding peer counselors are WIC paraprofessionals.

Breastfeeding peer counselors who work in the enhanced projects 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 and once a week during the rest of the first month, and then 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.

6.3.4 Intergenerational School Breakfast Program (ISBP)

New Jersey WIC Services continues to expand access to its Intergenerational School Breakfast Program materials. An Intergenerational School Breakfast Program website is under construction to expand program access to more schools and child care facilities throughout the State. Schools will be able to register online as well as order a limited number of free training kits. The kits include the eight children's books used in the program as well as other nutrition support materials. The website will provide access to downloadable nutrition education resources and training materials. The site is expected to be available to all Abbott District elementary schools and child care programs immediately prior to the start of the 2005-2006 school year. Registered schools will provide feedback on the program and the website materials through on-line surveys.

6.3.5 5 A Day Program Strategies

The 5 A Day Coalition continues to expand its collaborations and partnerships outside of the coalition in an effort to strengthen statewide networks to achieve increased fruit and vegetable consumption in New Jersey. The program message has expanded to routinely combine the message of fruit and vegetable consumption with the promotion of an active lifestyle as an important obesity prevention strategy here in the Garden State. A new collaboration this year is with New Jersey Action for Healthy Kids. Along with Team Nutrition and others, interventions have been undertaken to promote healthy communities. 5 A Day's collaborative work with NJ SNAP, the Statewide Nutrition Action Plan, will continue to serve as an important strategy to reach the Faith-Based Community. A linkage with the New Jersey Council on Physical Fitness and Sport and the Nutrition and Physical Activity Workgroup of the New Jersey Cancer Control Plan will continue to increase the visibility of 5 A Day in the community. The Food Stamp Nutrition Education Support Network will continue to be an important partner with WIC to reach the underserved population. Both the WIC and Senior Farmers' Market Nutrition Education Programs will be critical internal components of the success of 5 A Day.

6.4 Supplemental Food

6.4.1 Vendor Selection Process-FFY 2007

The Vendor Application forms for FFY 2007 will be made available to vendors on the Internet as well as mailed to vendor owners. Regional orientation sessions shall be provided to over 200 interested vendors. Visits shall be conducted on all vendors that have not been visited within two years, vendors that are non compliant and on all new vendors that have submitted vendor applications. The purpose of the visits is to verify information on the applications and to ensure that current vendors are in compliant with the regulations. Competitive food prices are one of the selection criteria for participating in the WIC program; therefore a food basket will be developed to collect prices on the same day on vendors located within close proximity. New enrolled vendors that are selected to participate as WIC vendors must attend a mandatory vendor training session prior to accepting WIC checks. New vendors shall be visited within three months to ensure compliance and shall be provide technical assistance if required. Vendors that are not selected to participate as WIC vendors may request a vendor hearing.

6.4.2 Distribution of Emergency Infant Formula to Eligible Infants under the Care of the Division of Youth and Family Services (Pilot in Camden)

New Jersey infants that are in imminent harm or danger are removed immediately from their homes by the Division of Youth and Family Services (DYFS) which is a protection agency for children. DYFS is responsible for providing temporary care and supervision to eligible WIC infants. Infants are often in need of formula during the interim of being removed from their homes and placed in foster care. WIC Services and the Division of Youth and Family Services have met and plan to develop a Memorandum of Understanding in which WIC Services shall provide formula to eligible WIC infants during the placement process.

7.0 APPENDICES

7.1 Organizational Charts

7.1.1 Department of Health and Senior Services

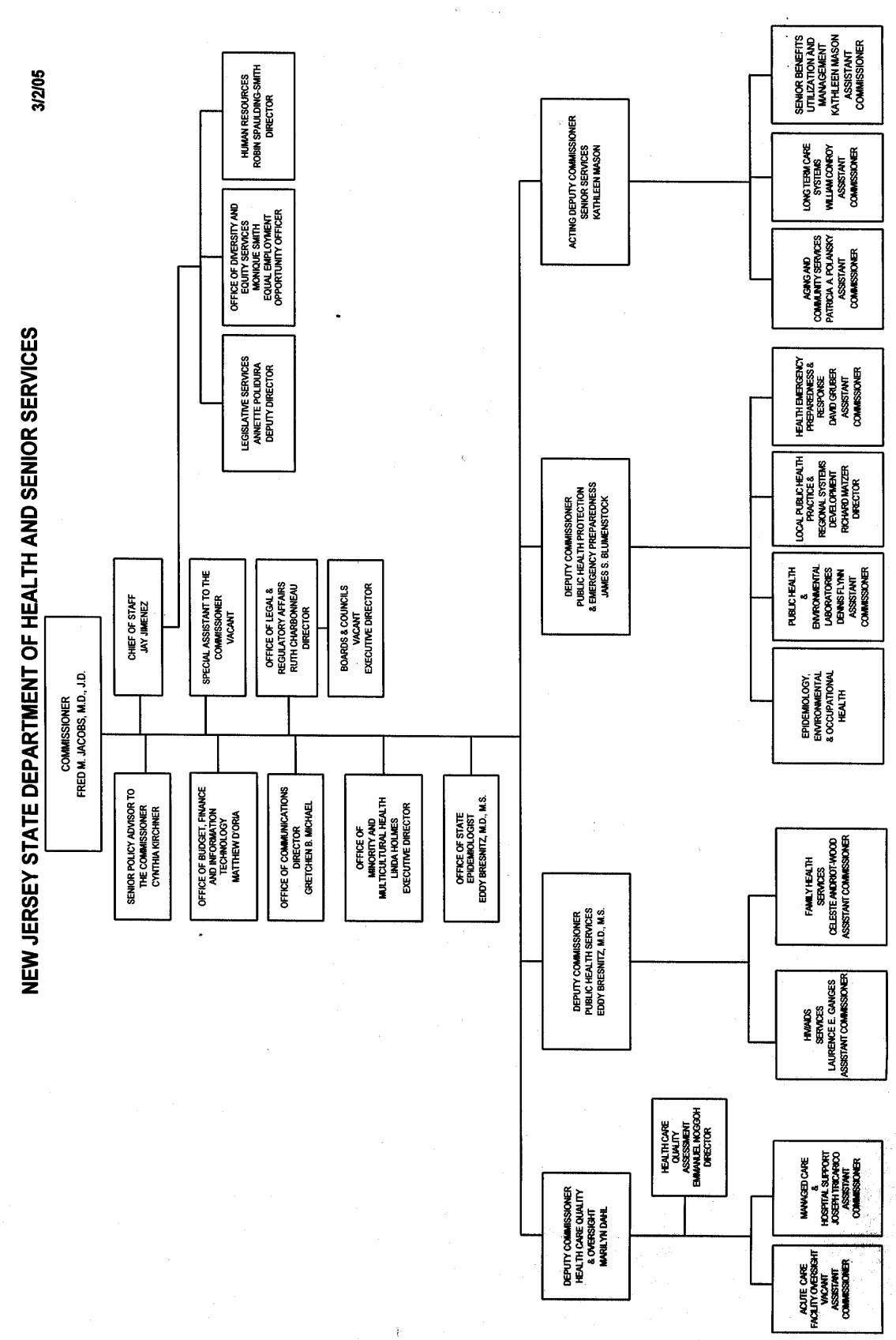
7.1.2 Public Health Services/Office of the State Epidemiologist

7.1.3 Division of Family Health Services

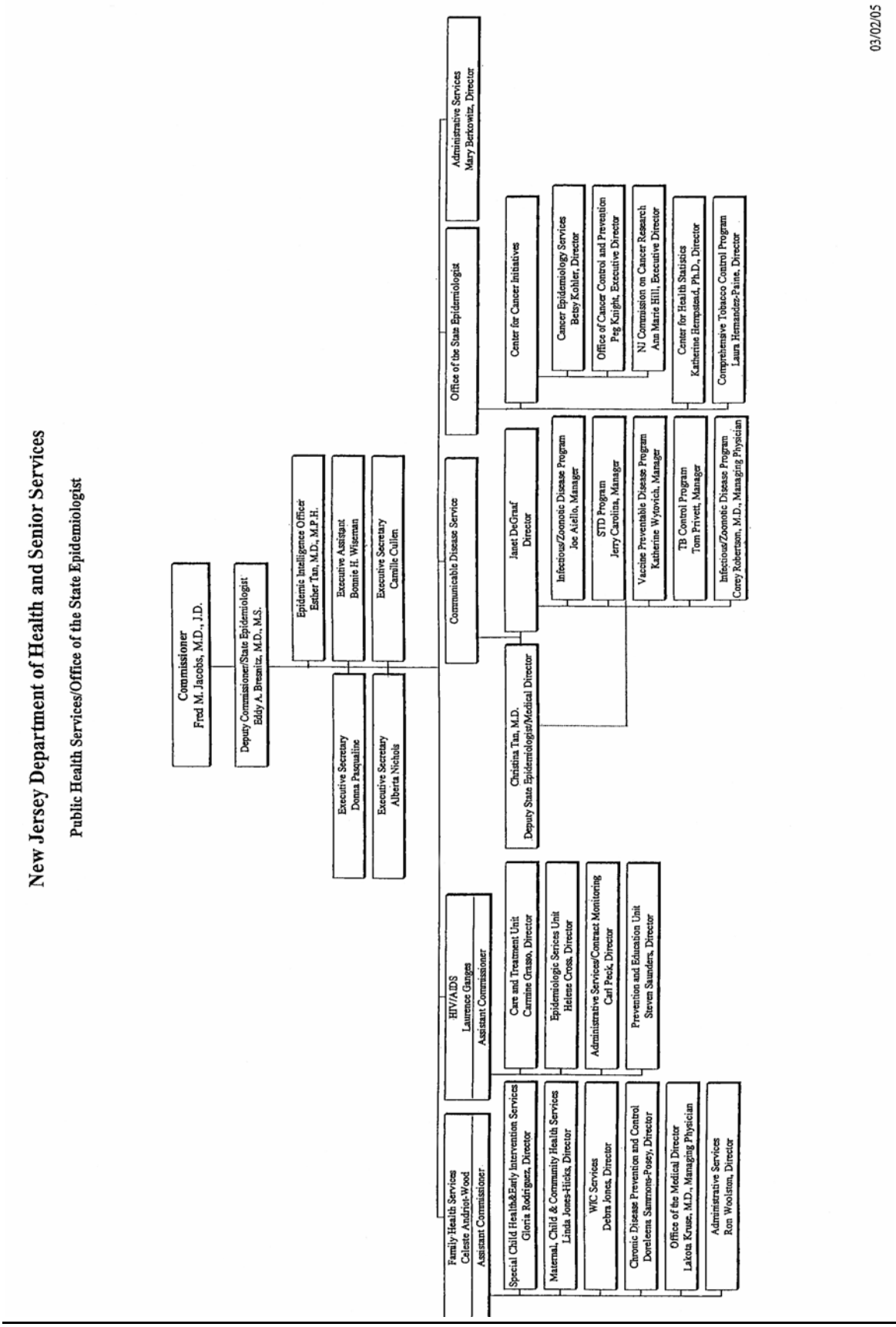
7.1.4 WIC Services

7.2 WIC Clinic Sites By County

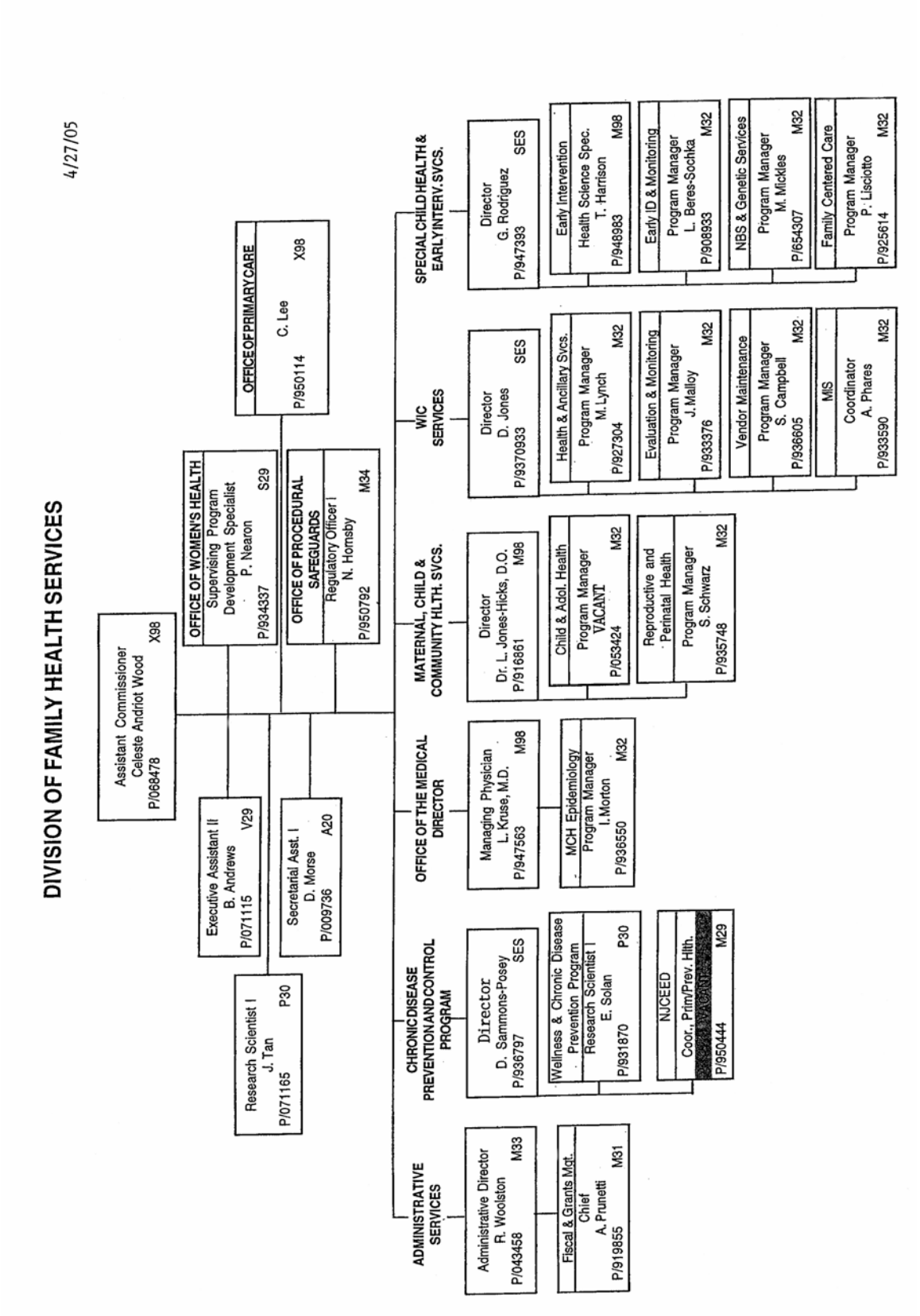
7.1.1 Department of Health and Senior Services



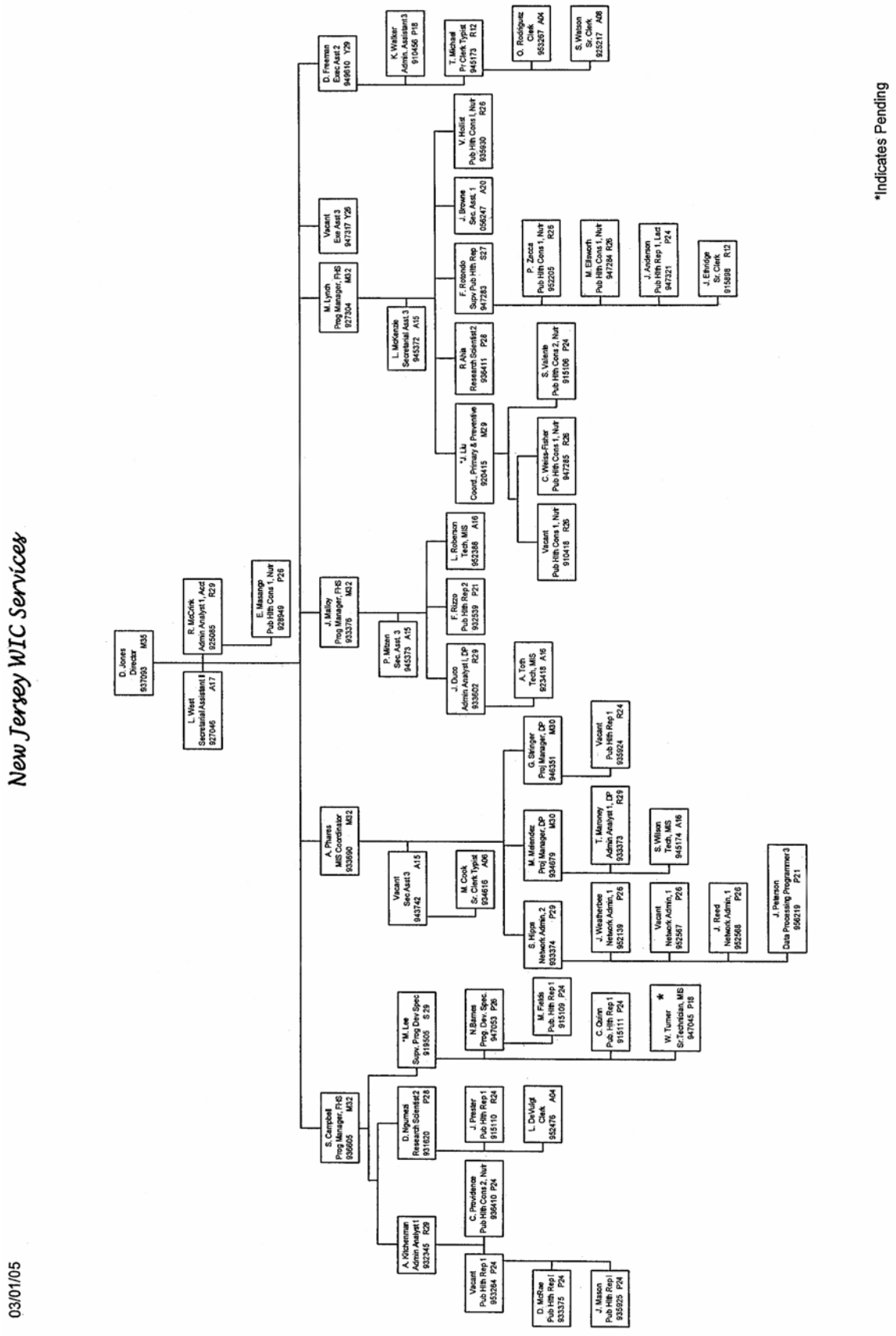
7.1.2 Public Health Services/Office of the State Epidemiologist



7.1.3 Division of Family Health Services



7.1.4 WIC Services



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	Old Egg Harbor site		
08	Landisville Spanish Comm. Center Summer St. Landisville, NJ	Not going yet	
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	Mays Landing 6260 Old Harding Hwy. Mays Landing, NJ	Not going yet	
09	Egg Harbor Township Community Center. 3050 Spruce St. Egg Harbor, NJ	Every Friday 9:00 – 2:00	
11	Shore Memorial (Health Start) 1 East New York & Shore Rd. Somers Point, NJ 08244	Every Tuesday 9:00 – 1:00	
12	Clinic number not currently in use.		
05 Main Admin	Atlantic City WIC Program 1301 Bacharach Blvd. Atlantic City, NJ	Monday – Friday 8:30 - 4:00	(609) 347-5656
10	Reliance Medical Group, P.C. (Health Start) 1325 Baltic Ave. Atlantic City, NJ 08401	Not going yet	
44	Reliance Medical Group Chelsea Pediatric 1401 Atlantic Ave. Atlantic City, NJ	Not going yet	
06 Admin	Long Beach Twp. Health Dept. 11601 Long Beach Blvd. Haven Beach, NJ (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 & 3rd Tues, 2nd Mon. 8:00 - 8:00 PM	(609) 267-7004
03	Chatsworth School Chatsworth, NJ	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	First Thursday 12:30-3:30	
08	1st United Methodist Church Camden & Pleasant Valley Moorestown, NJ	2nd Thursday 12:30 – 3:30	
09	Medford Farms Firehouse Rt. 206 Tabernacle, NJ	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	Fort Dix	Combine with site 19	
13	JFK Center 429 JFK Way Willingboro, NJ 08046	Third Wed. 9:00 am – 3:30	
14	American Legion 212 American Legion Drive Riverside, NJ 08075	1st Thursday 9:00 – 3:30	
16	Huereka Center 11 Dunbar Homes at Belmont St. Burlington, NJ	2nd Tuesday 9:00 -12:30	
19	McGuire AFB Chapel 2 Annex Bldg# 3827 Falcons Ct north housing Area MAFB, NJ 08641	4th Thurs. 9:30 – 3:00	609-744-2809
20	Beverly Municipal Bldg. Broad Street Beverly, NJ	3rd Thurs. 9:00 - 11:00	

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
22	Maple Shade First United Methodist Church Camden & Pleasant Valley Ave. Moorestown, NJ 08057	2nd Thursday 12:30– 3:30 (Until further notice)	
70	Rancocas Hospital (Health Start) Sunset Road Willingboro, NJ		(Closed)

04 CAMDEN COUNTY WIC PROGRAM (All Camden)
CAMDEN COUNTY HEALTH DEPARTMENT
DI PIERO CENTER, P.O. BOX 88
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 600 Market Street	M, T, W, F 8:30 - 4:30	(856) 225-5155 5157
02 Main Admin	Camden County WIC Program Mt. Ephraim Plaza 2600 Mt. Ephraim Ave.	M, T, Th, F 8:00-5:00 W 7:30- 7:00	(856) 225-5050 225-5051
05	Gloucester City Clinic Center Monmouth Railroad Ave Gloucester City, NJ	1st Monday 8:30 - 4:30 PM	(856) 456 - 4139
06	Reg Health Center at Chesilhurst 1000 Industrial Drive, Chesilhurst	Site closed	
59	CamCare East 2600 Federal St. Camden, NJ	Thurs. 8:30 - 4:30 Friday once / month	(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	Osborn Family 1601 Haddon Ave	Currently not going there.	
17 Admin	Lakeland Clinic, Jefferson House Lakeland Road, Blackwood, NJ	T, W, TH 8:30-4:30	(856) 374-6082 -6084

05 TRI-COUNTY WIC PROGRAM
110 COHANSEY ST.
BRIDGETON, NJ 08302
(856) 451-5600
Fax (609) 453-9481 **Coordinator:** Electra Moses

SITE CODE	NAME AND ADDRESS	HOURS/DAYS OF OPERATION	TELEPHONE NUMBER
01 Admin	Bridgeton WIC 110 Cohansey St. Bridgeton (Cumberland)	M - F 8:30-4:30 4th Wed. 8:30 – 7:00	(856) 451-5600
02	Teen Center C/O Bridgeton High School 111 West Avenue, Bridgeton (Cumberland)	1st Wed School 8:30-10:00	(856) 451-4440
03	Van (various sites)*	M – F 9:00 – 1:00	609 391-3031
05	Millville WIC C/O Neighborhood Service Center 113 S. 5th St. Millville (Cumberland)	M – F 9:00 – 3:00	(856) 327 -6868
06	Cumberland Regional High School Teen Center, Silver Lake Road P.O. Box 5115, Bridgeton, NJ (Cumberland)	Not active	(856) 451-9400
08	Seabrook Community Center Rt. #77, Seabrook (Cumberland)	3rd Thurs 9:00- 3:00 Other Tues. as needed	(609) 319-3031
51	Cumberland County Health Dep. Prenatal Clinic Irving and Magnolia Avenue Bridgeton (Cumberland)	Closed	
13 Main Admin	Vineland WIC, 123 W. Landis Avenue Vineland (Cumberland)	M-F 8:30-4:30	
14	Vineland Head Start 237 W. Chestnut Street (Cumberland)	Not active	
26	Newcomb Medical Ctr (Health Start) State Street, Vineland (Cumberland)	Not active	
43 Admin	Salem WIC 14 New Market Street Salem (Salem)	M-F 7:00 – 3:00 PM 1st Sunday per month as determined - 4 hours	(856) 935-8919
40	Penns Grove – IGA (Salem)	2nd and 3rd Friday	
41	Salem Hospital 310 Woodstown Rd. Salem, NJ 08079 (Salem)	Tuesday 12:30 – 3:30	

SITE CODE	NAME AND ADDRESS	HOURS/DAYS OF OPERATION	TELEPHONE NUMBER
61 Admin	Cape May WIC Crest Haven Complex, #6 Moore Rd Garden State Pkwy Cape May Court House (Cape May)	M-F 8:30-4:30	(609) 465-1224
60	Burdette Tomlin Hosp (Health Start) Rt. #9 and Stone Harbor Blvd. Cape May Court House, 08210 (Cape May)	Prenatal : Tues 9 -12 PP/New : Wed 9 - 12	(609) 463-2115
62	Ocean City Tabernacle Baptist (On Van) (Atlantic)	Second Monday 9:00 – 3:30	
63	Wildwood WIC c/o Cape Human Resource Center 14104 New Jersey Avenue Wildwood (Cape May)	1st, 2nd, 3rd Friday & 4th Thursday	(609) 522-0231
64	North Cape May North Cape May Rehab (Cape May)	1st and 3rd Thursday 8:45 – 4:00 PM	(609) 898-8899
65	Woodbine Community Center Woodbine Head Start Cape May Human Resources 406 Monroe, Woodbine, NJ (Cape May)	Van, 3rd Monday 9:00 - 3:00 2:00 - 3:00 (check pick up only)	

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

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	M-F 8:30 - 4:30 Every other Saturday 8:30 - 4:30	(973) 395-8963
06	Foundation Pediatric 134 Evergreen Place, East Orange	Not going yet	
08	Orange Head Start 260 New Street Orange	Not going yet	
09	Glenridge Head Start 272 Baldwin Street Glenridge	Not going yet	
11	Mountainside WIC Office 8 Walnut Crescent Montclair 07042	M&F 8:30-4:30	(973) 509-6501 -6502
17	Nutley Chapter of the American Red Cross 169 Chestnut Street, Nutley	closed	201- 667-3819
29	St. Barnabas WIC Office Old Short Hills Road Livingston	closed	973-533-8284
07 Admin	Orange 137 South Center St. Orange, NJ 07050	M-F 8:30-4:30	973- 414-6281 Modem number: 973-414-6280
16 Admin	Belleville WIC Office 152 Washington Ave. Belleville, NJ 07109	Tu, Wed, Thur. 8:30-4:00	973- 450-3395
70	Clara Maass WIC (Health Start) One Clara Maass Drive Belleville, NJ 07109	closed	

07 GLOUCESTER COUNTY WIC PROGRAM (All Gloucester)
1000 DELAWARE STREET
PAULSBORO
(856) 423-7160 **Coordinator:** Kathleen Mahmoud

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 **Main** **Admin**	Turneersville Gloucester Co Health Dept 160 Fries Mill Rd. Turnersville, NJ	Mon- Fri 8:30 – 4:30 office hours Certification services & Nutrition Education classes 8:00am to 5:00 pm Tuesday and 1st & 3rd Thursday 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	Tuesday 8:30– 4:00	(856) 728-9800 x 561
04	Paulsboro Gloucester Co Health Dept 1000 Delaware Street Paulsboro, NJ	Certification services & Nutrition Education Classes 8:00 am to 5;00 pm Wed. & 2nd and 4th Thursday Extended hours until 7 pm every other Wednesday	(856) 423-7160 Fax (856) 423-5631
05	Woodbury, NJ	Not going there	

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 ANDADDRESS	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	Wed. 8:30-11:00	(201) 451-6300
14	Jersey City Family Health Ctr (Health Start) 935 Garfield Ave	Monday 8:30 – 11:00	(201) 946 -6400
15	Christ Hospital (Health Start) 324 Palisade Avenue	Tues. 8:30 –11:00	(201) 459-8888
16	Bayonne Hospital (Health Start) 29 E. 29th Street Bayonne, NJ	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 **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)	Tues, Thurs, Wed & Fri 8:30 - 4:30 2nd&4th Sat. 8:30-4:30	(732) 227-1490
05	First Presbyterian Church 177 Gatzmer Avenue Jamesburg (Middlesex)	4th Tuesday 8:30 - 4:30	(908) 902- 3611
07	Edison Twp Health Dept. 80 Idle wild Road Edison (Middlesex)	2nd Tuesday 4th Thursday 8:30 - 4:30	(732) 248-7285
09	Somerset Community Action Program 429 Lewis Street Somerset, NJ 08875 (Middlesex)	1st Monday 8:30 - 4:30	(732) 828 –2956
17	Holmes Marshall Vol. Fire Co. 5300 Deborah Dr. Piscataway, NJ 08854 (Middlesex)	3rd Monday 8:30 - 4:30	(732) 463-1506
71	Eric B Chandler Community Health (Health Start) 227 George Street New Brunswick, NJ 08901 (Middlesex)	1st, 2nd & 3rd 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	Pedi-Doc Center 205 Smith Street Perth Amboy 08861 (Middlesex)	Tues, Wed, Thurs & Fri. 8:30 - 4:30 1st&3rd Sat 8:30-4:30	(732) 376-1138
15	Iglesia Penticostal el Tabernaculo 104 Union Street Carteret, NJ 07708 (Middlesex)	1st and 3rd Thursday 8:30 -4:30	
16	St. Mary's Church/St. Pat's Hall Church and Stevens Street South Amboy 08879 (Middlesex)	2nd Thursday 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 Street Belford, NJ 07718 (Monmouth)	Mon-Fri 8:30 – 4:30 (office) 2nd & 4th Mon 8:30 – 4:30, 2nd Monday to 6:30	(732) 471-9301 (732) 471-9302
01	Asbury Park First United Methodist Church 906 Grand Avenue Asbury Park, NJ 07728 (Monmouth)	Monday & Tuesday 8:30 -4:30	
04	Keyport Health Center (Health Start) 35 Broad Street Keyport 07735 (Monmouth)	1st Mon 8:30-4:30 3rd Mon 8:30-4:30 Prenatal 1st & 3rd Wed. BF 2:30 - 3:30 PM	(732) 888-4146
06	St. Rose of Lima Church 12 Throckmorton Street Freehold 07728 (Monmouth)	1st Wednesday 8:30 –6:30, 3rd Wednesday 8:30 - 4:30	(908) 902 - 3611
10	Red Bank Health Ctr (Health Start) 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 Friday 8:30 - 4:30	(732) 222- 8436
14	First Presbyterian Church 9th Ave. and E. Street, Belmar (Monmouth)	1st Friday 8:30 - 4:30 p.m.	(732) 681-3108
18	Human Services Bldg. #540 Route 524 East, Howell (Monmouth)	2nd Monday 8:30 - 4:30	(908) 902-3611
70	CentraState Medical Center Ambulatory Care Serv (HealthStart) 1001 W. Main Street, Freehold (Monmouth)	3rd Monday 8:30 - 4:30 p.m.	(732) 294 – 9340
75	Jersey Shore Medical Center (H.S) 1945 Highway 33, Neptune (Monmouth)	Monday, 1st, 2nd & 4th 8:30 - 4:30	(732) 775 - 5321

SITE CODE	NAME AND ADDRESS	HOURS/DAYS OF OPERATION	TELEPHONE NUMBER
76	Monmouth Med Ctr (Health Start) Amb.Care Dep. 300 Second Avenue Long Branch 07740 (Monmouth)	Thursday 8:30 - 4:30	(732) 222-5200 Ext 4182
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 Coordinator: Mavis Faulkner
Fax: (973) 733-7629

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	Mon, Tues & Fri, 8:30-4:30, Wed & Thur. 8:30 –7:00 Saturday 9:00 –2:00	(973) 733-7604
01	Newark Preschool Counsel/Alberta Bay, 300 Chancellor Ave	Tues 10:30 – 3:00	(973) 923 - 0255
02	Newark Health Dept. CHC 110 William St. Newark	Mon - Fri 8:30 - 4:30	(973) 733 - 7604
07	Clinic number not in use.		
08	La Casa el Club Del Barrio Clinton Avenue, Newark	Tuesday 8:30 – 4:30	(973) 399 - 8777
29	Dayton Health Center (Health Start) 101 Ludlow Street, Newark	Wed. 10:00 – 3:00 Twice a month	(973) 565-0355
31	No. Newark Health Ctr (Health Start) 741 Broadway, Newark	Wed. 10:00 – 3:00 Twice a Month	(973) 483-1300
80	Van	PRN	(973) 773-7628
18 Admin	Newark Beth Israel Med. Center (Health Start) 166 Lyons Avenue, Newark	Mon-Fri 8:30-4:30	(973) 733-5157 733-5158
20 Admin	Irvington Temp address 1. Municipal building, 1 Civic Square 2. Irvington Pediatric Asso. Same as 09	1. Mon & Wed 9:00 – 4:30 2. Tues, Thurs and Friday 8:30 – 4:30	
09	Irvington Pediatric Association 22 Ball Street, Irvington	Mon, Tues & Thurs. 4:00 - 8:00	(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) 268-1448
17	St. James Hosp Fam Serv (Health Start) 228 Lafayette Street	Tuesday - Friday 8:30-4:30	(973) 465-2832
Out-reach	AD House 13 Clinton Place	Thursday 2 times a month	(973) 372-0457

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	Mon- Fri. 8:30 - 4:00 PM Tu - 8:30 AM – 7:00 PM	(201) 866-4700
06	Secaucus Health Dept Meadowlands Hospital Secaucus	3 rd. Friday	(201) 392-3299
07	Kearny Health Dept 645 Kearny Ave Kearny	4th Monday	(201) 997-0600
07	Kearny West Hudson Park Kearny Ave	Mobil site 10am-4 pm 1st Monday, 1st and 2nd Tuesday, 4th Friday	
08	Harrison Health Dept (Annex) 318 Harrison Ave Harrison	Tuesday 9 am to 4 pm	(973) 268-2464
09	NHCAC Community Health Center at Hoboken 301 Garden St, Hoboken	Thur. 9:00 - 4:00	(201) 795-4416
09	NHCAC Community Health Center at Hoboken 124 Grant Street Hoboken	Tuesday 9 am -4 pm	
71	Palisades General Hospital Maternity floor 7600 River Rd, N. Bergen	Wed and Fri 9:00 – 3:30 Monday 9:00 to 3:30 pm	
73	St. Mary's Hospital Maternity floor	Tues & Thurs. 9:00 - 12:00	(201) 418-1660
74 75	Meadowlands Hospital 55 Meadowlands Parkway Secaucus Health Start Maternity Clinic and Maternity floor	Referred to 12-06 site, on every third Monday of the month	(201) 392-3228
79 [80] Admin	NHCAC @ Union City 714-31st Street, Union City	Tuesday 10:00-2:00 pm	(201) 863-7077
82	HOPES Head Start 301 Garden St. Hoboken, NJ 07030	Thursday 9 am to 3 pm	201- 795-1576
83	Hudson Co. Vocational Tech School 8511 Tonnelle Ave No. Bergen, NJ 07047	Mobil Site 3rd Tues of Mar, Jun, Sep, Dec 12 - 3 PM	(201) 854-4666
84	NHCAC Head Start 314 67th St. West New York, NJ	Mobil Site 2nd Monday of March/June/Sep/Dec 11 am - 3 PM	(201) 662-7722

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
85	NHCAC Head Start 301 Garden St. Hoboken, NJ 07030	Mobil Site 2nd Wed. of Aug. 10 AM - 4 PM	(201) 867-8697
86	NHCAC Head Start 401 Palisade Ave Union City	Mobil Site 4th Tuesday 10 AM - 4 PM	(201) 424-3240
87	NHCAC Head Start 7611 Broadway N. Bergen	Mobil Site 4th Friday, March/June/Sep/Dec 10 AM - 4 PM	(201) 424-3240
88	Mobil Van		
89	NHCAC Head Start 401 60th St. WNY	Mobil Site 3rd Wed. 10 am - 4 PM	(201) 424 -3240

13 NORWESCAP WIC PROGRAM
600 ELDER AVENUE
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 07860 (Sussex Co.)	2nd & 4th Thurs 9:00-7:00, 9:00-5:00 all other days	(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 07843 (Sussex Co.)	1st & 3rd Tuesday 10 – 4	(973) 770-1200
06	Vernon Township Health Dept. Municipal Building Church Street Vernon 07462 (Sussex Co.)	3rd Friday 10:00 – 4:00	(973) 764 - 4055
11	NORWESCAP Sussex office 39 Main Street Sussex 07461 (Sussex Co.)	3rd Wed. 10:00-4:00	(973) 875-8565 Head Start
20 Main Admin	NORWESCAP - WIC Program 600 Elder Ave Phillipsburg (Warren Co)	1st&3rd Thur. 8:30-7:00 all other days not listed 8:30-5:00	(908) 454-1210
01	Belvidere United Methodist Church 219 Hardwick Street Belvidere 07823 (Warren Co)	4th Tues of Mar, Jun, Sept., Dec 10:00 – 4:00	(908) 475-4065
02	Blairstown	closed	(908) 362-9844
08	Trinity Methodist Church 211 Main Street Hackettstown 07840 (Warren Co)	1st, & 3rd Wed 10 - 4	(908) 852-3020 ext 237
10	Flemington United Methodist Church Main Street and Maple Avenue Flemington 08822 (Hunterdon Co)	2nd and 4th Wednesday 10 - 4	(908) 782-1070
17	First Presbyterian Church 41 East Church Street Washington 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 08807 (Somerset Co)	1st and 3rd Wed: 8:30 – 7:00 all other days: 8:30-5:00	908-685-8282 fax: 908-704-9382

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
24	United Methodist Church of Bound Brook 150 W. Union Ave Bound Brook 08805 (Somerset Co)	4th Tuesday 10:00 – 4:00	
26	Watchung Ave Presbyterian Church 170 Watchung Avenue North Plainfield 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	Plainfield Health Center, (Health Start) 1700/58 Myrtle Ave Plainfield, NJ 07063	Not going	(908) 753 - 9400 753 - 6401

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

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Main Site 11 Getty Ave Paterson (Passaic Co)	M, F 8:00 - 4:30 Tu, Thur. 8:00 - 6:00, Wed. 8:00 –8:30	(973) 754 - 4575
09	Broadway WIC Office 695 Broadway Paterson (Passaic Co)	1st, 2nd, 3rd, 4th Friday 9:00 - 3:30	(973) 279-4608
12	Hackensack Dept. of Health 215 State Street Hackensack (Bergen Co)	1st and 2nd Monday Every Thursday 9:00 -3:30	(201) 646 - 3965
14	St. Mark's Episcopal Church 118 Chadwick Rd. Teaneck (Bergen Co)	1st, 2nd, 3rd, 4th Mondays 9:00 -3:30	
15	Center for Family Resources 12 Morris Rd. Ringwood (Passaic Co)	1st Thursday 9:00 - 3:30	(973) 962 - 0055
16	Pompton Lakes Health Dept. 25 Lenox Avenue Pompton Lakes (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	Englewood Community House 44 Armory St, Englewood (Bergen Co)	2nd and 3rd Thursday 2nd and 4th Tuesday 9:00 - 3:30	(201) 568 - 0817
20	Wayne Health Dept. 475 Valley Road Wayne (Passaic Co)	3rd Tuesday 9:00 - 3:30	(973) 694 - 1800 x 3258
21	Bergenfield Dept. of Health 198 N. Washington Ave. Bergenfield (Bergen Co)	2nd and 4th Monday 9:00 - 3:30	(201) 387 - 4058
22	Red Cross 74 Godwin Avenue Ridgewood, 07451 (Bergen Co)	3rd and 4th Friday 9:00 - 3:30	(201) 652 - 3210
23	The Church of God in Christ 3 Rowe Street Morristown, NJ 07960 (Morris Co.)	1st, 2nd, 3rd, 4th Friday, 9:30 – 2:30	
27	Boonton Health Department 100 Washington Street Boonton (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 (Morris Co.)	1st, 2nd, 3rd, 4th Wed. 9:00 - 3:30	(973) 989 - 9052
30	Clifton Health Department 900 Clifton Avenue Clifton (Passaic Co)	3rd Tuesday 9:00 - 3:30 2nd Mon. 9:00 -12:00	(973) 470 -5778
07 Admin	Market Street Clinic 166 Market Street Paterson (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: Janice Pedota

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 Mon, Tues & Thurs to 7:00 pm	(609) 989-3636
04	Hamilton Clinic 2090 Greenwood Avenue Health Department Hamilton	1st, 2nd and 3rd Tues 11:30 –6:30 2nd Tues. 2nd, 3rd and 4th Fri 9:15 -3:45	(609) 989-3656 or -3655
19	East Windsor WIC Clinic Environmental Center at Etra Park East Windsor	1st, 2nd & 4th Friday 9:30 – 3:30	(609) 989-3636
22	Princeton Hank F. Pannell Learning Center 2 Clay Street & Witherspoon Street Princeton, NJ	3rd Friday 9:30- 3:30	(609) 989-3636
25	Ewing Community Center Hollowbrook Drive Ewing	2nd 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, Thur, Fri 8:30 – 4:30 Tues, Wed. 8:30 –7:00	(973) 972 -3416
04	Ad House (Health Start) 13 Clinton Place Newark, NJ 07103	Currently not going	
05	Ivy Hill Apt. Senior Citizen Center 230 Mt. Vernon Place Newark, NJ 07103	Wed. 10:00 – 2:00 (Except 1st. Wed. of mo.)	(973) 416 - 8826
06	Tri-City Peoples Corp. 582 South 18th St. Newark, NJ 07107	Site closed	
07	The leaguer's Headstart at DeLiverance Temple 826 south 10th St. Newark, NJ 07103	Site closed	
70	University Hospital Maternity Unit on F-Green Bergen St. Newark, NJ 07103	M-F 10:00 –2:00	
71	University Hospital OBGYN Doctor's Office 150 Bergen Street Newark, NJ 07103	Possible Thursday in future	

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:** Brunilda Price

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 111 Drum Point Road Brick, N.J. 08723	Tuesday 9:00 -12:00 Noon NE/Check 2:00 -3:00 pm	(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 6th 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, 3rd 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	1st, 3rd, and 5th Monday 9:00 – 4:00	(732) 370 –0122 internal use (732) 363-4101

71	Kimball Med Ctr Prenatal Clinic, (Health Start) Route 9 - River Avenue Lakewood, NJ	Not going as 9/04	(732) 370-7443

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

205 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 5/2005 Mon 1:00 – 4:00 pm	(973) 777-0256
05	St. Mary's Hospital (Health Start) 211 Pennington Avenue Passaic, NJ 07055	Wednesday - Thursday 1:00-4:00	(973) 470-3019

22 TRINITAS WIC PROGRAM (All Union County)
TRINITAS HOSPITAL
1124 E. JERSEY STREET
ELIZABETH, NJ 07202
(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 2nd &4th in October &November 1st & 3rd in December	(908) 926-4535
03	closed		
04	Union Township CHC Vauxhall Fire House 2493 Vauxhall Road Union, NJ 07083	1st & 3rd 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	