

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

FFY **DRAFT 2015**

STATE STRATEGIC PLAN

DUNS #806418075

NEW JERSEY DEPARTMENT OF HEALTH

**PUBLIC HEALTH SERVICES BRANCH
FAMILY HEALTH SERVICES
WIC SERVICES
50 EAST STATE STREET
6th FLOOR
PO BOX 364
TRENTON, NEW JERSEY 08625-0364
(609) 292-9560**

2015 STATE PLAN SUMMARY
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1.0 EXECUTIVE SUMMARY

1.1 Federal Overview

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

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

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

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

Improved Birth Outcomes and Savings in Health Care Costs

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

Increased Consumption of Key Nutrients/Increased Nutrient Density of Diet

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

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

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

Increased Breastfeeding Rates

WIC helps mothers to choose to breastfeed their infants and provides the support and information they need to continue breastfeeding. The WIC Participant and Program Characteristics reports show that among infants 6-13 months old at the time of the study, breastfeeding initiation rates increased every year from 55.5% in 2006 to 63.6% in 2012. (ref. #9).

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

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1.2 State Overview

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

It is the goal of New Jersey WIC Services to utilize varied strategies to reduce the risk of poor pregnancy outcomes, facilitate the improvement of nutritional status by identifying and providing services to prevent nutritional problems/challenges that impact on the nutritional and health status of low income pregnant, postpartum, breastfeeding women, infants and children participating in New Jersey WIC program. In 2013, New Jersey WIC Services through the local WIC agencies served 290,150 pregnant, postpartum, breastfeeding women, infants and children up to age five who have low incomes, medical and/or nutrition risk factors. The ethnic distribution of the WIC Program participants was 50.68% Hispanic/Latino and 46.79% Non-Hispanic/Latino. Race distribution of New Jersey WIC participants: 2.59% American Indians and Alaska Native; 3.14% Asian; 25.32% African American; 1.37% Native Hawaiians or Pacific Islander, 65.01% White; and 2.53% Other. According to data from the 2011 Electronic Birth Certificate, 24.4% of all New Jersey live births were by WIC mothers.

1.3 Local Agency Overview

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

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

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

1.4 New Jersey WIC Advisory Council Overview

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

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

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

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

1.5 The Division of Family Health Services' Mission Statement:

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

1.5.1 Organizational Structure

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

1.6 New Jersey WIC Services' Mission Statement:

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

1.7 New Jersey WIC Services' Goals

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

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

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

1.8 New Jersey WIC Services 2015 Objectives

Objectives

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

2.0 ORGANIZATIONAL STRUCTURE OF NEW JERSEY WIC SERVICES

2.1 State Operations

2.1.1 Office of the Director

2.1.1.1 Administrative Section

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

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

The administrative tasks include:

- 1) Performing payroll activities for **36** employees in New Jersey WIC Services;
- 2) Completing and coordinating the preparation of all personnel actions for New Jersey WIC Services;
- 3) Providing administrative direction to program staff concerning interpretation of policies and procedures; and
- 4) Other administrative functions as deemed necessary to ensure the efficiency and effectiveness of program operations.

2.1.2 Health & Ancillary Services (H&AS) Unit

2.1.2.1 Health & Ancillary Services

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

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

2.1.2.2 Nutrition Education

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

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

The three major goals of WIC nutrition education are to:

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

The Health and Ancillary Services Unit, with local agency input, develops a Statewide Nutrition Education Plan that incorporates the goals of Value Enhanced Nutrition Assessment (VENA) by improving nutrition and health assessment for the purposes of directing client centered nutrition education and services.

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.

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

New Jersey WIC continues to add nutrition education modules to NJWICOnline.org. This year, a Breastfeeding module and Being Active module were added. WIC participants can select from eight modules and 32 activities for their secondary education contact.

2.1.2.3 Breastfeeding Promotion and Support

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

2.1.2.4 WIC Food Packages

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

2.1.2.5 Certification/Eligibility Determination

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

2.1.2.6 Access to Health Care

The WIC Program serves as an adjunct to primary preventive health care during critical times of fetal development, and the growth and development of infants and children. This component of the WIC

Program functions to prevent the occurrence of health problems and to improve the health status of these vulnerable populations.

Local WIC agencies refer participants to healthcare and, as appropriate, to substance abuse counseling and ensure access at no cost or at a reduced cost. During certification, information is given to participant regarding the type of healthcare services available, where free immunizations can be obtained, how to obtain services, and why these services should be used. Standardized New Jersey WIC referral forms are used by all local agencies to collect screening and healthcare referral data. Federally Qualified Health Centers and prenatal health clinic uses the WIC referral form to facilitate the enrollment of eligible pregnant women in each program and reduce the duplication of services. Pregnant women who are presumptively eligible for Medicaid are adjunctively eligible for WIC. The health and nutrition information provided by Federally Qualified Health Centers and prenatal clinic staff on the referral form facilitates the WIC certification process and this coordination will continue during FFY 2015.

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

Health and Ancillary Services Unit staff works collaboratively with local agencies to ensure a participant-focused delivery system through the promotion and expansion of one-stop service and co-location of services at conveniently located facilities. New Jersey WIC Services has 112 clinic sites of which 48 are co-located with other health and/or human services programs. Health and Ancillary Services staff monitors and approves the opening and closing of WIC clinic sites. Innovative initiatives to improve access, provide services, and increase efficiency have been integrated to improve both the health and nutritional status of the "at risk" WIC population.

These initiatives include the following:

- Co-location with preventive and primary healthcare; (Newark WIC Program)
- Utilization of two mobile WIC clinics to provide increased access to services in underserved areas (Tri-County and North Hudson WIC Programs);

- Provision of immunization education and referral to children's medical homes or health departments;
- Provision of breastfeeding promotion and support services through WIC local agencies and regional Maternal and Child Health Consortia;
- Coordination with the New Jersey Chapter of the American Academy of Pediatrics to increase immunization rates;
- Hematological testing of WIC participants without referral data from healthcare providers;
- Coordination with Health Maintenance Organizations;
- Co-location or referral linkages to Federally Qualified Health Centers;
- Initiatives to promote awareness of increased fruit and vegetable consumption; and
- Coordination with Medicaid to improve Early Periodic Screening Diagnosis Treatment rates.

2.1.2.7 Outreach and Coordination Network

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

2.1.2.8 Voter Registration

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

2.1.2.9 MARWIC TIMES Newsletter

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

2.1.3 Monitoring and Evaluation Services

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

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

The M&E Unit incorporates all requirements into the annual grant application packet and provides an information session to all interested applicants in March 2014. Staff reviews the grant applications for compliance with both program and fiscal requirements and prepare them for departmental review, approval and award. Staff monitors the grants through the expenditure process and sends a report of expenditures to the USDA monthly. If additional funds become available during the fiscal year, the M&E Unit determines the distribution of funds to local grantees and notifies the agencies to prepare a budget modification. Staff review and process grant modifications the same as initial grant applications. The M&E Unit determines the initial and reallocation of USDA funds for food costs to local grantees. Staff prepare, maintain, and monitor monthly State and local agency spreadsheets for projected and actual food dollar expenditures.

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

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

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

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

2.1.4 Food Delivery Services

The Food Delivery Services Unit (FD) has the primary responsibility to ensure the accountability, payment and reconciliation of 100 percent of all WIC checks distributed, printed, issued, voided, redeemed or rejected. The 17 local agencies have 32 administrative (permanent, fixed) service sites and 79 satellite clinics throughout the state that provide direct benefits to approximately 290,150 women, infants, and children annually. Benefits are delivered through the issuance of checks for specific foods. Checks are cashed at vendors (retail grocery stores) under contract with WIC. WIC Services presently issues over 8,160,000 checks per year and these checks have a value of more than \$138 million per year. The FD Unit oversees the operations of all local WIC agencies and their service sites with particular emphasis on check reconciliation and payment. Food Delivery also monitors more than 951 contracted WIC grocery stores (vendors) to ensure compliance with the Vendor Agreement and program integrity.

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

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

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

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

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

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

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

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

Food Delivery personnel oversee the ordering, printing and distribution of various program materials, including all check stock used for WIC participant ID folders, plastic sleeves for the ID folders, participant Rights and Obligations Forms, Household & Income Information Forms, participant fact sheets, WIC Verified Stamps, vendor food lists, vendor store signs, vendor stamps, and all forms related to the vendor application process.

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

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

Food Delivery personnel are responsible for the semiannual exchange of participant information with the Commonwealth of Pennsylvania. Date files are compared to discern whether any of New Jersey's WIC participants are enrolled in the Pennsylvania WIC Program dually. Through the efforts of WIC's computer system contractor, CMA, this data exchange has been enhanced and improved.

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

2.1.5 WIC Information Technology

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

2.1.5.1 Operations and Maintenance/Project Management of WIC ACCESS

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

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

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

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

2.1.5.2 Quality Assurance

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

2.1.5.3 Field Support

The WIC Information Technology Unit provides technical and logistical support to the State and local agency staff and its associated facilities. In conjunction with the ASP help desk, IT staff provides field support hardware and software assistance to local agencies at 33 administrative sites and 112 clinic satellite sites throughout the State of New Jersey. IT also provides the same support to State WIC personnel located at WIC's State Office facilities.

2.1.5.4.1 General Support of Client

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

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

New Jersey WIC has awarded a contract for Operations and Maintenance of WIC ACCESS to Currier, McCabe and Associates.

New Jersey WIC has also awarded a contract for the modification and implementation of the Maryland WIC on the WEB (WOW) system in New Jersey to Currier, McCabe and Associates.

2.1.5.5 New Jersey WIC Website

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

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

2.2 Local Agency Operations

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

<u>Local Agency</u>	<u>Type of Agency</u>	<u># Of Administrative/Satellite Clinics</u>
Atlantic City	Local Government	2/0
Burlington County	Local Government	1/10
East Orange	Local Government	2/1
Tri-County/Gateway CAP	Non Profit	7/6
Gloucester County	Local Government	1/2
Newark	Local Government	4/3
Jersey City	Local Government	1/3
North Hudson Community Action Corporation	Non Profit	1/5
NORWESCAP	Non Profit	3/4
Plainfield	Local Government	1/0
St. Joseph's Regional Medical Center	Hospital	1/15
Children's Home Society of Mercer County	Non Profit	1/4
Rutgers	Hospital	1/3
Ocean County	Local Government	2/5
Passaic	Local Government	1/0
Trinitas	Hospital	1/4
Visiting Nurse Association of C-NJ	Non Profit	3/12

33 admin/79 satellite= 112 sites

2.3 New Jersey Advocacy Operations

2.3.1 New Jersey WIC Advisory Council

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

3.0 FINANCIAL MANAGEMENT

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

3.1 Federal Funding Process

3.1.1 Federal Regulations

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

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

3.1.2 Distribution of USDA Funds to State Agencies

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

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

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

The food funding formula includes the following provisions:

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

Breastfeeding Promotion and Support Funding

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

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

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

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

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

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

3.1.3 Infant Formula Rebate and other Supplemental Foods Rebates

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

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

3.1.4 Other USDA Funding

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

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

3.2 State Funding Process

3.2.1 State Requirements

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

3.2.2 Distribution of USDA Funds to Local Agency Grantees

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

3.2.3 Funding Formula

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

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

3.2.4 Breastfeeding Promotion and Support

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

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

3.2.5 Distribution of Funds to Support Local Agency Operations

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

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

3.2.6 Distribution of Funds to Support State Agency Operations

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

3.2.7 Distribution of Other Funds to Support Local Agency Operations

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

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

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

3.3 Vendor Analysis

New Jersey WIC Services has full responsibility for selecting vendors and ensuring that authorized WIC vendors provide nutritious authorized WIC foods to WIC participants. WIC participants are issued approximately 4 or 5 checks per month at the programs **17** local agencies. Participants may cash their checks at any of the **951** authorized retail groceries or commissaries that were authorized during the FFY **2014** contract period.

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

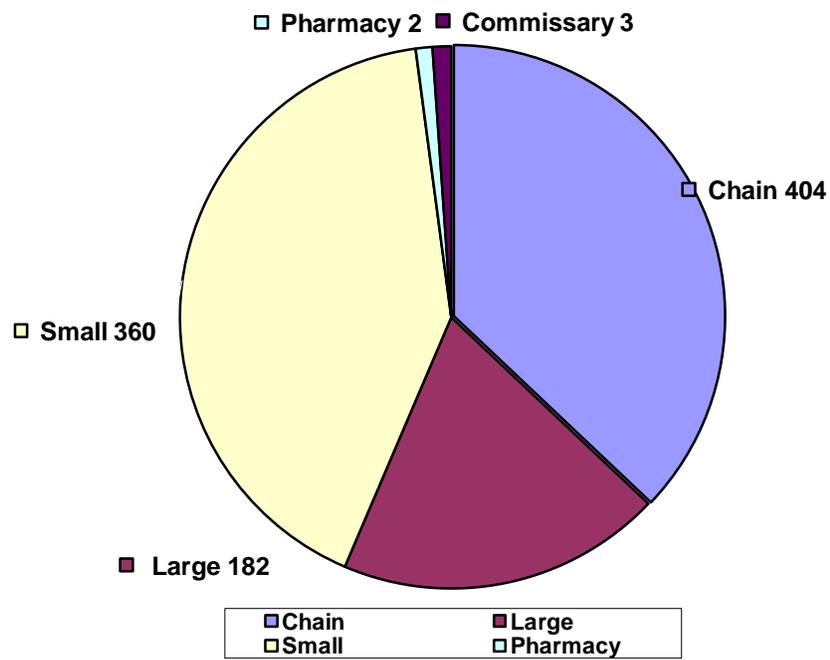
The vendors are categorized into peer groups of similar type with comparable prices. Peer group 1 vendors are chain vendors who are a corporation that own 11 or more stores. Peer group 2 vendors are large independent vendors that have 3 or more registers. Peer group 3 vendors are small independent vendors that have 1-2 registers. Peer group 4 vendors are pharmacies that are authorized to provide only special formulas. Peer group 5 vendors are 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 and monitored to prevent overcharging.

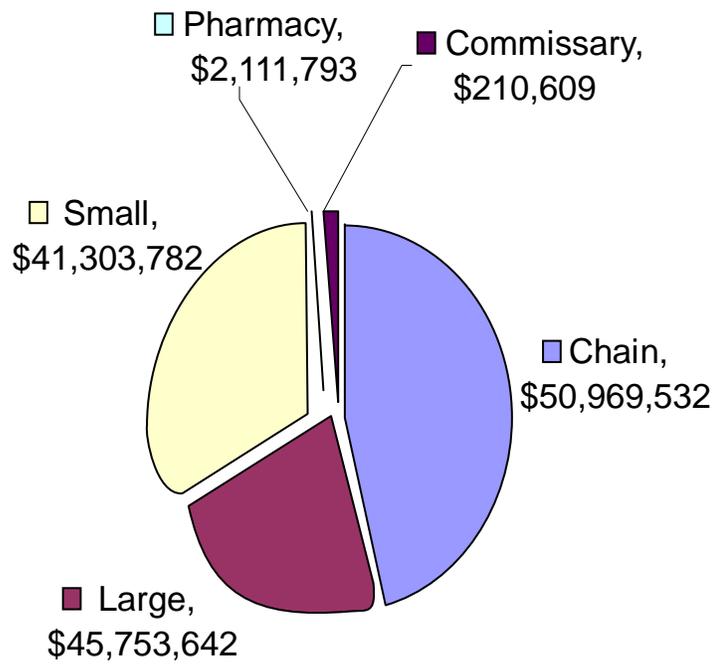
The vendor summary for FY **2013** provided the total number of checks and dollar amounts for the checks. The vendors redeemed **6,907,029** checks in the amount of **\$140,349,359.90**. (Refer to Charts 1 and 2). The State agency does not have above-50-percent vendors participating as authorized vendors.

Number of Vendors By Store Type FFY 2015

CHART 1



Vendor Redemptions FFY 2013 Chart 2



Chain Large Small Pharmacy Commissary

4.0 Population Analysis

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

4.1 New Jersey WIC Services Affirmative Action Plan Statistical Methodology

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

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

Data on seventy-five (75) municipalities and twenty-one counties (21) were obtained for each criterion variable. Municipalities with populations of 30,000 or more persons, based upon the 2010 Census were included in this analysis. County figures are for the entire county or in counties where individual municipalities were included, the balance of the county. Specifically, composite rate for the years 2007, 2008, and 2009, were computed for infant deaths, perinatal deaths, low birth weight infants, and births to teenage mothers. This data was obtained from official New Jersey vital statistics. The low-income data was obtained from the 2010 Census of Population. The vital rates were based on pooled data to increase the stability of the estimates. Furthermore, data from each year weighted the same in the computation of the composite rates.

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

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

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

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

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

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

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

Table 1 New Jersey WIC Affirmative Action Ranking for FFY 2015

Table 2 Infant Perinatal Data

Table 3 Neonatal and Infant Deaths

Table 4 Birth Data

Table 5 Infant Rates and Birth Ratio Data

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

	WEIGHTED	
	TOTAL	
	SCORE	
AREA	2007-2009	RANK
Camden City	6.950	1
Trenton City	6.719	2
East Orange City	6.689	3
Newark City	6.296	4
Irvington Town	6.145	5
Willingboro Township	5.786	6
Orange City	5.484	7
Pennsauken Township	5.113	8
Atlantic City	5.057	9
CUMBERLAND COUNTY (Balance)	4.494	10
SALEM COUNTY (Total)	3.569	11
Paterson City	3.357	12
Vineland City	3.137	13
Jersey City	2.923	14
Linden City	2.763	15
Elizabeth City	1.726	16
Galloway Township	1.667	17
Winslow Township	1.465	18
Plainfield City	1.449	19
Egg Harbor Township	1.263	20
ATLANTIC COUNTY (Balance)	1.219	21
Ewing Township	1.217	22
Bayonne City	1.056	23
Teaneck Township	1.009	24
Hamilton Township	0.934	25
Hackensack City	0.822	26
Manchester Township	0.716	27
Perth Amboy City	0.698	28
Passaic City	0.567	29
Belleville Town	0.542	30
CAMDEN COUNTY (Balance)	0.539	31
Union City	0.483	32
New Brunswick City	0.471	33
Cherry Hill Township	0.420	34
CAPE MAY COUNTY (Total)	0.144	35
West Orange Township	0.107	36
Gloucester Township	-0.003	37
Long Branch City	-0.039	38
Bloomfield Town	-0.087	39
Union Township	-0.092	40
BURLINGTON COUNTY (Balance)	-0.199	41

	WEIGHTED	
	TOTAL	
	SCORE	
AREA	2007-2009	RANK
Kearny Town	-0.270	42
WARREN COUNTY (Total)	-0.369	43
GLOUCESTER COUNTY (Balance)	-0.423	44
Montclair Town	-0.471	45
*Lawrence Township	-0.525	46
MONMOUTH COUNTY (Balance)	-0.564	47
Clifton City	-0.574	48
UNION COUNTY (Balance)	-0.593	49
West New York Town	-0.607	50
MIDDLESEX COUNTY (Balance)	-0.943	51
Freehold Township	-0.999	52
*Garfield City	-1.157	53
Sayreville Borough	-1.183	54
Brick Township	-1.224	55
Berkeley Township	-1.225	56
North Brunswick Township	-1.239	57
Piscataway Township	-1.263	58
Parsippany-Troy Hills	-1.378	59
Franklin Township	-1.388	60
HUDSON COUNTY (Balance)	-1.393	61
OCEAN COUNTY (Balance)	-1.414	62
SUSSEX COUNTY (Total)	-1.431	63
*Deptford Township	-1.433	64
Edison Township	-1.455	65
Wayne Township	-1.480	66
Fort Lee Borough	-1.511	67
Bridgewater Township	-1.520	68
MORRIS COUNTY (Balance)	-1.524	69
Old Bridge Township	-1.535	70
*Monroe Township Middlesex	-1.624	71
Woodbridge Township	-1.641	72
SOMERSET COUNTY (Balance)	-1.668	73
Hoboken City	-1.709	74
South Brunswick Township	-1.743	75
Washington Township	-1.807	76
*Monroe Township Gloucester	-1.832	77

	WEIGHTED	
	TOTAL	
	SCORE	
AREA	2007-2009	RANK
Toms River Township	-1.842	78
Howell Township	-1.868	79
PASSAIC COUNTY (Balance)	-1.880	80
ESSEX COUNTY (Balance)	-1.908	81
MERCER COUNTY (Balance)	-1.961	82
BERGEN COUNTY (Balance)	-2.018	83
Jackson Township	-2.048	84
Hillsborough Township	-2.058	85
Fair Lawn Borough	-2.197	86
Evesham Township	-2.393	87
Mt. Laurel Township	-2.617	88
North Bergen Township	-2.629	89
HUNTERDON COUNTY (Total)	-2.690	90
East Brunswick Township	-2.781	91
Middletown Township	-2.955	92
Lakewood Township	-3.281	93
Manalapan Township	-3.351	94
Marlboro Township	-3.456	95
*Westfield Town	-3.769	96

	WEIGHTED		TOTAL	ACTIVE	
	TOTAL		ELIGIBLE	FIRST	PERCENT
	SCORE		WOMEN &	QUARTER	ELIGIBLES
AREA	2007-2009	RANK	CHILDREN	FFY 2014	ENROLLEES
Camden City	6.950	1	8,103	5,724	70.64%
Trenton City	6.719	2	6,146	5,511	89.67%
East Orange City	6.689	3	3,123	2,770	88.70%
Newark City	6.296	4	17,421	13,135	75.40%
Irvington Town	6.145	5	2,789	2,690	96.45%
Willingboro Township	5.786	6	618	802	129.77%
Orange City	5.484	7	1,778	1,700	95.61%
Pennsauken Township	5.113	8	944	1,110	117.58%
Atlantic City	5.057	9	3,302	1,987	60.18%
CUMBERLAND COUNTY (Balance)	4.494	10	4,288	3,917	91.35%
SALEM COUNTY (Total)	3.569	11	1,148	1,366	118.99%
Paterson City	3.357	12	11,059	9,896	89.48%
Vineland City	3.137	13	2,007	2,335	116.34%
Jersey City	2.923	14	9,057	9,604	106.04%
Linden City	2.763	15	761	717	94.22%
Elizabeth City	1.726	16	6,860	5,605	81.71%
Galloway Township	1.667	17	548	393	71.72%
Winslow Township	1.465	18	819	841	102.69%
Plainfield City	1.449	19	2,768	3,363	121.50%
Egg Harbor Township	1.263	20	761	609	80.03%
ATLANTIC COUNTY (Balance)	1.219	21	3,883	2,976	76.64%
Ewing Township	1.217	22	426	354	83.10%
Bayonne City	1.056	23	1,488	1,824	122.58%
Teaneck Township	1.009	24	468	371	79.27%
Hamilton Township	0.934	25	1,193	964	80.80%
Hackensack City	0.822	26	1,390	1,294	93.09%
Manchester Township	0.716	27	386	153	39.64%
Perth Amboy City	0.698	28	2,741	3,490	127.33%
Passaic City	0.567	29	6,607	4,829	73.09%
Belleville Town	0.542	30	824	670	81.31%
CAMDEN COUNTY (Balance)	0.539	31	3,962	3,752	94.70%
Union City	0.483	32	3,846	4,084	106.19%
New Brunswick City	0.471	33	4,666	3,745	80.26%
Cherry Hill Township	0.420	34	532	346	65.04%
CAPE MAY COUNTY (Total)	0.144	35	1,747	1,733	99.20%
West Orange Township	0.107	36	823	619	75.21%
Gloucester Township	-0.003	37	1,011	562	55.59%
Long Branch City	-0.039	38	1,467	1,492	101.70%
Bloomfield Town	-0.087	39	1,000	688	68.80%
Union Township	-0.092	40	690	477	69.13%
BURLINGTON COUNTY (Balance)	-0.199	41	4,262	4,303	100.96%

	WEIGHTED		TOTAL	ACTIVE	
	TOTAL		ELIGIBLE	ENROLLEES	PERCENT
	SCORE		WOMEN &	FIRST	ELIGIBLES
AREA	2007-2009	RANK	CHILDREN	QUARTER	ACTIVE
				FFY 2014	ENROLLEES
Kearny Town	-0.270	42	1,005	849	84.48%
WARREN COUNTY (Total)	-0.369	43	1,391	1,343	96.55%
GLOUCESTER COUNTY (Balance)	-0.423	44	2,710	3,026	111.66%
Montclair Town	-0.471	45	383	215	56.14%
*Lawrence Township	-0.525	46	382	207	54.19%
MONMOUTH COUNTY (Balance)	-0.564	47	5,955	6,092	102.30%
Clifton City	-0.574	48	1,928	1,607	83.35%
UNION COUNTY (Balance)	-0.593	49	3,142	1,946	61.94%
West New York Town	-0.607	50	2,612	2,710	103.75%
MIDDLESEX COUNTY (Balance)	-0.943	51	2,605	2,255	86.56%
Freehold Township	-0.999	52	255	44	17.25%
*Garfield City	-1.157	53	989	885	89.48%
Sayreville Borough	-1.183	54	776	678	87.37%
Brick Township	-1.224	55	935	694	74.22%
Berkeley Township	-1.225	56	506	242	47.83%
North Brunswick Township	-1.239	57	897	804	89.63%
Piscataway Township	-1.263	58	606	24	3.96%
Parsippany-Troy Hills	-1.378	59	531	244	45.95%
Franklin Township	-1.388	60	992	999	100.71%
HUDSON COUNTY (Balance)	-1.393	61	1,400	1,304	93.14%
OCEAN COUNTY (Balance)	-1.414	62	2,499	1,796	71.87%
SUSSEX COUNTY (Total)	-1.431	63	1,538	970	63.07%
*Deptford Township	-1.433	64	442	234	52.94%
Edison Township	-1.455	65	1,486	1,347	90.65%
Wayne Township	-1.480	66	306	193	63.07%
Fort Lee Borough	-1.511	67	426	84	19.72%
Bridgewater Township	-1.520	68	249	140	56.22%
MORRIS COUNTY (Balance)	-1.524	69	4,047	2,732	67.51%
Old Bridge Township	-1.535	70	714	68	9.52%
*Monroe Township Middlesex	-1.624	71	232	76	32.76%
Woodbridge Township	-1.641	72	1,252	1,131	90.34%
SOMERSET COUNTY (Balance)	-1.668	73	1,872	2,256	120.51%
Hoboken City	-1.709	74	799	249	31.16%
South Brunswick Township	-1.743	75	375	210	56.00%
Washington Township	-1.807	76	418	125	29.90%
*Monroe Township Gloucester	-1.832	77	571	524	91.77%

	WEIGHTED		TOTAL	ACTIVE	
	TOTAL		ELIGIBLE	FIRST	PERCENT
	SCORE		WOMEN &	QUARTER	ELIGIBLES
AREA	2007-2009	RANK	CHILDREN	FFY 2014	ENROLLEES
Toms River Township	-1.842	78	1,163	1,252	107.65%
Howell Township	-1.868	79	559	239	42.75%
PASSAIC COUNTY (Balance)	-1.880	80	1,772	1,373	77.48%
ESSEX COUNTY (Balance)	-1.908	81	1,250	600	48.00%
MERCER COUNTY (Balance)	-1.961	82	1,145	756	66.03%
BERGEN COUNTY (Balance)	-2.018	83	7,122	5,025	70.56%
Jackson Township	-2.048	84	544	476	87.50%
Hillsborough Township	-2.058	85	263	169	64.26%
Fair Lawn Borough	-2.197	86	241	108	44.81%
Evesham Township	-2.393	87	329	157	47.72%
Mt. Laurel Township	-2.617	88	302	195	64.57%
North Bergen Township	-2.629	89	1,851	1,984	107.19%
HUNTERDON COUNTY (Total)	-2.690	90	894	479	53.58%
East Brunswick Township	-2.781	91	264	439	166.29%
Middletown Township	-2.955	92	454	291	64.10%
Lakewood Township	-3.281	93	13,430	15,555	115.82%
Manalapan Township	-3.351	94	273	91	33.33%
Marlboro Township	-3.456	95	158	52	32.91%
*Westfield Town	-3.769	96	159	56	35.22%
			207,111	180,401	87.10%

Table 2. Infant Perinatal Data

AREA	CENSUS	LIVE BIRTHS			FETAL DEATHS		
	POPULATION	2009	2008	2007	2009	2008	2007
Atlantic City	39,558	790	822	819	7	7	9
Egg Harbor Township	43,323	535	520	515	3	3	1
Galloway Township	37,349	383	391	343	3	0	2
ATLANTIC COUNTY (Balance)	154,319	1,904	1,847	1,880	14	17	19
Fair Lawn Borough	32,457	296	300	295	1	1	3
Fort Lee Borough	35,345	278	288	305	3	1	2
*Garfield City	30,487	382	418	454	2	1	3
Hackensack City	43,010	695	654	654	3	8	7
Teaneck Township	39,776	422	452	434	4	1	6
BERGEN COUNTY (Balance)	724,041	6,692	6,737	7,079	31	31	42
Evesham Township	45,538	416	484	517	1	2	6
Mt. Laurel Township	41,864	416	420	418	0	1	0
Willingboro Township	31,629	352	409	397	7	2	3
BURLINGTON COUNTY (Balance)	329,703	3,439	3,531	3,598	21	21	36
Camden City	77,344	1,591	1,725	1,831	21	15	17
Cherry Hill Township	71,045	586	595	647	3	2	0
Gloucester Township	64,634	701	794	773	6	2	6
Pennsauken Township	35,885	501	437	481	4	4	5
Winslow Township	39,499	517	527	551	3	0	4
CAMDEN COUNTY (Balance)	225,250	2,661	2,622	2,667	14	18	17
CAPE MAY COUNTY (Total)	97,265	969	884	947	8	6	6
Vineland City	60,724	830	928	902	8	5	6
CUMBERLAND COUNTY (Balance)	96,174	1,488	1,569	1,603	16	12	20
Belleville Town	35,926	490	494	498	3	7	0
Bloomfield Town	47,315	571	675	666	6	1	5
East Orange City	64,270	982	1,009	1,059	7	15	21
Irvington Town	53,926	957	997	1,044	16	8	22
Montclair Town	37,669	302	331	366	2	0	3
Newark City	277,140	4,577	4,734	4,779	50	68	75
Orange City	30,134	585	584	574	6	8	5
West Orange Township	46,207	590	612	602	8	2	3
ESSEX COUNTY (Balance)	191,382	1,784	1,777	1,914	7	11	6

AREA	CENSUS	LIVE BIRTHS			FETAL DEATHS		
	POPULATION						
	2010	2009	2008	2007	2009	2008	2007
*Deptford Township	30,561	291	328	377	3	0	3
*Monroe Township Gloucester	36,129	410	391	397	2	5	2
Washington Township	48,559	420	396	425	2	3	2
GLOUCESTER COUNTY (Balance)	173,039	1,937	1,792	1,902	19	13	6
Bayonne City	63,024	751	716	695	5	5	6
Hoboken City	50,005	576	492	526	1	0	5
Jersey City	247,597	3,407	3,459	3,427	22	36	27
Kearny Town	40,684	446	458	463	5	2	1
North Bergen Township	60,773	721	776	745	1	8	4
Union City	66,455	993	1,045	1,037	9	7	7
West New York Town	49,708	759	754	747	4	5	5
HUDSON COUNTY (Balance)	56,020	653	608	609	3	6	1
HUNTERDON COUNTY (Total)	128,349	953	1,128	1,133	6	6	6
Ewing Township	35,790	293	335	352	0	2	2
Hamilton Township	88,464	949	916	924	7	7	9
*Lawrence Township	33,472	324	356	373	3	0	4
Trenton City	84,913	1,592	1,654	1,606	16	20	17
MERCER COUNTY (Balance)	123,874	1,264	1,308	1,347	3	4	7
East Brunswick Township	47,512	337	387	377	0	2	1
Edison Township	99,967	1,314	1,389	1,379	7	6	10
*Monroe Township Middlesex	39,132	251	254	280	0	2	2
New Brunswick City	55,181	1,078	1,070	1,123	4	7	7
North Brunswick Township	40,742	578	645	637	2	1	2
Old Bridge Township	65,375	667	678	747	3	1	5
Perth Amboy City	50,814	893	849	883	9	4	4
Piscataway Township	56,044	674	709	748	5	4	3
Sayreville Borough	42,704	575	615	597	3	3	5
South Brunswick Township	43,417	386	461	485	1	2	1
Woodbridge Township	99,585	1,217	1,226	1,241	2	4	8
MIDDLESEX COUNTY (Balance)	169,385	2,049	2,087	2,152	21	15	8
Freehold Township	36,184	268	288	330	3	1	2
Howell Township	51,075	462	521	589	2	5	1
Long Branch City	30,719	515	547	514	4	2	6
Manalapan Township	38,872	305	322	319	3	1	1
Marlboro Township	40,191	260	279	306	0	3	2
Middletown Township	66,522	628	650	686	9	2	5
MONMOUTH COUNTY (Balance)	366,817	3,931	4,033	4,158	30	33	29

	CENSUS	LIVE BIRTHS			FETAL DEATHS		
	POPULATION						
AREA	2010	2009	2008	2007	2009	2008	2007
Parsippany-Troy Hills	53,238	623	612	628	1	0	4
MORRIS COUNTY (Balance)	439,038	4,340	4,607	4,762	24	29	23
Berkeley Township	41,255	233	258	306	0	0	2
Brick Township	75,072	708	738	792	6	1	5
Toms River Township	91,239	900	917	990	4	7	2
Jackson Township	54,856	490	518	556	3	5	5
Lakewood Township	92,843	3,600	3,274	3,237	16	4	11
Manchester Township	43,070	183	230	233	5	1	0
OCEAN COUNTY (Balance)	178,232	1,719	1,808	1,838	7	3	14
Clifton City	84,136	1,100	1,097	1,181	5	8	4
Passaic City	69,781	1,443	1,468	1,602	11	21	7
Paterson City	146,199	2,724	2,782	2,834	24	20	27
Wayne Township	54,717	413	435	452	1	3	4
PASSAIC COUNTY (Balance)	146,393	1,546	1,581	1,663	2	4	8
SALEM COUNTY (Total)	66,083	599	612	627	6	6	5
Bridgewater Township	44,464	405	450	472	2	3	2
Franklin Township	62,300	950	971	1,008	2	10	8
Hillsborough Township	38,303	403	413	395	5	3	3
SOMERSET COUNTY (Balance)	178,377	1,932	1,982	2,133	7	10	17
SUSSEX COUNTY (Total)	149,265	1,344	1,490	1,501	9	5	7
Elizabeth City	124,969	2,111	2,185	2,299	13	21	22
Linden City	40,499	451	453	483	4	4	4
Plainfield City	49,808	970	940	929	6	8	10
Union Township	56,642	642	592	634	2	5	2
*Westfield Town	30,316	315	302	298	1	0	1
UNION COUNTY (Balance)	234,265	2,628	2,723	2,800	14	17	17
WARREN COUNTY (Total)	108,692	821	973	1,143	3	6	5
	8,791,894	104,402	106,900	110,044	690	711	795

Table 3. Neonatal and Infant Deaths

AREA	NEONATAL DEATHS			INFANT DEATHS		
	2009	2008	2007	2009	2008	2007
Atlantic City	6	4	5	11	7	6
Egg Harbor Township	3	2	6	4	2	6
Galloway Township	2	2	5	3	4	5
ATLANTIC COUNTY (Balance)	8	10	10	14	13	14
Fair Lawn Borough	0	0	1	0	2	1
Fort Lee Borough	1	0	2	2	0	3
*Garfield City	0	1	0	0	1	1
Hackensack City	3	2	2	5	2	3
Teaneck Township	3	3	0	3	4	0
BERGEN COUNTY (Balance)	22	17	13	28	27	23
Evesham Township	0	3	1	1	3	1
Mt. Laurel Township	2	0	1	2	0	1
Willingboro Township	1	5	4	1	6	5
BURLINGTON COUNTY (Balance)	12	16	15	14	24	19
Camden City	11	15	14	13	18	20
Cherry Hill Township	2	6	5	3	7	5
Gloucester Township	3	3	0	5	5	1
Pennsauken Township	4	5	3	5	7	5
Winslow Township	5	5	1	6	5	2
CAMDEN COUNTY (Balance)	13	13	15	15	19	20
CAPE MAY COUNTY (Total)	5	4	4	7	6	6
Vineland City	4	7	9	6	10	12
CUMBERLAND COUNTY (Balance)	13	8	13	19	12	16
Belleville Town	1	3	1	2	5	2
Bloomfield Town	2	3	3	3	3	6
East Orange City	6	6	6	10	9	9
Irvington Town	7	6	2	10	10	9
Montclair Town	1	0	2	2	1	2
Newark City	30	28	27	50	56	48
Orange City	5	2	5	7	7	5
West Orange Township	0	1	0	1	3	1
ESSEX COUNTY (Balance)	2	4	3	2	6	6

AREA	NEONATAL DEATHS			INFANT DEATHS		
	2009	2008	2007	2009	2008	2007
*Deptford Township	0	0	1	1	0	2
*Monroe Township Gloucester	1	0	0	1	1	1
Washington Township	0	0	2	0	0	2
GLOUCESTER COUNTY (Balance)	7	6	6	11	9	9
Bayonne City	4	2	2	4	6	3
Hoboken City	0	1	3	1	1	3
Jersey City	14	18	13	22	26	20
Kearny Town	2	1	0	5	3	0
North Bergen Township	0	2	0	0	3	0
Union City	1	3	5	3	6	7
West New York Town	2	2	6	3	2	6
HUDSON COUNTY (Balance)	0	3	0	1	5	0
HUNTERDON COUNTY (Total)	0	4	3	1	4	3
Ewing Township	2	3	1	2	3	2
Hamilton Township	5	3	6	9	4	9
*Lawrence Township	6	0	2	9	0	3
Trenton City	19	14	12	27	21	18
MERCER COUNTY (Balance)	0	5	2	1	8	3
East Brunswick Township	1	0	1	1	1	1
Edison Township	0	3	2	1	6	2
*Monroe Township Middlesex	0	0	0	0	0	0
New Brunswick City	1	3	8	1	5	8
North Brunswick Township	2	0	3	2	2	3
Old Bridge Township	4	1	0	4	4	0
Perth Amboy City	2	2	2	3	5	7
Piscataway Township	1	4	2	2	5	3
Sayreville Borough	1	1	3	1	1	4
South Brunswick Township	0	0	0	2	1	0
Woodbridge Township	5	2	2	6	2	2
MIDDLESEX COUNTY (Balance)	7	7	8	8	9	10
Freehold Township	3	1	0	3	1	0
Howell Township	2	1	3	2	1	4
Long Branch City	2	1	1	2	2	2
Manalapan Township	0	1	0	0	1	0
Marlboro Township	2	0	0	2	0	0
Middletown Township	1	0	0	1	0	1
MONMOUTH COUNTY (Balance)	11	10	8	16	20	17

AREA	NEONATAL DEATHS			INFANT DEATHS		
	2009	2008	2007	2009	2008	2007
Parsippany-Troy Hills	0	4	0	0	4	2
MORRIS COUNTY (Balance)	11	14	14	13	21	20
Berkeley Township	1	0	1	2	2	2
Brick Township	3	1	4	4	1	4
Toms River Township	5	0	1	6	2	3
Jackson Township	1	1	1	1	1	1
Lakewood Township	5	4	7	9	7	13
Manchester Township	0	1	1	0	3	1
OCEAN COUNTY (Balance)	7	5	5	8	6	9
Clifton City	3	4	3	4	6	9
Passaic City	4	4	3	5	4	5
Paterson City	10	9	9	17	16	20
Wayne Township	0	1	0	0	1	0
PASSAIC COUNTY (Balance)	2	2	2	3	6	4
SALEM COUNTY (Total)	5	3	5	7	3	8
Bridgewater Township	2	1	0	2	2	0
Franklin Township	4	1	1	4	3	2
Hillsborough Township	1	0	0	1	0	1
SOMERSET COUNTY (Balance)	4	3	5	5	4	7
SUSSEX COUNTY (Total)	9	5	3	10	6	4
Elizabeth City	9	11	8	15	14	13
Linden City	2	3	6	2	3	7
Plainfield City	3	1	2	5	5	2
Union Township	2	1	2	3	2	2
*Westfield Town	1	0	1	1	0	2
UNION COUNTY (Balance)	13	9	13	13	10	18
WARREN COUNTY (Total)	3	4	6	5	7	9
	395	380	388	557	591	586

Table 4. Birth Data

AREA	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 20 YEARS)		
	2009	2008	2007	2009	2008	2007
Atlantic City	75	80	88	108	123	127
Egg Harbor Township	48	45	50	31	33	40
Galloway Township	29	41	31	21	24	13
ATLANTIC COUNTY (Balance)	141	143	166	165	163	187
Fair Lawn Borough	19	25	21	3	3	2
Fort Lee Borough	15	17	28	3	1	2
*Garfield City	35	29	36	14	12	28
Hackensack City	63	52	54	36	36	31
Teaneck Township	37	49	41	7	6	6
BERGEN COUNTY (Balance)	471	494	493	97	130	144
Evesham Township	33	26	35	3	5	8
Mt. Laurel Township	33	30	35	10	13	3
Willingboro Township	39	40	59	41	61	48
BURLINGTON COUNTY (Balance)	232	280	301	185	160	199
Camden City	168	209	208	350	352	413
Cherry Hill Township	39	55	72	18	17	27
Gloucester Township	52	73	78	41	48	43
Pennsauken Township	58	36	53	65	53	50
Winslow Township	44	55	46	39	32	39
CAMDEN COUNTY (Balance)	227	225	206	158	159	174
CAPE MAY COUNTY (Total)	61	58	69	92	92	88
Vineland City	66	90	78	105	119	143
CUMBERLAND COUNTY (Balance)	148	136	170	235	270	263
Belleville Town	43	43	39	26	30	23
Bloomfield Town	47	69	48	19	24	19
East Orange City	136	128	128	113	122	140
Irvington Town	122	114	122	130	136	91
Montclair Town	16	29	37	11	9	15
Newark City	483	518	556	621	636	710
Orange City	64	67	71	45	61	46
West Orange Township	59	64	58	9	26	16
ESSEX COUNTY (Balance)	148	124	171	20	24	19

AREA	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 20 YEARS)		
	2009	2008	2007	2009	2008	2007
*Deptford Township	20	16	35	17	17	20
*Monroe Township Gloucester	27	32	27	22	23	22
Washington Township	38	35	24	16	10	23
GLOUCESTER COUNTY (Balance)	151	134	146	113	123	119
Bayonne City	53	80	65	34	47	53
Hoboken City	42	45	34	14	11	21
Jersey City	347	349	352	315	343	354
Kearny Town	37	32	38	26	32	31
North Bergen Township	40	46	45	33	55	50
Union City	66	77	76	113	101	107
West New York Town	47	46	47	55	70	66
HUDSON COUNTY (Balance)	41	47	51	24	31	27
HUNTERDON COUNTY (Total)	54	79	86	14	22	16
Ewing Township	28	29	38	11	16	12
Hamilton Township	78	77	76	46	52	49
*Lawrence Township	24	17	21	8	4	11
Trenton City	180	186	165	214	288	300
MERCER COUNTY (Balance)	97	110	94	22	21	25
East Brunswick Township	29	20	29	3	11	3
Edison Township	127	99	123	20	26	26
*Monroe Township Middlesex	16	26	34	0	1	3
New Brunswick City	81	81	80	129	120	113
North Brunswick Township	55	55	42	19	19	17
Old Bridge Township	59	58	56	8	14	17
Perth Amboy City	59	61	67	129	123	124
Piscataway Township	52	55	63	10	22	15
Sayreville Borough	42	55	48	15	17	11
South Brunswick Township	35	47	35	6	9	6
Woodbridge Township	93	109	96	29	35	36
MIDDLESEX COUNTY (Balance)	156	146	175	67	72	78
Freehold Township	15	23	23	8	4	8
Howell Township	36	25	48	13	10	9
Long Branch City	38	37	32	47	49	47
Manalapan Township	14	27	21	1	2	4
Marlboro Township	19	14	18	1	2	1
Middletown Township	44	41	48	8	10	9
MONMOUTH COUNTY (Balance)	311	320	299	183	232	232

AREA	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 20 YEARS)		
	2009	2008	2007	2009	2008	2007
Parsippany-Troy Hills	71	51	47	5	4	7
MORRIS COUNTY (Balance)	326	358	381	82	100	102
Berkeley Township	17	12	21	10	10	16
Brick Township	44	57	73	24	26	26
Toms River Township	65	57	70	37	36	50
Jackson Township	28	37	44	17	13	18
Lakewood Township	163	157	143	97	125	132
Manchester Township	11	14	31	10	15	9
OCEAN COUNTY (Balance)	113	137	130	98	95	98
Clifton City	72	89	100	51	57	67
Passaic City	94	103	138	145	193	196
Paterson City	256	264	318	379	420	404
Wayne Township	39	45	34	3	8	3
PASSAIC COUNTY (Balance)	112	134	132	42	42	53
SALEM COUNTY (Total)	49	59	55	69	108	87
Bridgewater Township	35	41	36	6	4	7
Franklin Township	60	99	67	48	45	48
Hillsborough Township	26	29	35	7	5	7
SOMERSET COUNTY (Balance)	153	164	158	78	64	70
SUSSEX COUNTY (Total)	99	97	121	46	43	49
Elizabeth City	172	186	195	210	222	261
Linden City	45	42	47	18	27	39
Plainfield City	90	92	86	99	97	91
Union Township	68	61	50	17	14	14
*Westfield Town	19	24	11	0	1	3
UNION COUNTY (Balance)	231	215	209	79	98	108
WARREN COUNTY (Total)	77	59	86	21	37	65
	8,437	8,863	9,223	6,312	6,933	7,252

Table 5. Infant Rates and Birth Ratio Data

	LOW				
	BIRTH	INFANT	PERINATAL	TEEN	2010
	WEIGHT	DEATH	DEATH	BIRTH	200%
	RATE	RATE	RATE	RATIO	POVERTY
AREA	2007-2009	2007-2009	2007-2009	2007-2009	RATE
Atlantic City	100.0	9.9	21.1	147.3	54.4%
Egg Harbor Township	91.1	7.6	13.3	66.2	18.7%
Galloway Township	90.4	10.7	13.4	51.9	19.1%
ATLANTIC COUNTY (Balance)	79.9	7.3	15.5	91.5	27.3%
Fair Lawn Borough	73.0	3.4	8.9	9.0	10.7%
Fort Lee Borough	68.9	5.7	11.4	6.9	19.0%
*Garfield City	79.7	1.6	9.5	43.1	31.7%
Hackensack City	84.4	5.0	16.7	51.4	27.8%
Teaneck Township	97.1	5.4	16.6	14.5	14.0%
BERGEN COUNTY (Balance)	71.1	3.8	9.3	18.1	13.6%
Evesham Township	66.3	3.5	10.5	11.3	9.2%
Mt. Laurel Township	78.1	2.4	4.0	20.7	9.4%
Willingboro Township	119.2	10.4	23.0	129.5	21.6%
BURLINGTON COUNTY (Balance)	76.9	5.4	14.3	51.5	15.8%
Camden City	113.7	9.9	21.1	216.6	63.1%
Cherry Hill Township	90.8	8.2	10.4	33.9	11.4%
Gloucester Township	89.5	4.9	9.6	58.2	17.5%
Pennsauken Township	103.6	12.0	23.6	118.4	26.2%
Winslow Township	90.9	8.2	13.7	69.0	20.1%
CAMDEN COUNTY (Balance)	82.8	6.8	13.5	61.8	19.6%
CAPE MAY COUNTY (Total)	67.1	6.8	14.5	97.1	24.8%
Vineland City	88.0	10.5	16.8	138.0	29.9%
CUMBERLAND COUNTY (Balance)	97.4	10.1	19.3	164.8	36.9%
Belleville Town	84.3	6.1	14.0	53.3	22.1%
Bloomfield Town	85.8	6.3	10.4	32.4	21.0%
East Orange City	128.5	9.2	24.1	123.0	40.5%
Irvington Town	119.4	9.7	24.8	119.1	36.7%
Montclair Town	82.1	5.0	11.9	35.0	14.9%
Newark City	110.5	10.9	24.9	139.6	48.9%
Orange City	115.9	10.9	22.0	87.2	40.8%
West Orange Township	100.3	2.8	10.4	28.3	17.8%
ESSEX COUNTY (Balance)	80.9	2.6	8.3	11.5	8.9%

	LOW				
	BIRTH	INFANT	PERINATAL	TEEN	2010
	WEIGHT	DEATH	DEATH	BIRTH	200%
	RATE	RATE	RATE	RATIO	POVERTY
AREA	2007-2009	2007-2009	2007-2009	2007-2009	RATE
*Deptford Township	71.3	3.0	10.9	54.2	17.7%
*Monroe Township Gloucester	71.8	2.5	8.3	55.9	18.4%
Washington Township	78.2	1.6	8.8	39.5	12.9%
GLOUCESTER COUNTY (Balance)	76.5	5.2	11.8	63.0	19.1%
Bayonne City	91.6	6.0	12.8	62.0	27.1%
Hoboken City	75.9	3.1	8.1	28.9	20.8%
Jersey City	101.8	6.6	16.3	98.3	35.1%
Kearny Town	78.3	5.9	9.4	65.1	28.6%
North Bergen Township	58.4	1.3	8.0	61.6	32.1%
Union City	71.2	5.2	12.9	104.4	48.2%
West New York Town	61.9	4.9	11.9	84.5	46.4%
HUDSON COUNTY (Balance)	74.3	3.2	8.5	43.9	29.3%
HUNTERDON COUNTY (Total)	68.1	2.5	8.3	16.2	10.4%
Ewing Township	96.9	7.1	13.2	39.8	17.4%
Hamilton Township	82.8	7.9	16.0	52.7	16.8%
*Lawrence Township	58.9	11.4	15.1	21.8	14.2%
Trenton City	109.4	13.6	22.4	165.3	51.3%
MERCER COUNTY (Balance)	76.8	3.1	8.4	17.4	11.5%
East Brunswick Township	70.8	2.7	6.3	15.4	9.2%
Edison Township	85.5	2.2	8.5	17.6	14.4%
*Monroe Township Middlesex	96.8	0.0	6.3	5.1	11.6%
New Brunswick City	74.0	4.3	10.9	110.7	56.5%
North Brunswick Township	81.7	3.8	8.0	29.6	19.2%
Old Bridge Township	82.7	3.8	7.1	18.6	13.5%
Perth Amboy City	71.2	5.7	11.7	143.2	41.2%
Piscataway Township	79.8	4.7	9.3	22.1	11.5%
Sayreville Borough	81.1	3.4	10.0	24.1	17.3%
South Brunswick Township	87.8	2.3	6.0	15.8	10.8%
Woodbridge Township	80.9	2.7	8.1	27.1	13.3%
MIDDLESEX COUNTY (Balance)	75.9	4.3	12.3	34.5	16.3%
Freehold Township	68.8	4.5	16.7	22.6	11.2%
Howell Township	69.3	4.5	10.1	20.4	13.8%
Long Branch City	67.9	3.8	15.7	90.7	36.0%
Manalapan Township	65.5	1.1	7.4	7.4	11.5%
Marlboro Township	60.4	2.4	8.2	4.7	6.9%
Middletown Township	67.7	1.0	9.1	13.7	8.9%
MONMOUTH COUNTY (Balance)	76.7	4.4	12.6	53.4	18.9%

	LOW				
	BIRTH	INFANT	PERINATAL	TEEN	2010
	WEIGHT	DEATH	DEATH	BIRTH	200%
	RATE	RATE	RATE	RATIO	POVERTY
AREA	2007-2009	2007-2009	2007-2009	2007-2009	RATE
Parsippany-Troy Hills	90.7	3.2	6.4	8.6	11.1%
MORRIS COUNTY (Balance)	77.7	3.9	9.6	20.7	11.3%
Berkeley Township	62.7	7.5	10.0	45.2	24.8%
Brick Township	77.7	4.0	9.8	34.0	16.4%
Toms River Township	68.4	3.9	9.2	43.8	16.3%
Jackson Township	69.7	1.9	11.4	30.7	13.1%
Lakewood Township	45.8	2.9	5.9	35.0	54.4%
Manchester Township	86.7	6.2	13.8	52.6	23.7%
OCEAN COUNTY (Balance)	70.8	4.3	9.4	54.2	18.3%
Clifton City	77.3	5.6	10.0	51.8	23.1%
Passaic City	74.2	3.1	12.3	118.3	57.8%
Paterson City	100.5	6.4	14.0	144.2	52.4%
Wayne Township	90.8	0.8	9.2	10.8	9.1%
PASSAIC COUNTY (Balance)	78.9	2.7	7.1	28.6	14.3%
SALEM COUNTY (Total)	88.7	9.8	20.9	143.6	24.4%
Bridgewater Township	84.4	3.0	9.0	12.8	7.2%
Franklin Township	77.2	3.1	9.5	48.1	13.6%
Hillsborough Township	74.3	1.7	11.4	15.7	8.2%
SOMERSET COUNTY (Balance)	78.6	2.6	8.7	35.1	11.9%
SUSSEX COUNTY (Total)	73.1	4.6	10.3	31.8	13.6%
Elizabeth City	83.9	6.4	15.1	105.1	41.4%
Linden City	96.6	8.7	19.9	60.6	22.1%
Plainfield City	94.4	4.2	11.9	101.1	38.1%
Union Township	95.8	3.7	10.6	24.1	14.9%
*Westfield Town	59.0	3.3	5.4	4.4	6.7%
UNION COUNTY (Balance)	80.4	5.0	11.8	35.0	15.0%
WARREN COUNTY (Total)	75.6	7.2	11.8	41.9	17.7%

4.2 Estimated Eligible WIC Participants Methodology for FFY 2015

The estimated total number of woman and children in New Jersey eligible for WIC participation as of January 1, 2014, was 207,111. Refer to Tables 6-8. This figure includes 166,139 children less than 5 years of age and 40,972 women. Estimates were made for 75 municipalities and 21 counties, or the balance of counties in which municipalities were separately estimated. Municipalities with a population of 30,000 or more according to the 2010 Census of Population were selected for estimation.

These estimates were computed by the following procedures:

- The number of children under 5 years of age equals the sum of the number of live births for the years 2004-2009 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 2009, and the estimated number of postpartum women, which is 50% of the number of live births and fetal deaths in 2008.

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

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

The adjustment factor was the ratio of the sum of eligibles over all areas in stage one to the State total obtained by multiplying by 31%. For 2009, this ratio was 1.227301696. For example, the estimated WIC eligible children for Atlantic City equal:

$$\text{Stage 1: } 3,948 \times 0.544 = 2,149$$

$$\text{Stage 2: } 2,149 \times 1.227301696 = 2,637$$

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

1. The number of pregnant and postpartum women was multiplied by the low income rate for all persons; and
2. The figure obtained in stage one was adjusted to the State total by multiplying by an adjustment factor. For 2009, this ratio was 1.212169617.

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

$$\text{Stage 1: } 1,008 \times 0.544 = 549$$

$$\text{Stage 2: } 549 \times 1.212169617 = 665$$

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: $2,637 + 665 = 3,302$.

The estimated eligible infants were determined by taking the number of live births for the year 2009 minus the number of infant deaths for 2009. 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 1.210501 in 2009.

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

$$\text{Stage 1: } 779 \times 0.544 = 424$$

$$\text{Stage 2: } 424 \times 1.210501 = 513$$

List of Tables:

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

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

						TOTAL	
						ESTIMATED	2010
	CHILDREN	ESTIMATED	ESTIMATED	PREGNANT &	ESTIMATED	ELIGIBLE	200%
	UNDER 5	ELIGIBLE	ELIGIBLE	POSTPARTUM	ELIGIBLE	WOMEN &	POVERTY
AREA	YEARS	CHILDREN	INFANTS	WOMEN	WOMEN	CHILDREN	RATE
	OLD						
Atlantic City	3,948	2,637	513	1,008	665	3,302	54.4%
Egg Harbor Township	2,660	611	120	662	150	761	18.7%
Galloway Township	1,859	436	88	484	112	548	19.1%
ATLANTIC COUNTY (Balance)	9,260	3,102	624	2,361	781	3,883	27.3%
Fair Lawn Borough	1,473	193	38	374	48	241	10.7%
Fort Lee Borough	1,474	344	64	354	82	426	19.0%
*Garfield City	2,049	798	147	497	191	989	31.7%
Hackensack City	3,236	1,103	232	852	287	1,390	27.8%
Teaneck Township	2,184	375	71	546	93	468	14.0%
BERGEN COUNTY (Balance)	34,425	5,738	1,096	8,409	1,384	7,122	13.6%
Evesham Township	2,372	267	46	557	62	329	9.2%
Mt. Laurel Township	2,087	242	47	522	60	302	9.4%
Willingboro Township	1,873	495	92	470	123	618	21.6%
BURLINGTON COUNTY (Balance)	17,694	3,427	654	4,363	835	4,262	15.8%
Camden City	8,431	6,525	1,204	2,064	1,578	8,103	63.1%
Cherry Hill Township	3,070	430	80	737	102	532	11.4%
Gloucester Township	3,789	814	148	926	197	1,011	17.5%
Pennsauken Township	2,351	755	157	597	189	944	26.2%
Winslow Township	2,680	660	124	653	159	819	20.1%
CAMDEN COUNTY (Balance)	13,158	3,173	629	3,315	789	3,962	19.6%
CAPE MAY COUNTY (Total)	4,584	1,395	289	1,172	352	1,747	24.8%
Vineland City	4,394	1,612	298	1,090	395	2,007	29.9%
CUMBERLAND COUNTY (Balance)	7,581	3,433	656	1,911	855	4,288	36.9%

						TOTAL	
						ESTIMATED	2010
	CHILDREN	ESTIMATED	ESTIMATED	PREGNANT &	ESTIMATED	ELIGIBLE	200%
	UNDER 5	ELIGIBLE	ELIGIBLE	POSTPARTUM	ELIGIBLE	WOMEN &	POVERTY
AREA	YEARS	CHILDREN	INFANTS	WOMEN	WOMEN	CHILDREN	RATE
	OLD						
Belleville Town	2,432	659	130	615	165	824	22.1%
Bloomfield Town	3,127	805	144	768	195	1,000	21.0%
East Orange City	5,052	2,509	476	1,252	614	3,123	40.5%
Irvington Town	4,979	2,243	421	1,227	546	2,789	36.7%
Montclair Town	1,706	312	54	394	71	383	14.9%
Newark City	23,265	13,961	2,679	5,837	3,460	17,421	48.9%
Orange City	2,825	1,415	286	733	363	1,778	40.8%
West Orange Township	3,033	661	127	750	162	823	17.8%
ESSEX COUNTY (Balance)	9,302	1,011	191	2,230	239	1,250	8.9%
*Deptford Township	1,656	360	62	384	82	442	17.7%
*Monroe Township Gloucester	2,035	459	91	504	112	571	18.4%
Washington Township	2,136	338	66	514	80	418	12.9%
GLOUCESTER COUNTY (Balance)	9,257	2,166	445	2,352	544	2,710	19.1%
Bayonne City	3,569	1,185	245	924	303	1,488	27.1%
Hoboken City	2,452	627	145	681	172	799	20.8%
Jersey City	16,809	7,231	1,436	4,298	1,826	9,057	35.1%
Kearny Town	2,304	809	153	564	196	1,005	28.6%
North Bergen Township	3,782	1,489	280	931	362	1,851	32.1%
Union City	5,241	3,103	578	1,271	743	3,846	48.2%
West New York Town	3,647	2,078	425	949	534	2,612	46.4%
HUDSON COUNTY (Balance)	3,106	1,118	231	794	282	1,400	29.3%
HUNTERDON COUNTY (Total)	5,735	732	120	1,282	162	894	10.4%
Ewing Township	1,610	344	61	388	82	426	17.4%
Hamilton Township	4,644	955	191	1,174	238	1,193	16.8%
*Lawrence Township	1,777	309	54	423	73	382	14.2%
Trenton City	7,765	4,885	971	2,030	1,261	6,146	51.3%
MERCER COUNTY (Balance)	6,547	922	175	1,606	223	1,145	11.5%

						TOTAL	
						ESTIMATED	2010
	CHILDREN	ESTIMATED	ESTIMATED	PREGNANT &	ESTIMATED	ELIGIBLE	200%
	UNDER 5	ELIGIBLE	ELIGIBLE	POSTPARTUM	ELIGIBLE	WOMEN &	POVERTY
AREA	YEARS	CHILDREN	INFANTS	WOMEN	WOMEN	CHILDREN	RATE
	OLD						
East Brunswick Township	1,898	214	37	447	50	264	9.2%
Edison Township	6,751	1,192	229	1,685	294	1,486	14.4%
*Monroe Township Middlesex	1,321	188	35	316	44	232	11.6%
New Brunswick City	5,396	3,743	737	1,347	923	4,666	56.5%
North Brunswick Township	3,047	720	134	757	177	897	19.2%
Old Bridge Township	3,490	577	108	842	137	714	13.5%
Perth Amboy City	4,342	2,194	444	1,096	547	2,741	41.2%
Piscataway Township	3,425	485	94	862	121	606	11.5%
Sayreville Borough	2,917	620	120	741	156	776	17.3%
South Brunswick Township	2,310	307	50	521	68	375	10.8%
Woodbridge Township	6,139	1,005	195	1,530	247	1,252	13.3%
MIDDLESEX COUNTY (Balance)	10,451	2,094	403	2,584	511	2,605	16.3%
Freehold Township	1,515	208	36	346	47	255	11.2%
Howell Township	2,705	457	77	608	102	559	13.8%
Long Branch City	2,665	1,178	224	663	289	1,467	36.0%
Manalapan Township	1,559	219	42	390	54	273	11.5%
Marlboro Township	1,547	130	21	336	28	158	6.9%
Middletown Township	3,358	368	68	799	86	454	8.9%
MONMOUTH COUNTY (Balance)	20,757	4,814	896	4,979	1,141	5,955	18.9%
Parsippany-Troy Hills	3,132	427	84	775	104	531	11.1%
MORRIS COUNTY (Balance)	23,676	3,284	592	5,570	763	4,047	11.3%

Table 7: Pregnant and Postpartum Women

	ESTIMATED	ESTIMATED	
	ELIGIBLE	ELIGIBLE	
	PREGNANT	POSTPARTUM	WOMEN
AREA	WOMEN	WOMEN	TOTAL
Atlantic City	390	275	665
Egg Harbor Township	91	59	150
Galloway Township	66	46	112
ATLANTIC COUNTY (Balance)	471	310	781
Fair Lawn Borough	28	20	48
Fort Lee Borough	48	34	82
*Garfield City	110	81	191
Hackensack City	175	112	287
Teaneck Township	54	39	93
BERGEN COUNTY (Balance)	824	560	1,384
Evesham Township	35	27	62
Mt. Laurel Township	36	24	60
Willingboro Township	69	54	123
BURLINGTON COUNTY (Balance)	492	343	835
Camden City	910	668	1,578
Cherry Hill Township	61	41	102
Gloucester Township	112	85	197
Pennsauken Township	119	70	189
Winslow Township	94	65	159
CAMDEN COUNTY (Balance)	474	315	789
CAPE MAY COUNTY (Total)	218	134	352
Vineland City	225	170	395
CUMBERLAND COUNTY (Balance)	498	357	855
Belleville Town	98	67	165
Bloomfield Town	108	87	195
East Orange City	361	253	614
Irvington Town	319	227	546
Montclair Town	41	30	71
Newark City	2,030	1,430	3,460
Orange City	217	146	363
West Orange Township	95	67	162
ESSEX COUNTY (Balance)	143	96	239

	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	WOMEN TOTAL
*Deptford Township	46	36	82
*Monroe Township Gloucester	68	44	112
Washington Township	49	31	80
GLOUCESTER COUNTY (Balance)	335	209	544
Bayonne City	184	119	303
Hoboken City	109	63	172
Jersey City	1,083	743	1,826
Kearny Town	116	80	196
North Bergen Township	210	152	362
Union City	435	308	743
West New York Town	319	215	534
HUDSON COUNTY (Balance)	173	109	282
HUNTERDON COUNTY (Total)	90	72	162
Ewing Township	46	36	82
Hamilton Township	144	94	238
*Lawrence Township	42	31	73
Trenton City	740	521	1,261
MERCER COUNTY (Balance)	131	92	223
East Brunswick Township	28	22	50
Edison Township	172	122	294
*Monroe Township Middlesex	26	18	44
New Brunswick City	553	370	923
North Brunswick Township	101	76	177
Old Bridge Township	81	56	137
Perth Amboy City	333	214	547
Piscataway Township	71	50	121
Sayreville Borough	91	65	156
South Brunswick Township	38	30	68
Woodbridge Township	147	100	247
MIDDLESEX COUNTY (Balance)	303	208	511
Freehold Township	27	20	47
Howell Township	58	44	102
Long Branch City	168	121	289
Manalapan Township	32	22	54
Marlboro Township	16	12	28
Middletown Township	50	36	86
MONMOUTH COUNTY (Balance)	674	467	1,141

	ESTIMATED	ESTIMATED	
	ELIGIBLE	ELIGIBLE	
	PREGNANT	POSTPARTUM	WOMEN
AREA	WOMEN	WOMEN	TOTAL
Parsippany-Troy Hills	63	41	104
MORRIS COUNTY (Balance)	445	318	763
Berkeley Township	53	39	92
Brick Township	106	74	180
Toms River Township	133	91	224
Jackson Township	58	42	100
Lakewood Township	1,776	1,086	2,862
Manchester Township	39	33	72
OCEAN COUNTY (Balance)	285	203	488
Clifton City	230	155	385
Passaic City	757	519	1,276
Paterson City	1,295	896	2,191
Wayne Township	34	24	58
PASSAIC COUNTY (Balance)	201	139	340
SALEM COUNTY (Total)	132	92	224
Bridgewater Township	26	20	46
Franklin Township	117	81	198
Hillsborough Township	30	21	51
SOMERSET COUNTY (Balance)	209	145	354
SUSSEX COUNTY (Total)	166	124	290
Elizabeth City	793	556	1,349
Linden City	90	62	152
Plainfield City	336	220	556
Union Township	87	54	141
*Westfield Town	19	12	31
UNION COUNTY (Balance)	357	250	607
WARREN COUNTY (Total)	132	105	237
	24,270	16,702	40,972

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

				TOTAL		ESTIMATED	ESTIMATED		ESTIMATED
	CHILDREN	ESTIMATED	ESTIMATED	ESTIMATED	PREGNANT &	ELIGIBLE	ELIGIBLE	ESTIMATED	ELIGIBLE
	UNDER 5	ELIGIBLE	ELIGIBLE	ELIGIBLE	POSTPARTUM	PREGNANT	POSTPARTUM	ELIGIBLE	WOMEN &
LOCAL AGENCY	YEARS OLD	CHILDREN	INFANTS	CHILDREN	WOMEN	WOMEN	WOMEN	WOMEN	CHILDREN
ATLANTIC CITY	16,792	5,146	1,272	6,418	4,277	963	652	1,615	8,033
BURLINGTON	23,298	3,483	814	4,297	5,733	613	434	1,047	5,344
TRI-COUNTY	54,981	16,269	3,839	20,108	13,690	2,903	2,035	4,938	25,046
EAST ORANGE	15,457	5,289	1,251	6,540	3,830	946	667	1,613	8,153
GLOUCESTER	14,890	2,755	683	3,438	3,704	513	333	846	4,284
JERSEY CITY	20,259	7,017	1,733	8,750	5,164	1,304	887	2,191	10,941
VNACJ	88,649	16,952	3,988	20,940	21,571	2,997	2,074	5,071	26,011
NEWARK	29,778	10,048	2,379	12,427	7,381	1,800	1,265	3,065	15,492
NORTH HUDSON	25,028	7,714	1,899	9,613	6,320	1,429	973	2,402	12,015
NORWESCAP	32,523	4,326	909	5,235	7,512	684	507	1,191	6,426
PLAINFIELD	14,631	3,358	802	4,160	3,608	604	415	1,019	5,179
ST. JOSEPH'S	87,943	18,165	4,275	22,440	21,390	3,217	2,221	5,438	27,878
CHS	22,343	5,963	1,452	7,415	5,621	1,103	774	1,877	9,292
RUTGERS NJMS	12,648	4,328	1,023	5,351	3,134	775	545	1,320	6,671
OCEAN	38,429	12,188	3,257	15,445	9,767	2,450	1,568	4,018	19,463
PASSAIC	15,361	5,047	1,199	6,246	3,779	903	621	1,524	7,770
TRINITAS	22,921	5,903	1,413	7,316	5,682	1,066	731	1,797	9,113
TOTAL	535,931	133,951	32,188	166,139	132,163	24,270	16,702	40,972	207,111

4.3 Disclaimers and Notes for FFY 2015 WIC Affirmative Action Plan

The Data Source for the 2015 WIC Affirmative Action Plan was the New Jersey Department of Health Birth and Death Certificate files. This data is provisional and should be used for planning purposes only.

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

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

4.4 New Jersey WIC Services FY 2013 Health Data

Since 1988, the Food and Nutrition Services has produced biennial reports on participant and program characteristics. They are known as the WIC Participant and Program Characteristics (PC) study series.

The current system for reporting participant data is based on the automated transfer of an agreed-upon set of data elements. State WIC agencies download routinely collected information from their existing automated client and management information systems. State and local WIC staff use these data to certify applicant eligibility for WIC benefits and to issue food vouchers and checks. This set of 20 agreed-upon items is called the Minimum Data Set (MDS) and was developed by FNS working with the Information Committee of the National WIC Association (formerly the National Association of WIC Directors) and the Centers for Disease Control and Prevention (CDC).

For the most recent biennial WIC PC report, the PC 2012 report, 90 State WIC agencies submitted MDS data on a census of WIC participants. For effective administration and oversight of WIC program nationwide, the United States Department of Agriculture regionalized all the participating states, territories and Virgin Islands into five regions. New Jersey WIC is in the Mid-Atlantic region. The Mid Atlantic region includes Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, Virgin Islands and West Virginia.

Risk Factors

The PC 2012 report includes data on risk factors by States and by region. This section will compare New Jersey-specific data with average Mid-Atlantic region data. As part of the WIC certification process, all WIC applicants are assessed for risk factors. Risk factors are conditions that are detected by a combination of hematological, anthropometric and nutrition assessments. The risk assessment is used to detect nutrition-related conditions that could indicate signs of dietary deficiencies, excesses and inadequacies that predispose an individual to poor nutrition and health status. In WIC, the risk factors include measureable and circumstantial factors associated with poor nutrition and health status.

Maternal Risk Factors

Among the women enrollees, the risk factors, if not addressed, could contribute to poor pregnancy outcomes. In Calendar Year (CY) 2012, the PC 2012 provided data on risk factors of for pre-pregnancy high weight for height, and mean gestational weight gain.

Pre-pregnancy High Weight for Height

In CY 2012, 54.3% of New Jersey WIC women enrollees, compared to 51.7% regionally, had a high weight for height that met the Institute of Medicine (IOM) criteria for overweight and obese ⁽¹⁾. New Jersey rate of pre-pregnancy high weight for height is higher than the regional rate, and ranks 3rd in the region. Based on the IOM criteria, a woman with 25 or above BMI before pregnancy is considered overweight or obese. Pre-pregnancy high weight for height status is based on self-reported weight and height before pregnancy. In WIC, the pre-pregnancy body weight status is calculated using the self-reported height and weight converted to a ratio known as Body Mass Index (BMI). BMI is calculated as weight (kg) divided by height (m²). Pre-pregnancy weight status affects maternal health and is a determinant of infant birth-weight. Risks such as preeclampsia, gestational diabetes, cesarean delivery, and failure to initiate breastfeeding are associated with being overweight before pregnancy ⁽²⁾. The highest risk of stillbirth is associated with women who are overweight compared to women with normal weight who have the lowest risk ⁽³⁾.

Gestational Weight Gain

In CY 2012, 97% of New Jersey women enrollees gained an average of 30 lbs, compared to 81% regionally gained up to 28 pounds during pregnancy, not considering the pre-pregnancy BMI status. Weight gain among New Jersey women enrollees ranked fourth in the region. Weight gain during pregnancy is used to assess and estimate fetal growth and estimate birth weight. Infant birth weight contributes to infant morbidity and mortality. Women who had a low weight gain during pregnancy are at increased risk of delivering infants with low birth weight (LBW). In recognition that gestational weight gain is a strong predictor of birth weight, the IOM established guidelines for gestation weight gain in reference to pre-pregnancy BMI status. The IOM established guidelines for gestation weight gain in reference to pre-pregnancy BMI status ranged from 11 pounds to 40 pounds ⁽⁴⁾.

Infant Risk Factors

In CY 2012, the prevalent risk factors as shown in the PC2012 for WIC infants were low birth weight and high birth weight. Birth weight is a good indicator to evaluate prenatal and postnatal development, which also has important short and long term implications on health and survival.

Low Birth Weight

In CY 2012, 7.1% of New Jersey infant enrollees, compared to 8.8% regional, met the criteria to be classified as a low birth weight infant. Low birth weight (LBW) is defined as birth weight of less than 2,500 grams or 5.5 pounds. Factors contributing to low birth weight have been identified and include maternal risk factors, chromosomal abnormalities, congenital anomalies, infections during pregnancy and premature birth. The maternal risk factors contributing to LBW include multiple pregnancies, previous delivery of low birth-weight infants, poor nutrition, heart disease or hypertension, smoking, drug addiction, alcohol abuse, and inadequate prenatal care. Low birth weight is a contributory factor of neonatal mortality and post-neonatal mortality. Infants with low birth weight who survive are at increased risk for health problems ranging from neurologic developmental disorders/disabilities to conditions of the lower respiratory tract conditions ⁽⁵⁾.

Large for Gestational Age

In CY 2012, 6.2% of New Jersey infant enrollees, compared to 5.6% regional, had birth weight considered to be large for gestational age. New Jersey's rate of high birth weight (HBW) ranked second in the region. HBW is defined as birth weight greater than 4,000 grams or 9 pounds, or exceeds the 90th percentile on the growth chart at any given gestational age. HBW significantly increases the risk of injuries such as shoulder dystocia during vaginal delivery, nerve injury, fractures, asphyxia, death during birth/infancy, childhood obesity, and medical complications. Infants with HBW are also at increased risk for Type I and II diabetes, obesity, lower respiratory tract conditions, hypertension and future cardiovascular difficulties compared to normal birth weight infants ⁽⁷⁾. Maternal factors such as metabolic or genetic problems related to carbohydrate intolerance during pregnancy, insulin-dependent diabetes; gestational diabetes and maternal obesity are implicated as contributory factors to high birth weight.

Risk Factor for Children

Short Stature

In CY 2012, 4.1% of New Jersey children enrollees, compared to 4.9% regional, met the standard for short stature. The rate of short stature among the New Jersey WIC children was the lowest and below the regional rate. In PC2012 short stature was defined as height for age on the growth chart at or below the 5th percentile. The causes or contributory factors to short stature are not well documented therefore it is not well known whether short stature is genetics or completely a medical disorder ⁽⁶⁾.

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4.5 New Jersey WIC Services FY 2013 Breastfeeding Data

4.5.1 Infants/Children and Breastfeeding

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

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

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

In FFY 2013, the monthly average percent of infant feeding among New Jersey WIC infants was as follows:

- 6.5% were exclusively breastfed 0-5 month old infants
- 5.1% were exclusively breastfed 6-11 month old infants
- 0.8% were 0-1 month old partially breastfed infants
- 5.0% were 1-3 months old partially breastfed infants
- 2.7% were 4-5 month old partially breastfed infants

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

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

- 5.4% were 6-11 month old partially breastfed infants
- 8.2.6% were 0-5 months old minimally breastfed infants
- 6.8% were 6-11 months old minimally breastfed infants
- 25.3% were 0-5 months old were not breastfed
- 34.2% were 6-11 months old not breastfed

When 0-5 month old infants are examined alone, 13.3% were exclusively breastfed; 17.5% were partially breastfed; 16.9% were minimally breastfed; and 52.3% were not breastfed.

Of the New Jersey WIC mothers who initiated breastfeeding and stopped in the first two years, 10.8% stopped breastfeeding before the infant was four days old and another 6.1% stopped between 4 and 7 days after delivery. The most common reasons documented for why breastfeeding stopped in the first week are “infant refused breast/prefers bottle” and “not enough milk, milk not good enough.”³ The practices in delivery hospitals and the information provided by healthcare providers are major influences on early breastfeeding outcomes.

4.5.2 Postpartum Women and Breastfeeding

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

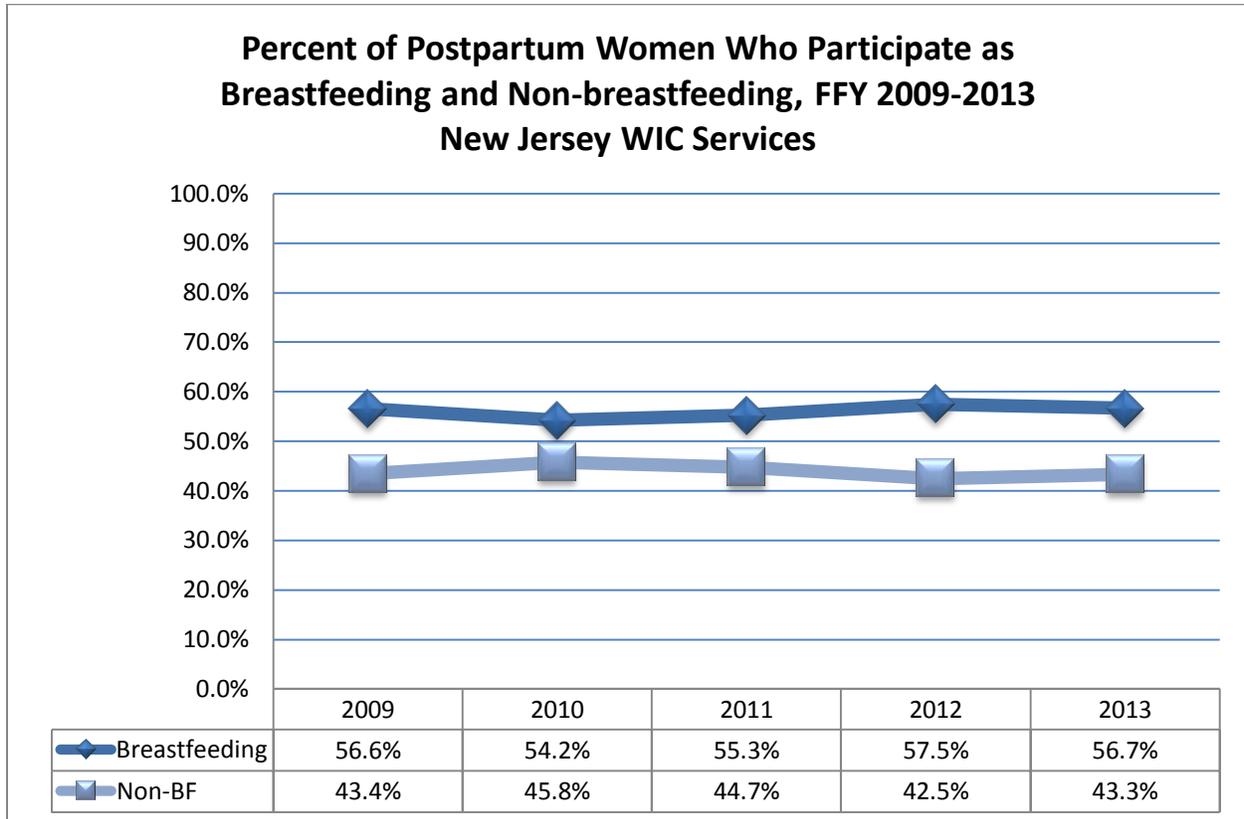
In FY 2013, 56.7% of all postpartum New Jersey WIC mothers breastfed their infants, compared with 57.5% in FY 2012. This includes breastfeeding women up to one year and non-breastfeeding

³ New Jersey WIC Services. Age and Reason Breastfeeding Stopped – Breastfeeding Discontinuation Report, Semi Annual Ending 09/30/2013.

⁴ Section on Breastfeeding. Breastfeeding and the Use of Human Milk. *Pediatrics* 2012;129:e827. Available at <http://pediatrics.aappublications.org/content/129/3/e827.full.pdf+html?sid=309466db-bdf0-4094-93b0-6075245ea4c3>. Accessed April 3, 2013.

women up to six months postpartum (Table 4.5 A).⁵ When only women up to six months postpartum are compared, 50.9% were breastfeeding and 49.1% were non-breastfeeding.⁶

Table 4.5 A



Two additional *Healthy People 2020* objectives (MICH-22 and 23) related to breastfeeding are to increase the proportion of employers that have worksite lactation support programs to 38% and to reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life to 14.2%.⁷ In New Jersey, 35.4% of breastfed infants receive formula before 2 days of age, the worst rate in the nation.⁸ National socio-demographic factors show that women least likely to breastfeed are Black or African-American, less than 20 years of age, a high school graduate, not married, and living below the poverty threshold.⁹

⁵ New Jersey WIC Services. Management Information Summary Reports, October 2010 – September 2013.

⁶ New Jersey WIC Services. Report on Postpartum Women, Semi Annual Report Ending 09/30/2013.

⁷ U.S. Department of Health and Human Services. *Healthy People 2020*. Washington, D.C. Available at <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=26>. Accessed April 9, 2014.

⁸ Centers for Disease Control and Prevention. Breastfeeding Report Card – United States, 2013. Available at <http://www.cdc.gov/breastfeeding/data/reportcard.htm> Accessed April 9 2014.

⁹ Centers for Disease Control and Prevention. Tables and Maps. Available at http://www.cdc.gov/breastfeeding/data/nis_data/index.htm Accessed April 9, 2014.

5.0 MILESTONES - SIGNIFICANT INITIATIVES FOR FFY 2014

5.1 Office of the Director

5.1.1 Collaborations

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

WIC Services is a partner with the Department of Children and Families on their CDC Sudden Unexpected Infant Death (SUID) grant. The purpose is to discover points of opportunity for current SUID and breastfeeding programs to collaborate and discuss how to best merge the breastfeeding and safe sleep messages.

The Department of Health received CDC funds to expand hospital engagement in activities related to achieving Baby-Friendly™ designation. WIC is participating on an Advisory Panel that will help to guide the selection process of the hospitals that will have access to technical support as they travel the 4 D Pathway to Baby-Friendly™ Designation.

5.1.2 Farmers' Market Collaboration Meetings

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

5.2 Health and Ancillary Services

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

5.2.1 Breastfeeding Peer Counseling

Breastfeeding promotion and support services were provided according to the *Loving Support*® Model for a Successful Peer Counseling Program. New Jersey's share of the FFY 2013 Breastfeeding Peer Counseling funds was placed in the FFY 2014 grants for the local agencies and MCH consortia. These funds, which are additional to the breastfeeding target funds, allowed agencies to increase staff hours and the number of breastfeeding staff.

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

Instead of having one Nutrition Services meeting in October 2013, the SA planned a statewide meeting. On Monday, October 21, 2013, all local and SA New Jersey WIC Staff joined together for the second annual meeting. Over 400 staff were in attendance at the Hilton New Brunswick, New Jersey. The theme of the meeting was: NJ WIC Welcoming, Insightful and Creative

The objectives of the meeting were:

- Raise awareness of our own culture and its effect on the workplace.
- Have insights to create a welcoming environment for **all** participants as well as staff.
- Encourage creativity for all throughout the workplace, from front desk through counseling, nutrition/breastfeeding education to serve a diverse population.
- Inspire creativity to provide excellent services with decreasing funds using new ideas and technology.

. “The opening session began with a welcome from the New Jersey Division of Family Services Assistant Commissioner, Gloria Rodriguez and New Jersey WIC Director, Mary Mickles. The opening keynote titled, “Embracing Our Diversity” was delivered by Jose Reyes, Ed.D, LPC. Dr. Reyes made the audience aware of how our staff diversity provides us the opportunity to expand the richness of our organization. His presentation highlighted the benefits of integrating diversity into our work.

WIC Staff were able to choose from one of the following breakout sessions: breastfeeding, nutrition, valuing diversity or program integrity .There was also a networking activity that provided an opportunity for staff to meet each other from the local agencies throughout the state. The closing keynote, titled, “What Else is WIC Doing”, was given by Cathy Breedon. Ms. Breedon closed out the day with a history of WIC nutritional recommendations and a laundry list of positive outcomes from the WIC program. She provided down to earth information about nutrition that was useful to all the staff.

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

The State agency held a joint Breastfeeding Manager and Chief Nutritionist Meeting in March 2014. Two speakers: Roberta Cricco-Lizza presented “Infant Feeding Beliefs and Experiences of Black Women Enrolled in WIC” and Thomas Farrell of the Department of Children and Families presented “An Overview of the Division of Child Protection and Permanency”, which addressed recognizing and reporting child abuse.

The State Office offered eight regional half day trainings. These trainings were allowed many staff to attend and reduce the need to close clinics. The NS meetings were held in May and June 2014, the topic was “Infant Feeding Beliefs and Experiences of Black Women Enrolled in WIC”.

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

Online secondary nutrition education is easily accessible through NJWIConline.org and at each local agency through the use of kiosks. In FY 2014, a breastfeeding module and being active (physical activity) module were created and added to the list of topics. This website offers an efficient and cost effective option to both the NJ WIC Program local agencies and participants to satisfy the secondary nutrition education USDA requirement. Previously, there were no breastfeeding alternatives to in-person education.

5.2.4 Bloodwork Training

The New Jersey State WIC Program provided a Blood-borne Pathogen Training of “Train the Trainer” to local agency staff in May 2010. The “Train the Trainer” program included the review and

distribution of a power point presentation and reference materials on the blood borne pathogens standards. This training provided all the necessary information and resources for the local agencies to provide blood borne pathogen training. All local agencies “trainers” are responsible for returning to their agencies and ensuring that a federally mandated annual blood borne pathogen training is provided to all staff that conducts blood work screening. Local agencies must maintain their annual blood work training information in their training file which is reviewed by State staff during the agency’s biennial on-site audit for compliance.

5.2.5 Outreach Initiative

NJ WIC Services formed an Ad Hoc WIC Outreach Subcommittee, which comprised of representatives from the State WIC office, WIC Advisory Council and local WIC agencies. This group was responsible in providing major input in the selection of a new WIC logo/tagline for New Jersey, and also recommended that the annual State WIC Outreach focus on doing more outreach by partnering with the WIC-authorized vendors.

The new WIC logo/tagline selected was NJ WIC: Every Child Deserves a Healthy Start. The NJ WIC website and the Check WIC Out brochure has been updated with the new logo/tagline, and it was incorporated in the annual State WIC Outreach Campaign.

Over 900+ WIC-Authorized Vendors participated in New Jersey’s State WIC Outreach Campaign, which began November 1, 2013 and ran until January 31, 2014. Each WIC-Authorized vendor was given outreach materials in English and Spanish: large and small posters, fliers and tear-off pads. The fliers could be used as grocery bag stuffers or taped below the debit machine at each cash register. The tear-off pads could be affixed onto the bottom of a poster, available by the cash register, or affixed on a community board.

5.3 Food Delivery and Vendor Management

5.3.1 Vendor Cost Containment

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

5.3.2 Banking Services Contract

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

5.3.3 Vendor Application Process

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

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

There are approximately **951** currently authorized retail food stores with a three year contract. The current agreement began October 1, **2012** and ends September 30, **2015**. Six months following authorization each vendor is revisited to ensure compliance with Federal regulations and State policies and procedures.

5.4 WIC Information Technology Systems

5.4.1 Field Support Services

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

5.4.2 Ad-Hoc Reporting

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

5.4.3 WIC ACCESS Operating System

WIC ACCESS version 4.13.3 was implemented statewide and included an advanced formula report and risk detail guide. An additional security feature was also introduced. The entire Magnetic Ink Character Recognition (MICR) line is now being printed, replacing the method that included check stock with preprinted routing number.

5.4.4 WIC ACCESS Disaster Recovery Backup Site

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

5.4.5 Data Warehousing

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

5.4.6 Systems Lifecycle

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

5.4.7 Electronic Benefit Transfer (EBT)

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

5.4.8 Continued Operation of WIC ACCESS

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

5.4.9 New System

New Jersey WIC issued contract for the modification and implementation of Maryland's web based Electronic Data Processing system.

5.5 Monitoring and Evaluation

5.5.1 Infant Formula Rebate

The Infant Formula Rebate Contract with Mead Johnson is providing \$34M that will serve 454,731 WIC participants.

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

5.5.2 WIC Administrative Funding Formula

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

5.5.3 Infant Cereal and Juice Rebate

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

6.0 STRATEGIES

6.1 Client Services through Technology and Collaboration of Services

6.1.1 WIC ACCESS

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

6.1.2 Replacement system

In 2014, a Quality Assurance contractor will work with the CMA to ensure specifications in the Request for Proposal are met.

6.1.3 Peer Group Enhancement

The current vendor system will be modified to identify distinct peer groups by geographic location in accordance with USDA criteria.

6.1.4 eWIC (Formerly WIC EBT)

WIC has retained the services of an established eWIC Project manager to produce the planning documents for submission to the USDA for approval. For Federal Fiscal Year 2015, WIC anticipates receiving the final approval from FNS for the Implementation Advance Planning Document (IAPD). Once an eWIC system is selected, New Jersey WIC will then develop a Request For Proposal (RFP) for an eWIC implementer by the end of FFY 2015.

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

6.2 Quality Nutrition Services

6.2.1 Staff Development

The State Office is developing training based on the needs of the Local Agencies, USDA guidelines, Altarum recommendations and staff surveys. The State continues to model and incorporate VENA and Grow and Glow in all trainings. The state strategies to achieve the above include:

- The **Statewide Annual Conference** will take place on October 27, 2014 at the Hilton in New Brunswick, NJ. All State and Local Agency staff will attend. The theme is the 40th Anniversary of WIC.
- **New staff orientation** is in the process of being developed at the State level for all Local Agency staff.
- **Refresher/review course** for current staff emphasizing participant-centered services will be drawn from the new staff orientation.
- UC Davis will be conducting **Baby Behavior trainings** for staff throughout the state. There will be general sessions for all staff and a train the trainer for interested staff to continue the program and training.

6.2.2 Breastfeeding Promotion and Support Services

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

rounds are made at many hospitals. Breastfeeding staff coordinates with community groups and health care providers so that WIC women will receive consistent messages about breastfeeding. Breastfeeding managers and WIC coordinators collaborate with other organizations, such as hospitals, prenatal clinics and other community organizations to strengthen support for breastfeeding families.

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

In FFY 2015, there will be continued emphasis on promoting exclusive breastfeeding in the first six months of life and continued breastfeeding for as long as mother and infant desire. WIC staff will target breastfeeding messages relevant to a woman's stage of change. Individual barriers to breastfeeding will be addressed using the 3-Step counseling method and VENA techniques. WIC food packages and materials, staff attitudes and clinic environment reflect the importance of exclusive breastfeeding.

6.2.3 Promote Physical Activity in Conjunction with Nutrition Education

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

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

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

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

6.3 Vendor Cost Containment

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

6.3.1 Vendor Selection

The SA will continue to explore the use of electronic technology solutions that will assist in preparation for the implementation of Electronic Benefit Transfer (EBT). The SA Vendor Unit is also in the process of expanding the peer groups by geographic setting (North, Central, and South New Jersey), which will assist in regulating prices and overall cost containment.

6.4 Program Integrity

6.4.1 Management Information Systems

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

6.4.2 Compliance Buy Investigations

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

6.4.3 Social Media – Program Integrity

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

6.4.4 Local Agency Monitoring and Evaluation

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

It is anticipated that the local WIC agencies that will be monitored in FY 2015 are North Hudson, Jersey City, Children’s Home Society of Mercer, VNA, Ocean, St. Joseph’s, Passaic, Plainfield, and NORWESCAP.

7.0 APPENDICES

7.1 Organizational Charts

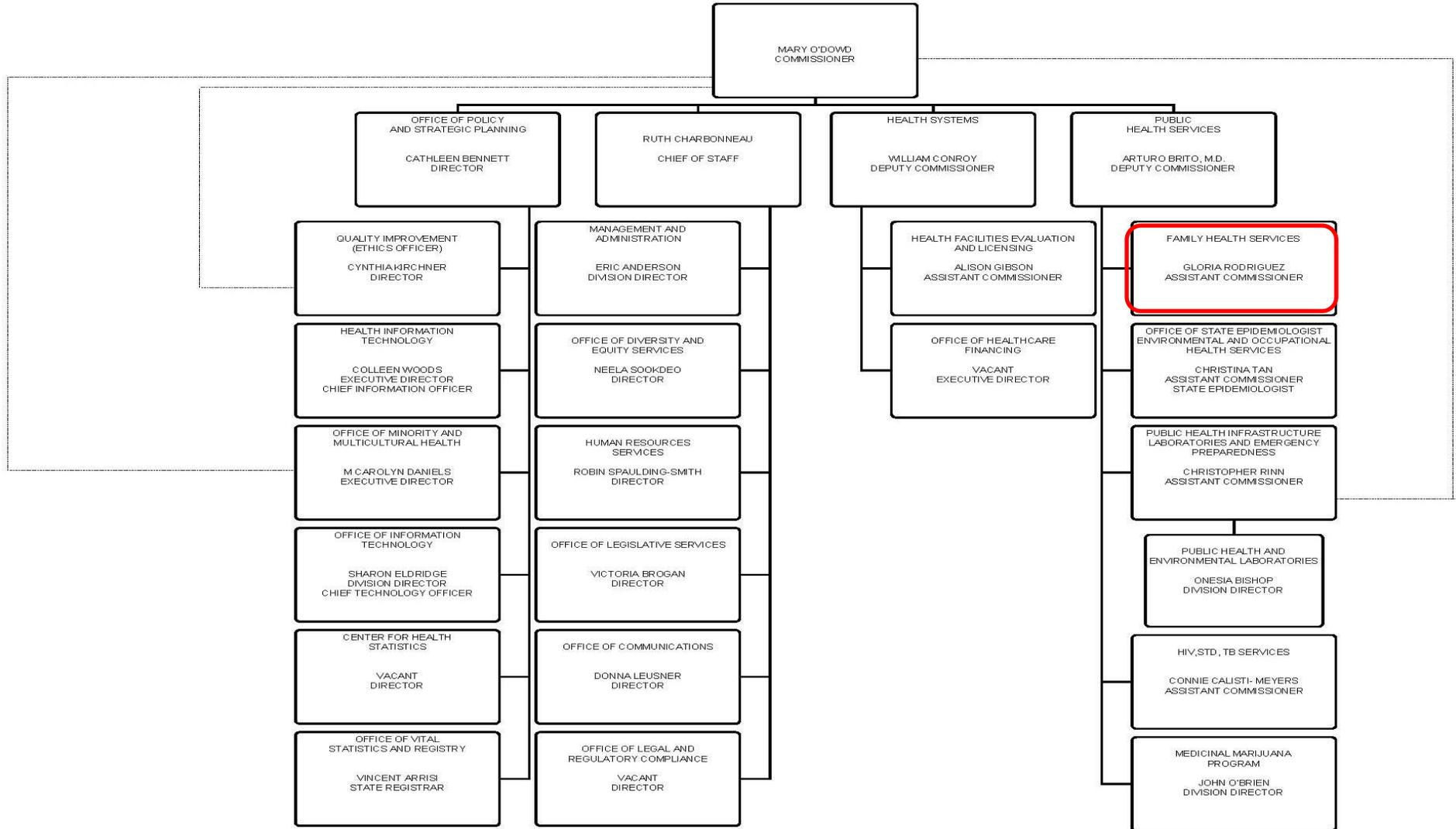
7.1.1 Department of Health

7.1.2 Division of Family Health Services

7.1.3 WIC Services

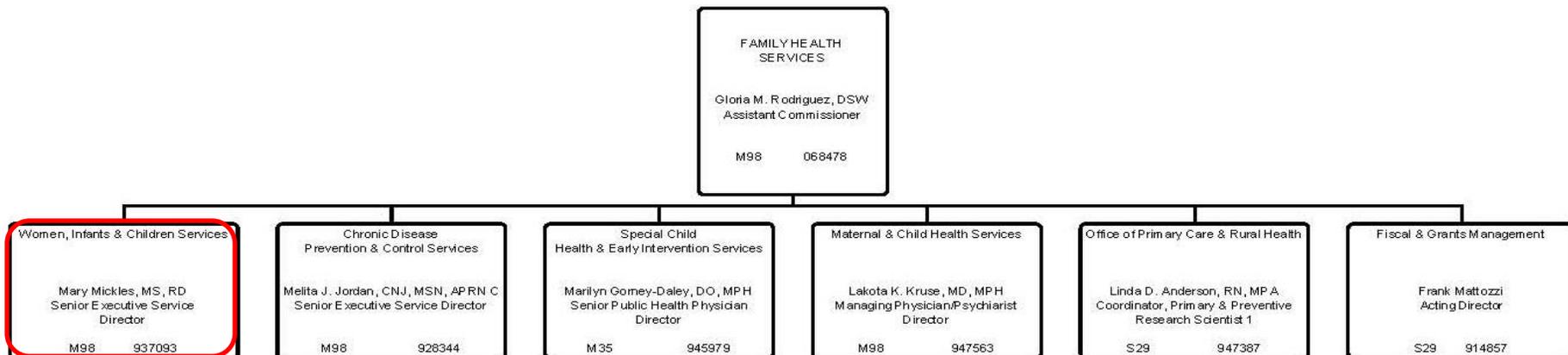
7.1.1 Department of Health Organizational Chart

Last Modified 11/30/12



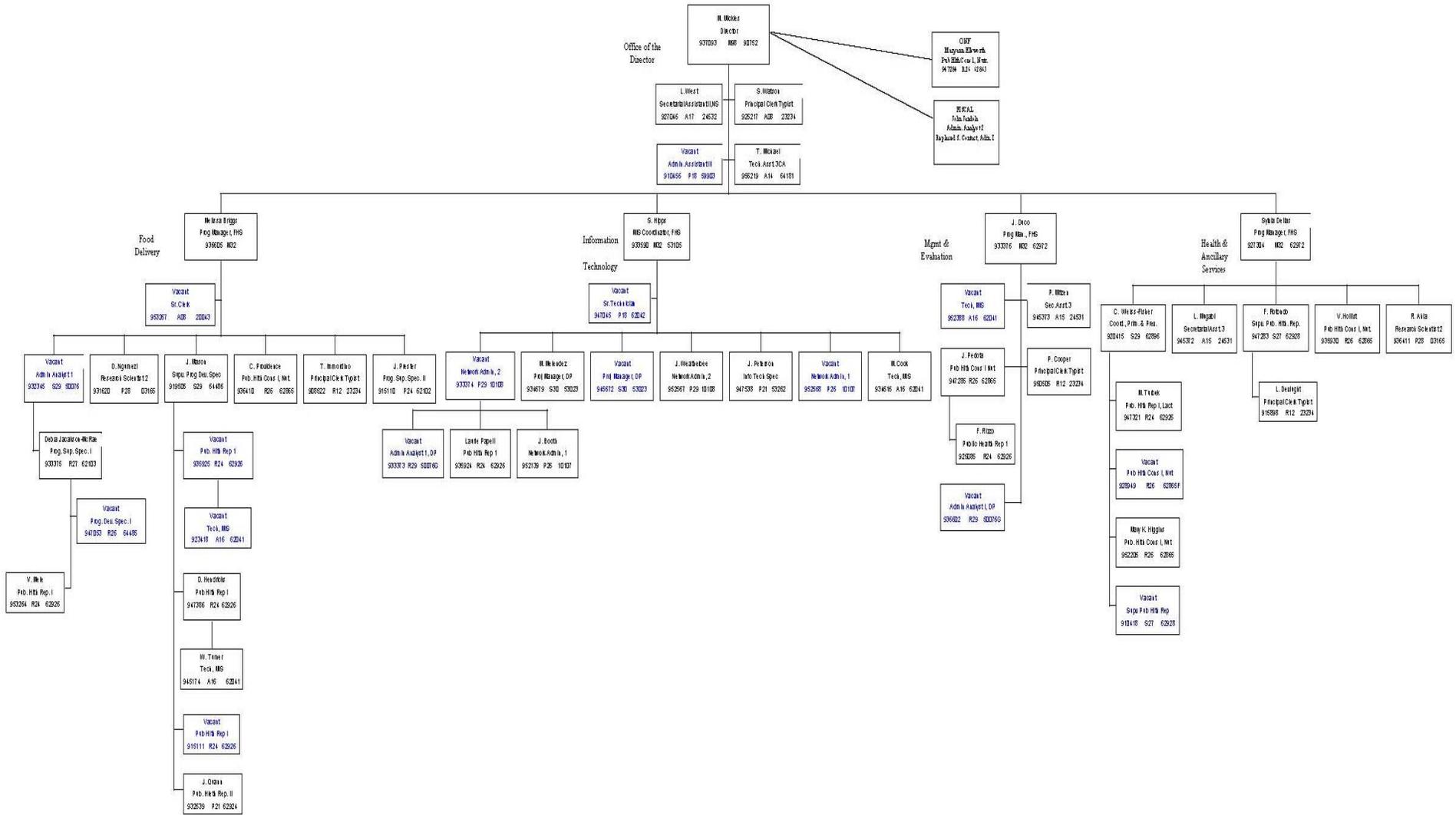
7.1.2 Division of Family Health Services Organizational Chart

Last Modified 3/21/13



7.1.3 WIC Services Organizational Chart

Last Modified 3/8/13



8.0 WIC Clinic Sites by County

01 ATLANTIC WIC PROGRAM
1301 BACHARACH BLVD
1ST FLOOR, CITY HALL
ATLANTIC CITY, NJ 08401
(609) 347-5656

Coordinator: Tamika Trotman

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013- 3/30/2014
01 Admin	Egg Harbor City, NJ 08215	New site opening in May 2014	Refer to Pleasantville Atlantic City	
04 Admin	Pleasantville Office 927 N. Main Street, Unit C-1 Heritage Square Pleasantville, NJ 08232 as of 12/13	Monday – Friday 8:30 – 4:00	(609) 272-0854 Fax: 609-347-5359	3,392
05 Main Admin	Atlantic City WIC Program 1301 Bacharach Blvd Atlantic City, NJ 08401	Monday & Friday: 7:30 – 4:00 Tuesday, Wednesday & Thursday: 8:30 – 4:00	Fax: 609-272-9051	2937
03	(not in use)			
09		Closed 12/08		1
11	(not in use)			0
12	(not in use)			0
07	(not in use)			0
08	(not in use)			0
10	(not in use)			0
44	(not in use)			0
06 Closed		Closed as of 2/2009	(609) 492-1212	
			Total Caseload	6330

03 BURLINGTON COUNTY WIC PROGRAM

**15 PIONEER BLVD
WESTAMPTON, NJ 08060
(609) 267-7004**

Coordinator: Dr. Deepti Das

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013- 3/30/2014
01 Main Admin	Burlington County Health Dept. 15 Pioneer Blvd., Westampton, NJ 08060	Monday – Friday: 8:00 – 5:00 1st & 3 rd Tuesday: 8:00 – 8:00 2 nd and 4 th Monday: 8:00 – 8:00	(609) 267-4304 Fax: 609-518-7156	3,465
04	Browns Mills, Nesbitt Recreation Center Anderson Lane Pemberton, NJ 08068	1 st & 3 rd Monday: 9:00 – 4:00		421
06	Central Baptist Church 5 th & Maple Avenue Palmyra, NJ 08065	1 st Thursday: 12:30 – 3:30		101
08	1 st United Methodist Church Camden & Pleasant Valley Moorestown, NJ 08057	2 nd Thursday: 9:00 – 4:00		342
09	Medford Farms Firehouse Rt. 206 Tabernacle, NJ 08088	2 nd Wednesday: 12:30 – 3:30		58
10	Shiloh Baptist Church 104 ½ Elizabeth Street Bordentown, NJ 08505	4 th Wednesday: 9:00 – 12:30		109
13	JFK Center 429 JFK Way Willingboro, NJ 08046	3 rd Wednesday: 9:00 – 4:00		365
14	American Legion 212 American Legion Drive Riverside, NJ 08075	1 st Thursday: 9:00 – 4:00		279
16	Heureka Center 11 Dunbar Homes at Belmont Street Burlington, NJ 08016	2 nd Tuesday: 9:00 – 12:30		146
19	McGuire AFB Chapel 2 Annex, Bldg. #3827 Falcons Ct. North MAFB, NJ 08641	1 st Wednesday: 9:00 – 12:30 3 rd Thursday: 9:00 – 4:00 (5905 Recreation Center, Newport & Doughboy Loop, Ft. Dix)		478
20	Beverly Housing Authority 100 Magnolia Street Beverly, NJ 08010	Fourth Thursday: (January, April, July, October) 9:00 – 4:00PM		98
03	(combined with site 09)			
			Total Caseload	5862

05 TRI-COUNTY WIC PROGRAM (Gateway Community Action Partnership)**10 WASHINGTON STREET****BRIDGETON, NJ 08302****(856) 451-5600 (office)****(856 453-9478 (fax)****Coordinator: Dr. Jaya Velpuri**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013- 3/30/2014
01 Main Admin	Bridgeton WIC Office 10 Washington Street Bridgeton, NJ 08302	Monday – Friday: 8:00 – 4:30 1st & 3rd Wednesday: 8:00 – 6:30	(856) 451-5600 Ext. 6732 Fax-856-453-9478	3,063
02	Teen Center Bridgeton High School 111 West Avenue Bridgeton, NJ 08302	1 st Wednesday as needed: 9:30 – 11:00 October – May	(856) 455-8030	
05* see detail at bottom	Millville WIC Moved 10/10 to 530 North High St Millville, NJ 08332	Monday, Thursday, Friday: 8:30 – 4:30 1 st Thursday 9:30 – 6:30	(856) 327-6868 Fax- 856-293-4107	1254
08 van	Countryside Village Parsonage Road Seabrook, NJ 08302	3 rd Tuesday: 9:00 – 3:00	(609) 501-8370	
13 Admin	Vineland WIC Office 610 E. Montrose Street Vineland, NJ 08360	Monday – Friday: 8:00 – 4:30 1 st Tuesday: 8:00 – 6:30	(856) 691-1155 (856) 691-2410 (fax)	3261
43 Admin	Salem WIC Office 14 New Market Street Salem, NJ 08079	Monday – Thursday: 8:00 – 4:00 1 st Monday: 9:00 – 5:00	FAX: 856-935-1817	852
40 van	Penns Grove IGA	2 nd & 4th Friday 8:00 – 3:30		398
41	Salem Hospital Health Start Salem, NJ 08079	No longer going Spring 2014	(856) 935-1000	
61 Admin	Cape May WIC Crest Haven Complex 6 Moore Rd. Cape May Court House, NJ 08210	Monday – Thursday 8:00 – 4:30 Friday 7-3:00	(609) 465-1224 Fax: 609-465-6836	1556
62 van	Ocean City Tabernacle Baptist Church	(Not going)		
63	Wildwood WIC(temporarily operating from site 61) Cape Human Resource Center 14104 New Jersey Avenue Wildwood, NJ 08260	1 st , 2 nd & 4 th Friday: 7:30 – 3:30	(609) 522-0231	1
64	North Cape May Villa Lower Township Municipal Court North Cape May, NJ 08204	1 st , 2 nd & 3 rd Thursday: 8:30 – 2:00	(609) 898-8899	475
17 Admin	Lakeland WIC Office Di Piero Center, Suite 501 512 Lakeland Road Blackwood, NJ 08012	Monday-Thursday: 8:00 – 4:30	(856) 374-6085 Fax: 856-374-6083	2922
30 Admin	Mt Ephraim WIC Office Mt. Ephraim Plaza, Suite 411 2600 Mt. Ephraim Ave. Camden, NJ 08104	Monday, Tuesday, Thursday & Friday: 8:00 – 4:30 Wednesday: 8:00 – 6:30	856-225-5050 856-225-5051 Fax: 856-225-8405	10,524

04 Admin	AFCD WIC Office County Administration Bldg., Basement	Closed – clients referred to Mt. Emphraim	June 2013	
			Total Caseload	24,303

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

Coordinator: Monica Blissett

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013-3/30/2014
02 Main Admin	East Orange WIC 185 Central Avenue, Suites 505 & 507, East Orange, NJ 07018	Monday – Friday: 8:30 – 4:30 Thursdays: 8:30 – 7:00	(973) 395-8960 Fax: 973-676-1360	6,100
16 Admin	Belleville WIC Office 152 Washington Avenue Belleville, NJ 07109	Tuesday, Wednesday & Thursday: 9:00 – 1:00	(973) 450-3395 Fax: 973-450-4550	408
11	Montclair WIC Clinic (within United Way) 60 S. Fullerton Avenue) Montclair, NJ 07042	Monday & Friday: 8:30 – 4:30	(973) 509-6501 (973) 509-6502	483
06	(not in use)			
08	(not in use)			0
09	(not in use)			1
17	(not in use)			0
29	(not in use)			0
07 -				
70	(not in use)			0
			Total Caseload	6991

07 GLOUCESTER COUNTY WIC PROGRAM

**204 EAST HOLLY AVE.
SEWELL, NJ 08080
(856) 218-4116**

Coordinator: Kathleen Mahmoud

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013-3/30/2014
04 Main Admin	Gloucester County WIC Gloucester Co. Dept of Health & Senior Services 204 East Holly Ave. Sewell, NJ 08080	Monday – Friday: 8:30 – 4:30 (office hours) Mon-Fri 8:30 – 4:30 Certifications Breastfeeding staff Tuesday 9-3 BF Classes 9:30, 10:00, 2:00 and 2:30 Extended Hours every other Tuesday until 7pm Classes @ 4:30 & 5:30pm, BF staff until 6 Mon & Fri Nutrition Education Class @ 11:00 & 3:00	(856) 218-4116 (Central registration, information, and scheduling) Fax: 856-218-4117	2,435
03	Williamstown-Monroe Township 125 Virginia Avenue Williamstown, NJ 08094	Mondays 8:30 – 4:30Certs & NE (9am & 1pm)	(856) 728-9800 Ext. 561 (Staff only)	688
01	Paulsboro WIC Office Gloucester County Health Dept 1000 Delaware Street Paulsboro, NJ 08066	Office hours Tue-Fri 8:30-4:30 Certifications Tues-Fri Extended hours every other Wed until 7pm NE 1:00 Tues-Fri and Late Wednesdays @ 4:30 & 5:30 Fri- Breastfeeding services 9:30-3:30 & BF Class at 9:30, 10:00, and 2:00 and 2:30	(856) 423-7160 (clients) (856) 423-5849 (staff)	1364
05	(not in use)			
			Total Caseload	4487

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

Coordinator: Deborah M. Murray

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013-3/30/2014
13 Main Admin	Jersey City WIC Program Dept. of Health & Human Services 384 Martin Luther King Jersey City, NJ 07305	Monday – Friday: 7:00 – 4:30	201-547-5682 201-547-4687 201—547-4697 Fax: 201-547-5971	9,881
06	Horizon Health Center (Health Start) 706-714 Bergen Avenue Jersey City, NJ 07306	Monday: 8:30 – 11:00	(201) 451-6300	50
15	North Hudson Community Action Corp. of Jersey City (Health Start) 324 Palisades Avenue Jersey City, NJ 07307	Tuesday: 8:30 – 11:00	(201) 459-8888	227
16	Bayonne Hospital (Health Start) 29 East 29 th Street Bayonne, NJ 07002	Wednesday and Thursday: 8:30 – 11:00	(201) 858-5000 Ext. 5356	1802
14 Not going here	Metropolitan Family Health Network (Health Start) 935 Garfield Avenue Jersey City, NJ 07304	Closed	(201) 946-6400	
			Total Caseload	11,960

10 VNA OF CENTRAL JERSEY WIC PROGRAM

**888 MAIN STREET
BELFORD, NJ 07718
(732) 471-9301**

Coordinator: Robin McRoberts

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013- 3/30/2014
02 Admin	How Lane Health Center 123 How Lane New Brunswick, NJ 08901	Mon – Fri: 8:30 – 4:30 2 nd , 3 rd & 4 th Saturday: 8:30 – 4:30	(732) 249-3513 Staff: (732) 249-3768 Fax: 732-249-3793	8,128
05	First Presbyterian Church 177 Gatzmer Avenue Jamesburg, NJ 08831	4 th Tuesday: 8:30 – 2:00	(908) 902-3611	228
07	Edison Township Health Dept. 80 Idlewild Rd Edison, NJ 08817	2 nd Tuesday & 4 th Thursday: 8:30 – 4:00	(732) 248-7285	517
09	Somerset Community Action Program 900 Hamilton (temp street change 1/2010) Somerset, NJ 08875	1 st Monday: 8:30 – 12:30	(732) 8282956	39
03 Admin	Perth Amboy VNA Central Jersey Ambulatory Care Dept. (Health Start) 313 State Street, Suite 704 Perth Amboy, NJ 08861	Tuesday, Wednesday, Thursday & Friday: 8:30 – 4:30 1 st Saturday of the month: 8:30 – 4:30	(732) 376-1138 (staff) (732) 376-1188 (staff) Fax: 732-376-1193	5,528
15	Iglesia Penticostal el Tabernaculo 104 Union Street Carteret, NJ 07708	1 st & 3 rd Thursday: 8:30 – 4:30		547
16	St. Mary's Church/St. Pat's Hall Church & Stevens Street South Amboy, 08879	2 nd Thursday: 8:30 – 4:30		380
19	Woodbridge/St. James Food Pantry Hwy 35/Main Street Woodbridge, NJ 07095	2 nd & 4 th Friday: 8:30 – 4:30		478
08 Main Admin	Hartshorne Health Center 888 Main Street Belford, NJ 07718	Monday – Friday (office) 2 nd Monday: 8:30 – 6:30 4 th Monday: 8:30 – 4:30	(732) 471-9301 (732) 471-9302 Fax: 732-471-9303	1139
01	Trinity Church 503 Asbury Ave, A Asbury Park, NJ 07712	Monday & Tuesday: 8:30 – 4:30		2787
04	Keyport Health Center, Health Start 35 Broad Street Keyport, NJ 07735	1 st & 2 nd Monday: 8:30 – 4:30	(732) 888-4146	408

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013- 3/30/2014
06	St. Rose of Lima Church 12 Throckmorton Street Freehold, NJ 07728	Wednesday: 8:30 – 4:30 1 st Wed until 7:00 1 st & 3 rd Certs (NE in evening) 2 nd & 4 th NE/check pick-up 1 st Thursday of month (6/1)		1637
10	Red Bank Health Center 176 Riverside Drive Red Bank, NJ 07701	Wednesday: 8:30 – 4:30 4 th Wednesday until 7:00 1 st & 3 rd – NE/check pick-up 2 nd & 4 th – certs (NE in evening)		1069
12	Trinity AME Church 66 Liberty Street Long Branch, NJ 07740	2 nd , 3 rd & 4 th Thursday & Friday: 8:30 – 4:30 Thursdays NE/check pick-up Fridays certs	(732) 222-8436	1905
14	First Presbyterian Church 9 th Avenue and E Street Belmar, NJ 07719	1 st Friday: 8:30 – 4:30	(732) 681-3108	183
72	Keansburg Senior Center 100 Main Street Keansburg, NJ	closed		
11	(not in use)			
17	(formerly Piscataway Fire Co.)			
18	(not in use)			
70	(not in use)			
71	(not in use)			
73	(not in use)			
74				
75	(not in use)			
76	(not in use)			
			Total Caseload	24,973

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

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013- 3/30/2014
15 Main Admin	Newark WIC Department of Child and Family Well-Being 110 William Street Newark, NJ 07102	Monday, Tuesday & Wed Friday: 8:30 – 4:30 Thursday: 8:30 – 6:30 Saturday: 9:00 – 2:00	(973) 733-7628 Fax: 973-733-7629	7,403
01	Newark Preschool/Alberta Bay 300 Chancellor Avenue Newark, NJ 07112	Closed 2010		
29	NCHC Dayton Street Center (Health Start) 101 Ludlow Street Newark, NJ 07114	1 st and 3 rd Wednesday: 10:00 – 3:00	(973) 565-0355	218
31	NCHC (Health Start) 741 Broadway Newark, NJ 07104	Closed January 2013		15
18 Admin	Newark Beth Israel Medical Center (Health Start) 166 Lyons Avenue Newark, NJ 07112	Monday – Friday: 8:30 – 4:30	(973) 733-5158 Fax: 973-733-5157	1884
20 Admin	Irvington Municipal Building 1 Civic Square Irvington, NJ 07111	Monday – Friday: 8:30 – 4:30	(973) 399-6732 Fax: 973-416-5676	1720
	Columbus Hospital Admin 495 North 13 th Street Newark, NJ 07107	Closed May 1, 2013		
03				
(26) 17Admin	St. James Hospital Family Service Heath Start 155 Jefferson Street , 3 rd Floor Newark, NJ 07102	Monday -Friday : 8:30 – 4:30	(973) 465-2828 Ext. 1704/1705 Fax: 973-344-0641	1465 274
02	(not in use)			
06	Not in use	Closed – May 8, 2008		
07	(not in use)			
08	(not in use – formerly Club del Barrio)			
80	van sites?? Locations Closed	Closed 4/30/09		
09 closed	(not in use – formerly Irvington Ped.)			
			Total Caseload	12,979

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

Coordinator: Nancy Quinn

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013- 3/30/2014
07 Admin	NORWESCAP WIC Program 10 Moran Street Newton, NJ 07860 (Sussex Co.) (– mailing use site 1320) Moving 2014	Mon Tues and Wed. – 8:30- 4:30 Tuesday 10-7	(973) 579-5155 Fax: 973-579-5655	1,105
05				
20 Main Admin	NORWESCAP WIC Program 350 Marshall Street Phillipsburg, NJ 08865 (Warren Co.)	Monday – Friday: 8:00 – 4:30 2 nd and 4 th Thursday: 8:00 – 7:00	(908) 454-1210 Fax: 908-454-5731	810
08	Trinity Methodist Church 211 Main Street Hackettstown, NJ 07840 (Warren Co.)	1 st , 3 rd & 5 th Wednesday: 9:30 – 3:30	(908) 852-3020 Ext. 237	515
10	Flemington United Methodist Church 116 Main Street Flemington, NJ 08822	2 nd & 4 th Wednesday: 9:30 – 3:30	(908) 782-1070	466
17	First Presbyterian Church 41 East Church Street Washington, NJ 07882 (Warren Co.)	1 st & 3 rd Friday: 9:15 – 3:30	(908) 689-2547	324
22 Admin	NORWESCAP WIC Program People Care Center 120 Finderne Avenue, Suite 230 Bridgewater, NJ 08807 (Somerset Co.)	Monday – Friday: 8:30 – 5:00 1 st & 3 rd Tuesday: 8:30 – 7:00	(908) 685-8282 Fax: 908-704-9382	2328
26	Watchung Avenue Presbyterian Church 170 Watchung Avenue North Plainfield, NJ 07060 (Somerset Co.)	Tuesdays: 9:00 – 3:00	(908) 755-2781	647
01	(not in use)			0
02	(not in use)			0
04	(not in use)			0
06 Closed				0
11 Closed				0
24 closed		Closed 1/27/2009	(732) 356-1372	0
			Total Caseload	6195

14 PLAINFIELD WIC PROGRAM
510 WATCHUNG AVENUE
PLAINFIELD, NJ 07060
(908) 753-3397

Coordinator: Prema Achari

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013- 3/30/2014
01 Main Admin	Plainfield WIC Program 510 Watchung Avenue Plainfield, NJ 07060	Monday – Friday: 9:00 – 5:00 Tuesday: 9:00 – 6:30PM	(908) 753-3397 Fax: 908-753-3640	4808
02	(not in use)			
			Total Caseload	4808

15 ST. JOSEPH WIC PROGRAM

185 6th Avenue
 PATERSON, NJ 07524
 (973) 754-4575

Coordinator: Dorothy Monica

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013-3/30/2014
01 Main Admin	St. Joseph WIC Program 185 6 th Avenue Paterson, NJ 07524 (Passaic Co.)	Mon & Fri: 8:00 – 4:30 Tues, Wed & Thursday: 8:00 – 6:00	(973) 754-4575 Fax: 973-754-4542	12,794
07	Closed 2012			
12	Hackensack Department of Health 215 State Street Hackensack, NJ 07601 (Bergen Co.)	1 st & 3 rd Monday & every Thursday: 9:00 – 3:00	(Call main number)	2493
14	St. Mark's Episcopal Church 118 Chadwick Road Teaneck, NJ 07666 (Bergen Co.)	1 st , 2 nd , 3 rd & 4 th Monday: 9:00 – 2:30	Call main number	670
15	Center for Family Resources 12 Morris Rd. Ringwood, NJ 07456 (Passaic Co)	1st Thursday 9:00 - 3:30 As of June 1, 2008	Call main number	95
16	Pompton Lakes Health Department 25 Lenox Avenue Pompton Lakes, NJ 07442(Passaic Co.)	4 th Monday: 9:00 – 3:00	Call main number	331
17	First Presbyterian Church 457 Division Avenue Carlstadt, NJ 07072 (Bergen Co.)	1 st Wednesday: 9:00 – 3:00	Call main number	233
18	St. Paul's Episcopal Church 113 Engle Street Englewood, NJ 07632 (Bergen Co.)1/2012	2 nd & 4 th Tuesday, 2 nd & 3 rd Thursday: 9:00 – 3:00	(Call main number)	934
19	Cliffside Park Head Start 263 Lafayette Ave. Cliffside Park, NJ 1/2012	1 st and 2 nd Friday: 9:00 – 3:00	Call main number	482
20	Wayne Health Department 475 Valley Road Wayne, NJ 07470 (Passaic Co.)	3 rd Tuesday: 9:00 – 3:00	Call main number	575
21	Bergenfield Department of Health 198 N. Washington Avenue Bergenfield, NJ 07621 (Bergen Co.)	2 nd & 4 th Monday: 9:00 – 3:30	Call main number	485
22	Red Cross 74 Godwin Avenue Ridgewood, NJ 07450 (Bergen Co.)	3 rd & 4 th Friday: 9:00 – 3:30	Call main number	358
23	St. Margaret Church 6 Sussex Ave. Morristown, NJ 07960 (Morris Co.)1/2012	1 st , 2 nd , 3 rd & 4 th Friday: 9:00 – 3:00	Call main number	1111

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013- 3/30/2014
27	Boonton United Methodist Church 626 Lathrop Avenue Boonton, NJ 07005 10/2011 (Morris Co.)	3 rd Wednesday: 9:00 – 3:00	Call main number	256
29	Dover Head Start 18 Thompson Street Dover, NJ 07801 (Morris Co.)	Wednesdays: 9:00 – 3:30	(Call main number)	1771
30	Clifton Health Department 900 Clifton Avenue Clifton, NJ 07012 (Passaic Co.)	3 rd Tuesday: 9:00 – 3:30	Call main number	597
09	St. Paul's Community Dev. Corp 451 Van Houten Street, 2 nd Floor Paterson, NJ 07503 (Passaic Co.)	Closing March 31, 2011		2
11				
24	Garfield Head Start 535 Midland Avenue Garfield NJ	2 nd Wed. 9-3 2 nd Tuesday 9-3 4 th Thursday 9-3	Call main number for Appointment	923
			Total Caseload	24,110

17 Children’s Home Society Mercer WIC PROGRAM (CHS Mercer WIC)
416 Bellevue Avenue
Trenton, NJ 08618
(609) 498-7755

Coordinator: Kelly Mannherz-Ryan

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013-3/30/2014
01 (26) Main Admin	CHS Mercer WIC 416 Bellevue Avenue Trenton, NJ 08618	Mondays 8:30- 5:00 Tuesdays 8:30- 5:00 Wednesdays 10:30-6:30 Thursdays 8:30- 6:00 Fridays 8:30- 4:00	(609) 498-7755 Central Call number for all sites. Fax: 609-434-0040	5,758
04	Hamilton Health Department 2100 Greenwood Avenue Hamilton, NJ 08609	1 st , 3 rd , & 4 th Friday of every month 2 nd Friday in April, June, August, October, & December 9:00- 3:30		1,277
22	Princeton Twp. Municipal Building WIC 400 Witherspoon Street Princeton, NJ 08542	3 rd Friday: 9:00 – 3:30 By appointment-closing in 2014		187
25 ?	635 South Clinton Ave Trenton, NJ 08611	Tuesdays 8:30- 4:30		8
11	Henry J. Austing FQHC 321 North Warren Street, Trenton, New Jersey 08618	1 st Friday of every month 2 nd Friday in May, July, September, & November 9:00-3:30 by appointment		808
19	First Baptist Church of Hightstown 125 South Main Street Hightstown, NJ 08520	2 nd and 4 th Friday of the month 8:30-4:00PM, by appointment	Clients should call main site	615
02 (30)				
			Total Caseload	8653

**18 Rutgers New Jersey Medical School WIC Program
Stanley Bergen Buidling 65 Bergen St. Room GA06
Newark, NJ 07107**

(973) 972-3416

Coordinator: Valeria Jacob-Andrews

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013- 3/30/2014
03 Main Admin	Rutgers NJ Medical School WIC Program Stanley Bergen Bldg, Room GA-06 65 Bergen Street Newark, NJ 07107-1709	Monday, Tuesday, Thursday & Friday: 8:30 – 4:30 Wed. 8:30 – 6:30PM 1 st Wednesday: 3:30 – 6:30	(973) 972-3416 (973) 972-3417 Fax: 973-972-8977	5,148
05	Ivy Hill Apartments Senior Citizen Center 230 Mt. Vernon Place Newark, NJ 07106	Wednesdays: 7:15 AM – 2:15PM	(973) 416-8826	167
70	University Hospital Prenatal Clinic Ambulatory Care Center 140 Bergen Street, Newark, NJ 07101-1709	Monday: 9:45 – 2:15 Tuesday: 9:00 – 2:15	(973) 972-2726	237
71	University Hospital Maternity Unit F-Green 150 Bergen Street Newark, NJ 07101-1709	Monday and Tuesday: 9:45 am- 2:45 pm Friday: 9:30-2:30	(973) 972-5624	109
04	(not in use)			
06	(not in use)			
07	(not in use)			
			Total Caseload	5,661

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

Coordinator: Meg-Ann McCarthy-Klein

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013- 3/30/2014
06 Main Admin	Ocean County WIC Program Ocean County Health Department 175 Sunset Avenue Toms River, NJ 08755 New Temp site: Pleasant Plaza Unit 2 1333 Route 9 Toms River, NJ 08755 (after 10/1/2013	Monday – Friday: 8:00 – 5:00 1 st , 2 nd & 4 th Monday: 8:00 – 8:30	(732) 341-9700 Ext. 7520 Fax: 732-286-3951	2,333
07	Brick Presbyterian Church 111 Drum Point Road Brick, NJ 08723	Tuesday: 8:00-5:00PM NE/Checks 2:00 – 3:00	(732) 691-7307 staff cell phone	508
09	Berkeley Head Start 264 First Avenue South Toms River, NJ 08758	Wednesday: 9:00 – 4:00 (AM certs/PM NE/checks)	(732) 691-7307 staff cell phone	99
14	Southern Ocean Resource Center 333 Haywood Avenue Manahawkin, NJ 08050	Monday-Thursday: 8:00AM –5:00 NE/Checks Monday: 8:30AM & Tuesday : 2:00PM		1104
15	Lighthouse Alliance Community Church	CLOSED July 2011		
16	Ortley Beach First Aid Squad Rt. 35 at 6 th Avenue Ortley Beach, NJ 08751	Closed		7
72	Medical Center of Ocean County	Closed July 2011		
73	Southern Ocean County Hospital Health Start clinic Manahawkin, NJ 08050	Closed July 2011		
74	Community Medical Center (prenatal) 301 Lakehurst Road, 3 rd Floor Toms River, NJ 08753	Tuesday & Thursday: 8:00 – 12:00	(732) 818-3388	457
12 Admin	Northern Ocean Co Board of Health 1771 Madison Ave Lakewood NJ 08701 Meg located at this site.	Monday –Friday 8:00 – 5:00 1 st & 3 rd Thursday: 5:00 – 7:00	(732) 370-0122 Fax: 732-886-0983	16827
71	Ocean Health Initiatives (OHI) Federal Qualified Health Center 101 Second St. Lakewood NJ 08701	Monday to Fridays 9AM-4PM Thursdays 3 PM checks/NE	732) 691-7307 staff cell phone	1123
17	Forked River Baptist Church	CLOSED March 2010		2
			Caseload Total	22,480

20 PASSAIC WIC PROGRAM
333 Passaic STREET
PASSAIC, NJ 07055
(973) 365-5620

Coordinator: Dana Hordyszynski

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013-3/30/2014
01 Main Admin	Passaic WIC Program 333 Passaic Street Passaic, NJ 07055	Monday – Friday: 8:30 – 4:00 Saturdays (3/month) 8:00AM-12:00PM	(973) 365-5620/5619 Fax: 973-365-5622	7,280
02	The Senior Center 330 Passaic Street Passaic, NJ 07055	Closed		6
03	NHCAC 110 Main Avenue Passaic, NJ 07055	closed	(973) 777-0256	
05 Not in use	St. Mary's Hospital – Health Start 211 Pennington Avenue Passaic, NJ 07055	(closed)	(973) 470-3019	
			Caseload	7286

22 TRINITAS WIC PROGRAM

40 Parker Road
ELIZABETH, NJ 07208
(908) 994-5141

Coordinator: Anita Otokiti

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER	CASELOAD 10/1/2013- 3/30/2014
01 Main Admin	Trinitas WIC Program 40 Parker Road Elizabeth, NJ 07208	Monday – Friday: 8:00 – 5:00 Door opens 8:30	(908) 994-5141 Fax: 908-994-5513	7,902
02	Hillside Health Department Municipal Building Liberty Avenue & Hillside Avenue Hillside, NJ 07205	1 st & 3 rd Friday*: 9:00 – 2:00 * subject to change		151
04	Union – UTCAO as of July 1 2410 Springfield Avenue Union, NJ 07083 or Vauxhall, NJ	1 st 2 nd & 3 rd Tuesday*: 9:00 – 2:00 * subject to change		187
05	Summit Health Department City Hall 512 Spring Street Summit, NJ 07901	1 st 2 nd & 3 th Tuesday*: 9:00 – 2:00 *subject to change		169
03	(not in use)			
			Caseload	8409