SPECIAL SUPPLEMENTAL NUTRITION PROGRAM

FOR

WOMEN, INFANTS AND CHILDREN (WIC)

FFY DRAFT 2012

STATE STRATEGIC PLAN

DUNS #806418075

NEW JERSEY DEPARTMENT OF HEALTH

& SENIOR SERVICES

PUBLIC HEALTH SERVICES BRANCH
FAMILY HEALTH SERVICES
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DRAFT 2012 STATE PLAN SUMMARY

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1.0 EXECUTIVE SUMMARY

1.1 Federal Overview

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

- Provides a new WIC food package that is in line with the 2005 Dietary Guidelines for Americans and current infant feeding practice guidelines of the American Academy of Pediatrics to: better promote and support the establishment of successful long-term breastfeeding; provide WIC participants with a wider variety of food; provide WIC State agencies with greater flexibility in prescribing food packages to accommodate participants with cultural food preferences; and, serve all participants with certain medical provisions under one food package to facilitate efficient management of participants with special dietary needs.
- Issues food vouchers containing supplemental foods with essential nutrients found to be deficient or lacking in their diets. The food vouchers are redeemable at 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 and provides infant formula for mothers who choose the alternative to the breastfeeding.
- Through integration of programs (National Fruit and Vegetable Program, Farmers' Market Nutrition Program 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.
- Promotes nutrition education health plan assessment program for pregnant and breast feeding women, infants, and children up to age five who meet eligibility requirements.

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

Improved Birth Outcomes and Savings in Health Care Costs

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

Improved Diet and Health-Related Outcomes

WIC reduces obstacles that low-income population encounter in adopting healthy diets. Such obstacles include lack of knowledge and access to nutritious foods. Apart from the vouchers containing the supplemental foods, the WIC program implements the Farmers Market Nutrition Program that increases access to a locally grown fresh fruits and vegetables combined. The Farmers Market Nutrition Program also incorporates nutrition education 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 Farmers Market Nutrition Program, WIC educates the program participants about the relationship of nutrition to chronic disease prevention, promotes

consumption of locally grown produce and contributes to increases in revenues for participating New Jersey farmers. In 2010, 237 New Jersey farmers served as vendors for the Farmers Market Nutrition Program and redeemed vouchers worth over $1.2 million dollars were issued. (ref #6)

Improved Infant Feeding Practices

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

Improved Immunization Rates and Regular Source of Medical Care

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

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

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1.2 State Overview

The New Jersey Department of Health and Senior Services (NJDHSS) was one of the first ten State agencies in the nation to administer the WIC Program. The Department currently provides WIC services to the entire State of New Jersey through health service grants awarded to eighteen local agencies and three Maternal and Child Health Consortia. Ten agencies are local/county health departments, three are hospitals, and five agencies are private/nonprofit organizations. The Maternal and Child Health Consortia provide breastfeeding education and support services for WIC participants in their service areas. As the DHSS 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 2010, the New Jersey WIC Services through the local WIC agencies served 288,000 pregnant, postpartum, breastfeeding women, infants and children up to age five who have low incomes, medical and/or nutrition risk factors. The ethnic distribution of the WIC program participants was 23% Black not Hispanic, 20% White not Hispanic, 55% Hispanic, 3% Asian not Hispanic, and 2 % Other ethnicities. In 2005, according to data from the Electronic Birth Certificate, 23% of all New Jersey live births were by WIC mothers.

1.3 Local Agency Overview

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

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 300 staff to certify the WIC participants using the WIC ACCESS computer system on state owned computers. WIC services must be provided by approved nutrition professionals and nurses and support staff. Local agencies provide extended hours for working participants.

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

1.4 New Jersey WIC Advisory Council Overview

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

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

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

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

1.5 The Division of Family Health Services' Mission Statement:

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

1.5.1 Organizational Structure

Organizational charts for WIC Services are contained in Appendix 7.1 and show the functional organization of each of the Service unit program areas. WIC Services is organizationally located within the Division of Family Health Services (FHS). 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 2012 Objectives

Objectives

- To improve client services through technology and collaboration of services;
- To provide participant centered services through Value Enhanced Nutrition Assessment (VENA) and the enhancement of nutrition assessment tools through improved process, content and staff skill;
- To promote exclusive breastfeeding for the first six months of life among WIC participants through protection, promotion and support activities;
- 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.

2.0 ORGANIZATIONAL STRUCTURE OF NEW JERSEY WIC SERVICES

2.1 State Operations

2.1.1 Office of the Director

2.1.1.1 Administrative Section

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

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

The administrative tasks include:

1) Performing payroll activities for **33** employees in New Jersey WIC Services;

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

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

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

2.1.2 Health & Ancillary Services (H&AS) Unit

2.1.2.1 Health & Ancillary Services

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

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

2.1.2.2 Nutrition Education

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

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

The three major goals of WIC nutrition education are to:

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

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

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

In November 2009, the NJ WIC Program launched an interactive customized nutrition education website, NJWIConline.org. New Jersey WIC participants can utilize this website with internet access to satisfy their secondary nutrition education contact. In December 2010, KIOSKS were placed at all the WIC local agency administrative offices. These KIOSKS have the NJ WICOnline.org website for WIC Participants to complete their secondary nutrition contact. See Section 5 Milestones.

2.1.2.3 Breastfeeding Promotion and Support

The State WIC office oversees all breastfeeding promotion and support services provided for WIC participants by the local agencies and three 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 new WIC food package was implemented statewide October 1, 2009.

2.1.2.5 Certification/Eligibility Determination

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

2.1.2.6 Access to Health Care

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

Local WIC agencies refer participants to healthcare and, 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.

HealthStart uses the WIC referral form to facilitate the enrollment of eligible pregnant women in each program and reduce the duplication of services. Pregnant women who are eligible for HealthStart are adjunctively eligible for WIC. Many local WIC agencies refer WIC staff to HealthStart clinics to enroll pregnant women in WIC. The health and nutrition information provided by HealthStart staff on the referral form facilitates the WIC certification process and this coordination will continue during FFY 2012.

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

Health and Ancillary Services unit staff works collaboratively with local agencies to ensure a participant-focused delivery system through the promotion and expansion of one-stop service and co-location of services at conveniently located facilities. New Jersey WIC Services has 125 clinic sites of which 45 are co-located with other health and/or human services programs. Health and Ancillary Services staff monitors and approves the opening and closing of WIC clinic sites. Innovative initiatives to improve access, provide services, and increase efficiency have been integrated to improve both the health and nutritional status of the "at risk" WIC population.

These initiatives include the following:

- Co-location with preventive and primary healthcare (North Hudson Community Action Corporation);
- Utilization of three mobile WIC clinics to provide increased access to services in underserved areas (Tri-County and North Hudson WIC Programs);
- Provision of immunization education and referral to children's medical homes or health departments;
- Provision of breastfeeding promotion and support services through WIC local agencies and regional Maternal and Child Health Consortia;
- Coordination with the New Jersey Chapter of the American Academy of Pediatrics to increase immunization rates;
- Hematological testing of WIC participants without referral data from healthcare providers;

- Coordination with Health Maintenance Organizations;
- Co-location or referral linkages to Federally Qualified Health Centers;
- Initiatives to promote awareness of increased fruit and vegetable consumption; and
- Coordination with Medicaid to improve Early Periodic Screening Diagnosis Treatment rates.

2.1.2.7 Outreach and Coordination Network

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

2.1.2.8 Voter Registration

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

2.1.2.9 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 and utilization of administrative and food funds by local grantees.

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

The M&E Unit incorporates all requirements into the annual grant application packet and provides an information session to all interested applicants March 2011. Staff reviews the grant applications for compliance with both program and fiscal requirements and prepare them for departmental review, approval and award. Staff monitors the grants through the expenditure process and sends a report of expenditures to the USDA monthly. If additional funds become available during the fiscal year, the M&E Unit determines the distribution of funds to local grantees and notifies the agencies to prepare a budget modification. Staff review and process grant modifications the same as initial grant applications. The M&E Unit determines the initial and reallocation of USDA funds for food costs to local grantees. Staff prepare, maintain, and monitor monthly State and local agency spreadsheets for projected and actual food dollar expenditures.

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

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

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

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

2.1.4 Food Delivery Services

The Food Delivery Services Unit (FD) has the primary responsibility to ensure the accountability, payment and reconciliation of 100 percent of all WIC checks distributed, printed, issued, voided, redeemed or rejected. Our **18** local grantees have over **35** administrative (permanent, fixed) service sites and **90** satellite clinics throughout the state that provide direct benefits to approximately **263,000** women, infants, and children monthly. Benefits are delivered through the issuance of checks for specific foods. Checks are cashed at vendors (retail grocery stores) under contract with WIC. WIC Services presently issues over 7,000,000 checks per year, and these checks have a value of more than $129 million per year. The FD Unit oversees the operations of all local grantees and their service sites with particular emphasis on check reconciliation and payment. Food Delivery also monitors more than 848 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 grantee management operations; comprehensive review of vendor operations; management and review of the banking contract and procedures for processing checks; and analysis of computer reports from WIC's Automated Client Centered Electronic Services System (ACCESS) and Solutran, our banking contractor.

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

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

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

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

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

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

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

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

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

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

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

2.1.5 WIC Information Technology

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

2.1.5.1 Operations and Maintenance/Project Management of WIC ACCESS Section

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

The IT Unit provides the necessary evaluation tools and training in use of the Local Agency Service Site Module, System Administration Module, Central Administrative Module and State Office System application 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 Section

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 to verify that the new version of the software operates without problems in the production environment.

2.1.5.3 Field Support Section

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 35 administrative sites and 90 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 Services

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

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

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

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 **263,000** women, infants, and children at **135** administrative and clinic sites in the **18** local agencies listed below. The agency sponsors consist of three hospitals, eleven municipal/county health departments, and four private/nonprofit organizations.

Local Agency	Type of Agency	# Of Administrative/Satellite Clinics
Atlantic	Local Government	3/0
Burlington County	Local Government	1/10
Camden County	Local Government	3/1
East Orange	Local Government	2/1
Tri-County	Non Profit	4/7
Gloucester County	Local Government	1/2
Newark	Local Government	4/5
Jersey City	Local Government	1/4
North Hudson Community Action Corporation	Non Profit	1/6
NORWESCAP	Non Profit	3/5
Plainfield	Local Government	1/0
St. Joseph's Regional Medical Center	Hospital	2/15
Concerned Citizens of Ewing	Non Profit	1/4
UMDNJ	Hospital	1/3
Ocean County	Local Government	2/10
Passaic	Local Government	1/2
Trinitas	Hospital	1/3
Visiting Nurse Association of C-NJ	Non Profit	3/12

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.

The Breastfeeding Promotion and Support funding formula functions are follows:

- 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 funding formula is the same as the USDA Breastfeeding funding formula. That is, it is based on each local agency's participation of pregnant and breastfeeding women in May, June and July of the previous year as a percent of the total. 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 formulas prescribed to the majority of participants. New Jersey WIC Services awarded a three-year contract to Ross Products Division, Abbot Laboratories effective October 1, 2007 to September 30, 2010. Two one-year extensions of the contract by mutual agreement are granted by the terms of the contract. We are presently in the first year extension and are applying for the second year. The infant formula rebate funds are used to cover food costs thereby reducing the USDA food grant. USDA encourages additional food rebate cost containment. USDA encourages states to implement cost containment systems for other supplemental foods, such as infant cereal and infant juice.

3.1.4 Other USDA Funding

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

- USDA 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 5.24 and Section III.V., Administrative Expenditures, provide requirements for local agency administrative expenditures. New Jersey State Plan Section III.VI, Food Funds Management, describes the State implementation of Federal requirements for food funds management.

3.2.2 Distribution of USDA Funds to Local Agency Grantees

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

3.2.3 Funding Formula

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 18 local WIC grantees that provide direct services to WIC eligible applicants in New Jersey. The committee was composed of local WIC agency coordinators, WIC Advisory Council representatives and State staff. The formula was finalized in March 2004, and has been used as a guide to fund the agencies 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. Seven local agencies and three Maternal and Child Health Consortia are funded to provide breastfeeding services at the WIC sites throughout the State. The funding formula for breastfeeding is based on the USDA formula, which uses the average of the reported number of pregnant and breastfeeding women in May, June and July of the previous year for each service area multiplied by the Federal base amount and a State increase.

Since 2004, Congress has annually appropriated Breastfeeding Peer Counselor Funds (BFPC) to enable State agencies to implement an effective and comprehensive peer counseling program and/or enhance an existing breastfeeding peer counseling program. The long-range vision is to institutionalize peer counseling as a core service in WIC with a strong management component.

The BFPC funds are provided to agencies to enhance breastfeeding services.

3.2.5 Distribution of Funds to Support Local Agency Operations

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

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

3.2.6 Distribution of Funds to Support State Agency Operations

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

3.2.7 Distribution of Other Funds to Support Local Agency Operations

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

- CDC Immunization funds, when available, contain a 10% reserve for WIC and are provided via the CDC Immunization grant to the New Jersey Department of Health and Senior Services (DHSS).
- MCH Services funds are State appropriated funds provided to local grantees to enhance services to WIC participants when available.
- COLA (Cost of Living Adjustments) funds provided from the State budget to support grantee services to WIC participants when available.

3.3 Preliminary FFY 2011 and FFY 2012 Funding

3.3.1 Preliminary Funding

The preliminary budget for FFY 2011 is determined from specific correspondences provided to the State Agency from the USDA. To date, as of March 30, 2011, the State is under a continuing resolution. This will affect next year's budget (FFY 2012) which will be determined, as per Federal regulations, to be the guaranteed base grant amount from the previous year. That preliminary amount is shown in Table 1.

3.3.2 Preliminary Funding Tables and Charts

The following tables detail the preliminary FFY 2010 budget and the succeeding FFY 2011 budget with charts depicting the funding sources and amounts in relation to the total pot of funds and the various contributing funding sources.

Table 1.	Preliminary FFY 2011 and FFY 2012 Funding Sources
Table 2.	Preliminary FFY 2011 and FFY 2012 Funding Distribution
Table 3.	Grantee Preliminary NSA Base Funding
Table 4.	Estimated Food Dollar Breakdown
	Chart - USDA Food Grant and Estimated Formula Rebate
Table 5.	New Jersey WIC USDA Participation by Region
	Chart - NJ Population in 2000 Census
	Chart - USDA Participation
Chart 1.	Preliminary FFY 2011 Funding Sources
Chart 2.	FFY 2011 Preliminary USDA NSA Distribution
Chart 3.	Grantee Preliminary FFY 2011 USDA Funded Activities

Table 1. Preliminary FFY 2011 and FFY 2012 Funding Sources

PRELIMINARY FFY 2012 USDA FUNDING						
FFY 2011 FUNDING	**FOOD**	**NSA**	**TOTAL Food & NSA**	**Projected Infant Formula Rebate**	**TOTAL Food, NSA & Rebate**	**TOTAL Food & Rebate**
(a)	(b)	(c)	(d)	(e)	(f)	(g)
			(b + c)		(d + e)	(b + e)
Base Grant	**$102,159,175**	**$39,330,686**	**$141,489,861**	**$30,000,000**	**$171,489,861**	**$132,159,175**
Jan. Reallocation						
Mar. Reallocation						
Apr. Reallocation						
Grant to date	**$102,159,175**	**$39,330,686**	**$141,489,861**	**$30,000,000**	**$171,489,861**	**$132,159,175**
Operation Adjustment Funding						
OA Projects		$200,260				
PRELIMINARY FFY 2012 USDA FUNDING						
Base Grant	**$102,159,175**	**$39,330,686**	**$141,489,861**	**$30,000,000**	**$171,489,861**	**$132,159,175**
OA	Not Guaranteed					
Jan. Reallocation	Not Guaranteed					
Grand Total	**$102,159,175**	**$39,330,686**	**$141,489,861**	**$30,000,000**	**$171,489,861**	**$132,159,175**

PRELIMINARY FUNDS from OTHER SOURCES	FFY 2011		FFY 2012	
MCH	$0	0.00%	Not Guaranteed	
WIC Infrastructure	$0	0.00%	Not Guaranteed	
USDA BF PEER COUNSELOR	$1,224,192	3.02%	Not Guaranteed	
Total Other Funds	**$1,224,192**	3.02%	**$0**	0.00%
Preliminary USDA NSA Grant	**$39,330,686**	96.98%	$39,330,686	100.00%
Total NSA & Other Funds	**$40,554,878**	**100.00%**	**$39,330,686**	**100.00%**

Table 2. Preliminary FFY 2011 and FFY 2012 Funding Distribution

Preliminary USDA Funding Distribution				
	FFY 2011	Percent	**FFY 2012**	Percent
Guaranteed NSA Base to Grantees				
Local WIC Agencies Base	$21,714,113	59.50%	$21,714,113	62.38%
LA Base BF Initiative	$955,000	2.62%	$955,000	2.74%
MCH Consortia Base BF Initiative	$949,000	2.60%	$949,000	2.73%
Sub-Total	**$23,618,113**	64.72%	**$ 23,618,113**	67.85%
Other USDA Funding				
Add-on LA Projects + Hot Line	$1,482,160	4.06%	Not Guaranteed	
Operational Adjustment (OA)	$200,260	0.55%	Not Guaranteed	
Sub-Total	**$1,682,420**	4.61%	**$0**	
Sub-Total Funding to LA Grantees	**$25,300,533**	69.33%	**$23,618,113**	67.85%
State Budget to Support Grantee Operations				
Computer and Banking Services	$4,893,442	13.41%	$4,893,442	14.06%
Nutrition Education Materials/Equipment	$38,000	0.10%	$38,000	0.11%
Grants In Aid Audit Fee	$133,475	0.37%	$133,475	0.38%
Sub-Total	**$5,064,917**	13.88%	**$5,064,917**	14.55%
Sub-Total Funding for LA Operations	**$30,365,450**	83.21%	**$28,683,030**	82.40%
State Budget State Operations				
Salaries, Fringe Benefits, and Indirect	$4,909,114	13.45%	$4,909,114	14.10%
Other Support Services	$1,218,026	3.34%	$1,218,026	3.50%
Sub-Total	**$6,127,140**	16.79%	**$6,127,140**	17.60%
Total USDA Funding	**$36,492,590**	100%	**$34,810,170**	100%

Table 3: Grantee Preliminary NSA Base Funding

	Preliminary Grant Award FFY 2011	Preliminary Grant Award FFY 2012
Atlantic	$684,400	$684,400
Burlington County	$955,200	$955,200
Camden County	$1,506,200	$1,506,200
East Orange	$929,200	$929,200
Tri-County	$1,123,200	$1,123,200
Gloucester County	$700,200	$700,200
Jersey City	$1,559,900	$1,559,900
Newark	$1,503,500	$1,503,500
North Hudson Community Action Program*	$1,285,800	$1,285,800
NORWESCAP*	$810,400	$810,400
Plainfield*	$740,800	$740,800
St. Joseph's Hospital and Medical Center*	$2,444,000	$2,444,000
Concerned Citizens of Ewing*	$1,054,100	$1,054,100
UMDNJ	$974,800	$974,800
Ocean County*	$1,851,300	$1,851,300
Passaic*	$845,400	$845,400
Trinitas*	$1,244,700	$1,244,700
Visiting Nurse Association*	$2,456,013	$2,456,013
WIC Grantee Total	**$22,669,113**	**$22,669,113**
Southern NJ Perinatal Cooperative, Inc.*	$320,200	$320,200
Hudson Perinatal Consortium, Inc*	$248,000	$248,000
Gateway Northwest MCH Network *	$380,800	$380,800
GRAND TOTAL	**$23,618,113**	**$23,618,113**

*Provides Breastfeeding Initiative Services

Table 4.	ESTIMATED FOOD DOLLAR BREAKDOWN			
	FOOD DOLLARS	PERCENT	REDEEMED PARTICIPATION	Served by
USDA FOOD GRANT	$102,159,175	77.38%	1,581,957	USDA Grant
EST. FORMULA REBATE 3-08-11	$29,866,819	22.62%	462,494	Formula Rebate
TOTAL DOLLARS	$132,025,994		2,044,451	

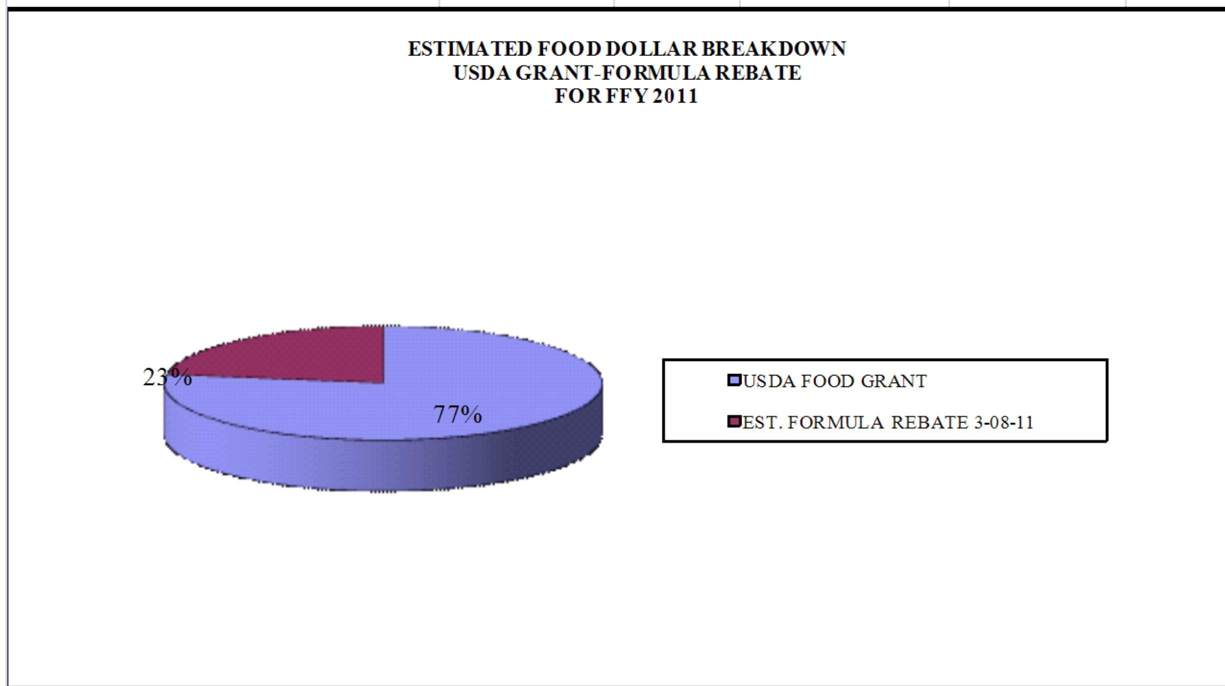


Table 5. NJ WIC USDA PARTICIPATION BY REGION DECEMBER 2010

REGION	YEAR 2000 CENSUS POPULATION	% POPULATION	USDA PARTICIPATION	% USDA PARTICIPATION
NORTH	3,245,987	38.58%	68,593	41.57%
CENTRAL	2,904,847	34.52%	45,377	27.50%
SOUTH	2,263,516	26.90%	51,043	30.93%
STATE	8,414,350		165,013	

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

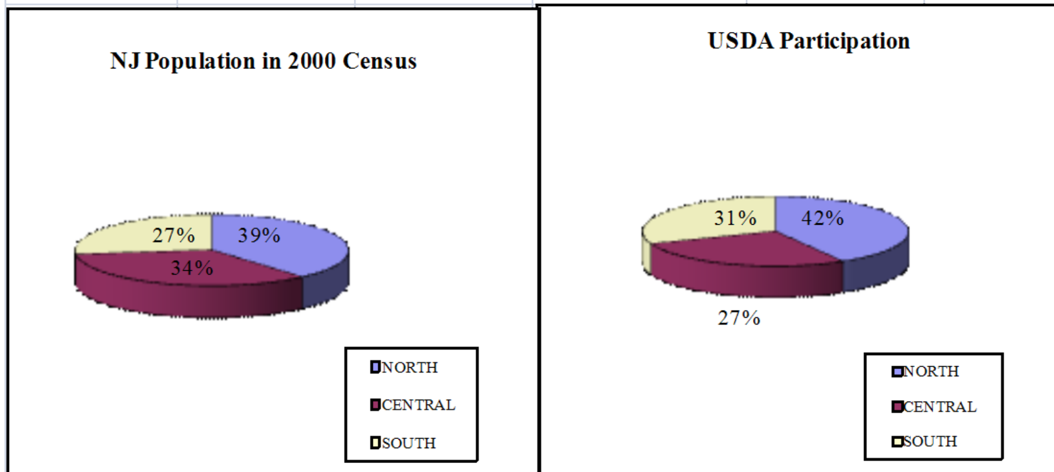


Chart 1 Preliminary FFY 2011 Funding Sources

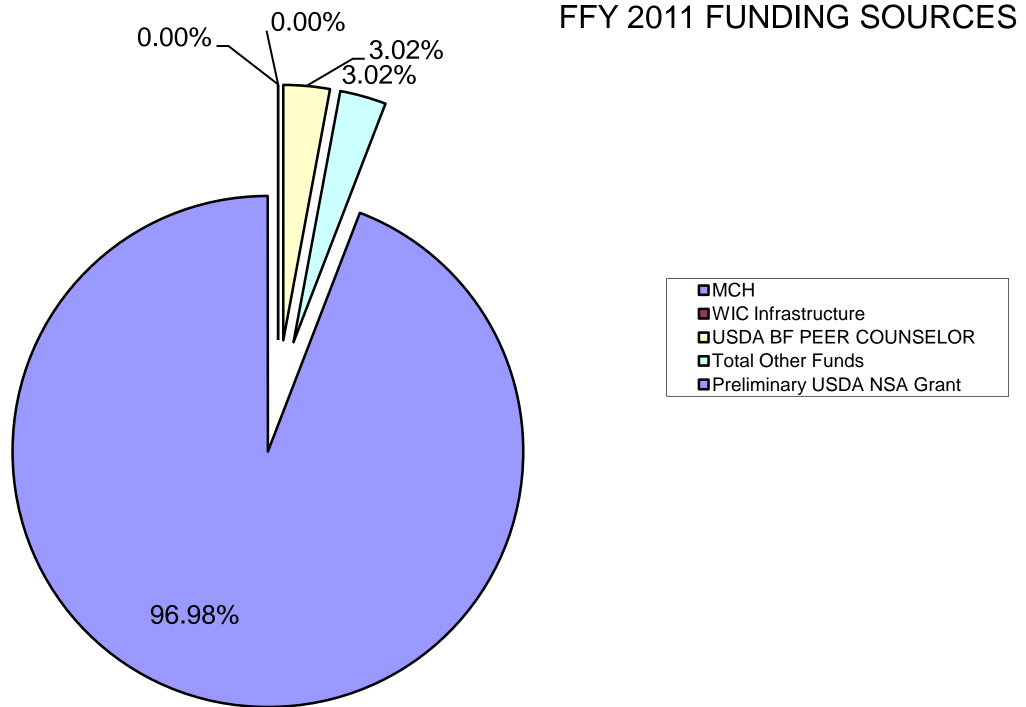


Chart 2. FFY 2011 Preliminary USDA NSA Distribution

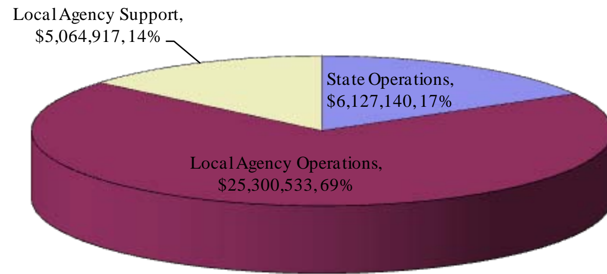
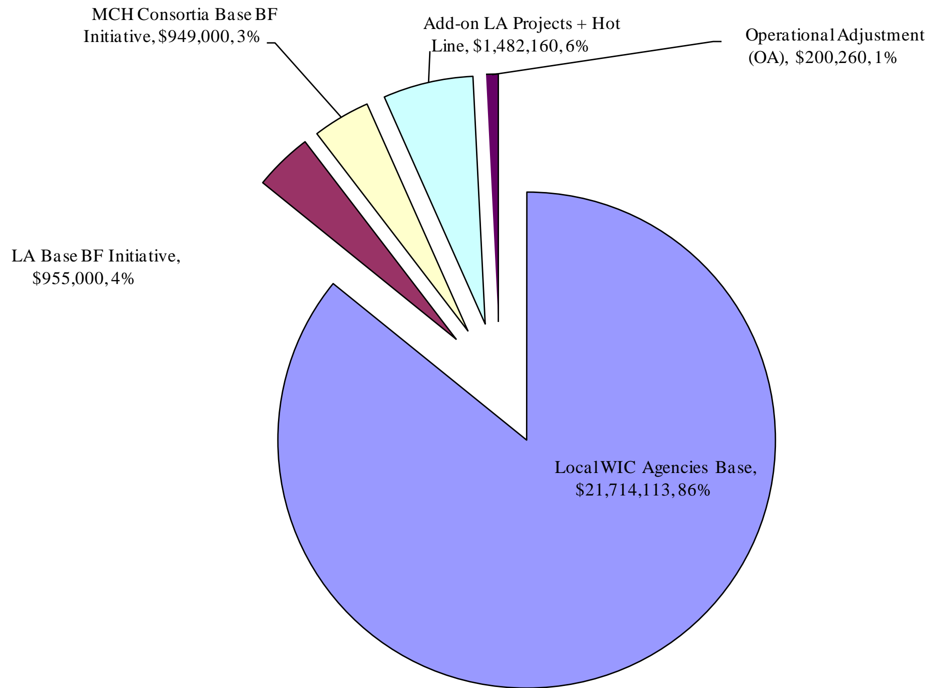


Chart 3. Grantee Preliminary FFY 2011 USDA Funded Activities



3.4 Vendor Analysis

New Jersey WIC Services has full responsibility for selecting vendors and ensuring that authorized WIC vendors provide nutritious authorized WIC foods to WIC participants. WIC participants are issued approximately 4 or 5 checks per month at the programs 18 local agencies. Participants may cash their checks at any of the 973 authorized retail groceries or commissaries that were authorized during the FFY 2009 contract period.

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

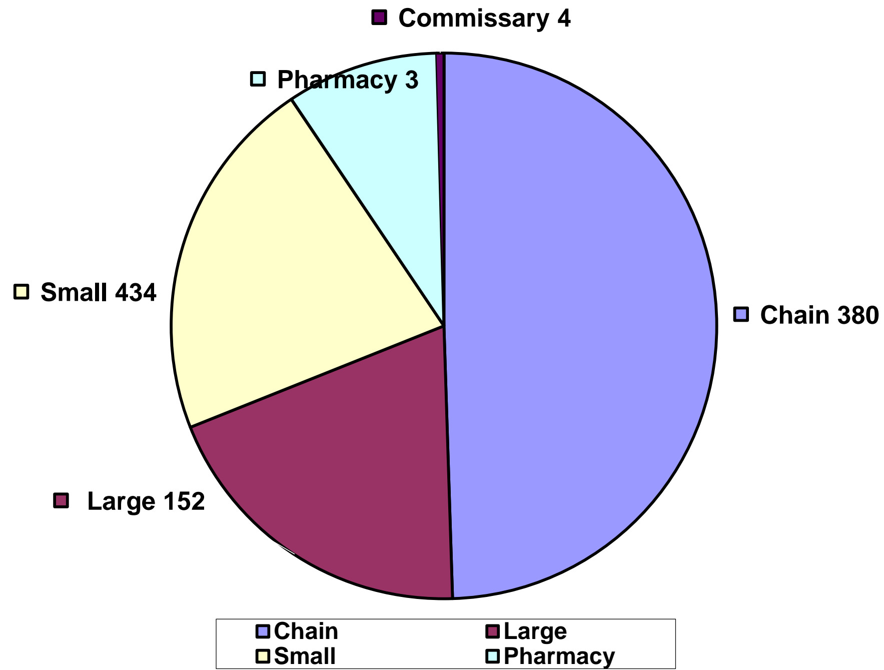
The vendors are categorized into peer groups of similar type with comparable prices. Peer group 1 is chain vendors who are a corporation that own 11 or more stores. Peer group 2 are large independent vendors that have 3 or more registers. Peer group 3 are small independent vendors that have 1-2 registers.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

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

The vendor summary for FY 2010 provided the total number of checks and dollar amounts for the checks. There were 973 vendors, which included 41 vendors that were terminated during the fiscal year. The vendors redeemed 7,143,378 checks in the amount of approximately $128,048,091. (Refer to Charts 1 and 2). The State agency does not have above-50-percent vendors participating as authorized vendors.

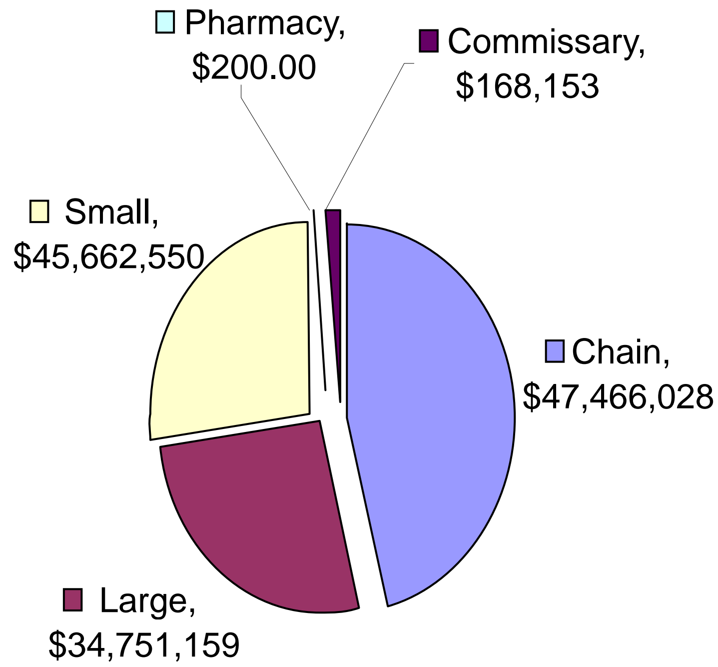
Number of Vendors By Store Type FFY 2010

CHART 1



Vendor Redemptions FFY 2010

Chart 2



Chain Large Small Pharmacy Commissary

4.0 Population Analysis

The data for Population Analysis has been updated for the first time since 2007.

4.1 New Jersey WIC Services Affirmative Action Plan Statistical Methodology

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

- Infant Death Rate: Infant death rate is the number of infant deaths per 1,000 live births.
- Perinatal Death Rate: Perinatal death rate is the number of fetal and neonatal deaths per 1,000 live births and fetal deaths.
- Low Birthweight Rate: Low birthweight rate is the number of births weighing less than 5-lbs. 8oz. per 1,000 live births.
- Low-Income Rate: Low-income rate is the percentage of persons below 200% of the 1999 poverty level as reported by the 2000 Census of Population
- Births to Teenage Mothers Ratio: Teenage mothers birth ratio is the number of births to mothers under 20 years of age per 1,000 live births.

Data on sixty-nine (69) municipalities and twenty-one counties (21) were obtained for each criterion variable. Municipalities with populations of 30,000 or more persons, based upon the 2000 Census were included in this analysis. County figures are for the entire county or in counties where individual municipalities were included, the balance of the county. Specifically, composite rate for the years 2004, 2005, and 2006, were computed for infant deaths, perinatal deaths, low birth weight infants, and births to teenage mothers. This data was obtained from official New Jersey vital statistics. The low-income data was obtained from the 2000 Census of Population. The vital rates were based on pooled data to increase the stability of the estimates. Furthermore, data from each year weighted the same in the computation of the composite rates.

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

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

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

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

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

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

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

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

Table 1 New Jersey WIC Affirmative Action Ranking for FFY 2012
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 2012

AREA	WEIGHTED TOTAL SCORE 2004-2006	RANK
Trenton City	7.140	1
Camden City	7.087	2
Irvington Town	6.803	3
East Orange City	6.279	4
Newark City	5.785	5
*Orange City	4.905	6
Willingboro Township	4.721	7
Atlantic City	4.597	8
CUMBERLAND COUNTY (Balance)	3.605	9
Jersey City	3.563	10
Pennsauken Township	3.483	11
Paterson City	3.203	12
Ewing Township	2.935	13
Perth Amboy City	2.611	14
Vineland City	2.466	15
SALEM COUNTY (Total)	2.400	16
New Brunswick City	2.311	17
Elizabeth City	2.063	18
Hamilton Township	1.903	19
Winslow Township	1.836	20
ATLANTIC COUNTY (Balance)	1.732	21
Union Township	1.571	22
Plainfield City	1.500	23
Hackensack City	1.424	24
CAMDEN COUNTY (Balance)	1.115	25
GLOUCESTER COUNTY (Balance)	0.811	26
Passaic City	0.570	27
Berkeley Township	0.535	28
Bayonne City	0.292	29
Montclair Town	0.285	30
Linden City	0.096	31
BURLINGTON COUNTY (Balance)	-0.098	32
Bloomfield Town	-0.101	33
Franklin Township	-0.105	34
Mt. Laurel Township	-0.149	35
West Orange Township	-0.180	36
Gloucester Township	-0.210	37
North Brunswick Township	-0.257	38
*Long Branch City	-0.271	39
CAPE MAY COUNTY (Total)	-0.292	40
MONMOUTH COUNTY (Balance)	-0.307	41

AREA	WEIGHTED TOTAL SCORE 2004-2006	RANK
*Galloway Township	-0.331	42
*South Brunswick Township	-0.360	43
Union City	-0.438	44
*Egg Harbor Township	-0.447	45
Clifton City	-0.463	46
Sayreville Borough	-0.718	47
Dover Township	-0.827	48
Old Bridge Township	-0.889	49
MIDDLESEX COUNTY (Balance)	-0.910	50
Kearny Town	-0.975	51
Cherry Hill Township	-1.069	52
UNION COUNTY (Balance)	-1.206	53
Piscataway Township	-1.217	54
ESSEX COUNTY (Balance)	-1.262	55
Teaneck Township	-1.264	56
Belleville Town	-1.290	57
OCEAN COUNTY (Balance)	-1.294	58
Fair Lawn Borough	-1.303	59
Woodbridge Township	-1.409	60
MERCER COUNTY (Balance)	-1.439	61
Parsippany-Troy Hills	-1.511	62
PASSAIC COUNTY (Balance)	-1.665	63
North Bergen Township	-1.692	64
Washington Township	-1.721	65
Brick Township	-1.727	66
*Freehold Township	-1.751	67
HUDSON COUNTY (Balance)	-1.841	68
West New York Town	-1.935	69
*Hillsborough Township	-1.974	70
East Brunswick Township	-1.997	71
Edison Township	-2.087	72
SOMERSET COUNTY (Balance)	-2.105	73
Howell Township	-2.240	74
WARREN COUNTY (Total)	-2.279	75
Hoboken City	-2.304	76
Evesham Township	-2.337	77

AREA	WEIGHTED TOTAL SCORE 2004-2006	RANK
BERGEN COUNTY (Balance)	-2.396	78
SUSSEX COUNTY (Total)	-2.488	79
*Marlboro Township	-2.539	80
Fort Lee Borough	-2.557	81
MORRIS COUNTY (Balance)	-2.653	82
Wayne Township	-2.760	83
Manchester Township	-2.791	84
*Manalapan Township	-2.857	85
Bridgewater Township	-2.949	86
Jackson Township	-3.034	87
Middletown Township	-3.303	88
Lakewood Township	-3.380	89
HUNTERDON COUNTY (Total)	-3.672	90

AREA	WEIGHTED TOTAL SCORE 2004-2006	RANK	TOTAL ELIGIBLE WOMEN & CHILDREN	ACTIVE ENROLLEES FIRST QUARTER FFY 2011	PERCENT ELIGIBLES ACTIVE ENROLLEES
Trenton City	7.140	1	5,637	**5,948**	105.52%
Camden City	7.087	2	8,741	**5,983**	68.45%
Irvington Town	6.803	3	3,113	**2,852**	91.62%
East Orange City	6.279	4	3,668	**2,918**	79.55%
Newark City	5.785	5	19,762	**13,376**	67.69%
*Orange City	4.905	6	1,871	**1,811**	96.79%
Willingboro Township	4.721	7	469	**912**	194.46%
Atlantic City	4.597	8	3,272	**2,212**	67.60%
CUMBERLAND COUNTY (Balance)	3.605	9	4,228	**3,611**	85.41%
Jersey City	3.563	10	10,658	**9,856**	92.48%
Pennsauken Township	3.483	11	792	**1,078**	136.11%
Paterson City	3.203	12	11,063	**10,430**	94.28%
Ewing Township	2.935	13	370	**359**	97.03%
Perth Amboy City	2.611	14	2,952	**3,548**	120.19%
Vineland City	2.466	15	2,350	**2,525**	107.45%
SALEM COUNTY (Total)	2.400	16	1,213	**1,446**	119.21%
New Brunswick City	2.311	17	4,596	**4,240**	92.25%
Elizabeth City	2.063	18	7,467	**6,497**	87.01%
Hamilton Township	1.903	19	1,064	**989**	92.95%
Winslow Township	1.836	20	706	**859**	121.67%
ATLANTIC COUNTY (Balance)	1.732	21	3,793	**3,596**	94.81%
Union Township	1.571	22	691	**496**	71.78%
Plainfield City	1.500	23	2,654	**3,470**	130.75%
Hackensack City	1.424	24	1,291	**1,385**	107.28%
CAMDEN COUNTY (Balance)	1.115	25	3,963	**3,736**	94.27%
GLOUCESTER COUNTY (Balance)	0.811	26	3,819	**3,815**	99.90%
Passaic City	0.570	27	6,112	**5,417**	88.63%
Berkeley Township	0.535	28	495	**264**	53.33%
Bayonne City	0.292	29	1,485	**1,691**	113.87%
Montclair Town	0.285	30	419	**219**	52.27%
Linden City	0.096	31	779	**753**	96.66%
BURLINGTON COUNTY (Balance)	-0.098	32	4,487	**4,794**	106.84%
Bloomfield Town	-0.101	33	799	**771**	96.50%
Franklin Township	-0.105	34	1,107	**909**	82.11%
Mt. Laurel Township	-0.149	35	301	**200**	66.45%
West Orange Township	-0.180	36	783	**588**	75.10%
Gloucester Township	-0.210	37	1,044	**510**	48.85%
North Brunswick Township	-0.257	38	654	**721**	110.24%
*Long Branch City	-0.271	39	1,657	**1,572**	94.87%
CAPE MAY COUNTY (Total)	-0.292	40	1,876	**2,004**	106.82%
MONMOUTH COUNTY (Balance)	-0.307	41	6,372	**6,236**	97.87%

AREA	WEIGHTED TOTAL SCORE 2004-2006	RANK	TOTAL ELIGIBLE WOMEN & CHILDREN	ACTIVE ENROLLEES FIRST QUARTER FFY 2011	PERCENT ELIGIBLES ACTIVE ENROLLEES
*Galloway Township	-0.331	42	582	**408**	70.10%
*South Brunswick Township	-0.360	43	378	**177**	46.83%
Union City	-0.438	44	4,536	**4,347**	95.83%
*Egg Harbor Township	-0.447	45	783	**701**	89.53%
Clifton City	-0.463	46	1,609	**1,806**	112.24%
Sayreville Borough	-0.718	47	642	**606**	94.39%
Toms River Township	-0.827	48	1,291	**1,297**	100.46%
Old Bridge Township	-0.889	49	720	**71**	9.86%
MIDDLESEX COUNTY (Balance)	-0.910	50	2,816	**2,458**	87.29%
Kearny Town	-0.975	51	901	**878**	97.45%
Cherry Hill Township	-1.069	52	589	**369**	62.65%
UNION COUNTY (Balance)	-1.206	53	3,146	**2,345**	74.54%
Piscataway Township	-1.217	54	623	**19**	3.05%
ESSEX COUNTY (Balance)	-1.262	55	1,439	**641**	44.54%
Teaneck Township	-1.264	56	409	**357**	87.29%
Belleville Town	-1.290	57	862	**706**	81.90%
OCEAN COUNTY (Balance)	-1.294	58	2,689	**1,996**	74.23%
Fair Lawn Borough	-1.303	59	240	**116**	48.33%
Woodbridge Township	-1.409	60	1,408	**1,057**	75.07%
MERCER COUNTY (Balance)	-1.439	61	1,530	**989**	64.64%
Parsippany-Troy Hills	-1.511	62	546	**271**	49.63%
PASSAIC COUNTY (Balance)	-1.665	63	1,894	**1,394**	73.60%
North Bergen Township	-1.692	64	1,993	**2,128**	106.77%
Washington Township	-1.721	65	356	**127**	35.67%
Brick Township	-1.727	66	1,023	**600**	58.65%
*Freehold Township	-1.751	67	240	**25**	10.42%
HUDSON COUNTY (Balance)	-1.841	68	1,412	**1,502**	106.37%
West New York Town	-1.935	69	2,720	**2,842**	104.49%
*Hillsborough Township	-1.974	70	285	**211**	74.04%
East Brunswick Township	-1.997	71	296	**399**	134.80%
Edison Township	-2.087	72	1,421	**1,414**	99.51%
SOMERSET COUNTY (Balance)	-2.105	73	2,234	**2,388**	106.89%
Howell Township	-2.240	74	586	**258**	44.03%
WARREN COUNTY (Total)	-2.279	75	1,586	**1,420**	89.53%
Hoboken City	-2.304	76	819	**374**	45.67%
Evesham Township	-2.337	77	336	**189**	56.25%

AREA	WEIGHTED TOTAL SCORE 2004-2006	RANK	TOTAL ELIGIBLE WOMEN & CHILDREN	ACTIVE ENROLLEES FIRST QUARTER FFY 2011	PERCENT ELIGIBLES ACTIVE ENROLLEES
BERGEN COUNTY (Balance)	-2.396	78	8,522	**5,874**	68.93%
SUSSEX COUNTY (Total)	-2.488	79	1,533	**1,082**	70.58%
*Marlboro Township	-2.539	80	234	**82**	35.04%
Fort Lee Borough	-2.557	81	485	**117**	24.12%
MORRIS COUNTY (Balance)	-2.653	82	4,302	**2,826**	65.69%
Wayne Township	-2.760	83	309	**177**	57.28%
Manchester Township	-2.791	84	405	**139**	34.32%
*Manalapan Township	-2.857	85	241	**82**	34.02%
Bridgewater Township	-2.949	86	308	**169**	54.87%
Jackson Township	-3.034	87	556	**392**	70.50%
Middletown Township	-3.303	88	527	**267**	50.66%
Lakewood Township	-3.380	89	9,276	**13,195**	142.25%
HUNTERDON COUNTY (Total)	-3.672	90	929	**520**	55.97%
TOTAL			211,140	**186,405**	88.29%

Table 2. Infant Perinatal Data

	CENSUS	LIVE BIRTHS			FETAL DEATHS		
	POPULATION						
AREA	2000	2006	2005	2004	2006	2005	2004
Atlantic City	40,517	793	759	820	14	10	11
*Egg Harbor Township	30,726	527	583	516	3	3	3
*Galloway Township	31,209	389	370	349	1	2	3
ATLANTIC COUNTY (Balance)	150,100	1,866	1,835	1,781	10	15	9
Fair Lawn Borough	31,637	308	278	292	2	3	4
Fort Lee Borough	35,461	324	289	272	1	0	0
Hackensack City	42,677	613	640	646	9	5	3
Teaneck Township	39,260	417	468	448	5	3	1
BERGEN COUNTY (Balance)	735,083	7,406	7,420	7,999	41	35	34
Evesham Township	42,275	474	491	537	2	3	4
Mt. Laurel Township	40,221	414	428	408	1	1	0
Willingboro Township	33,008	372	363	382	5	4	3
BURLINGTON COUNTY (Balance)	307,890	3,622	3,606	3,728	32	22	28
Camden City	79,904	1,707	1,677	1,715	17	13	15
Cherry Hill Township	69,965	659	609	602	1	3	1
Gloucester Township	64,350	772	769	733	2	5	4
Pennsauken Township	35,737	461	499	429	9	1	2
Winslow Township	34,611	594	514	491	4	7	5
CAMDEN COUNTY (Balance)	224,365	2,608	2,695	2,478	18	16	17
CAPE MAY COUNTY (Total)	102,326	892	922	865	8	3	8
Vineland City	56,271	843	925	850	6	5	7
CUMBERLAND COUNTY (Balance)	90,167	1,503	1,495	1,347	9	14	10
Belleville Town	35,928	475	487	488	6	2	4
Bloomfield Town	47,683	626	609	655	0	4	9
East Orange City	69,824	1,040	1,008	1,074	14	11	15
Irvington Town	60,695	971	1,058	1,071	15	20	21
Montclair Town	38,977	347	370	420	4	2	2
Newark City	273,546	4,851	4,537	4,614	80	59	72
*Orange City	32,868	568	545	594	8	15	8
West Orange Township	44,943	641	598	595	5	3	6
ESSEX COUNTY (Balance)	189,169	1,945	1,908	2,098	13	9	16

	CENSUS POPULATION	LIVE BIRTHS			FETAL DEATHS		
AREA	**2000**	**2006**	**2005**	**2004**	**2006**	**2005**	**2004**
Washington Township	47,114	435	464	470	2	2	2
GLOUCESTER COUNTY (Balance)	207,559	2,696	2,498	2,459	14	17	17
Bayonne City	61,842	709	722	696	4	7	3
Hoboken City	38,577	452	413	405	3	3	1
Jersey City	240,055	3,361	3,285	3,269	40	24	31
Kearny Town	40,513	465	485	450	2	1	2
North Bergen Township	58,092	801	747	765	3	4	6
Union City	67,088	1,102	1,089	1,087	8	8	7
West New York Town	45,768	709	692	683	3	7	6
HUDSON COUNTY (Balance)	57,040	649	595	624	3	4	2
HUNTERDON COUNTY (Total)	121,989	1,243	1,293	1,286	2	3	5
Ewing Township	35,707	344	303	294	3	4	3
Hamilton Township	87,109	979	913	943	8	4	5
Trenton City	85,403	1,547	1,467	1,488	12	16	19
MERCER COUNTY (Balance)	142,542	1,646	1,742	1,803	13	7	5
East Brunswick Township	46,756	428	373	402	2	1	1
Edison Township	97,687	1,350	1,333	1,330	7	5	6
New Brunswick City	48,573	1,106	1,052	1,028	6	4	4
North Brunswick Township	36,287	644	553	528	5	2	3
Old Bridge Township	60,456	708	705	706	1	1	7
Perth Amboy City	47,303	855	896	823	8	3	2
Piscataway Township	50,482	636	672	724	1	7	4
Sayreville Borough	40,377	594	555	579	2	1	3
*South Brunswick Township	37,734	488	498	507	4	1	2
Woodbridge Township	97,203	1,281	1,193	1,182	7	5	5
MIDDLESEX COUNTY (Balance)	187,304	2,390	2,357	2,418	13	16	13
*Freehold Township	31,537	317	320	322	5	0	1
Howell Township	48,903	574	570	607	2	9	2
*Long Branch City	31,340	574	524	538	9	2	3
*Manalapan Township	33,423	280	335	274	1	0	1
*Marlboro Township	36,398	341	365	371	0	1	1
Middletown Township	66,327	695	705	750	1	2	3
MONMOUTH COUNTY (Balance)	367,373	4,334	4,405	4,394	33	29	22

	CENSUS	LIVE BIRTHS			FETAL DEATHS		
	POPULATION						
AREA	**2000**	**2006**	**2005**	**2004**	**2006**	**2005**	**2004**
Parsippany-Troy Hills	50,649	631	652	662	3	7	3
MORRIS COUNTY (Balance)	419,563	5,025	5,022	5,385	18	29	33
Berkeley Township	39,991	279	293	285	4	2	0
Brick Township	76,119	736	783	805	2	4	7
Toms River Township	89,706	951	953	961	7	6	5
Jackson Township	42,816	589	615	619	2	3	1
Lakewood Township	60,352	2,934	2,839	2,643	13	11	13
Manchester Township	38,928	218	221	221	1	1	3
OCEAN COUNTY (Balance)	163,004	1,799	1,834	1,912	10	8	13
Clifton City	78,672	1,068	1,027	1,019	7	9	4
Passaic City	67,861	1,467	1,565	1,453	6	7	5
Paterson City	149,222	2,806	2,725	2,768	19	14	19
Wayne Township	54,069	461	473	556	3	3	2
PASSAIC COUNTY (Balance)	139,225	1,657	1,709	1,723	14	8	10
SALEM COUNTY (Total)	64,285	646	634	641	9	6	7
Bridgewater Township	42,940	442	525	516	2	1	3
Franklin Township	36,634	954	905	905	2	6	3
*Hillsborough Township	50,903	428	460	506	2	0	1
SOMERSET COUNTY (Balance)	167,013	2,136	2,227	2,293	7	9	11
SUSSEX COUNTY (Total)	144,166	1,618	1,556	1,573	7	10	12
Elizabeth City	120,568	2,218	2,101	2,116	17	14	23
Linden City	39,394	454	421	496	5	5	4
Plainfield City	47,829	975	935	946	4	4	11
Union Township	54,405	575	578	622	6	3	3
UNION COUNTY (Balance)	260,345	3,196	3,151	3,232	15	17	18
WARREN COUNTY (Total)	102,437	1,221	1,180	1,248	8	8	6
	8,414,350	109,245	108,258	109,608	765	693	742

Table 3. Neonatal and Infant Deaths

	NEONATAL DEATHS			INFANT DEATHS		
AREA	**2006**	**2005**	**2004**	**2006**	**2005**	**2004**
Atlantic City	4	3	4	5	6	5
*Egg Harbor Township	6	0	4	7	1	5
*Galloway Township	1	1	1	3	2	2
ATLANTIC COUNTY (Balance)	14	14	16	16	15	22
Fair Lawn Borough	0	1	2	0	1	2
Fort Lee Borough	2	2	1	2	3	1
Hackensack City	5	4	2	5	5	3
Teaneck Township	1	1	3	1	1	3
BERGEN COUNTY (Balance)	17	6	26	21	13	34
Evesham Township	1	2	1	1	4	1
Mt. Laurel Township	3	2	0	4	2	0
Willingboro Township	3	3	4	3	5	4
BURLINGTON COUNTY (Balance)	20	13	14	28	17	20
Camden City	16	18	19	21	28	24
Cherry Hill Township	3	3	2	6	5	5
Gloucester Township	4	4	3	5	4	5
Pennsauken Township	5	4	1	6	5	1
Winslow Township	4	4	2	5	5	2
CAMDEN COUNTY (Balance)	11	18	18	18	23	26
CAPE MAY COUNTY (Total)	6	3	4	7	4	7
Vineland City	1	5	11	1	5	15
CUMBERLAND COUNTY (Balance)	9	13	6	12	18	7
Belleville Town	1	2	1	0	1	0
Bloomfield Town	5	2	4	6	2	4
East Orange City	3	7	6	7	11	9
Irvington Town	4	2	9	9	10	12
Montclair Town	2	2	2	2	3	3
Newark City	14	19	28	25	34	41
*Orange City	3	2	2	6	6	5
West Orange Township	2	1	3	3	2	4
ESSEX COUNTY (Balance)	7	2	10	10	4	14

	NEONATAL DEATHS			INFANT DEATHS		
AREA	**2006**	**2005**	**2004**	**2006**	**2005**	**2004**
Washington Township	0	1	1	1	1	2
GLOUCESTER COUNTY (Balance)	10	17	18	14	22	19
Bayonne City	4	1	4	8	3	5
Hoboken City	0	2	0	0	2	0
Jersey City	17	17	19	32	30	35
Kearny Town	1	2	2	2	3	3
North Bergen Township	0	2	3	0	5	4
Union City	3	1	4	3	6	5
West New York Town	1	2	0	1	2	0
HUDSON COUNTY (Balance)	0	1	2	0	2	2
HUNTERDON COUNTY (Total)	4	3	0	4	3	2
Ewing Township	6	3	0	6	4	0
Hamilton Township	7	7	8	8	7	12
Trenton City	13	12	17	18	17	19
MERCER COUNTY (Balance)	4	4	9	6	6	12
East Brunswick Township	0	0	0	0	1	0
Edison Township	2	3	1	2	3	4
New Brunswick City	9	3	5	14	5	7
North Brunswick Township	0	2	2	0	3	3
Old Bridge Township	2	5	2	2	5	3
Perth Amboy City	9	8	1	10	9	5
Piscataway Township	2	1	3	2	2	4
Sayreville Borough	5	3	1	8	5	2
*South Brunswick Township	2	2	4	2	3	4
Woodbridge Township	0	5	0	2	7	3
MIDDLESEX COUNTY (Balance)	8	6	10	11	10	14
*Freehold Township	1	1	0	1	3	0
Howell Township	0	1	1	2	2	1
*Long Branch City	1	0	2	2	1	3
*Manalapan Township	1	0	0	1	0	0
*Marlboro Township	1	0	1	1	1	1
Middletown Township	0	1	1	1	3	3
MONMOUTH COUNTY (Balance)	22	18	13	27	24	19

	NEONATAL DEATHS			INFANT DEATHS		
AREA	**2006**	**2005**	**2004**	**2006**	**2005**	**2004**
Parsippany-Troy Hills	6	2	2	6	2	2
MORRIS COUNTY (Balance)	7	14	9	10	16	13
Berkeley Township	2	0	2	2	1	2
Brick Township	4	1	1	6	2	2
Toms River Township	4	2	5	4	3	6
Jackson Township	0	2	1	1	4	2
Lakewood Township	5	1	10	8	7	16
Manchester Township	0	0	0	1	0	0
OCEAN COUNTY (Balance)	9	5	5	9	10	7
Clifton City	4	2	6	5	3	6
Passaic City	6	8	5	9	9	8
Paterson City	14	5	10	21	13	21
Wayne Township	3	1	0	3	1	0
PASSAIC COUNTY (Balance)	3	5	6	5	8	8
SALEM COUNTY (Total)	6	2	4	8	6	4
Bridgewater Township	0	0	3	1	0	3
Franklin Township	3	2	5	6	2	5
*Hillsborough Township	0	1	1	1	2	1
SOMERSET COUNTY (Balance)	6	2	4	8	4	8
SUSSEX COUNTY (Total)	4	3	2	7	5	3
Elizabeth City	10	11	7	13	13	14
Linden City	0	2	2	1	2	5
Plainfield City	2	3	3	4	6	3
Union Township	5	2	4	6	2	4
UNION COUNTY (Balance)	10	13	15	13	17	16
WARREN COUNTY (Total)	4	2	1	5	2	2
	429	388	456	599	585	643

Table 4. Birth Data

	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 20 YEARS)		
AREA	2006	2005	2004	2006	2005	2004
Atlantic City	86	79	73	127	123	134
*Egg Harbor Township	32	31	47	33	38	31
*Galloway Township	34	30	24	24	24	29
ATLANTIC COUNTY (Balance)	156	147	131	185	166	151
Fair Lawn Borough	20	30	14	0	3	2
Fort Lee Borough	13	17	20	1	3	2
Hackensack City	63	57	53	28	46	36
Teaneck Township	34	26	37	8	10	18
BERGEN COUNTY (Balance)	536	497	581	141	170	177
Evesham Township	36	32	37	11	7	9
Mt. Laurel Township	41	49	28	15	10	12
Willingboro Township	41	42	38	42	42	57
BURLINGTON COUNTY (Balance)	313	280	278	210	227	216
Camden City	175	153	186	397	386	390
Cherry Hill Township	49	48	40	15	9	18
Gloucester Township	65	71	51	59	40	33
Pennsauken Township	49	51	44	67	64	39
Winslow Township	62	47	45	47	25	27
CAMDEN COUNTY (Balance)	228	232	214	155	178	166
CAPE MAY COUNTY (Total)	54	68	55	89	79	78
Vineland City	79	80	75	127	130	135
CUMBERLAND COUNTY (Balance)	169	132	103	239	282	259
Belleville Town	48	41	26	33	15	17
Bloomfield Town	56	56	41	22	22	17
East Orange City	154	122	114	135	131	130
Irvington Town	115	140	133	114	103	121
Montclair Town	30	29	38	15	6	9
Newark City	607	540	530	675	601	623
*Orange City	57	49	69	39	49	51
West Orange Township	47	51	52	23	15	18
ESSEX COUNTY (Balance)	174	147	156	13	13	17

	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 20 YEARS)		
AREA	**2006**	**2005**	**2004**	**2006**	**2005**	**2004**
Washington Township	32	39	38	19	18	18
GLOUCESTER COUNTY (Balance)	217	206	241	171	145	159
Bayonne City	67	58	45	48	31	44
Hoboken City	33	33	28	11	17	17
Jersey City	342	316	316	354	353	336
Kearny Town	45	30	30	22	29	16
North Bergen Township	47	44	58	56	41	45
Union City	78	46	79	125	115	123
West New York Town	30	41	41	66	60	54
HUDSON COUNTY (Balance)	40	46	47	35	37	29
HUNTERDON COUNTY (Total)	83	85	70	15	13	24
Ewing Township	35	27	29	19	16	13
Hamilton Township	90	82	90	53	45	43
Trenton City	182	179	177	264	255	256
MERCER COUNTY (Balance)	139	132	126	34	33	35
East Brunswick Township	39	36	36	8	6	5
Edison Township	129	97	102	27	25	23
New Brunswick City	109	92	77	140	155	143
North Brunswick Township	65	44	53	25	17	26
Old Bridge Township	51	62	67	15	16	19
Perth Amboy City	79	72	69	108	124	135
Piscataway Township	61	59	49	13	19	13
Sayreville Borough	42	42	41	13	8	18
*South Brunswick Township	54	34	46	7	7	4
Woodbridge Township	95	112	110	25	38	34
MIDDLESEX COUNTY (Balance)	210	183	196	66	71	77
*Freehold Township	36	28	10	2	6	13
Howell Township	35	43	42	17	13	11
*Long Branch City	42	34	42	68	48	68
*Manalapan Township	22	32	18	3	3	7
*Marlboro Township	27	32	26	0	1	3
Middletown Township	50	38	47	12	14	18
MONMOUTH COUNTY (Balance)	382	315	359	247	228	227

	LOW BIRTH WEIGHT			BIRTHS TO TEENS (UNDER 20 YEARS)		
AREA	**2006**	**2005**	**2004**	**2006**	**2005**	**2004**
Parsippany-Troy Hills	53	47	44	5	9	6
MORRIS COUNTY (Balance)	336	362	378	102	103	91
Berkeley Township	18	25	27	17	17	18
Brick Township	57	58	54	19	30	17
Toms River Township	73	58	92	42	42	43
Jackson Township	45	41	36	15	12	16
Lakewood Township	109	121	119	147	144	131
Manchester Township	12	13	18	15	7	7
OCEAN COUNTY (Balance)	121	125	145	99	104	106
Clifton City	87	86	88	53	51	60
Passaic City	108	119	113	173	184	176
Paterson City	306	276	287	401	391	392
Wayne Township	28	36	39	2	6	6
PASSAIC COUNTY (Balance)	114	135	132	48	40	36
SALEM COUNTY (Total)	51	40	61	70	79	81
Bridgewater Township	39	25	42	6	5	5
Franklin Township	86	86	93	38	28	22
*Hillsborough Township	35	36	51	9	7	13
SOMERSET COUNTY (Balance)	183	178	150	60	70	78
SUSSEX COUNTY (Total)	118	103	90	59	34	36
Elizabeth City	174	221	187	234	215	198
Linden City	32	39	43	26	20	25
Plainfield City	72	105	96	120	105	106
Union Township	54	48	65	33	18	24
UNION COUNTY (Balance)	229	230	270	94	87	82
WARREN COUNTY (Total)	93	85	71	55	45	59
	9,244	8,791	8,929	7,119	6,877	6,912

Table 5. Infant Rates and Birth Ratio Data

AREA	LOW BIRTH WEIGHT RATE 2004-2006	INFANT DEATH RATE 2004-2006	PERINATAL DEATH RATE 2004-2006	TEEN BIRTH RATIO 2004-2006	1999 200% POVERTY RATE
Atlantic City	100.3	6.7	22.4	161.9	**49.9%**
*Egg Harbor Township	67.7	8.0	12.8	62.7	**18.0%**
*Galloway Township	79.4	6.3	9.9	69.5	**18.8%**
ATLANTIC COUNTY (Balance)	79.2	9.7	17.2	91.6	**24.7%**
Fair Lawn Borough	72.9	3.4	16.9	5.7	**9.8%**
Fort Lee Borough	56.5	6.8	9.0	6.8	**18.6%**
Hackensack City	91.1	6.8	16.2	57.9	**24.2%**
Teaneck Township	72.8	3.8	14.8	27.0	**10.9%**
BERGEN COUNTY (Balance)	70.7	3.0	8.8	21.4	**13.1%**
Evesham Township	69.9	4.0	9.3	18.0	**8.0%**
Mt. Laurel Township	94.4	4.8	11.1	29.6	**8.5%**
Willingboro Township	108.3	10.7	22.1	126.2	**15.2%**
BURLINGTON COUNTY (Balance)	79.5	5.9	13.6	59.6	**14.7%**
Camden City	100.8	14.3	21.3	230.0	**62.4%**
Cherry Hill Township	73.3	8.6	9.0	22.5	**11.4%**
Gloucester Township	82.2	6.2	10.9	58.0	**16.4%**
Pennsauken Township	103.7	8.6	17.8	122.4	**21.1%**
Winslow Township	96.3	7.5	16.7	61.9	**16.1%**
CAMDEN COUNTY (Balance)	86.6	8.6	13.9	64.1	**18.5%**
CAPE MAY COUNTY (Total)	66.1	6.7	13.3	91.8	**24.1%**
Vineland City	89.4	8.0	14.0	149.7	**33.3%**
CUMBERLAND COUNTY (Balance)	93.0	8.5	17.1	179.5	**35.7%**
Belleville Town	79.3	0.7	13.0	44.8	**21.1%**
Bloomfield Town	81.0	6.3	14.2	32.3	**15.8%**
East Orange City	124.9	8.6	24.2	126.8	**40.5%**
Irvington Town	125.2	10.0	28.0	109.0	**35.8%**
Montclair Town	85.3	7.0	14.8	26.4	**12.8%**
Newark City	119.8	7.1	23.0	135.6	**38.8%**
*Orange City	102.5	10.0	26.9	81.4	**50.4%**
West Orange Township	81.8	4.9	15.6	30.5	**15.1%**
ESSEX COUNTY (Balance)	80.2	4.7	11.8	7.2	**8.4%**

AREA	LOW BIRTH WEIGHT RATE 2004-2006	INFANT DEATH RATE 2004-2006	PERINATAL DEATH RATE 2004-2006	TEEN BIRTH RATIO 2004-2006	1999 200% POVERTY RATE
Washington Township	79.6	2.9	8.7	40.2	**9.3%**
GLOUCESTER COUNTY (Balance)	86.8	7.2	14.0	62.1	**18.1%**
Bayonne City	79.9	7.5	12.1	57.8	**25.3%**
Hoboken City	74.0	1.6	7.0	35.4	**24.1%**
Jersey City	98.2	9.8	17.7	105.2	**38.2%**
Kearny Town	75.0	5.7	9.2	47.9	**22.8%**
North Bergen Township	64.4	3.9	9.4	61.4	**30.9%**
Union City	61.9	4.3	12.1	110.7	**49.8%**
West New York Town	53.7	1.4	11.9	86.4	**46.7%**
HUDSON COUNTY (Balance)	71.2	2.1	9.0	54.1	**26.6%**
HUNTERDON COUNTY (Total)	62.3	2.4	6.0	13.6	**8.4%**
Ewing Township	96.7	10.6	21.0	51.0	**14.0%**
Hamilton Township	92.4	9.5	17.5	49.7	**13.3%**
Trenton City	119.5	12.0	23.6	172.1	**45.3%**
MERCER COUNTY (Balance)	76.5	4.6	11.1	19.6	**10.6%**
East Brunswick Township	92.3	0.8	5.8	15.8	**8.5%**
Edison Township	81.7	2.2	7.2	18.7	**12.5%**
New Brunswick City	87.3	8.2	11.5	137.5	**51.7%**
North Brunswick Township	93.9	3.5	10.9	39.4	**13.6%**
Old Bridge Township	84.9	4.7	10.3	23.6	**11.9%**
Perth Amboy City	85.5	9.3	14.3	142.6	**40.9%**
Piscataway Township	83.2	3.9	10.3	22.1	**10.9%**
Sayreville Borough	72.3	8.7	11.5	22.6	**13.4%**
*South Brunswick Township	89.8	6.0	11.3	12.1	**8.7%**
Woodbridge Township	86.7	3.3	7.3	26.5	**13.6%**
MIDDLESEX COUNTY (Balance)	82.2	4.9	10.4	29.9	**14.0%**
*Freehold Township	77.2	4.2	9.3	21.9	**8.7%**
Howell Township	68.5	2.9	11.3	23.4	**11.6%**
*Long Branch City	72.1	3.7	11.5	112.5	**36.0%**
*Manalapan Township	81.0	1.1	4.5	14.6	**9.4%**
*Marlboro Township	78.9	2.8	6.5	3.7	**7.5%**
Middletown Township	62.8	3.3	6.5	20.5	**8.7%**
MONMOUTH COUNTY (Balance)	80.4	5.3	12.6	53.5	**17.0%**

AREA	LOW BIRTH WEIGHT RATE 2004-2006	INFANT DEATH RATE 2004-2006	PERINATAL DEATH RATE 2004-2006	TEEN BIRTH RATIO 2004-2006	1999 200% POVERTY RATE
Parsippany-Troy Hills	74.0	5.1	11.7	10.3	**10.3%**
MORRIS COUNTY (Balance)	69.7	2.5	8.9	19.2	**9.7%**
Berkeley Township	81.7	5.8	16.1	60.7	**20.7%**
Brick Township	72.7	4.3	9.8	28.4	**15.2%**
Toms River Township	77.8	4.5	12.1	44.3	**16.2%**
Jackson Township	66.9	3.8	4.9	23.6	**11.0%**
Lakewood Township	41.5	3.7	7.7	50.1	**41.3%**
Manchester Township	65.2	1.5	7.5	43.9	**22.3%**
OCEAN COUNTY (Balance)	70.5	4.7	10.9	55.7	**17.5%**
Clifton City	83.8	4.5	10.8	52.7	**18.8%**
Passaic City	75.8	5.8	10.0	118.8	**48.6%**
Paterson City	104.7	6.6	12.3	142.7	**47.0%**
Wayne Township	69.1	2.7	9.3	9.4	**7.3%**
PASSAIC COUNTY (Balance)	74.9	4.1	10.1	24.4	**13.3%**
SALEM COUNTY (Total)	79.1	9.4	20.5	119.7	**23.3%**
Bridgewater Township	71.5	2.7	6.7	10.8	**7.2%**
Franklin Township	95.9	4.7	9.7	31.8	**14.3%**
*Hillsborough Township	87.5	2.9	5.0	20.8	**7.2%**
SOMERSET COUNTY (Balance)	76.8	3.0	7.5	31.3	**11.6%**
SUSSEX COUNTY (Total)	65.5	3.2	10.2	27.2	**11.4%**
Elizabeth City	90.4	6.2	15.8	100.5	**41.2%**
Linden City	83.2	5.8	13.0	51.8	**20.4%**
Plainfield City	95.6	4.6	11.8	115.9	**33.9%**
Union Township	94.1	6.8	18.9	42.3	**13.8%**
UNION COUNTY (Balance)	76.1	4.8	11.9	27.5	**11.6%**
WARREN COUNTY (Total)	68.2	2.5	9.5	43.6	**15.4%**

4.2 Estimated Eligible WIC Participants Methodology for FFY 2011

The estimated total number of woman and children in New Jersey eligible for WIC participation as of January 1, 2012, was 211,140. Refer to Tables 6-8. This figure includes 168,843 children less than 5 years of age and 42,297 women. Estimates were made for 69 municipalities and 21 counties, or the balance of counties in which municipalities were separately estimated. Municipalities with a population of 30,000 or more according to the 2000 Census of Population were selected for estimation.

These estimates were computed by the following procedures:

- The number of children under 5 years of age equals the sum of the number of live births for the years 2006-2006 minus the sum of the number of infant deaths for the same years. This was done for each area shown in the table.
- The estimated number of pregnant and postpartum women is the sum of the estimated number of pregnant women, which is 75% of the live births in 2004, and the estimated number of postpartum women, which is 50% of the number of live births and fetal deaths in 2005.

The low-income rates in the Table 6 are derived from the percentage of all people in the area below 200% of the 1999 poverty level, based on the 2000 Census of Population. The estimated number of WIC eligible children was calculated in two stages:

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

The adjustment factor was the ratio of the sum of eligibles over all areas in stage one to the State total obtained by multiplying by 31%. For 2006, this ratio was 1.372969286. For example, the estimated WIC eligible children for Atlantic City equal:

Stage 1: 3,880 x 0.499 = 1,936

Stage 2: 1,936 x 1.352667797 = 2,619

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

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

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

Stage 1: 980 x 0.499 = 489

Stage 2: 489 x 1.3335562047 = 653

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: 2,619 + 653 = 3,272.

The estimated eligible infants were determined by taking the number of live births for the year 2006 minus the number of infant deaths for 2006. The estimated eligible infants were calculated in the same manner as was children and women. The two stages are:

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

The adjustment factor was the ratio of the sum of eligible infants over all areas from stage one to the State total obtained by multiplying the State total estimate of infants by 31%. The ratio was 1.372504 in 2002.

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

Stage 1: 788 x 0.499 = 393

Stage 2: 393 x 1.332914 = 524

List of Tables:

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

Table 7 Pregnant and Post Partum Women

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

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

AREA	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	TOTAL ESTIMATED ELIGIBLE WOMEN & CHILDREN	1999 200% POVERTY RATE
Atlantic City	3,880	2,619	524	980	653	3,272	49.9%
*Egg Harbor Township	2,538	618	125	688	165	783	18.0%
*Galloway Township	1,817	462	97	478	120	582	18.8%
ATLANTIC COUNTY (Balance)	9,059	3,027	609	2,322	766	3,793	24.7%
Fair Lawn Borough	1,440	191	40	372	49	240	9.8%
Fort Lee Borough	1,545	389	80	388	96	485	18.6%
Hackensack City	3,175	1,039	196	781	252	1,291	24.2%
Teaneck Township	2,230	329	60	547	80	409	10.9%
BERGEN COUNTY (Balance)	38,927	6,898	1,290	9,282	1,624	8,522	13.1%
Evesham Township	2,515	272	50	603	64	336	8.0%
Mt. Laurel Township	2,093	241	46	525	60	301	8.5%
Willingboro Township	1,825	375	75	462	94	469	15.2%
BURLINGTON COUNTY (Balance)	18,092	3,597	704	4,534	890	4,487	14.7%
Camden City	8,256	6,969	1,402	2,126	1,772	8,741	62.4%
Cherry Hill Township	3,028	467	99	799	122	589	11.4%
Gloucester Township	3,751	832	168	966	212	1,044	16.4%
Pennsauken Township	2,188	624	128	596	168	792	21.1%
Winslow Township	2,544	554	126	705	152	706	16.1%
CAMDEN COUNTY (Balance)	12,567	3,145	639	3,312	818	3,963	18.5%
CAPE MAY COUNTY (Total)	4,635	1,511	284	1,134	365	1,876	24.1%
Vineland City	4,134	1,862	374	1,098	488	2,350	33.3%
CUMBERLAND COUNTY (Balance)	6,900	3,332	709	1,880	896	4,228	35.7%

AREA	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	TOTAL ESTIMATED ELIGIBLE WOMEN & CHILDREN	1999 200% POVERTY RATE
Belleville Town	2,425	692	134	602	170	862	21.1%
Bloomfield Town	2,973	635	131	779	164	799	15.8%
East Orange City	5,420	2,969	558	1,292	699	3,668	40.5%
Irvington Town	5,176	2,507	459	1,268	606	3,113	35.8%
Montclair Town	1,980	343	59	446	76	419	12.8%
Newark City	23,120	15,762	3,242	5,943	4,000	19,762	38.8%
*Orange City	2,872	1,507	291	703	364	1,871	50.4%
West Orange Township	3,059	625	128	783	158	783	15.1%
ESSEX COUNTY (Balance)	10,272	1,167	217	2,421	272	1,439	8.4%
Washington Township	2,279	287	54	559	69	356	9.3%
GLOUCESTER COUNTY (Balance)	12,360	3,026	647	3,280	793	3,819	18.1%
Bayonne City	3,458	1,183	236	894	302	1,485	25.3%
Hoboken City	1,971	643	145	546	176	819	24.1%
Jersey City	16,500	8,526	1,695	4,179	2,132	10,658	38.2%
Kearny Town	2,338	721	141	592	180	901	22.8%
North Bergen Township	3,804	1,590	330	977	403	1,993	30.9%
Union City	5,376	3,621	730	1,375	915	4,536	49.8%
West New York Town	3,437	2,171	441	881	549	2,720	46.7%
HUDSON COUNTY (Balance)	3,149	1,133	230	785	279	1,412	26.6%
HUNTERDON COUNTY (Total)	6,622	752	139	1,581	177	929	8.4%
Ewing Township	1,545	293	63	411	77	370	14.0%
Hamilton Township	4,734	852	172	1,193	212	1,064	13.3%
Trenton City	7,321	4,486	923	1,903	1,151	5,637	45.3%
MERCER COUNTY (Balance)	8,589	1,232	232	2,108	298	1,530	10.6%

AREA	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	TOTAL ESTIMATED ELIGIBLE WOMEN & CHILDREN	1999 200% POVERTY RATE
East Brunswick Township	2,072	238	48	508	58	296	8.5%
Edison Township	6,743	1,140	225	1,682	281	1,421	12.5%
New Brunswick City	5,231	3,658	753	1,358	938	4,596	51.7%
North Brunswick Township	2,806	516	117	761	138	654	13.6%
Old Bridge Township	3,594	579	112	887	141	720	11.9%
Perth Amboy City	4,260	2,357	461	1,090	595	2,952	40.9%
Piscataway Township	3,421	504	92	815	119	623	10.9%
Sayreville Borough	2,827	512	105	725	130	642	13.4%
*South Brunswick Township	2,603	306	56	616	72	378	8.7%
Woodbridge Township	6,118	1,125	232	1,560	283	1,408	13.6%
MIDDLESEX COUNTY (Balance)	11,929	2,259	444	2,978	557	2,816	14.0%
*Freehold Township	1,648	194	37	398	46	240	8.7%
Howell Township	3,026	475	88	717	111	586	11.6%
*Long Branch City	2,716	1,323	274	694	334	1,657	36.0%
*Manalapan Township	1,522	194	35	378	47	241	9.4%
*Marlboro Township	1,873	190	34	439	44	234	7.5%
Middletown Township	3,608	425	80	875	102	527	8.7%
MONMOUTH COUNTY (Balance)	22,313	5,131	976	5,464	1,241	6,372	17.0%
Parsippany-Troy Hills	3,127	436	86	801	110	546	10.3%
MORRIS COUNTY (Balance)	26,569	3,486	648	6,296	816	4,302	9.7%

AREA	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	TOTAL ESTIMATED ELIGIBLE WOMEN & CHILDREN	1999 200% POVERTY RATE
Berkeley Township	1,419	397	76	356	98	495	20.7%
Brick Township	4,042	831	148	947	192	1,023	15.2%
Toms River Township	4,714	1,033	204	1,192	258	1,291	16.2%
Jackson Township	2,995	446	86	750	110	556	11.0%
Lakewood Township	13,022	7,275	1,611	3,627	2,001	9,276	41.3%
Manchester Township	1,070	323	65	276	82	405	22.3%
OCEAN COUNTY (Balance)	9,115	2,158	418	2,273	531	2,689	17.5%
Clifton City	5,027	1,278	266	1,317	331	1,609	18.8%
Passaic City	7,435	4,888	944	1,885	1,224	6,112	48.6%
Paterson City	13,968	8,880	1,745	3,477	2,183	11,063	47.0%
Wayne Township	2,550	252	45	583	57	309	7.3%
PASSAIC COUNTY (Balance)	8,452	1,521	293	2,102	373	1,894	13.3%
SALEM COUNTY (Total)	3,052	962	198	805	251	1,213	23.3%
Bridgewater Township	2,579	251	42	596	57	308	7.2%
Franklin Township	4,572	884	181	1,170	223	1,107	14.3%
*Hillsborough Township	2,380	232	41	552	53	285	7.2%
SOMERSET COUNTY (Balance)	11,547	1,812	329	2,721	422	2,234	11.6%
SUSSEX COUNTY (Total)	7,973	1,229	245	1,998	304	1,533	11.4%
Elizabeth City	10,707	5,967	1,211	2,726	1,500	7,467	41.2%
Linden City	2,275	628	123	553	151	779	20.4%
Plainfield City	4,599	2,109	439	1,204	545	2,654	33.9%
Union Township	2,990	558	105	722	133	691	13.8%
UNION COUNTY (Balance)	16,117	2,529	492	3,982	617	3,146	11.6%
WARREN COUNTY (Total)	6,125	1,276	250	1,509	310	1,586	15.4%
	544,650	168,843	33,682	136,444	42,297	211,140	

Table 7: Pregnant and Postpartum Women

AREA	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	WOMEN TOTAL
Atlantic City	395	258	653
*Egg Harbor Township	94	71	165
*Galloway Township	73	47	120
ATLANTIC COUNTY (Balance)	461	305	766
Fair Lawn Borough	30	19	49
Fort Lee Borough	60	36	96
Hackensack City	148	104	252
Teaneck Township	46	34	80
BERGEN COUNTY (Balance)	969	655	1,624
Evesham Township	38	26	64
Mt. Laurel Township	35	25	60
Willingboro Township	57	37	94
BURLINGTON COUNTY (Balance)	532	358	890
Camden City	1,064	708	1,772
Cherry Hill Township	75	47	122
Gloucester Township	127	85	212
Pennsauken Township	97	71	168
Winslow Township	96	56	152
CAMDEN COUNTY (Balance)	482	336	818
CAPE MAY COUNTY (Total)	215	150	365
Vineland City	280	208	488
CUMBERLAND COUNTY (Balance)	536	360	896
Belleville Town	100	70	170
Bloomfield Town	99	65	164
East Orange City	421	278	699
Irvington Town	347	259	606
Montclair Town	44	32	76
Newark City	2,442	1,558	4,000
*Orange City	220	144	364
West Orange Township	97	61	158
ESSEX COUNTY (Balance)	163	109	272

AREA	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	WOMEN TOTAL
Washington Township	40	29	69
GLOUCESTER COUNTY (Balance)	488	305	793
Bayonne City	179	123	302
Hoboken City	109	67	176
Jersey City	1,283	849	2,132
Kearny Town	106	74	180
North Bergen Township	247	156	403
Union City	549	366	915
West New York Town	331	218	549
HUDSON COUNTY (Balance)	172	107	279
HUNTERDON COUNTY (Total)	104	73	177
Ewing Township	48	29	77
Hamilton Township	130	82	212
Trenton City	700	451	1,151
MERCER COUNTY (Balance)	174	124	298
East Brunswick Township	37	21	58
Edison Township	169	112	281
New Brunswick City	572	366	938
North Brunswick Township	87	51	138
Old Bridge Township	84	57	141
Perth Amboy City	349	246	595
Piscataway Township	69	50	119
Sayreville Borough	80	50	130
*South Brunswick Township	43	29	72
Woodbridge Township	174	109	283
MIDDLESEX COUNTY (Balance)	334	223	557
*Freehold Township	27	19	46
Howell Township	67	44	111
*Long Branch City	207	127	334
*Manalapan Township	26	21	47
*Marlboro Township	26	18	44
Middletown Township	61	41	102
MONMOUTH COUNTY (Balance)	736	505	1,241

AREA	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	WOMEN TOTAL
Parsippany-Troy Hills	65	45	110
MORRIS COUNTY (Balance)	487	329	816
Berkeley Township	57	41	98
Brick Township	112	80	192
Dover Township	154	104	258
Jackson Township	65	45	110
Lakewood Township	1,211	790	2,001
Manchester Township	49	33	82
OCEAN COUNTY (Balance)	314	217	531
Clifton City	201	130	331
Passaic City	712	512	1,224
Paterson City	1,318	865	2,183
Wayne Township	34	23	57
PASSAIC COUNTY (Balance)	220	153	373
SALEM COUNTY (Total)	151	100	251
Bridgewater Township	32	25	57
Franklin Township	136	87	223
*Hillsborough Township	31	22	53
SOMERSET COUNTY (Balance)	248	174	422
SUSSEX COUNTY (Total)	184	120	304
Elizabeth City	913	587	1,500
Linden City	93	58	151
Plainfield City	330	215	545
Union Township	79	54	133
UNION COUNTY (Balance)	370	247	617
WARREN COUNTY (Total)	188	122	310
	25,405	16,892	42,297

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

LOCAL AGENCY	CHILDREN UNDER 5 YEARS OLD	ESTIMATED ELIGIBLE CHILDREN	ESTIMATED ELIGIBLE INFANTS	TOTAL ESTIMATED ELIGIBLE CHILDREN	PREGNANT & POSTPARTUM WOMEN	ESTIMATED ELIGIBLE PREGNANT WOMEN	ESTIMATED ELIGIBLE POSTPARTUM WOMEN	ESTIMATED ELIGIBLE WOMEN	ESTIMATED ELIGIBLE WOMEN & CHILDREN
ATLANTIC CITY	16,945	5,257	1,325	6,582	4,376	1,001	666	1,667	8,249
BURLINGTON	23,980	3,530	856	4,386	5,988	647	436	1,083	5,469
CAMDEN	32,593	9,933	2,538	12,471	8,564	1,923	1,290	3,213	15,684
TRI-COUNTY	19,465	6,284	1,613	7,897	5,113	1,218	841	2,059	9,956
EAST ORANGE	15,063	5,518	1,372	6,890	3,743	1,034	677	1,711	8,601
GLOUCESTER	14,529	2,720	726	3,446	3,811	547	349	896	4,342
JERSEY CITY	20,069	7,841	1,978	9,819	5,128	1,492	982	2,474	12,293
VNACJ	90,495	17,019	4,173	21,192	22,436	3,150	2,094	5,244	26,436
NEWARK	29,375	10,623	2,643	13,266	7,305	1,992	1,304	3,296	16,562
NORTH HUDSON	24,373	8,364	2,097	10,461	6,154	1,580	1,043	2,623	13,084
NORWESCAP	35,445	4,467	1,059	5,526	8,614	797	535	1,332	6,858
PLAINFIELD	14,958	3,310	824	4,134	3,711	620	407	1,027	5,161
ST. JOSEPH'S	92,979	18,180	4,318	22,498	22,558	3,254	2,203	5,457	27,955
EWING	22,189	5,473	1,390	6,863	5,615	1,052	686	1,738	8,601
UMDNJ	15,038	5,465	1,360	6,825	3,737	1,024	671	1,695	8,520
OCEAN	36,377	9,855	2,608	12,463	9,421	1,962	1,310	3,272	15,735
PASSAIC	15,701	4,883	1,182	6,065	3,890	892	604	1,496	7,561
TRINITAS	25,076	6,439	1,620	8,059	6,279	1,220	794	2,014	10,073
TOTAL	544,650	135,161	33,682	168,843	136,443	25,405	16,892	42,297	211,140

4.3 Disclaimers and Notes for FFY 2011 WIC Affirmative Action Plan

The Data Source for the 2011 WIC Affirmative Action Plan was the New Jersey Department of Health & Senior Services Birth and Death Certificate files as prepared by the Maternal and Child Health Epidemiology Program. This data is provisional and should be used for planning purposes only.

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

A fetal death is defined as a death occurring before the complete expulsion or extraction from its mother. Fetal deaths occurring after the completion of 20 or more weeks of gestation are included in the fetal death count. Induced abortions are not included in the fetal death count. Deaths are to New Jersey residents only and population is by 2000 census. It should be noted that Pemberton Township's population dropped below 30,000 in the 2000 census.

4.4 Pregnancy Nutrition Surveillance System*

The Pregnancy Nutrition Surveillance System (PNSS) is a public health surveillance system that monitors the prevalence of nutrition problems, behavioral risk factors, and birth outcomes among low-income women who are enrolled in public health programs in states or U.S. territories or through Indian Tribal Organizations (ITOs). In New Jersey all PNSS data was collected at the time of certification and subsequent certification in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

In New Jersey, PNSS data is used to examine the prevalence rates and variations in maternal prepregnancy weight status, maternal weight gain, anemia, enrolment into medical care, WIC enrollment, multivitamin consumption, maternal smoking and alcohol consumption 3 months before and during pregnancy. The PNSS contains other variables useful in monitoring the nutrition status, health and behavioral factors that contribute to pregnancy and birth outcomes. The PNSS data over years provides information to monitor trends in maternal health, behavior and birth outcomes and in examining how health/behavior indicators and health problems are spread based on maternal demographics.

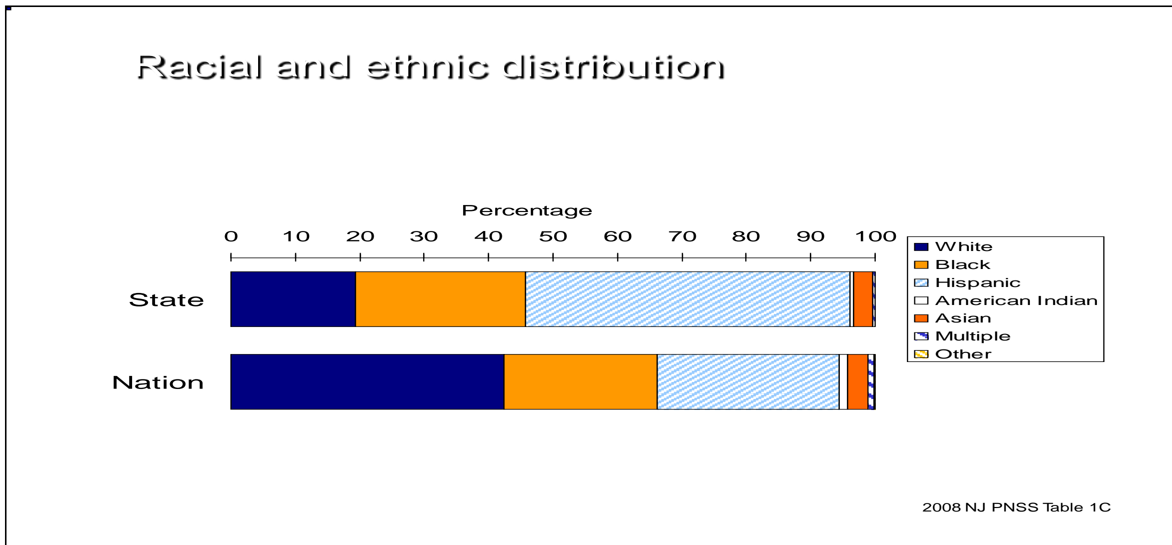
Demographic Characteristics

Race and Ethnicity

Of the 44,152 women in the 2008 New Jersey PNSS, 50.3% were Hispanic, 26.5% were non-Hispanic black, 19.3% were non-Hispanic white, 2.9% were Asian/Pacific Islanders, 0.6% were American Indian or Native Alaskan, and 0.4% were of multiple races. In the 2008 PNSS, a higher proportion of the women were Hispanic in 2008 (50.3%) than in 1999 (40.0%). The highest prevalence rate based on race and ethnicity was Hispanic in New Jersey PNSS population compared to non-Hispanic white has the largest prevalence rate in the National PNSS Population. Figure 1 shows the race and ethnicity distribution of the New Jersey and National 2008 PNSS population.

* Available at http://www.cdc.gov/pednss/

Figure 1.



Age Distribution

Forty three thousand eight hundred thirty one (43,831) records in the 2008 New Jersey PNSS provided information about age. Of the 43,831, 58.3% were 20 to 29 years old, 24.6% were 30 to 39 years old, 9.9% were 18-19 years old, 5.1% were15 to 17 years old and 0.1% was less than15 years old. Figure 2 shows the age distribution of the New Jersey and National 2008 PNSS population.

Figure 2

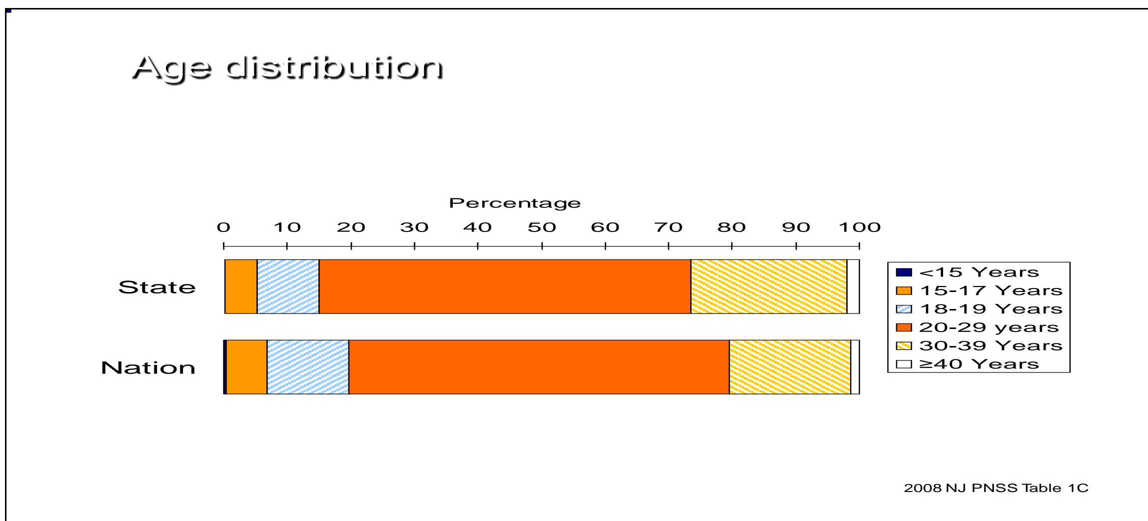
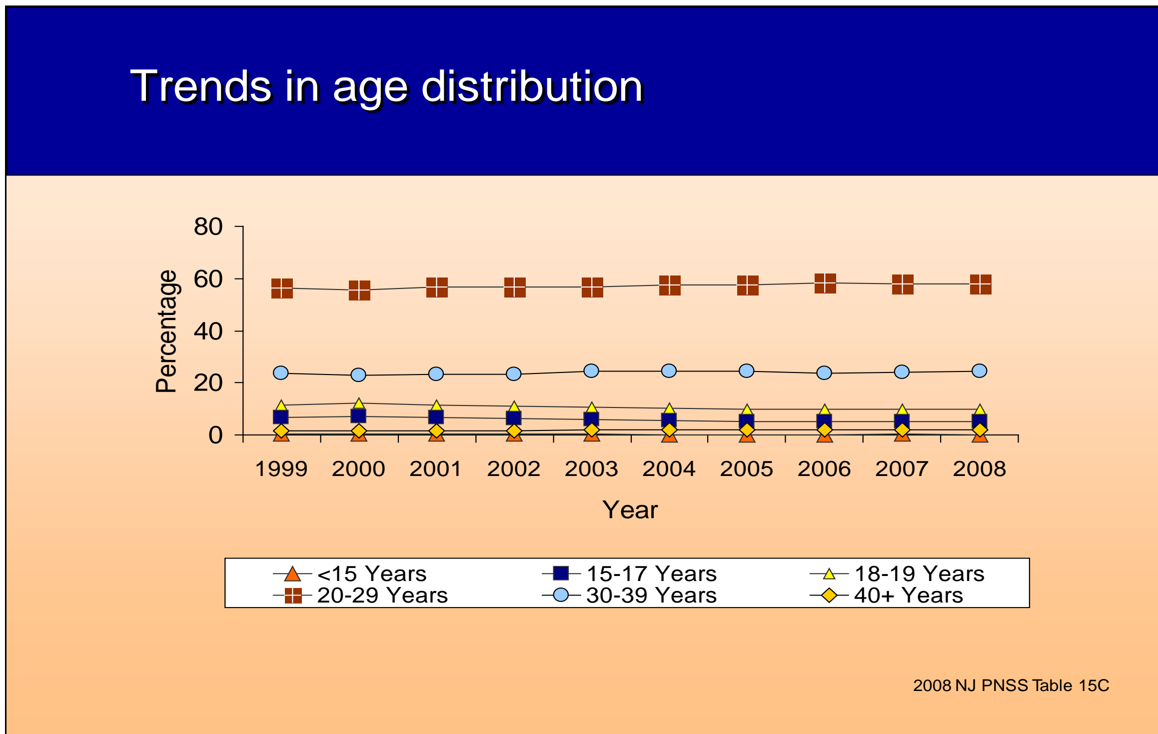


Figure 3



Maternal Health Indicators

Prepregnancy Weight

Prepregnancy weight is a determinant of infant birthweight. For example, studies suggest an association between being underweight before pregnancy and giving birth to an infant with low birthweight.[1] Overweight women are at increased risk for preeclampsia, gestational diabetes, cesarean delivery and failure to initiate breastfeeding.[2]

Prepregnancy weight was reported as Body Mass Index (BMI). BMI is used to define body weight of PNSS women. The BMI is a ratio of weight for height and calculated as weight (kg) divided by height (m^2). The Institute of Medicine (IOM) in 1990 provided guidelines based on BMI that serves as a standard in classifying women either as underweight, normal weight, overweight, and obese prior to pregnancy. Table 1 shows the classification of prepregnancy weight based on IOM definition.

Table 1

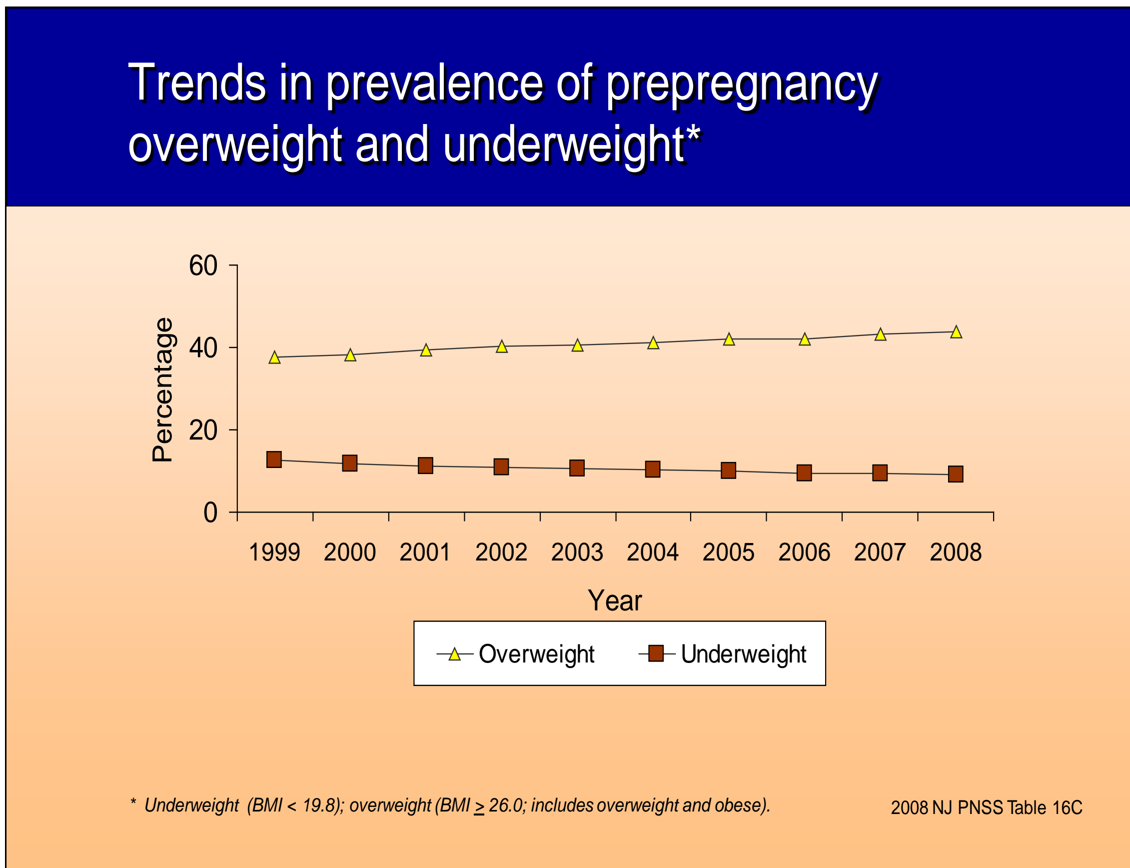
Classification of Prepregnancy Weight and IOM Definition with BMI[3]

Prepregnancy Weight Classification	Body Mass Index
Underweight	<19.8
Normal weight	19.8 – 26.0
Overweight	>26.0 – 29.0
Obese	>29

Self reported height and weight were obtained and used for calculation of prepregnancy BMI for each woman in the 2008 New Jersey PNSS. In the 2008 PNSS, 47.0% of women were normal weight, 9.2% were underweight, 16.2% were overweight and 27.5% were obese based on the IOM standard for classifying pre-pregnancy weight. The rates varied by race and ethnicity. The prevalence rate of pre-pregnancy underweight was 17.2% for Asian/Pacific Islanders, 16.5% for American Indian or Alaska Native, 11.3% for the multiple races, 9.1% for non-Hispanic black, 12.4% for non-Hispanic white and 7.5% for Hispanic. . The prevalence rate for prepregnancy overweight was highest among non-Hispanic black (51.6%) followed by Hispanic (42.5%). The rate of prepregnancy overweight for non-Hispanic white was 39.0%, 35.6% for multiple races, 34.2% for American Indian or Alaska Native, and 29.3% for Asian or Pacific Islanders. The overall proportion of women in the 2008 New Jersey PNSS who were overweight or obese was 43.7%.

From 1999 through 2008, the prevalence of women who were overweight or obese before pregnancy increased from 37.6% to 43.8%, but the percentage of women who were underweight before they became pregnant decreased from 12.6% to 9.2% (Figure 4).

Figure 4



Maternal Weight Gain

Maternal Weight Gain or gestational weight gain refers to the amount of weight gained during pregnancy. Weight gain during pregnancy is used to assess and estimate fetal growth and birth weight. The IOM established guideline for gestation weight gain is in reference to prepregnancy BMI/weight status (underweight, normal weight, overweight and obese). The IOM recommendation for gestation weight gain is 28–40 pounds for underweight women, 25–35 pounds for women of normal weight, 15–25 pounds for overweight women and at least 15 pounds for obese women.[3] The IOM recommendation for gestation weight gain is based on the assumption that women who gain the ideal weight are more likely to have a better pregnancy and birth outcomes.

Table 2 shows the recommended ideal gestational weight gain for women who were underweight, normal weight, overweight, and obese before pregnancy.

Table 2

IOM categories of Weight Status, Prepregnancy BMI and Ideal Total Gestational Weight Gain

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

Additionally, women who gain excess weight during pregnancy may have more difficulty returning to their prepregnancy weight.[4] In the 2008 New Jersey PNSS 24.3% gained less weight than recommended during pregnancy, 36.8% gained the recommended amount of weight, and 38.9% gained more than the ideal weight during pregnancy. From 1999 through 2008, the prevalence of women who gained too much weight during pregnancy decreased from 40.2% to 38.9%, and the prevalence of women who gained less than the IOM's recommended weight gain during pregnancy rose from 23.5% to 24.3%.

Anemia

The most common nutritional deficiency during pregnancy is iron deficiency. Because pregnant women require higher amounts of iron, iron supplementation during pregnancy is often recommended. Pregnant women may not receive an adequate amount of iron if they do not take iron supplements during pregnancy or fail to take iron supplements during the first trimester of pregnancy.[5]

Iron-deficiency anemia during the first two trimesters of pregnancy has been associated with a two-fold risk for premature births, and a three-fold risk of giving birth to an infant with low birthweight and inadequate gestational weight gain. Iron-deficiency anemia during the third trimester of pregnancy reflects inadequate iron intake and can affect the woman's health postpartum.[6]

In monitoring the anemia among the PNSS population, the Centers for Disease Control and Prevention cut-off values for hemoglobin and hematocrit are used. The cut-off values are specific to the trimester of pregnancy. Cut off values for hemoglobin and hematocrit for postpartum women are based on age not pregnancy trimesters. Table 3 shows the cut off values for hemoglobin and hematocrit by trimester of pregnancy and post partum age.

Table 3

Cut Off Values for Hemoglobin and Hematocrit
By Trimester of Pregnancy and Post Partum Age

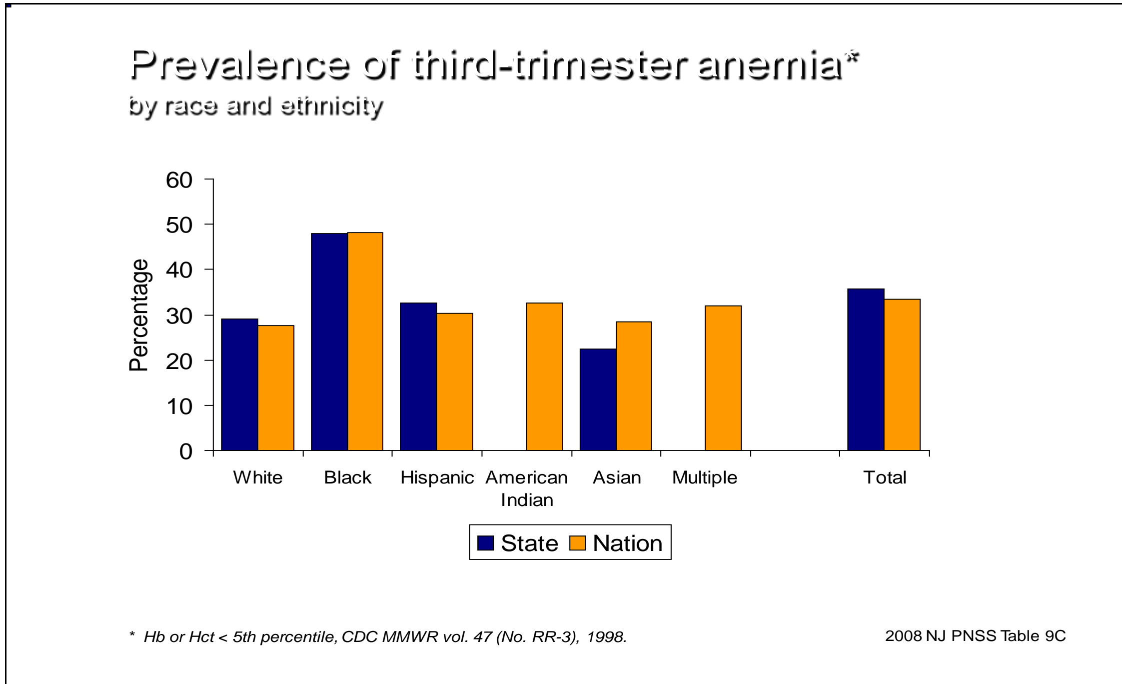
Pregnancy Trimester	Hemoglobin	Hematocrit
First	11.0	33.0
Second	10.5	32.0
Third	11.0	33.0
Postpartum Age	**Hemoglobin**	**Hematocrit**
12 - < 15 yrs	11.8	35.7
15 - < 18 yrs	12.0	35.9
≥ 18 yrs	12.0	35.7

In the 2008 New Jersey PNSS, the prevalence rate of anemia among the pregnant women when they enrolled in the WIC program were 10.0%, 11.7% and 35.7% respectively for the first, second and the third trimester of pregnancy. Among the post partum women, the prevalence rate of anemia was 50%.

In the 2008 New Jersey PNSS, the prevalence of anemia in the third trimester of pregnancy was highest for non-Hispanic black mothers (47.9%). The prevalence for other racial and ethnic groups were all above the 2010 target of 20% - 32.6% for Hispanics, 29.0% for non-Hispanic whites, and 22.4% for Asians or Pacific Islanders. It should be noted that prevalence rates are not calculated when records are less than 100. Therefore, the prevalence rate of anemia in the third trimester of pregnancy for American Indian or Alaskan Native and the multiple races are not included in this report. From 1999 through 2008, the overall prevalence of anemia during the third trimester of pregnancy rose slightly from 32.3% to

35.7%. Figure 5 shows the prevalence rates of anemia in the third trimester of pregnancy by race and ethnicity.

Figure 5



Maternal Behavioral Indicators

WIC Enrollment

WIC enrollment starts at the date a pregnant or postpartum woman is certified to participate in WIC Program. By enrolling in WIC women receive nutrition assessment and education, nutritious foods at no cost, and referral to health care and social services. Prior studies have shown that WIC participation during pregnancy is associated with improved birth weights, and a reduction in preterm deliveries, lower neonatal mortality rates and reduced Medicaid costs.[7, 8]. Ahluwalia et.al. concluded that WIC participation during pregnancy resulted in fewer deliveries of infants who are small for gestational age, and healthier infants were linked to longer enrollment in the program.[9]

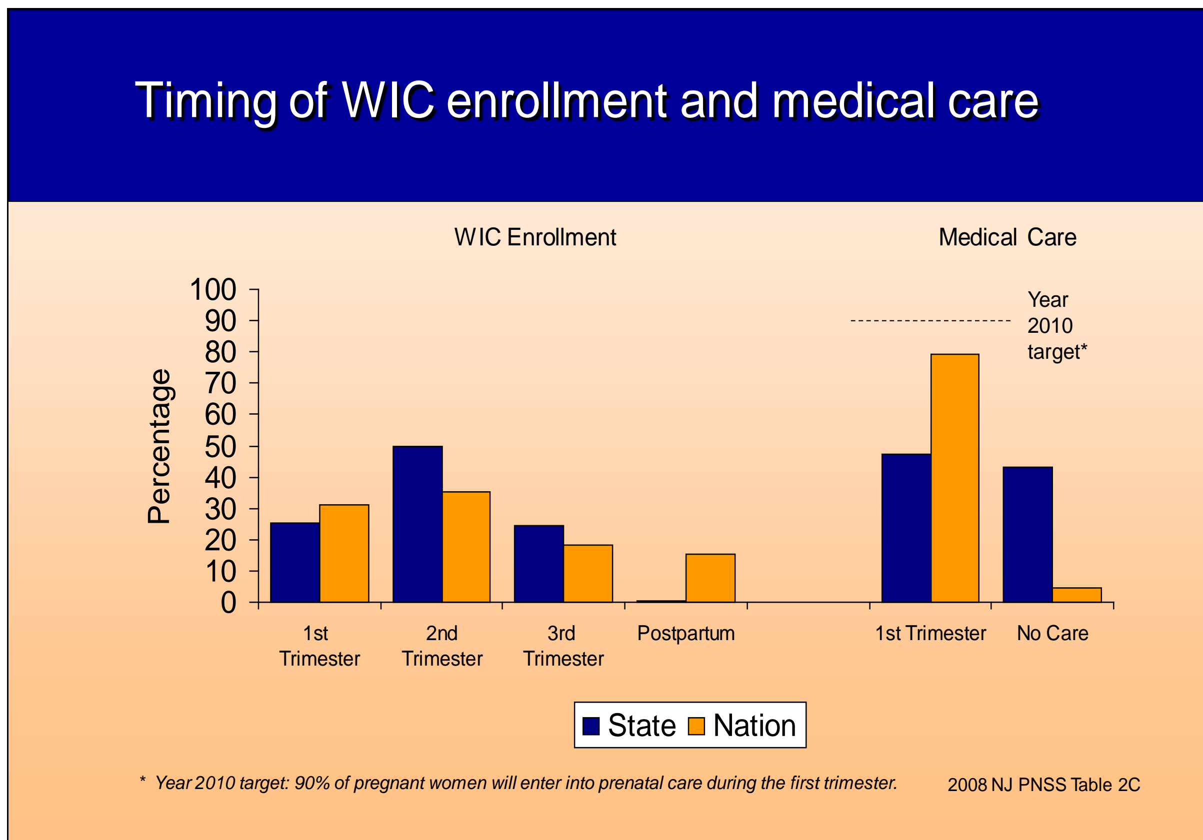
In the 2008 New Jersey PNSS 25.4% of women enrolled in the WIC program during the first trimester, 50.0% enrolled during the second trimester, and 24.4% during their third trimester, and 0.3% enrolled after delivery. A majority of New Jersey 2008 PNSS population (50.0%)

enrolled in WIC during the second trimester compared to the national (34.0%). The proportion of women who enrolled during their first trimester increased from 16.3% in 1999.

Prenatal Care

Early enrollment into prenatal care contributes to better pregnancy and birth outcomes.[7] In the 2008 New Jersey PNSS population 47.3% began prenatal care during their first trimester of pregnancy, in comparison to 43.0% reported that they received no prenatal care. Hispanic women (50.5%) were more likely to obtain prenatal care during the first trimester of pregnancy than multiple races (47.8%), non-Hispanic whites (46.6%), American Indians or Alaska Natives (43.0%), non-Hispanic blacks (42.4%) or Asians or Pacific Islanders (41.3%). Figure 6 shows the timing of WIC enrollment and prenatal care.

Figure 6



Maternal Smoking

Smoking during pregnancy is associated with an increased risk of premature rupture or separation of uterine membranes, congenital heart defects, prenatal previa, low birth weight and babies smaller than the gestational age.[10] Anderson, Johnson and Batal found that smoking during pregnancy contributes to Sudden Infant Death Syndrome (SIDS).[10] The long term effects of smoking during pregnancy include stunted growth, developmental delay, behavioral disorders and cognitive disabilities.

In New Jersey 2008 PNSS, 6.9% reported smoking during the three months preceding their pregnancy and 4.4% reported smoking during the last trimester of pregnancy. The proportions of women who smoke before pregnancy or during the last trimester of pregnancy have declined since 1999, when 10.9% of women reported smoking before becoming pregnant, and 10.0% reported smoking during their last trimester.

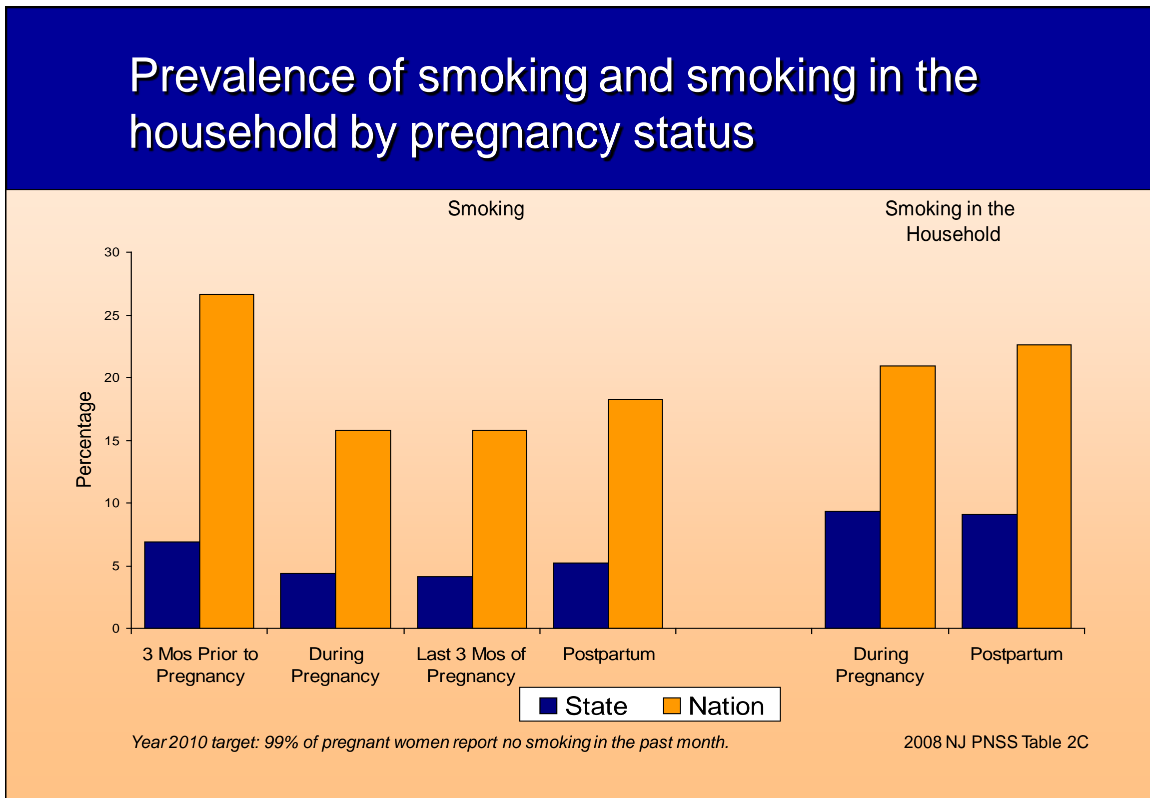
In New Jersey 2008 PNSS, the prevalence smoking during the three months before pregnancy was highest among non-Hispanic white women (18.2%), women aged 18 – 19 years (9.3%) and women with less than a high school education (7.2%). The prevalence rates of smoking during the last trimester of pregnancy among New Jersey 2008 PNSS population varied from 12.5% for non-Hispanic white women to 0.8% for Asian or Pacific Islanders. Of the 6.9% who reported smoking during the 3 months before they became pregnant, 48.7% reported quitting smoking by the time they enrolled in WIC, and 45.6% of these women abstained from smoking during the last 3 months of their pregnancies.

Household Smoking

Smoking in the household is used to monitor the impact of passive smoking on pregnancy and birth outcomes and on the health of the infant. Research findings on the effect of passive smoking on pregnancy and birth outcomes are mixed; however, the effect of passive smoking on infants' and children health are better documented.[11] Infants and children exposed to passive smoke have a higher incidence of SIDS, respiratory infection, and chest illness.[12]

The 2008 New Jersey PNSS population showed that 9.3% of prenatal women reported that someone other than themselves smoked in the household and 9.1% of the post partum women reported that someone smoked in the household.

Figure 7



Birth Outcomes

Low Birthweight

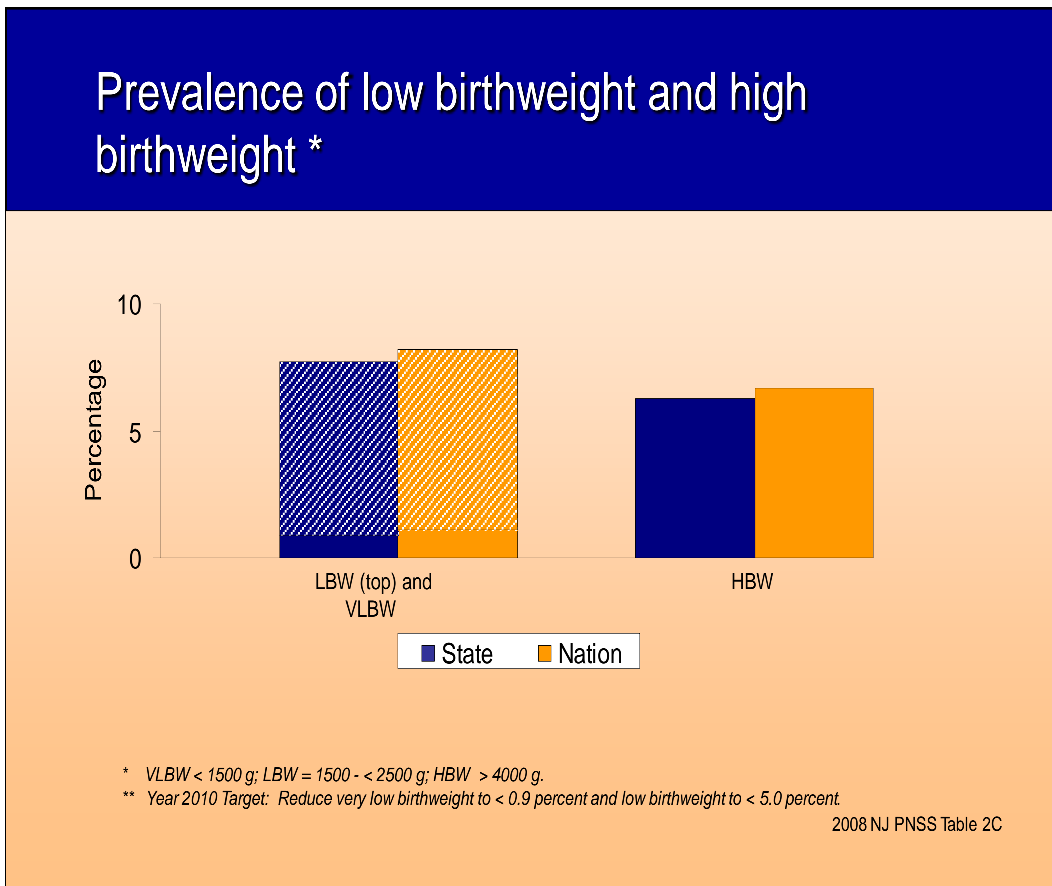
Low birthweight (<2,500) grams) is associated with neonatal and postneonatal mortality.[13] Infants with low birthweight who survive are at increased risk for health problems that range from neurodevelopmental handicaps to conditions of the lower respiratory tract.[14]

The overall incidence of low birthweight in 2008 (7.6%) was less than the incidence in 1999 (8.0%). By racial and ethnic group, the incidence was higher for American Indian or Alaska Native infants (11.1%) than for non-Hispanic black (10.7%), Asian or Pacific Islander (9.6%), multiple races (7.8%) or non-Hispanic white or Hispanic (6.3%) infants.

High Birthweight

A high birthweight (>4,000 grams) is associated with an increased risk for birth injuries such as shoulder dystocia.[15] In the 2008 PNSS, 6.3% of the infants had high birthweights compared with 7.9% in 1999. Non-Hispanic whites had the highest rate (8.5%) followed by Hispanics (6.5%), multiple races (6.1%), Asians or Pacific Islanders (4.8%), non-Hispanic blacks (4.3%) and American Indians or Alaska Natives (2.6%).

Figure 8



Infant Feeding Practices

Breast milk, which is nutritionally superior to any other milk supply, provides infants with many benefits, including immunity to many viral and bacterial diseases. Breastmilk also can enhance immunologic defenses; prevent or reduce the risk of respiratory and diarrheal diseases; promote correct development of jaws, teeth, and speech patterns; decrease the tendency to be obese during childhood; and facilitate maternal-infant attachment.[xvi]

The proportion of breastfed infants in the New Jersey PNSS has steadily increased in recent years. In 2008, 61.5% of infants were breastfed, compared with 53.6% in 1999. *Healthy People 2010* Objective 16-19 proposed increasing the proportion of infants ever breastfed to 75%.[xvii]

Maternal Health Progress

Advances in several indicators were observed in the PNSS population from 1999 through 2008. The prevalence of initiation of breastfeeding increased from 53.6% in 1999 to 61.5% in 2008. In addition, since 1999, the proportion of women who enroll in the WIC program during their first trimester increased from 16.3% to 25.4% in 2008. The proportions of women who smoke before pregnancy or during the last trimester of pregnancy have declined since 1999, when 10.9% of women reported smoking before becoming pregnant, and 10.0% reported smoking during their last trimester.

Overweight is a major public health problem that has steadily increased in New Jersey and the nation. From 1999 through 2008, the prevalence of women who were overweight or obese before pregnancy increased from 37.6% to 43.8%.

Pregnancy Nutrition Recommendations

The PNSS data indicate that national and state public health programs are needed to support the following activities:

- Implement innovative strategies to continue to reduce the prevalence of tobacco use among pregnant women and women of reproductive age.
- Promote and support breastfeeding through effective programs, medical care systems, work sites, and communities.

- Prevent preterm delivery and low birthweight by providing preconception nutrition, including iron supplementation. Conduct outreach activities to promote early identification of pregnancy and early entry into comprehensive prenatal care, including the WIC program.
- Provide information to prenatal participants, especially women who are overweight or obese before pregnancy, about the importance of appropriate weight gain during pregnancy and the health risks of excess weight gain and post partum weight gain retention.

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4.5 The New Jersey Pediatric Nutrition Surveillance System*

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

Data for the New Jersey 2008 PedNSS were collected from children enrolled in WIC. The goal of PedNSS is to collect, analyze, and disseminate surveillance data to guide public health policy and action. PedNSS information is used to set priorities and to plan, implement, and evaluate nutrition programs. This report summarizes 2008 data and highlights trends from 1999 through 2008.

Demographic Characteristics

Of the 170,600 children in the 2008 New Jersey PedNSS, 52.3% were Hispanic, 25.1% were non-Hispanic black, 17.8% were non-Hispanic white, 3.0% were Asian or Pacific Islander children, 0.6% were American Indian or Alaska Native, and 1.2% were of multiple races. From 1999 through 2008, the proportion of Hispanic children in the New Jersey PedNSS increased from 38.6% to 52.3%. During the same period, the proportion of non-Hispanic black and white children declined. Most children in the 2008 PedNSS were aged less than 2 years (59.0%) with 38.3% aged less than 1 year and 20.7% aged 1 year to less than 2 years. Of all the children, 41.0% were aged 2 – 5 years.

Pediatric Health Indicators

Low Birthweight

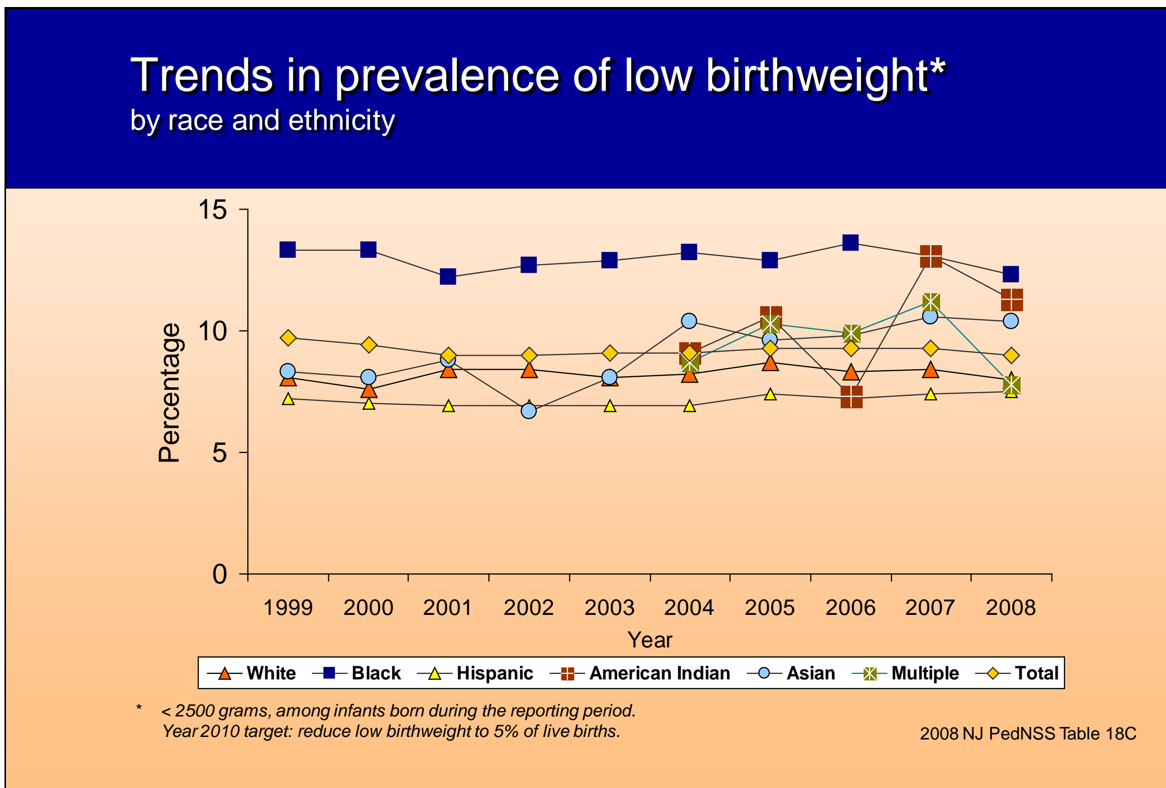
Low birthweight (<2,500 grams) is an important determinant of neonatal and postneonatal mortality. Low-birthweight infants who survive are at increased risk for health problems ranging from neurodevelopment disabilities to respiratory disorders. In the New Jersey 2008 PedNSS, 9.0% of infants were low birthweight, compared with 9.1% of all U.S. infants.[xviii]

Healthy People 2010 objective 16-10a proposes reducing low birthweight to no more than 5% of all live births.[xix]

* Available at http://www.cdc.gov/pednss/

The overall prevalence of low birthweight in New Jersey decreased from 9.7% in 1999 to 9.0% in 2008; however, variations were observed among racial and ethnic groups (Figure 1). From 1999 to 2008, the prevalence of low-birthweight rates improved slightly for black and white infants. For Hispanic and Asian or Pacific Islander infants the prevalence increased. In 2008, low birthweight rates were highest for black infants (12.3%) followed by Asian or Pacific Islander infants (10.4%), white infants (8.0%), and Hispanic infants (7.5%). Prevalence data for American Native or Alaskan Native and Multiple Races covered the time period from 2004 to 2008. From 2004 to 2008, the overall prevalence of low-birth rates for the American Native or Alaskan Native infants increased from 9.1% to 11.3%; and the multiple races prevalence decreased from 8.7% in 2004 to 7.8% in 2008.

Figure 1

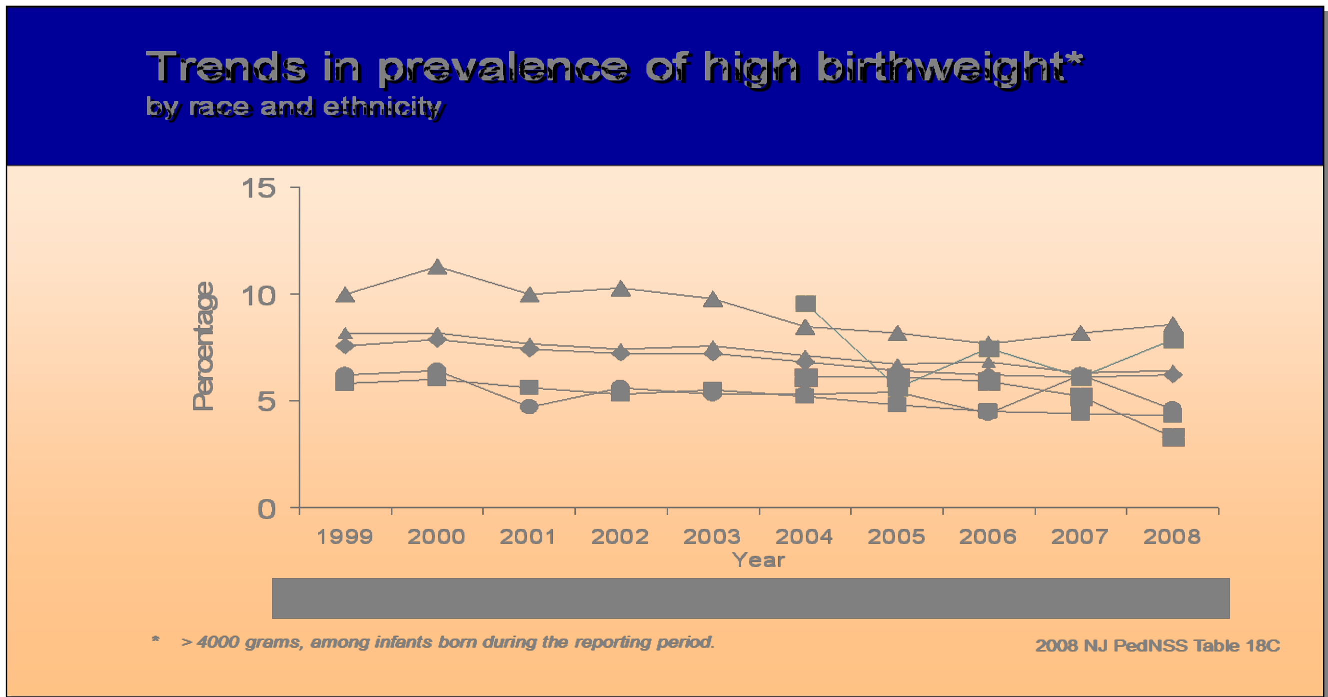


High Birthweight

High birthweight (>4,000 grams) puts infants at increased risk for death and birth injuries such as shoulder dystocia.[xx] In the New Jersey 2008 PedNSS, 6.2% of infants were high birthweight, compared with 7.6% in 1998. The high-birthweight rate for New Jersey was lower than the overall U.S. rate (6.4%).[xxi]

A decrease in the prevalence of high birthweight was seen in all groups with the greatest decrease (21.9%) occurring among Hispanic infants (Figure 2).

Figure 2



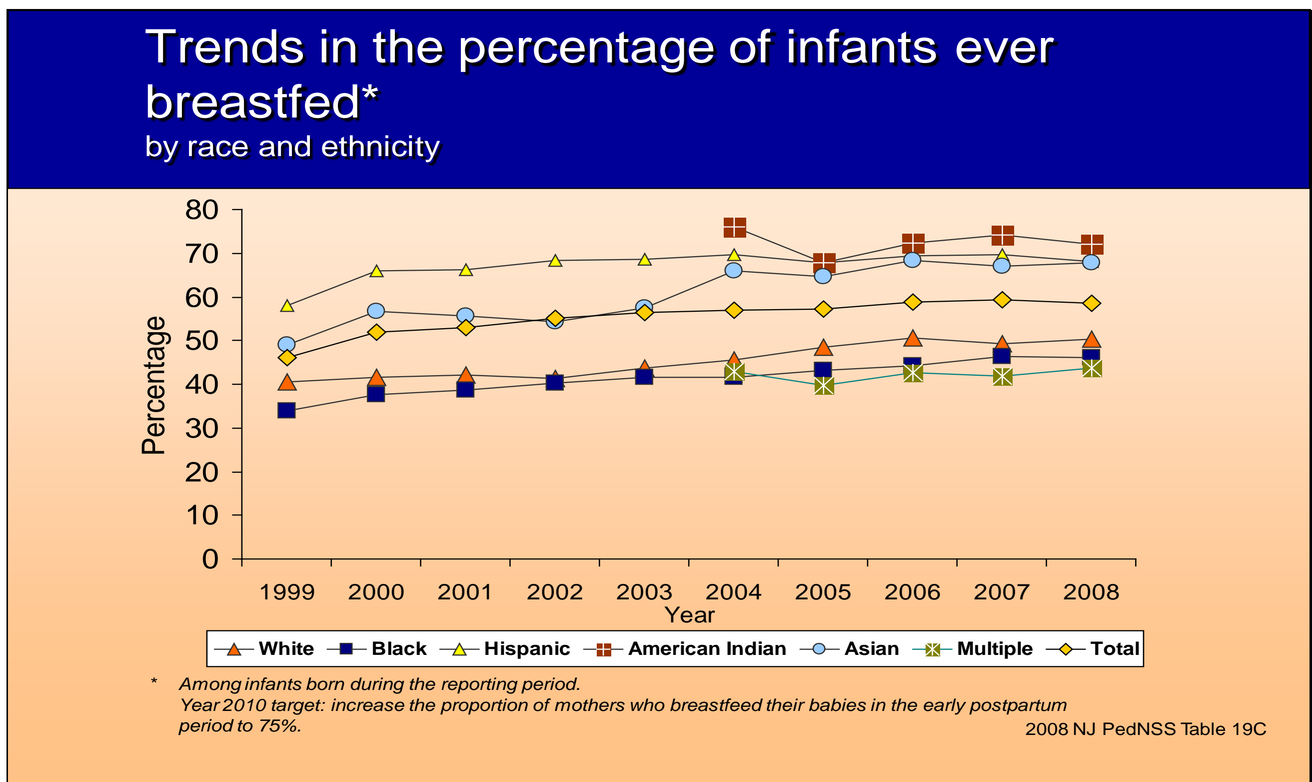
Breastfeeding

The nutritional, immunologic, and economic importance of breastfeeding is well recognized.[xxii] In the New Jersey 2008 PedNSS, 58.5% of infants were ever breastfed, 33.5% were breastfed for at least 6 months, and 25.1% were breastfed for at least 12 months. The *Healthy People 2010* objective (16-19a-c) for breastfeeding to increase the proportion of children ever breastfed to 75%, breastfed at 6 months to 50%, and breastfed at 1 year to 25%[2] is far from being achieved in the PedNSS population. The initiation and 6 month duration rates are not yet achieved in the New Jersey PedNSS population while duration beyond one year slightly exceeds the objective.

Nationally representative data from the 2005 National Immunization Survey (NIS) indicate that 74.2% of all U.S. infants were ever breastfed, 43.1% were breastfed for 6 months, and 21.4% were breastfed for 12 months.[xxiii]

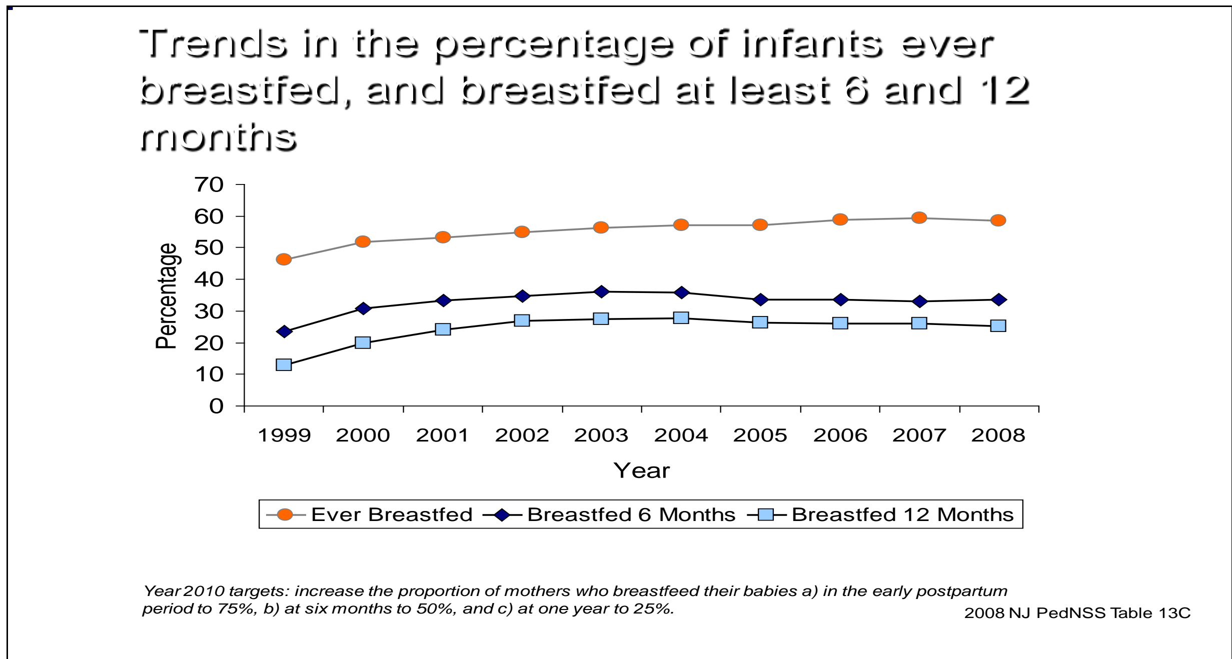
The increase in the prevalence of children in New Jersey who ever breastfed increased from 46.1% in 1999 and these improved breastfeeding rates are evident among all racial and ethnic groups except American Indian/Alaskan Natives, which decreased from 79.0% to 72.1%. (Figure 3). In 2008, the lowest prevalence of breastfeeding was among people of multiple races (43.6%). From 1999 to 2008, the prevalence among whites increased from 40.5% to 50.3%; among Hispanics from 58.0% to 68.0%; among Asians or Pacific Islanders from 48.9% to 67.8%.

Figure 3



The prevalence of breastfeeding at least six months increased from the 1999 rate of 23.6% to 33.5% in 2008. The prevalence of breastfeeding at least 12 months increased to 25.1% in 2008 from the 13.0% rate in 1999 (Figure 4).

Figure 4

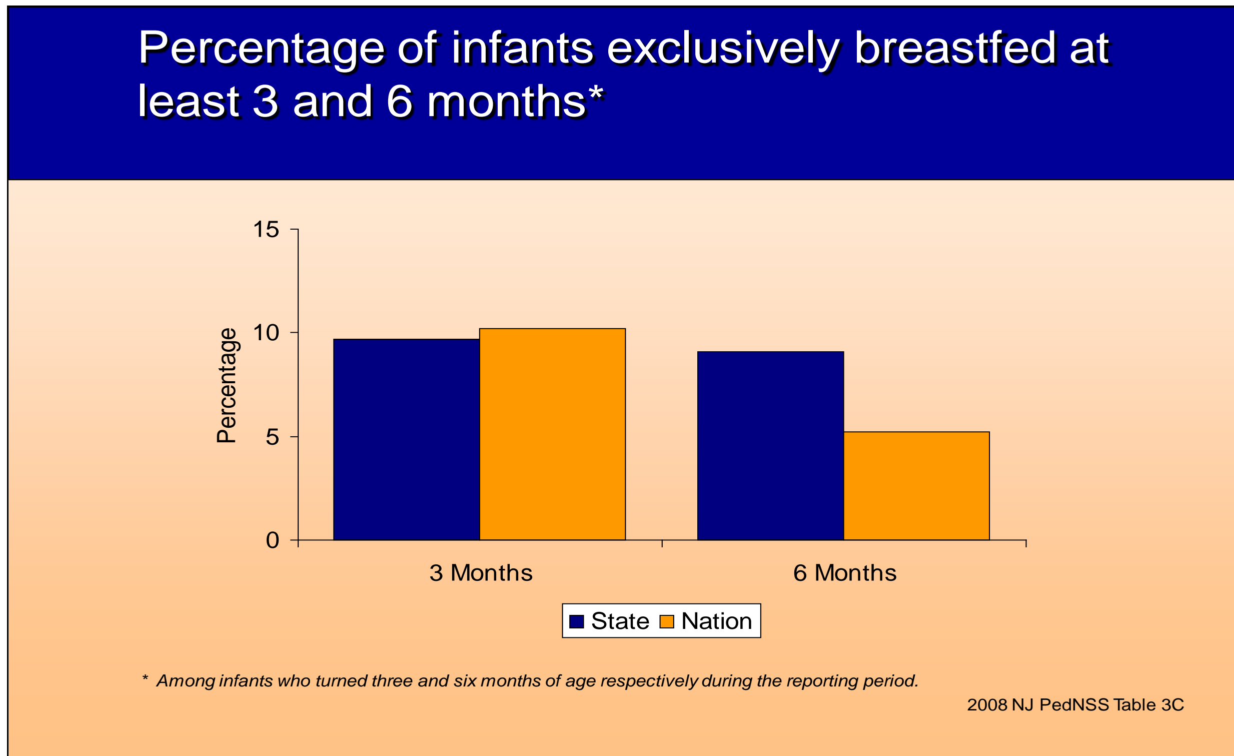


The PedNSS recently began monitoring *exclusive breastfeeding*, defined as an infant receiving only human milk. In 2008, about one-third (34.6%) of PedNSS contributors reported this supplementary data, which showed that 8.0% of infants were exclusively breastfed for at least 3 months, or 12.9% of infants ever breastfed.

Data from the NIS indicate that 29.6% of infants in the United States were exclusively breastfed for at least 3 months in 2005. Exclusive breastfeeding has a strong protective effect against lower respiratory tract infections, middle ear infections, eczema, and childhood obesity.[xxiv]

Healthy People 2010 objectives for exclusive breastfeeding are for 40% of infants to be breastfed exclusively through three months and 17% through six months. In 2008, the prevalence of exclusive breastfeeding in the State was 9.7% through three months and 9.1% through six months, compared to the Nation at 10.2% and 5.2% respectively (Figure 5).

Figure 5



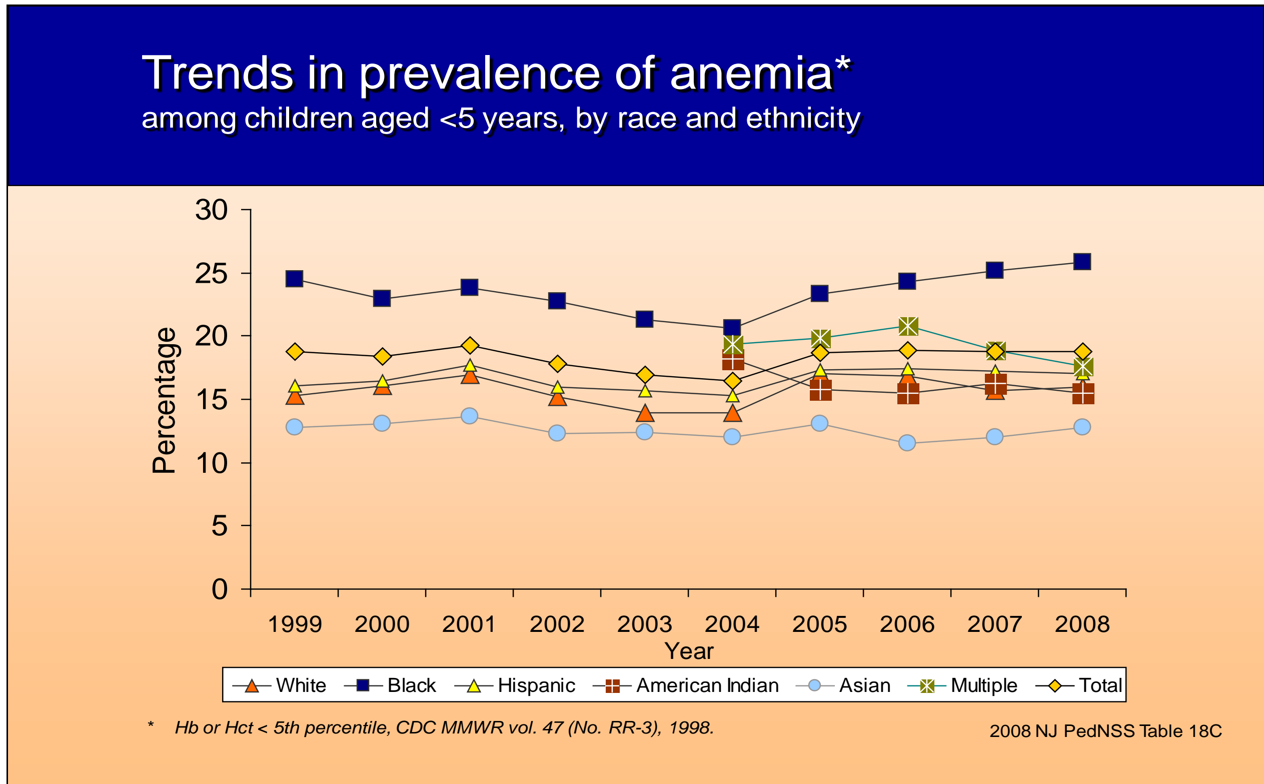
Anemia

Anemia (low hemoglobin/hematocrit) is an indicator of iron deficiency, which is associated with developmental delays and behavioral disturbances in children.[xxv,xxvi] In the 2008 New Jersey PedNSS, the prevalence of anemia was 20.4%, compared with 15.3% for the national rate of children less than 5 years of age. The highest prevalence of anemia in the New Jersey PedNSS children was among infants aged 6 – 11 months (24.4%) and children aged 12 – 23 months (21.9%). The lowest prevalence was among children aged 4 – 5 years (11.8%).

The prevalence of anemia varies among racial and ethnic groups. In 2008, the highest prevalence of anemia was among black children (25.8%), and the lowest prevalence of anemia was among Asian or Pacific Islander children (12.8%). The prevalence of anemia for among multiple race children was 17.6%, 17.0% among Hispanic children, 16.0% among non-Hispanic white children, and 15.5.0% American Indian or Alaskan Native. From 2004 through 2008, the prevalence of anemia among black children increased 5.2%, the largest increase among all racial and ethnic groups. The overall prevalence of anemia in PedNSS remained the same from 1999 and 2008. During this 10-year

period, the overall prevalence of anemia declined to 16.4% in 2004 but increased in subsequent years (Figure 6).

Figure 6



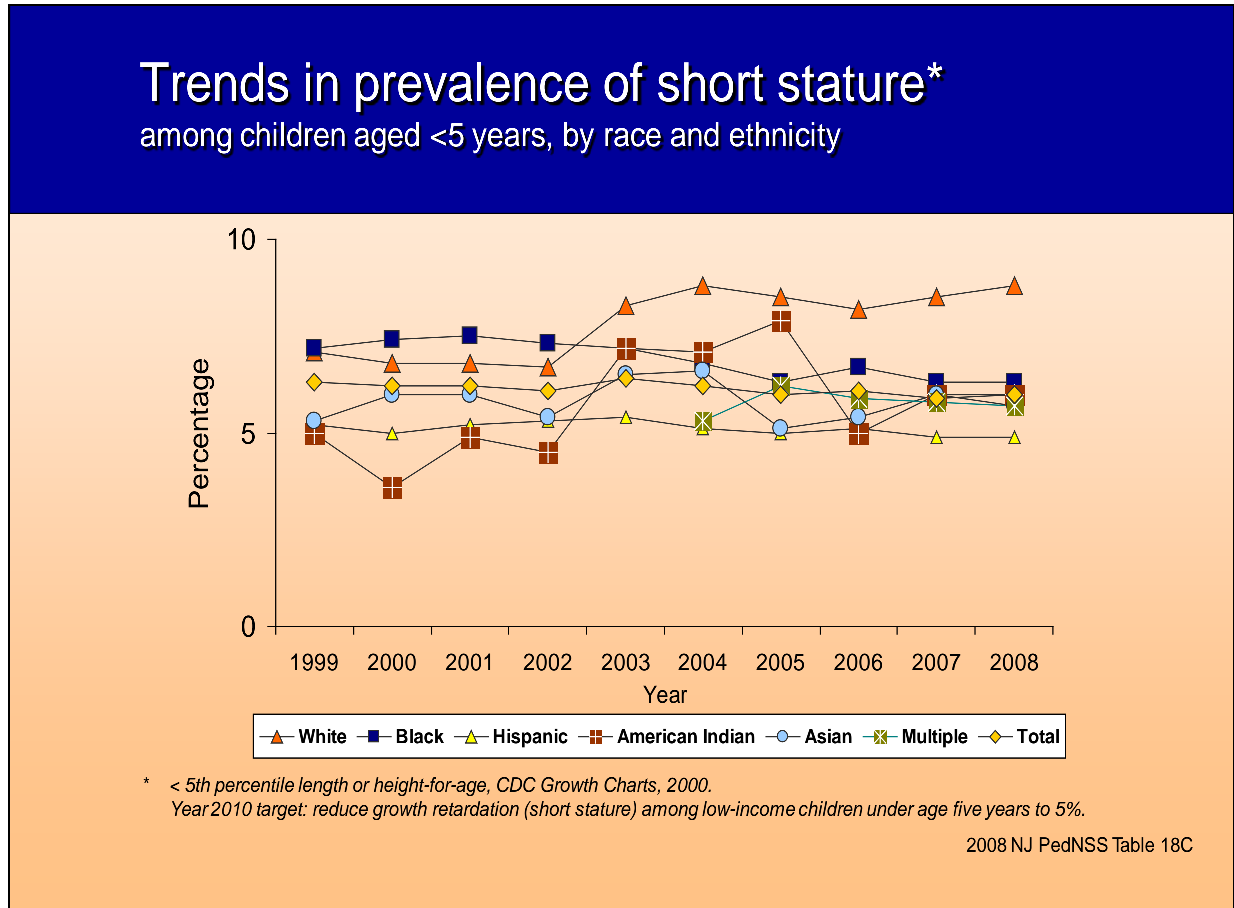
Short Stature

Short stature (low length or height for a child's age) may reflect the long-term health and nutritional status of a child or a population.[xxvii] Although short stature can be associated with short parental stature or low birthweight, it can also result from growth retardation due to chronic malnutrition, recurrent illness, or both. In the 2008 PedNSS, 6.0% of New Jersey children from birth to age 5 were of short stature, compared with 3.7% of all U.S. children of the same age.[xxviii]

The prevalence of short stature in the New Jersey PedNSS population is somewhat above the expected level (5%) and does not meet the *Healthy People 2010* objective (19-4) of 5% among low-income children younger than 5 years of age.[3] An increase in short stature was evident in all racial and ethnic groups with the exception of black infants and Hispanic infants who showed a decrease

(Figure 7). The largest increase was in white children. The highest prevalence of short stature was in white infants younger than age 1 and 12-23 months, 10.3% and 9.4% respectively.

Figure 7

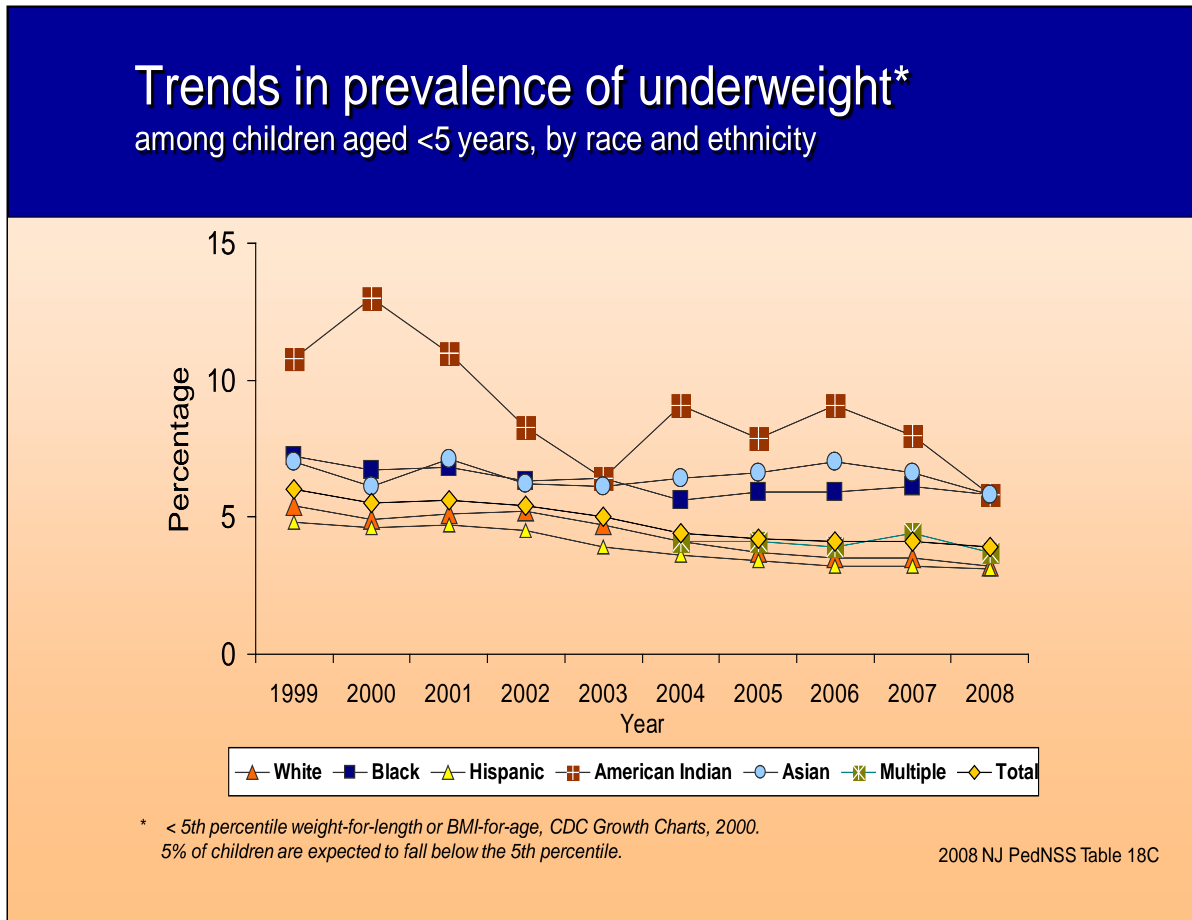


Underweight

Data on underweight (low weight-for-length or body mass index[†] for age) in children from birth to age 5 years indicate that acute malnutrition was not a public health problem in the PedNSS population. The prevalence of underweight is 3.9% in the New Jersey 2008 PedNSS population while the prevalence of underweight for all U.S. children in this age group is 3.4%.[12]

The highest prevalence of underweight in PedNSS occurred among black (5.8%), American Indian or Alaskan Native (5.8%) and Asian and Pacific Islander (5.8%) children (Figure 8). The overall prevalence of underweight decreased from 6.0% in 1999 to 3.9% in 2008.

Figure 8



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

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

Overweight and Obesity

Overweight and obesity in young children have increased in recent decades and the associated health consequences warrant preventive efforts.[xxix] The Expert Committee on the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity recommends the use of two cutoff points to screen for overweight and obesity in children aged 2 years or older.[xxx] Children with a BMI-for-age at or above the 95th percentile are considered obese, and those with a BMI-for-age between the 85th and 95th percentiles are considered overweight.[13]

In the New Jersey 2008 PedNSS, the prevalence of obesity in children aged 2-5 years was 17.9% as compared with 12.4% for U.S. children of a similar age in 2003 through 2006.[xxxi] In the New Jersey

PedNSS population, the highest rate of obesity was among Hispanic children (21.6%); the rates for children of other races and ethnicities were white (14.1%), black (12.9%), American Indian or Alaskan Native (13.1%), Asian or Pacific Islander (14.7%) and (13.9%) among children of multiple races (Figure 9). Of particular concern is that the prevalence of obesity among New Jersey children aged 2-5 years increased from 16.0% in 1999 to 17.9% in 2008. Overweight increased among all racial and ethnic groups except American Indian or Alaskan Native (Figure 10).

Figure 9

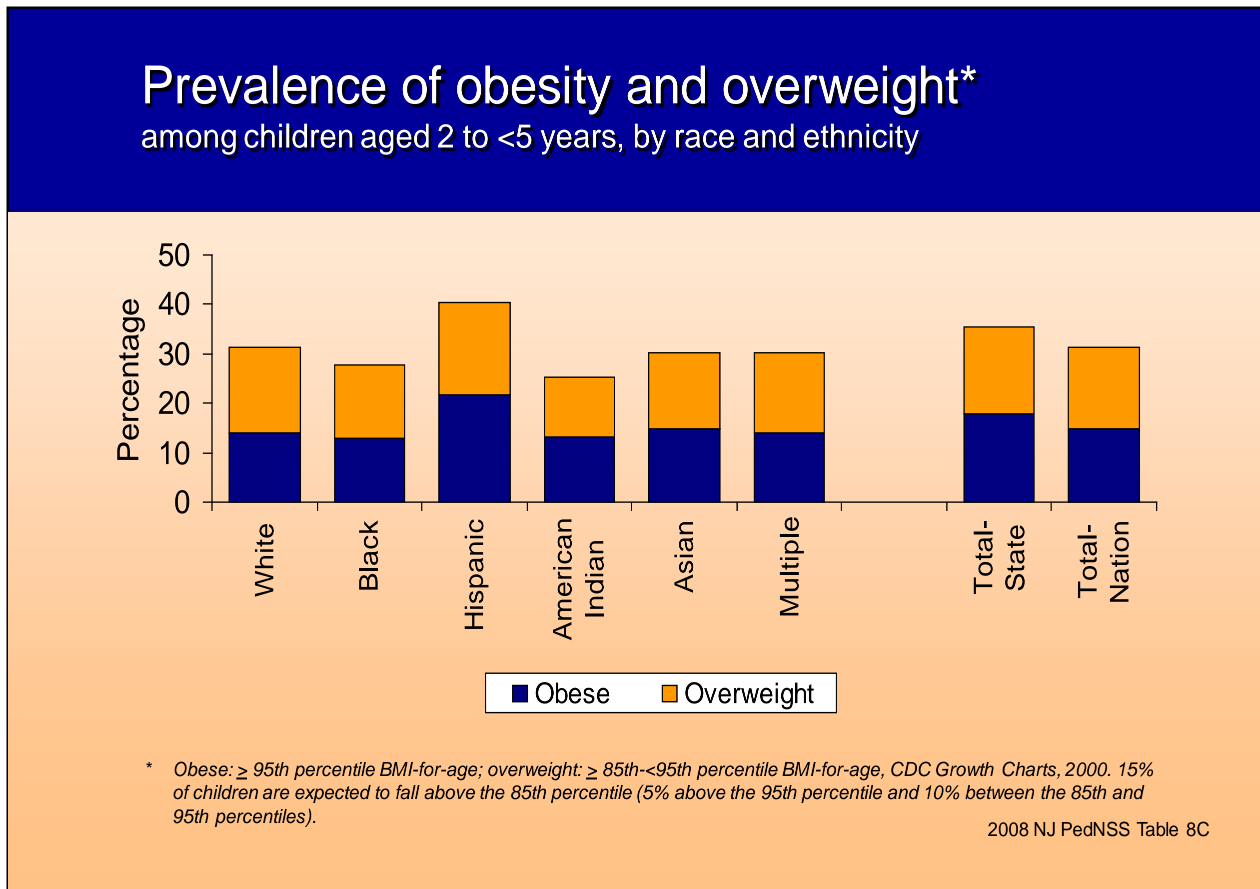
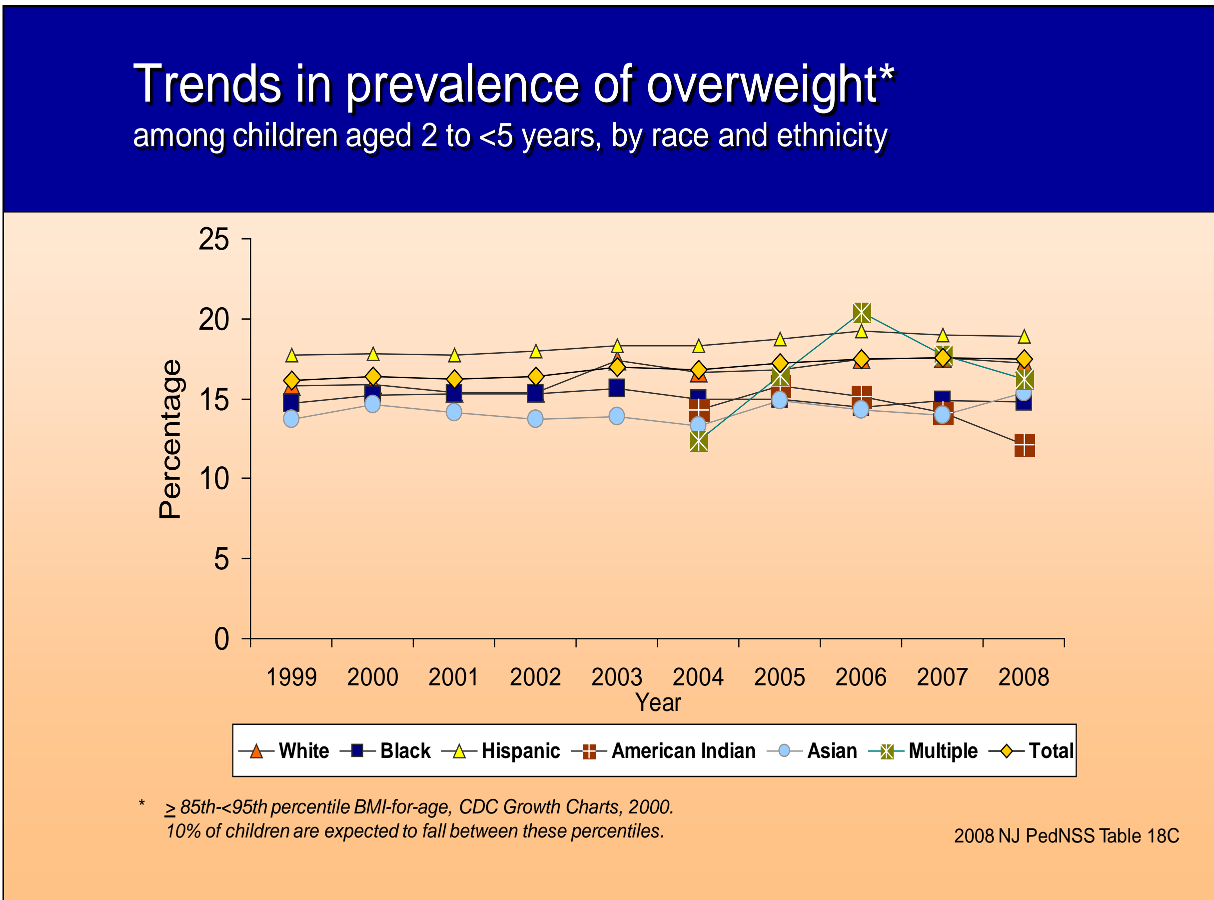


Figure 10



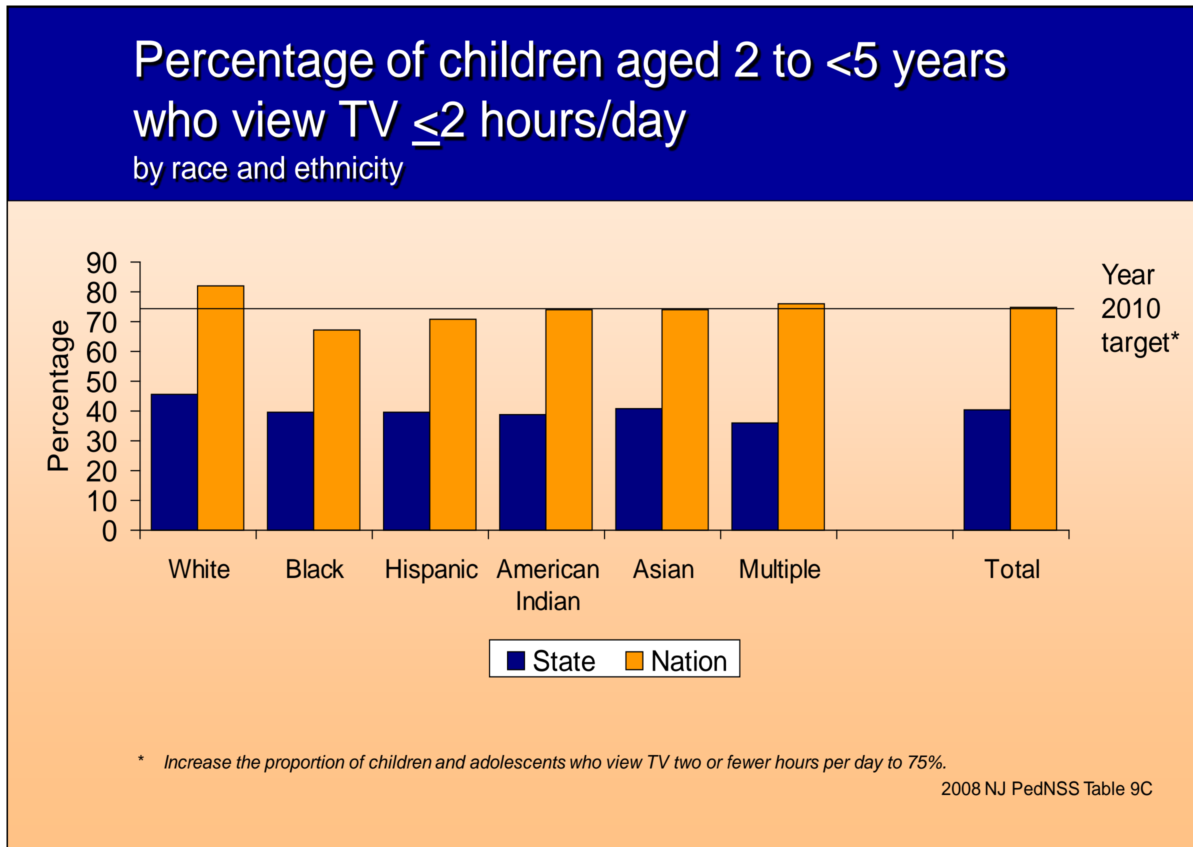
Television Viewing

The PedNSS recently began monitoring the proportion of children aged 2 – 5 years who view 2 hours or less of television (including videotapes and DVDs) per day.

To prevent obesity and a variety of other problems during childhood, the Academy of Pediatrics recommends limiting total television viewing time to no more than 1 – 2 hours per day for children aged 2 years or older and discourages exposure to any television for infants and children younger than 2 years of age.[xxxii]

The 2008 New Jersey PedNSS television viewing data indicated that 40.6% of children aged 2–5 years viewed 2 hours or less of television per day. The proportion of children meeting the Academy of Pediatrics' recommendation varied by race and ethnicity. Rates were lowest among multiple race (35.9%) children and highest among white (45.7%) children (Figure 11).

Figure 11



Pediatric Health Progress Review

Several advances in nutrition and health indicators were observed in the New Jersey PedNSS population from 1999 to 2008. The prevalence of underweight decreased from 6.0% to 3.9%, with the greatest improvement occurring among American Indian or Alaskan Native children.

Overall improvements were made in both breastfeeding for at least 6 months and 12 months. The prevalence of short stature in the New Jersey PedNSS population is somewhat above the expected level (5%) and does not meet the *Healthy People 2010* objective (19-4) of 5% among low-income children younger than 5 years of age.

The 2008 PedNSS report also indicated areas of concern. The overall prevalence of anemia in PedNSS remained the same from 1999 and 2008. During this 10-year period, the overall prevalence of anemia declined to 16.4% in 2004 but increased in subsequent years.

The New Jersey PedNSS population did not achieve the *Healthy People 2010* [2] objective that 75% of infants initiate breastfeeding.

Obesity is a major public health problem in New Jersey. Although Hispanic children had the highest prevalence of obesity, increases occurred among all racial and ethnic groups except blacks and the American Indian or Alaskan Native from 1999 to 2008. Although overweight and obesity rates increased among children aged 2-5 years during the 10-year period, the prevalence remained stable from 2007 to 2008.

Pediatric Nutrition Recommendations

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

- Prevent low birthweight by promoting preconception nutrition care and outreach activities to identify pregnancy in its early stages.
- Foster early entry into comprehensive prenatal care, including the WIC Program and the Maternal and Child Health Bureau's Title V program.
- Promote and support breastfeeding initiatives in public health programs, medical care systems, work sites, and communities.
- Identify successful programs and policies to support exclusive breastfeeding, especially among populations with low prevalence.
- Promote adequate dietary iron intake and the screening of children at risk for iron deficiency.
- Implement promising approaches to preventing obesity and chronic diseases that have been recommended by CDC's Division of Nutrition, Physical Activity and Obesity. These approaches include 1) increasing breastfeeding initiation, duration and exclusivity; 2) increasing physical activity; 3) increasing the consumption of fruits and vegetables; 4) decreasing the consumption of sugar-sweetened beverages; 5) reducing the consumption of high energy dense foods (foods high in calories per gram weight); and 6) decreasing television viewing.

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5.0 MILESTONES - SIGNIFICANT INITIATIVES FOR FFY 2011

5.1 Office of the Director

5.1.1 Partnership for Nutrition, Physical Activity and Obesity

WIC Services joined as one of over 100 partners in Shaping NJ, The State Partnership for Nutrition, Physical Activity and Obesity. This project was the result of recommendations of the Obesity Prevention Task Force, which was established by the legislature in 2003, and detailed in The New Jersey Obesity Prevention Action Plan in 2006. DHSS, Division of Family Health Services, was charged with the task of establishing an office to accomplish the recommendations of the Task Force, including identifying funding opportunities, needs, resources, and establishing collaboration among organizations and agencies. Family Health Services established the Office of Nutrition and Fitness, which received a 5 year grant from the CDC to address the issue of obesity in the State. The target areas under the grant are: increase breastfeeding initiation, duration and exclusivity, increase physical activity, increase the consumption of fruits and vegetables, decrease television viewing, decrease the consumption of sugar-sweetened beverages and decrease the consumption of energy-dense foods. In the third year of the CDC grant, workgroups for the target areas developed several strategies to implement during the last two years of the project according to settings in communities, childcare, worksites, healthcare, and schools.

The Partnership's strategies to encourage delivery facilities to adopt the Joint Commission's Perinatal Care Core Measure Set, which includes exclusive breast milk feeding, and to adopt the World Health Organization's Ten Steps for Successful Breastfeeding, and to increase the number of businesses that accommodate breastfeeding women in the workplace fit with WIC's efforts to encourage mothers to exclusively breastfeed for six months. Hospital practices that fail to help mothers establish successful exclusive breastfeeding undermine WIC's efforts to help mothers meet health objectives for exclusive breastfeeding for six months. Returning to work is a major barrier to breastfeeding for many WIC mothers. Progress in meeting the objectives of these strategies will benefit WIC mothers.

The Office of Nutrition and Fitness received a second grant from the CDC to support the breastfeeding strategies for healthcare. A forum was held for teams from the delivery hospitals to increase exclusive breastfeeding rates in New Jersey. The forum's objectives were to implement the Ten Steps to Successful Breastfeeding in the State's delivery hospitals and implement office-based trainings for pediatric, family, and obstetric providers and their staff about best breastfeeding

practices utilizing the *Educating Practices In Their Communities* (EPIC) model. Ten hospitals were awarded $10,000 mini-grants to assist their efforts to implement the Ten Steps.

5.1.2 Farmers' Market Collaboration Meetings

The NJ Farmers' Market Nutrition Program (FMNP) had three regional meetings with WIC and Senior Coordinators, staff from the Department of Agriculture, and certified farmers. The purpose of the meetings was to strategize and find innovative ways to improve customer satisfaction and increase the redemption rates for the Program. At the meetings, many constructive suggestions were discussed, including ways to deliver bagged produce in $5.00 and $10.00 increments to the WIC offices. This would provide WIC participants the opportunity to purchase fresh fruits and vegetables and redeem their WIC FMNP and Cash-Value Voucher (CVV) immediately.

5.2 Health and Ancillary Services

Significant program initiatives for the Health and Ancillary Services Unit for FFY 2011 included follow-up on the implementation of Value Enhanced Nutrition Assessment (VENA); preparation for implementation of the *Using Loving Support to GROW and GLOW in WIC Breastfeeding Training for Local WIC Staff*; containing the cost of infant formula; coordinating immunization data entry and referrals to healthcare providers; conducting nutrition services trainings, breastfeeding promotion and support trainings, nutrition services orientation, technical assistance training, and publishing four quarterly issues of the MARWIC Times.

5.2.1 Breastfeeding Peer Counseling

Local agencies conducted breastfeeding promotion and support services according to program guidance set forth in *Using Loving Support to Manage Peer Counseling Programs*. The majority of New Jersey's share of the FFY 2010 Breastfeeding Peer Counseling funds was placed in the FFY 2011 grants to the local agencies and MCH consortia. These additional funds were used to increase staff hours and the number of breastfeeding staff. Agencies expanded breastfeeding services to WIC sites where there previously were no services, increased services at other sites, and began making visits to new WIC breastfeeding mothers in some hospitals. More staff are bilingual in Spanish, Arabic and other languages. The State Agency has prioritized making comprehensive breastfeeding promotion and support services fully integrated as a core service.

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

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 revised monitoring tools finalized in April 2009, that include VENA evaluation questions (client-centered) related to clinic environment, customer service, counseling and nutrition education.

5.2.3 Value Enhanced Nutrition Assessment (VENA)

The State Office coordinated one Nutrition Services meeting in October 2010, on Facilitated Discussion. This training revisited VENA and its integration into breastfeeding and nutrition education services while successfully setting the stage for the year long "Grow and Glow" training. All other Nutrition Services meetings were suspended for the year to allow for statewide implementation of "Using Loving Support to GROW and GLOW in WIC.

5.2.4 Using Loving Support to GROW and GLOW in WIC

The main focus of FFY 2011 was to improve the quality of WIC breastfeeding education and support through the breastfeeding training curriculum, "Using Loving Support to GROW and GLOW in WIC: Breastfeeding Training for Local WIC Staff" (G&G). The USDA requires all State agencies to provide this federally mandated national competency-based training to all local agency staff. The curriculum covers basic breastfeeding information, incorporates team building, and gives staff the opportunity to explore feelings about breastfeeding. This training will equip all staff with the necessary skills for effectively promoting and supporting breastfeeding within their job duties. Various training methods will be employed in G&G's implementation.

The Grow and Glow training will be implemented and completed in 2011. Pre-training surveys of attitudes and behaviors of participants and all staff regarding breastfeeding were conducted in February. The curriculum is three and a half days; the first three parts are mandatory for all staff. Part I consists of a half day conducted by the local agency reviewing clinic mission and rationale. Part II was given by a professional trainer covering barriers, feelings and communication. Part III was given by a statewide team (select State staff and local agency staff) and reviewed breastfeeding basics. Part IV is a day of counseling practice mandatory for all counseling staff; support staff was encouraged to attend. A post-training survey of staff and participants will be completed by December 31, 2011. An analysis of the surveys and final report will be completed in January 2012.

5.2.5 Other Breastfeeding Promotion and Support Trainings

The State held quarterly meetings with the breastfeeding managers to provide technical assistance, review policies and procedures, update skills and knowledge, and exchange ideas. New peer counselors were trained by breastfeeding grantees according to the *Loving Support through Peer Counseling* training program. The New Jersey WIC Services Breastfeeding Peer Counselor Handbook, which is the text for the training, was given to all peer counselor trainees.

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

In November 2009, the NJ WIC Program launched an interactive customized nutrition education website, NJWIConline.org. This website can be utilized by New Jersey WIC participants with internet access to satisfy their secondary nutrition education contact. The site offers participants informative nutrition and health lessons and fun and clever activities to reinforce the key points of the lessons. Topics include fruits and vegetables, calcium, cholesterol, oral health and iron. The

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

5.2.7 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.

5.2.8 The Sesame Street *Healthy Habits for Life*: Get Healthy Now Show Kits

The WIC Program partnered with Sesame Workshop to encourage New Jersey families to develop healthy habits. The Healthy Habits for Life kits incorporated messages related to the new WIC Food Packages implemented October 1, 2009. Each family (household) received a kit that used Sesame Street characters to promote nutrition and physical activity in fun creative ways. The kits are in English and Spanish and contain an interactive DVD, storybook and guide for parents. In 2011, many of the Local agencies still use the DVDs or messages to reinforce nutrition education key messages.

The key messages included in the Healthy Habits for Life kit include:

1. Eat five fruits and vegetables everyday!
2. Anytime foods are so good for you and include fruits, vegetables, beans, whole grains, and low fat milk.
3. Sometime foods are usually high in sugar, fat or salt.
4. Eat together as a family.

5. The more you more, the healthier your body is, so be active every day!

5.2.9 Outreach Initiative

During June 2009, WIC Services worked with NJN Media Production to create two 60 second radio Public Service Announcements (PSAs), in English and Spanish to be aired during the summer of 2010. In September 2009, WIC Services collaborated with Mary Pomerante, Advertising, a State communication contractor, to launch a 30 day radio outreach campaign. The messages were aired on 13 radio stations statewide between the hours of 9:00 AM and 6:00 PM seven days a week in the month of October 2009. The messages provided information on breastfeeding promotion and support, nutrition education, free nutritious food, immunization screening and health care referrals. The messages encouraged the participation of low-income WIC eligible applicants. If funding is available this message will be aired again on radio stations in FY 2012.

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 Senior Services and the New Jersey Division of Taxation. The purpose of this Agreement is to share and verify tax information on vendors that may be above-50-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

New Jersey WIC Services has authorized approximately **848** vendors. All authorized vendors met the current vendor selection criteria and attended a vendor training session.

5.3.3 Vendor Video and Participant Video

New Jersey WIC Services in collaboration with NJN Network developed a Vendor Video and a Participant Video. The videos serve as training and orientation tools for all authorized WIC vendors, cashiers, and WIC participants. Both videos focuses on the purpose of WIC, how to cash and redeem WIC checks and Cash-Value Vouchers, how WIC identifies and selects approved WIC foods, and some do's and don'ts about the WIC Program. The vendor and participant videos serves as training tools to help the vendors, cashiers and participants reduce the number of errors made in accepting and cashing WIC checks and Cash Value Vouchers. The videos also could potentially reduce and save the WIC Program checking and banking fees by educating all of the responsible people involved. This would allow WIC staff to effectively and efficiently control check management, training and monitoring.

5.3.4 Vendor Video and Participant Video

New Jersey WIC Services implemented a supply order procedure (Policy and Procedure 9.17) for the local WIC agencies to use when ordering certification supplies. The Supply Order Form (Attachment 9.17 A) has been revised and a Supply Order Log Sheet (Attachment 9.17 B) has been added to that local agency staff can easily track supply orders sent to Royal Business Forms.

5.4 WIC Information Technology Systems

5.4.1 Field Support Services

Local Agency hardware maintenance, repair and replacement, operating system, LAN administration and application troubleshooting support for all Local Agencies are handled by State office field support staff on an as required basis. All hardware and some software related calls reported through the contractor's help desk are forwarded to the State Field Support Service staff. The field support staff is responsible for the physical installation, maintenance, repair and administration of the PCs, printers and networks utilized with WIC ACCESS. Field support staff has responded to over 730 on site maintenance calls and provides daily telephone support as appropriate.

5.4.2 Ad-Hoc Reporting

Crystal Reports is an ad-hoc reporting tool that is being used to create management reports that had not been previously available or to address new requirements and temporary needs. State staff has been provided for development support for the generation of Crystal Reports upon request. That staff has responded to approximately 140 requests for data/reports.

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

Computing hardware in local agencies has undergone a replacement project that includes new desktop and laptop workstations running Windows XP Professional and laptop and administrative servers running Windows Server 2003. All new product versions had undergone rigorous compatibility and regression testing to certify the WIC ACCESS application by the current contractor, CMA and by WIC's Quality Assurance Section. WIC ACCESS version 4.10 was implemented statewide and included a change in the statewide transfer process to accommodate the new food package sub statuses thus enabling immediate printing of benefit checks.

5.4.4 WIC ACCESS Disaster Recovery Backup Site

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

5.4.5 Data Warehousing

NJ WIC MIS is continuing the use of Data Warehousing which provides access to statewide participant data to State employees via the Internet. Statewide participant data is accessible to NJ WIC Staff.

5.4.6 Systems Lifecycle

WIC's Automated Client Centered Electronic Service System (ACCESS) is approaching the end of its useful product lifecycle. An RFP for a final contract for operations and maintenance of the system will be issued, and an RFP for a replacement system will be developed.

5.5 Monitoring and Evaluation

5.5.1 Infant Formula Rebate

The Infant Formula Rebate Contract with Ross Products Division, Abbotts Laboratories is providing $36M which will serve 553,080 WIC participants.

The Ross contract is effective until September 30, 2010.

5.5.2 WIC Administrative Funding Formula

The preliminary FFY 2011 funding was based on the guaranteed FFY 2010 base. Using USDA's funding formula which guarantees the annual base funding from one year to the next, the recommended FFY 2010 base with a ten percent inflation factor was the preliminary grant award to the grantees for FFY 2011. 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 Nestlé's went into effect May 1, 2007 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

The State of New Jersey is in the process of issuing a Request for Proposal for an operation and maintenance contractor to maintain the current WIC ACCESS system at the local agencies.

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

6.2 Quality Nutrition Services

6.2.1 Value Enhanced Nutrition Assessment (VENA)

USDA's Value Enhanced Nutrition Assessment guidance seeks to promote a participant-centered approach to dietary assessment and counseling. VENA has been fully implemented; initial statewide trainings have been completed and all VENA related policy and procedures have been finalized. As mentioned in Section 5.0 Milestones, the State continues to provide VENA related trainings; the State provided Facilitated Discussion Training in the fall 2010. State staff will continue ongoing evaluation of local agency VENA training needs through onsite reviews, quarterly nutrition services meetings, and chief nutritionists and breastfeeding managers meetings.

6.2.2 Breastfeeding Exclusivity

In FFY 2012, there will be continued emphasis on promoting exclusive breastfeeding in the first six months of life. To determine a woman's stage of change relative to breastfeeding, WIC staff will target relevant messages to pregnant women about breastfeeding. Individual barriers to breastfeeding will be addressed using VENA techniques and the 3-Step counseling method. The food packages and materials, staff attitudes and clinic environment will reflect the importance of exclusive breastfeeding for the first six months and continued breastfeeding for as long as mother and infant desire as the biological norm for feeding infants and young children.

6.2.2.1 Breastfeeding Promotion and Support Services

Breastfeeding Promotion and support services continue to promote exclusive breastfeeding for the first months of life among WIC participants through protection, promotion and support activities. Breastfeeding promotion and support services are conducted according to *Using Loving Support to Manage Peer Counseling Programs*. Pregnant women receive breastfeeding education so they can make informed infant feeding decisions and breastfeeding women receive support services to help them meet their breastfeeding goals. Peer counselors meet with new mothers at initial infant certification, check pick-up, and package change appointments at administrative sites and some suitcase sites. 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. Breastfeeding staff coordinates with community groups and health care providers so that WIC women will receive consistent messages about breastfeeding.

Breastfeeding peer counseling funding have been renewed through September 2012. These funds are used to enhance peer counselors' salaries, increase staffing, and expand services. Breastfeeding peer counselors come from the communities and speak the same language as WIC participants. After satisfactorily completing the eighteen-hour breastfeeding peer counselor training, they are mentored by experienced breastfeeding staff.

6.2.2.2 Using Loving Support to GROW and GLOW in WIC: Breastfeeding Training for Local WIC Staff

All WIC staff will complete the four parts of the Grow and Glow training by December 31, 2011. In FY 2012, the pre and post training surveys will be evaluated, directing future training at identified weaknesses. A plan will be developed to offer the Grow and Glow training to all new hires.

6.2.3 Promote Physical Activity in Conjunction with Nutrition Education

Local agencies will be encouraged 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 making a short statement at the end of every counseling session such as, "Good nutrition is not enough; remember to be physically active every day!"

The local WIC staff will also focus on educational strategies that will assist WIC participants to increase the consumption fruits and vegetables and making healthier food choices.

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

In Fiscal Year 2012 New Jersey WIC Services plans to increase the selection of lesson topics available on 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. The Georgia WIC Program is developing an additional lesson on breastfeeding. After the breastfeeding lesson is completed, New Jersey WIC Services will review it, and if appropriate, transfer it to our lesson list on NJWIConline.org. Additionally, NJ WIC Services nutritionists have begun drafting content for a new lesson, including reinforcement activities on physical activity.

6.3 Vendor Cost Containment

Vendor management personnel have authorized approximately 848 vendors which include current and new vendors. All Vendor Commodity Price List Surveys were received and reviewed to ensure WIC food prices are competitive based on each peer group. WIC continues to have an allowable reimbursement system for vendors. Each peer group has an average and maximum price for each food item. Vendors who exceed the maximum price for a specific Food Instrument shall be reimbursed the average price for the Food Instrument. Vendors/ farmers with Cash- Value Vouchers that exceed the amounts printed on the checks shall be reimbursed only for the amounts printed on the Cash-Value Voucher.

6.3.1 Vendor Selection

The New Jersey WIC Supplemental Nutrition Program will begin accepting new vendor applications from retail food stores and pharmacies for participation for the new contract period starting October 1, 2012 through September 30, 2015. The open enrollment period for new vendor applications will begin January 2012. The renewal application packets for the current retail food stores will begin thereafter. The NJ WIC Program characterizes retail food stores and pharmacies by a peer grouping method. The peer groups are assigned based on the type, location, size and/ or volume of the store. The peer groups types are chain, large independent, small, pharmacy, commissary and interested applicants. Retail food stores that do not meet requirements for participation in the WIC Program, due to minimum stock requirements and/or maintain prices competitive with comparable vendors, the application will be denied. The applicants that do not meet the competitive pricing criteria will be denied and have the right to request a hearing to appeal the State Agencies decision. The applicant will have the right to appeal the denied decision within 20 days of the receipt of the written notice.

6.4 Program Integrity

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

Food Delivery has a contract for vendor compliance buy investigations.

The State WIC Agency (SA) onsite team (Food Delivery, Nutrition Services, and MIS staff) conducts bi-annual monitoring and evaluations of nine out of eighteen local WIC agencies per year. After the local agency review, the SA onsite team submits an onsite report which includes corrective action plans for the local agency to review and respond. All eighteen local agencies are required to conduct internal monitoring annually. The nine agencies who are not scheduled for the bi- annual monitoring and evaluation must submit their internal monitoring questionnaires and summary of findings to the SA onsite team for review.

7.0 APPENDICES

7.1 Organizational Charts

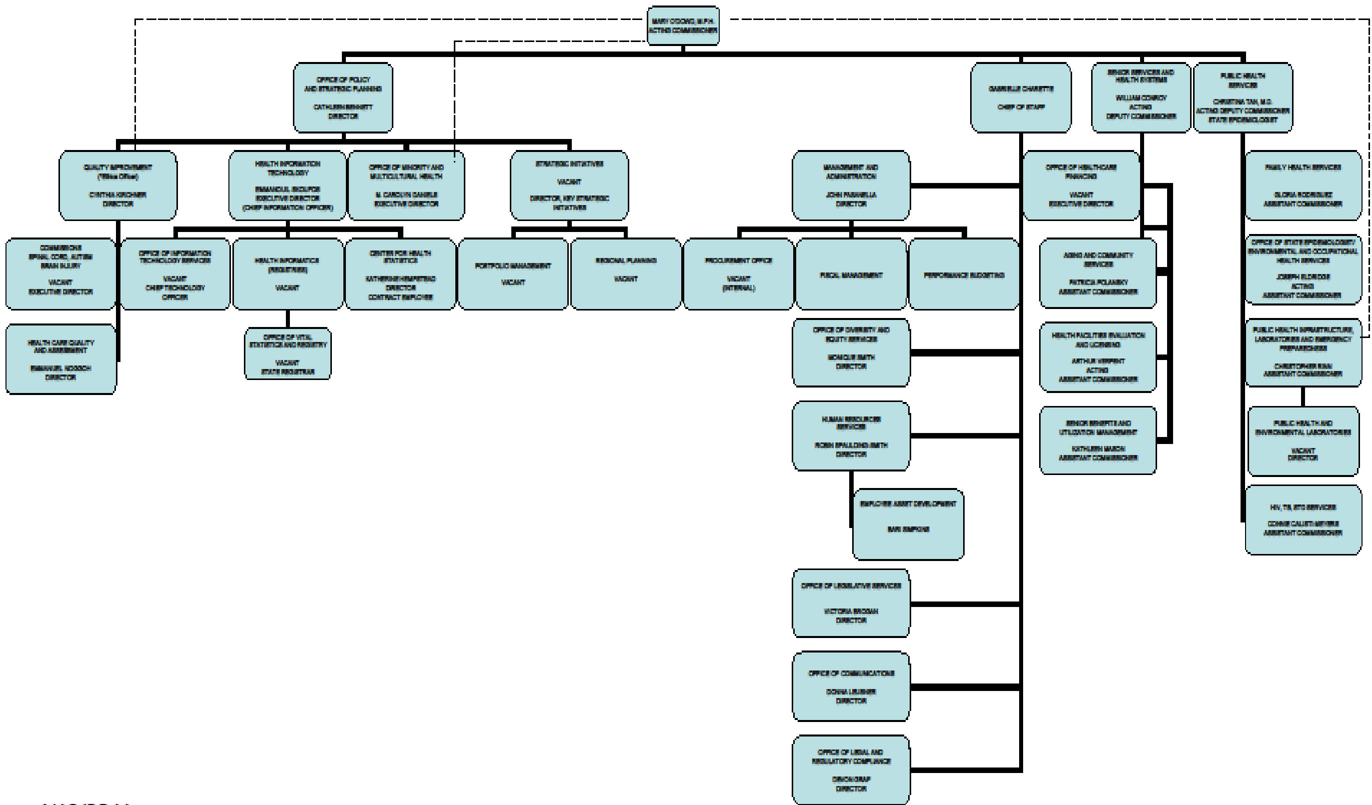
7.1.1 Department of Health and Senior Services

7.1.2 Division of Family Health Services

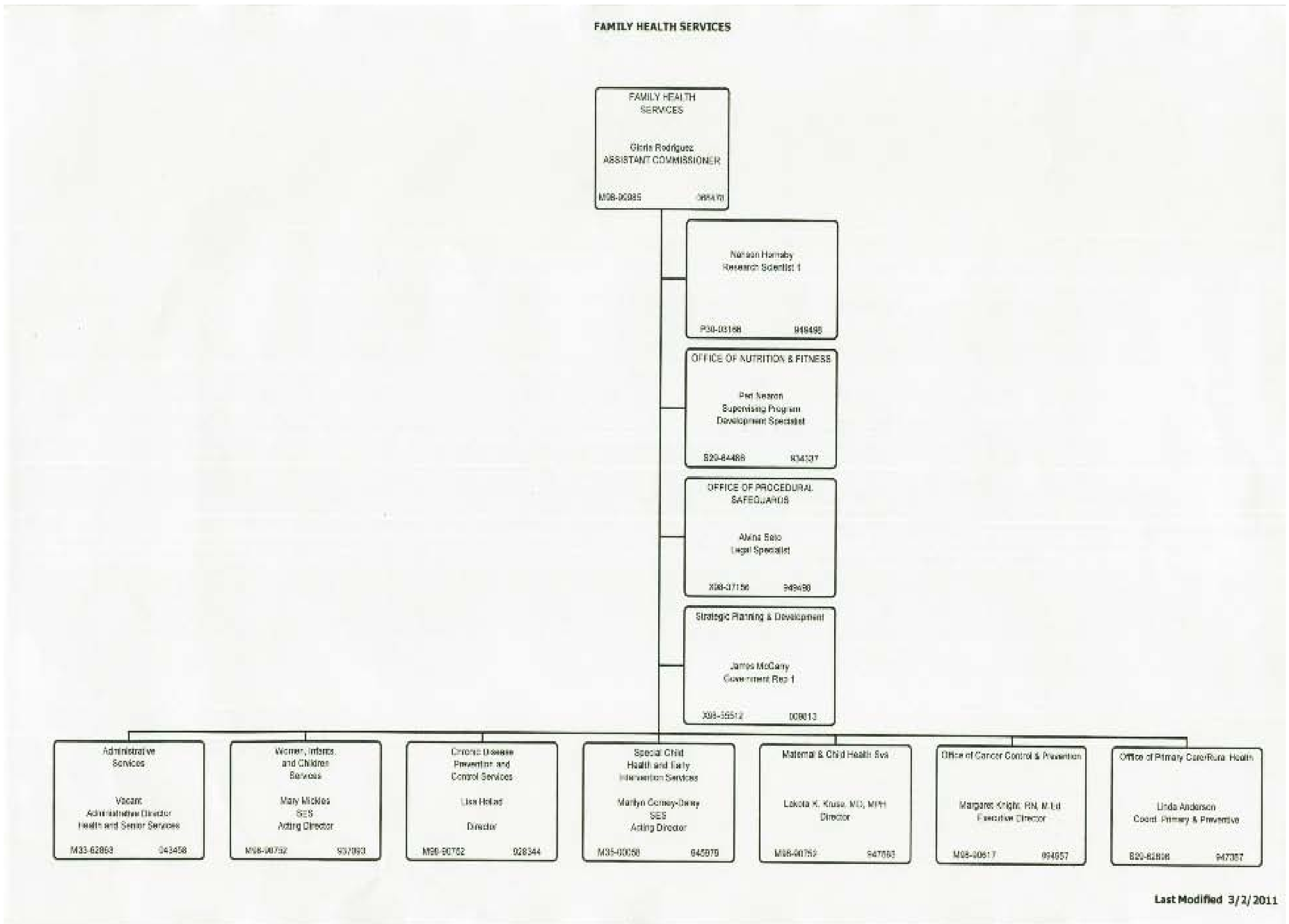
7.1.3 WIC Services

7.1.1 Department of Health and Senior Services

NJDHSS ORGANIZATION TABLE



7.1.2 Division of Family Health Services



7.1.3 WIC Services

3/24/2011

New Jersey WIC Services
FFY 2011

8.0 WIC Clinic Sites by County

Local WIC Agency Central Administrative, Administrative and Satellite Sites

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

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Admin	Family Life Center 200 Phila Ave. Egg Harbor City, NJ 08215	Monday – Friday: 8:30 – 4:00	(609) 965-9126
04 Admin	One-Stop Career Center 2 South Main Street, second floor Pleasantville, NJ 08232	Monday – Thursday: 8:30 – 4:00	(609) 272-0854
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	(609) 347-5656
03	(not in use		
09			
11	(not in use		
12	(not in use		
07	(not in use)		
08	(not in use		
10	(not in use		
44	(not in use		
06 Closed			

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

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

04 CAMDEN COUNTY WIC PROGRAM
CAMDEN COUNTY HEALTH DEPT.
DI PIERO CENTER, SUITE 501
512 LAKELAND RD.
BLACKWOOD, NJ 08012
(856) 374-6321 **Coordinator: Kathleen Kachur**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Admin	AFCD WIC Office County Administration Bldg., Basement 600 Market Street Camden, NJ 08102	Monday, Tuesday, Wednesday & Friday: 8:30 – 4:30	(856) 225-5155 (856) 225-
02 Main Admin	Camden County WIC Program Mt. Ephraim Plaza, Suite 411 2600 Mt. Ephraim Ave. Camden, NJ 08104	Monday, Tuesday, Thursday & Friday: 8:00 – 5:00 Wednesday: 7:30 – 7:00	(856) 225-5050 (856) 225-5051
17 Admin	Lakeland WIC Office Di Piero Center, Suite 501 512 Lakeland Road Blackwood, NJ 08012	Tuesday, Wednesday & Thursday: 8:00 – 4:00	(856) 374-6085 (856) 374-6084
70	Bellmawr Regional Health Center 35 Browning Rd. Bellmawr, NJ **08031**	1st & 3rd Tuesday: 11:00 – 7:00	(856) 931-2700
05	(not in use)		
06	(not in use)		
59 closed			
71	(not in use)		

05 TRI-COUNTY WIC PROGRAM
10 WASHINGTON STREET
BRIDGETON, NJ 08302
(856) 451-5600 (office)
(856 453-9478 (fax)

Coordinator: Dr. Jaya Velpuri

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Bridgeton WIC Office 10 Washington Street Bridgeton, NJ 08302	Monday – Friday: 8:30 – 4:30 1st & 3rd Wednesday: 8:00 – 7:00	(856) 451-5600 Ext. 6732
02	Teen Center Bridgeton High School 111 West Avenue Bridgeton, NJ 08302	1st Wednesday as needed: 9:30 – 11:00 October – May	(856) 455-8030
05* see detail at bottom	Millville WIC Moved 10/10 to **530 North High St** Millville, NJ 08332	Monday, Thursday, Friday: 8:30 – 4:30 1st Thursday 10:00 – 6:00	(856) 327-6868
08 van	Countryside Village Parsonage Road Seabrook, NJ 08302	3rd Tuesday: 9:00 – 3:00	(609) 501-8370
13 Admin	Vineland WIC Office 610 E. Montrose Street Vineland, NJ 08360	Monday – Friday: 8:30 – 4:30 1st Tuesday: 8:30 – 6:30	(856) 691-1155 (856) 691-2410 (fax)
43 Admin	Salem WIC Office 14 New Market Street Salem, NJ 08079	Monday – Thursday: 8:00 – 4:00 1st Monday: 9:00 – 5:00	
40 van	Penns Grove IGA	2nd & 4th Friday 8:00 – 3:30	
41	Salem Hospital Health Start 310 Woodstown Rd. Salem, NJ 08079	1st Tuesday: 1:00 – 3:00	(856) 935-1000
61 Admin	Cape May WIC Crest Haven Complex 6 Moore Rd. Cape May Court House, NJ 08210	Monday – Thursday: 8:00 – 4:30	(609) 465-1224
62 van	Ocean City(Not going) Tabernacle Baptist Church	2nd Monday: 9:00 – 2:30	(609) 501-8370
63	Wildwood WIC(temporarily operating from site 61)Cape Human Resource Center 14104 New Jersey Avenue Wildwood, NJ 08260	1st, 2nd & 4th Friday: 7:30 – 3:30	(609) 522-0231
64	North Cape May Villa Lower Township Municipal Court North Cape May, NJ 08204	1st, 2nd & 3rd Thursday: 8:30 – 2:00	(609) 898-8899
03	(not in use)		
51	(not in use)		
14	(not in use)		
26	(not in use)		
60	(not in use)		
65	(not in use)		

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

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

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
02 Main Admin	East Orange WIC 185 Central Avenue, Suites 505 & 507, East Orange, NJ 07018	Monday – Friday: 8:30 – 4:30 Monday & Wednesday: 8:30 – 7:00	(973) 395-8960
16 Admin	Belleville WIC Office 152 Washington Avenue Belleville, NJ 07109	Tuesday, Wednesday & Thursday: 9:00 – 1:00	(973) 450-3395
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
06	(not in use)		
08	(not in use)		
09	(not in use)		
17	(not in use)		
29	(not in use)		
07 -			
70	(not in use)		

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

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

09 JERSEY CITY WIC PROGRAM
DEPARTMENT OF HEALTH AND HUMAN SERVICES
384 Martin Luther King (The Hub)
JERSEY CITY, NJ 07305
(201) 547-5682 **Coordinator: Deborah M. Murray**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
13 Main Admin	Jersey City WIC Program Dept. of Health & Human Services 384 Martin Luther King Jersey City, NJ 07305 1/3/2011	Monday – Friday: 7:00 – 4:30	(201) 547-5682
06	Horizon Health Center (Health Start) 706-714 Bergen Avenue Jersey City, NJ 07306	Wednesday: 8:30 – 11:00	(201) 451-6300
14	Metropolitan Family Health Network (Health Start) 935 Garfield Avenue Jersey City, NJ 07304	Monday: 8:30 – 11:00	(201) 946-6400
15	North Hudson Community Action Corp. of Jersey City (Health Start) 324 Palisades Avenue Jersey City, NJ 07307	Tuesday: 8:30 – 11:00	(201) 459-8888
16	Bayonne Hospital (Health Start) 29 East 29th Street Bayonne, NJ 07002	Wednesday and Thursday: 8:30 – 11:00	(201) 858-5000 Ext. 5356

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

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

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

11 NEWARK WIC PROGRAM
DEPARTMENT OF Child and Family Well-Being
110 WILLIAM STREET
NEWARK, NJ 07102
(973) 733-7628 (973-733-7707) **Coordinator: Christine Reynolds**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
15 Main Admin	Newark WIC Department of Child and Family Well-Being 110 William Street Newark, NJ 07102	Monday, Tuesday & Wed Friday: 8:30 – 4:30 Thursday: 8:30 – 7:00 Saturday: 9:00 – 2:00	(973) 733-7628
01	Newark Preschool/Alberta Bay 300 Chancellor Avenue Newark, NJ 07112	Thursday: 10:30 – 3:00	(973) 923-7173
29	Dayton Health Center (Health Start) 101 Ludlow Street Newark, NJ 07104	1st and 3rd Wednesday: 10:00 – 3:00	(973) 565-0355
31	North Newark Health Center (Health Start) 741 Broadway Newark, NJ 07104	2nd and 4th Wednesday: 10:00 – 3:00	(973) 483-1300
18 Admin	Newark Beth Israel Medical Center (Health Start) 166 Lyons Avenue Newark, NJ 07112	Monday – Friday: 8:30 – 4:30	(973) 733-5157 (973) 733-5158
20 Admin	Irvington Municipal Building 1 Civic Square Irvington, NJ 07111	Monday – Friday: 8:30 – 4:30	(973) 399-6732
26 Admin	St. Michael Medical Center Health Start 268 Martin Luther King Blvd. Newark, NJ 07103	Monday – Friday: 8:30 – 4:30	(973) 877-5084 (973) 877-2705 (973) 877-2698
03	Columbus Hospital Health Start 495 North 13th Street Newark, NJ 07107	Tuesdays & Thursdays: 8:30 – 4:30 and 2nd and 4th Monday 8:30-4:30	(973) 973-497-5618 Fax: 973-497-5619 online 7/2009
17	St. James Hospital Family Service Heath Start 155 Jefferson Street , 3rd Floor Newark, NJ 07102	Monday Tuesday and Thursday: 8:30 – 4:30 as of 5/2010	(973) 465-2832
02	(not in use)		
06	Not in use		
07	(not in use)		
08	(not in use – formerly Club del Barrio)		
80	van sites?? Locations Closed		
09 closed	(not in use – formerly Irvington Ped.)		

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

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	NHCAC WIC Program 407 39th Street, Union City, NJ 07087	Monday Wed, Thurs and Friday: 8:00 – 4:00 Tuesday: 8:30 – 7:00PM	(201) 866-4700
06Closed	Meadowlands Hospital 55 Meadowlands Parkway Secaucus, NJ 07094	closed	
	Kearny Health Department 645 Kearny Avenue Kearny, NJ 07032	4th Monday: 9:30 – 3:00	(201) 997-0600
07 (mobile)	Kearny	1st Monday and 2nd Tuesday and 4th Friday 9:30-3:00PM	
08	Harrison Health Department Annex 318 Harrison Avenue Harrison, NJ 07029	3rd Thursday and 4th Wednesday 9:30 – 3:00	(973) 268-2464
09	NHCAC Community Health Center at Hoboken 124 Grand Street Hoboken, NJ 07030	Tuesday: 9:30 – 3:30 Thursday: 9:30 – 3:00	(201) 863-7180 (201) 795-9521
71	Palisades General Hospital Maternity Floor 7600 River Road North Bergen, NJ 07047	Monday, Wednesday & Friday: 9:30 – 2:00	
85 Mobile site	NHCAC at Mesivta Sanz School 3400 New York Avenue Union City, NJ 07087	2nd Wednesday, March, June, Sept, Dec 9:30-3:30	(201) 424-3240
79 Admin	NHCAC at Union City 714-31st Street Union City, NJ 07087Merging with 1201 will be closed.	Monday Tuesday,Wed & Friday: 8:00 – 4:00 Thursday 8:30-7:00PM	(201) 863-4123
73	(not in use)		
74	(not in use)		
75	(not in use)		
82	(not in use)		
83	(not in use)		
84	(not in use)		
86	(not in use)		
87	(not in use)		
88	(not in use)		
89	(not in use)		

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

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
07 Admin	NORWESCAP WIC Program 10 Moran Street Newton, NJ 07860 (Sussex Co.) (– mailing use site 1320)	Mon and Wed. – 8:30- 4:30 Tuesday 9:00-3:30	(973) 579-5155
05	Hopatcong Health Department 111 River Styx Road Hopatcong, NJ 07843 (Sussex Co.)	3rd Tuesday: 9:30 – 3:30	(973) 770-1200
20 Main Admin	NORWESCAP WIC Program 350 Marshall Street Phillipsburg, NJ 08865 (Warren Co.)	Monday – Friday: 8:30 – 4:30 2nd and 4th Thursday: 8:30 – 7:00	(908) 454-1210
08	Trinity Methodist Church 211 Main Street Hackettstown, NJ 07840 (Warren Co.)	1st, 3rd & 5th Wednesday: 9:30 – 3:30	(908) 852-3020 Ext. 237
10	Flemington United Methodist Church 116 Main Street Flemington, NJ 08822	2nd & 4th Wednesday: 9:30 – 3:30	(908) 782-1070
17	First Presbyterian Church 41 East Church Street Washington, NJ 07882 (Warren Co.)	1st & 3rd Friday: 9:15 – 3:30	(908) 689-2547
22 Admin	NORWESCAP WIC Program People Care Center 120 Finderne Avenue, Suite 230 Bridgewater, NJ 08807 (Somerset Co.)	Monday – Friday: 8:30 – 5:00 1st & 3rd Wednesday: 8:30 – 7:00	(908) 685-8282
26	Watchung Avenue Presbyterian Church 170 Watchung Avenue North Plainfield, NJ 07060 (Somerset Co.)	1st, 2nd, 3rd & 4th Tuesday: 9:30 – 3:00	(908) 755-2781
01	(not in use)		
02	(not in use)		
04	(not in use)		
06 Closed			
11 Closed			
24 closed		Closed	

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

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Plainfield WIC Program 510 Watchung Avenue Plainfield, NJ 07060	Monday – Friday: 9:00 – 5:00 Wednesday May – Sept: 9:00 – 7:00	(908) 753-3397
02	(not in use)		

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

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	St. Joseph WIC Program 185 6th Avenue Paterson, NJ **07524** (Passaic Co.)	Monday & Friday: 8:00 – 4:30 Tues, Wed & Thursday: 8:00 – 6:00	(973) 754-4575
07 Admin	Market Street Clinic 166 Market Street Paterson, NJ 07505 (Passaic Co.)	Monday – Friday: 8:30 – 4:30 Saturday: 9:00 – 3:00	(973) 754-4730 Amalia: ext.4736
09	St. Paul's Community Dev. Corp 451 Van Houten Street, 2nd Floor Paterson, NJ 07503 (Passaic Co.)	1st, 2nd, 3rd & 4th Friday: 9:00 – 3:00	(973) 278-7900
12	Hackensack Department of Health 215 State Street Hackensack, NJ 07601 (Bergen Co.)	1st & 3rd Monday & every Thursday: 9:00 – 3:00	(201) 646-3965
14	St. Mark's Episcopal Church 118 Chadwick Road Teaneck, NJ 07666 (Bergen Co.)	1st, 2nd, 3rd & 4th Monday: 9:00 – 2:30	
15	Center for Family Resources 12 Morris Rd. Ringwood, NJ 07456 (Passaic Co)	1st Thursday 9:00 - 3:30 As of June 1, 2008	(973) 962-0055
16	Pompton Lakes Health Department 25 Lenox Avenue Pompton Lakes,NJ 07442(Passaic Co.)	4th Monday: 9:00 – 3:00	(973) 835-0143 Ext. 222
17	First Presbyterian Church 457 Division Avenue Carlstadt, NJ 07072 (Bergen Co.)	1st Wednesday: 9:00 – 3:00	(201) 438-5526
18	Mt. Calvary Baptist Church 90 Demarest Avenue Englewood, NJ 07631 (Bergen Co.)	2nd & 4th Tuesday, 2nd & 3rd Thursday: 9:00 – 3:30	(201) 568-0817
19	Fort Lee Church of the Good Shepherd 1576 Palisade Avenue Fort Lee New Jersey 07024	2nd Friday: 9:00 – 2:00	
20	Wayne Health Department 475 Valley Road Wayne, NJ 07470 (Passaic Co.)	3rd Tuesday: 9:00 – 3:00	(201) 387-4058
21	Bergenfield Department of Health 198 N. Washington Avenue Bergenfield, NJ 07621 (Bergen Co.)	2nd & 4th Monday: 9:00 – 3:30	(201) 387-4058

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
22	Red Cross 74 Godwin Avenue Ridgewood, NJ 07450 (Bergen Co.)	3rd & 4th Friday: 9:00 – 3:30	(201) 652-3210
23	AME Bethel Church 59 Spring Street Morristown, NJ 07960 (Morris Co.)	1st, 2nd, 3rd & 4th Friday: 9:30 – 2:30	
27	Boonton Health Department 100 Washington Avenue Boonton, NJ 07005 (Morris Co.)	3rd Wednesday: 9:00 – 3:30	(201) 299-7745
29	Dover Head Start 18 Thompson Street Dover, NJ 07801 (Morris Co.)	Wednesdays: 9:00 – 3:30	(973) 989-9052
30	Clifton Health Department 900 Clifton Avenue Clifton, NJ 07012 (Passaic Co.)	3rd Tuesday: 9:00 – 3:30	(973) 470-5778

17 CONCERNED CITIZENS OF EWING WIC PROGRAM
80 West Upper Ferry Road
Fisk Professional Center, 2nd Floor
Ewing, New Jersey 08628
(609) 498-7755 **Coordinator: Kelly Ryan**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 (26) Main Admin	Concerned Citizens of Ewing WIC 80 West Upper Ferry Road Fisk Professional Center, 2nd Floor Ewing, NJ 08628	Clinic hours: Tuesday: 8:30 – 6:00 Thursday: 8:30-7:00 Office hours: Monday, Wednesday, Friday: 8:30 – 4:00	(609) 498-7755 Central Call number for all sites.
04	Hamilton Health Department 2090 Greenwood Avenue Hamilton, NJ 08609	1st, 3rd & 4th Friday: 9:00 – 3:00	
22	Princeton WIC 400 Witherspoon Street Princeton, NJ 08542	3rd Friday: 9:00 – 3:30	
25	Ewing Clinic Ewing Neighborhood Center 320 Hollowbrook Drive Ewing, NJ 08638 Closing	2nd Friday, odd months 9:00 – 3:30	Client will be offered new site or other sites
11	Sam Naples New site number Sam Naples Community Center 611 Chestnut Avenue Trenton, NJ 08611 Will be closing	Closed as of 9/01/2010	
19	East Windsor Clinic Environmental Center at Etra Park East Windsor, NJ 08520	CLOSING as of – new site: 9/03/10	Clients should call main site
02 (30)	Sam Naples Community Center	No longer an admin site	

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

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

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

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
06 Main Admin	Ocean County WIC Program Ocean County Health Department 175 Sunset Avenue Toms River, NJ 08755	Monday – Friday: 8:00 – 5:00 1st, 2nd & 4th Monday: 8:00 – 8:30	(732) 341-9700 Ext. 7520
07	Brick Presbyterian Church 111 Drum Point Road Brick, NJ 08723	Tuesday: 9:30 – 12:00 NE/Checks 2:00 – 3:00	(732) 691-7307 staff cell phone
08	Jackson Elks Lodge 1050 East Veterans Highway Jackson, NJ 08527	1st, 3rd & 5th Monday: 9:00 – 4:00 NE/Checks 2:00 – 3:00	(732) 691-7307 staff cell phone
09	Berkeley Head Start 264 First Avenue South Toms River, NJ 08758	Wednesday: 9:00 – 4:00 (AM certs/PM NE/checks)	(732) 691-7307 staff cell phone
12 Admin	Northern Ocean Co Board of Health 1771 Madison Ave Lakewood NJ 08701 **Meg located at this site.**	Monday –Friday 8:00 – 5:00 1st & 3rd Thursday: 5:00 – 7:00	(732) 370-0122
14	Southern Ocean Resource Center 333 Haywood Avenue Manahawkin, NJ 08050	Tuesday: 9:30 – 4:00 NE/Checks 2:00 – 3:00	
15	Lighthouse Alliance Community Church 481 Rt. 9 South Little Egg Harbor, NJ 08087	Friday: 9:00 – 4:00 (AM certs/PM NE/checks)	(732) 691-7307 staff cell phone
16	Ortley Beach First Aid Squad Rt. 35 at 6th Avenue Ortley Beach, NJ 08751	Jan – May Wednesdays: June – Aug 1st, 3rd & 5th Weds: 9:00 – 12:00 certs2:00 NE/checks	(732) 691-7307 staff cell phone
72	Medical Center of Ocean County Brick Prenatal Clinic/Health Start 425 Jack Martin Blvd. Brick, NJ 08724	2nd & 4th Wednesday: 1:30 – 3:00	(732) 840-3290 staff cell phone
73	Southern Ocean County Hospital Health Start clinic 1140 Route 72 West Manahawkin, NJ 08050	Wednesday: 1:00 – 3:00	(609) 978-3165 staff cell phone
74	Community Medical Center (prenatal) 301 Lakehurst Road, 3rd Floor Toms River, NJ 08753	Tuesday & Thursday: 8:00 – 12:00	(732) 818-3388
71	Ocean Health Initiatives (OHI) Federal Qualified Health Center 101 Second St. Lakewood NJ 08701	Thursdays 8:30-12:00	
17	Forked River Baptist Church	CLOSED March 2010	

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

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Passaic WIC Program 333 Passaic Street Passaic, NJ 07055	Monday – Friday: 8:30 – 4:00	(973) 365-5620
02	The Senior Center 330 Passaic Street Passaic, NJ 07055	Monday – Wednesday: 4:00 – 7:00	(973) 365-5618
03	NHCAC 110 Main Avenue Passaic, NJ 07055	Tuesday: 1:00 – 4:00	(973) 777-0256
05 Not in use	St. Mary's Hospital – Health Start 211 Pennington Avenue Passaic, NJ 07055	(not active)	(973) 470-3019

22 TRINITAS WIC PROGRAM
1124 EAST JERSEY STREET
ELIZABETH, NJ 07201
(908) 994-5141 **Coordinator: Anita Otokiti**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Trinitas WIC Program 1124 East Jersey Street Elizabeth, NJ 07201	Monday – Friday: 8:00 – 5:00 Door opens 8:30	(908) 994-5141
02	Hillside Health Department Municipal Building Liberty Avenue & Hillside Avenue Hillside, NJ 07205	1st & 3rd Friday*: 9:00 – 2:00 * subject to change	
04	Union Township CHC Vauxhall Fire House 2493 Vauxhall Road Union, NJ 07083	1st & 3rd Tuesday*: 9:00 – 2:00 * subject to change	
05	Summit Health Department City Hall 512 Springfield ? Summit, NJ 07901	2nd & 4th Tuesday*: 9:00 – 2:00 *subject to change	
03	(not in use)		

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2. Li R, Jewells S, Grummer-Strawn L. Maternal obesity and breast-feeding practices. *American Journal of Clinical Nutrition* 2003; 77(4):931-936.

3. Institute of Medicine. *Nutrition During Pregnancy.* Washington DC: National Academy Press; 1990.

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5. Conde-Agudelo A, Belizan JM. Maternal morbidity and mortality associated with interpregnancy interval: cross sectional study. *BMJ* 2000; 321(7271): 1255-1259.

6. CDC. Recommendations to prevent and control iron deficiency in the United States. *MMWR* 1998; 47(RR-3): 1-29.

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8. Abrams B. Preventing low birthweight: does WIC work? A review of evaluations of the special supplemental Food Program for Women, Infants and Children. *Annals of the New York Academy of Sciences* 1993; 678: 306-316.

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14. Philip AG. Neonatal mortality rate: is further improvement possible? *The Journal of Pediatrics* 1995: 126: 427-433.

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16. Gartner LM, Morton J, Lawrence RA, Naylor AJ, O'Hare D, Schanler RJ, et al. Breastfeeding and the use of human milk. *Pediatrics* 2005; 115:496-506.

17. U.S. Department of Health and Human Services. *Healthy People 2010.* Volume II. Washington, DC: U.S. Government Printing Office; 2000.

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11. Mei Z. Ogden CL, Flegal KM, Grummer-Strawn LM. Comparison of the prevalence of shortness, underweight, and overweight among US children aged 0 to 59 months by using the Centers for Disease Control and Prevention 2000 and the WHO 2006 growth charts. *Journal of Pediatrics* 2008;153:622-628.

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