

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

**FFY **DRAFT** 2018**

**STATE STRATEGIC PLAN**

**DUNS #806418075**

**NEW JERSEY DEPARTMENT OF HEALTH**

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

**2018 STATE PLAN SUMMARY**  
**TABLE OF CONTENTS**

		<u>Page</u>
<b>1.0</b>	<b>EXECUTIVE SUMMARY .....</b>	1-1
1.1	Federal Overview .....	1-1
1.2	State Overview .....	1-4
1.3	Local Agency Overview.....	1-5
1.4	New Jersey WIC Advisory Council Overview .....	1-6
1.5	Division of Family Health Services’ Mission Statement .....	1-8
1.6	New Jersey WIC Services’ Mission Statement.....	1-9
1.7	New Jersey WIC Services’ Goals.....	1-10
1.8	New Jersey WIC Services’ 2018 Strategic Priorities .....	1-11
<b>2.0</b>	<b>ORGANIZATIONAL STRUCTURE OF NEW JERSEY WIC SERVICES</b>	
2.1	State Operations .....	2-1
2.2	Local Agency Operations.....	2-17
2.3	New Jersey Advocacy Operations.....	2-18
<b>3.0</b>	<b>MILESTONES-SIGNIFICANT INITIATIVES FOR FFY 2016 .....</b>	3-1
3.1	Office of the Director .....	3-1
3.2	Nutrition and Breastfeeding Services.....	3-4
3.3	Food Delivery and Vendor Management .....	3-7
3.4	WIC Management Information Systems.....	3-8
3.5	Monitoring and Evaluation .....	3-10
<b>4.0</b>	<b>STRATEGIES .....</b>	4-1
4.1	Client Services through Technology and Collaboration of Services.....	4-1
4.2	Quality Nutrition Services.....	4-2
4.3	Vendor Cost Containment .....	4-4
4.4	Program Integrity .....	4-5
4.5	Monitoring and Evaluation .....	4-6
<b>5.0</b>	<b>ORGANIZATIONAL CHARTS.....</b>	5-1
5.1	Department of Health Organizational Chart .....	5-2
5.1	Division of Family Health Services Organizational Chart.....	5-3
5.1	WIC Organizational Chart .....	5-4
<b>6.0</b>	<b>WIC CLINIC SITES by LOCAL AGENCY.....</b>	6-1
6.1	WIC Clinic Sites by County.....	6-1

**7.0 WIC ADVISORY COUNCIL BYLAWS** ..... 7-1  
7.1 WIC Advisory Council Bylaws..... 7-1

**8.0 PUBLIC HEARING TESTEMONIES**..... 8-1  
8.1 Public Hearing Documents ..... 8-1

## **1.0 EXECUTIVE SUMMARY**

### **1.1 Federal Overview**

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

- Provides a food package and nutrition education that is in line with the 2015 - 2020 Dietary Guidelines designed for all individuals age two years and over and their families to consume a healthy, nutritionally adequate diet; and current infant feeding practice that are consistent with the 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.
- Improves the nutrition and food security; and promotes health and well-being of its participants.
- 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 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.
- Integrates programs (Healthy Corner Store Initiative, WIC Farmers' Market Nutrition Program and the NJ Community Health & Wellness Program) to reduce barriers and strengthen the abilities of program participants to adopt lifelong dietary practices for health promotion.
- Provides nutrition education tailored to participants' risk factors and interests.

Numerous research findings show that WIC contributes to improved health and nutritional status of pregnant, 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), Rutgers – The State University of New Jersey, and another other non-government entity (Mathematica) 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, improved gestational age, and decreased infant mortality. (ref. # 1 – 6)

#### **Increased Consumption of Key Nutrients/Increased Nutrient Density of Diet**

A healthy diet is associated with a positive health status and can reduce the risk for several chronic diseases, including obesity, heart disease, type 2 diabetes, and some cancers. Consuming a healthy diet during early childhood contributes to adequate growth and development. Studies have shown that WIC children have increased intakes of iron, potassium, and fiber. Also participation in WIC dramatically improves Healthy Eating Index scores for the household (ref # 7 - 9).

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 and the cash value vouchers for fruits and vegetables, the WIC program implements the Farmers' Market Nutrition Program (FMNP) that increases access to locally grown fresh fruits and vegetables. The WIC FMNP also incorporates nutrition education that strengthens the abilities of program participants to adopt lifelong dietary practices necessary to prevent the onset of

chronic diseases. Through the New Jersey WIC FMNP, participants are educated about the relationship of nutrition to chronic disease prevention, promotes consumption of locally grown fresh fruits and vegetables and contributes to increases in revenues for participating New Jersey farmers. In 2016, 214 New Jersey farmers were authorized vendors for the FMNP and redeemed vouchers worth over \$575,430.

### **Increased Breastfeeding Rates**

WIC helps mothers to choose to breastfeed their infants and provides the support and information they need to continue breastfeeding. The WIC Participant and Program Characteristics reports show that among infants 6-13 months old at the time of the study, breastfeeding initiation rates increased every year from 55.5% in 2006 to 65.6% in 2014. (ref. #9).

**CONCLUSION:** WIC is a multi-component, comprehensive, effective and cost-saving 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.

### **REFERENCES:**

1. Khanani, I., Elam, J., Hearn, R., Jones, C., & Maseru, N. (2010). The impact of prenatal WIC participation on infant mortality and racial disparities. *American Journal of Public Health*, 100(S1), S402-S209.
2. Avruch, S., & Cackley, A.P. (1995). Savings achieved by giving WIC benefits to women prenatally. *Public Health Report*, 110, 27-34.
3. Kowaleski-Jones, L., & Duncan, G.J. (2002). Effects of participation in the WIC Program on birthweight: Evidence from the National Longitudinal Survey of Youth. *American Journal of Public Health*, 92(5). 799-804.
4. Abrams, B. (1993) Preventing Low Birth Weight: Does WIC Work? *Annals of NY Academy of Sciences* 678, 306-318.
5. Breckenridge, M and Gregory, P.M (1998) The Impact of WIC on Selected Pregnancy Outcomes. New Jersey Department of Health Report.
6. Davaney, B., Bilheimer, L., and Schore, J. (1991) The Savings in Medicaid Costs for Newborns and their Mothers from Prenatal Participation in the WIC Program. Princeton Mathematica Policy Research Inc.
7. Yen, S. (2010). The effects of SNAP and WIC Programs on nutrient intakes of children. *Food Policy*, 35(6), 576-583.
8. Basiotis, P.P., Kramer-LeBlanc, C.S., & Kennedy, E.T. Maintaining nutrition security and diet quality: The role of the Food Stamp Program and WIC. *Family Economics and Nutrition Review*, 11(1,2), 4 – 16.
9. Thorn, B, Tadler, C, et al. (2015) WIC Participant and Program Characteristics 2014. Prepared by Insight Policy research under Contract No. AG-3198-C-11-0010. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, 143.

## **1.2 State Overview**

The New Jersey Department of Health (NJDOH) was one of the first ten State agencies in the nation to administer the WIC Program. The Department currently provides WIC services to the entire State of New Jersey through health service grants awarded to sixteen (16) local agencies. Eight (8) agencies are local/county health departments, two (2) are hospitals, one (1) is an educational institution, and five (5) agencies are private/nonprofit organizations. As the Department moves forward with initiatives for a healthier New Jersey, WIC Services will play a key role to assure better health and improved nutritional status of low-income women, infants and young children.

It is the goal of New Jersey WIC Services to utilize various strategies to reduce the risk of poor pregnancy outcomes, and facilitate the improvement of nutritional status by identifying and providing services to prevent nutritional problems and 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 Federal Fiscal Year 2016 (October 1, 2015 through September 30, 2016), New Jersey WIC Services, through the local WIC agencies, served 263,109 pregnant, postpartum, breastfeeding women, infants and children up to age five with low-income; and medical and/or nutrition risk factors. The ethnic distribution of the WIC Program participants as of February 2017 was 52.71% Hispanic/Latino and 47.29% Non-Hispanic/Latino. Race distribution of New Jersey WIC participants: 2.53% American Indians and Alaska Native; 3.32% Asian; 23.63% African American; 1.00% Native Hawaiians or Pacific Islander, 66.79% Caucasian; and 2.73% Bi-racial and/or Multi-racial.

### **1.3 Local Agency Overview**

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

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

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



## **1.4 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 Section 5.4 and show the functional organization of each of the Service unit program areas. WIC Services is located within the New Jersey State Department of Health (Section 5.2), Division of Family Health Services (FHS) (Section 5.3). Lisa A. Asare, MPH is the Assistant Commissioner for the Division of Family Health Services, and Electra Moses, MS, RDN is the Director of WIC Services.

## **1.6 New Jersey WIC Services Mission Statement:**

To assure healthy pregnancies, healthy birth outcomes, and healthy growth and development for women, infant and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement their diets, information on healthy eating, breastfeeding promotion and support and referrals to health care and critical social services.

## **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 strategic priorities of New Jersey WIC Services are found under the section 6.0 Strategies. The strategies are:

- Improve client services through technology and collaboration;
- Participant-centered services incorporating motivational interviewing;
- Promote and support exclusive breastfeeding;
- Promote and support physical activity in conjunction with nutrition education;
- Monitor and assess vendor cost containment; and
- Ensure program integrity.

## 1.8 New Jersey WIC Services 2018 Strategic Priorities

- To improve client services through technology and collaboration.
- To improve the quality of WIC services by increasing technical assistance and support to the Local WIC agencies.
- To provide participant centered services through Value Enhanced Nutrition Assessment (VENA); improved process, content and staff skill; and, the use of enhanced nutrition assessment tools.
- To conduct the Loving Support© Through the Peer Counseling Breastfeeding Program.
- To promote, support and protect exclusive breastfeeding for the first six months of life and continued breastfeeding with the addition of appropriate complimentary foods for the rest of the first year and thereafter as long as mutually desired by mother and child.
- To assist Local WIC Agency WIC programs in maintaining caseload, improving child retention and expanding program services to meet the need of participants.
- To issue food instruments that provide a variety of healthy foods including whole grains, fruits and vegetables, low fat dairy or soy choices, as the standards in food packages IV-VII; and ensure participant access to WIC foods through a retail food delivery system.
- To encourage participant consumption of fruit and vegetables through nutrition education and redemption of cash value vouchers and farmer's market vouchers.
- 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.
- To continue assessing program integrity through local agency program operation monitoring and evaluations, vendor monitoring and compliance buys, MIS ad hoc reporting, and program data analysis and evaluations.
- To implement a new consolidated web-based system to certify participant and issue food instruments.
- Begin work to launch an Electronic Benefit Transfer system to be FNS compliant by 2020.
- To provide training and staff development to all state and local agency staff.
- To work closely with the New Jersey Breastfeeding Coalition to identify stakeholders, and include them in prioritizing goals and initiatives.
- To explore funding to support the New Jersey Breastfeeding Coalition to ensure administrative stability.
- To investigate current breastfeeding initiatives in New Jersey.

- To develop a comprehensive Statewide breastfeeding plan.

## **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 (4) service delivery units and the 11 USDA functional areas, of New Jersey WIC Services. The four (4) service units are Nutrition and Breastfeeding Services, Monitoring and Evaluation, Food Delivery and WIC Information Technology. The 11 functional areas identified by USDA and detailed in the WIC Federal Regulations at 7 CFR, Part 246 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, Infrastructure and Technology Funding; Civil Rights, USDA Management Evaluation reviews, fiscal reviews of WIC grantees, internal controls; efficiency and effectiveness of program operations; and responding to all inquiries, complaints or issues from participants, the public, legislators, interest groups, and state and federal agencies.

The administrative tasks include:

- 1) Performing payroll activities for 38 full-time 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 Nutrition and Breastfeeding Services**

### **2.1.2.1 Nutrition and Breastfeeding Services**

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

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

### **2.1.2.2 Nutrition Education**

Nutrition and Breastfeeding Services assures through time studies that one-sixth 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 those at high risk.

In addition to the Nutrition Education Plan, Nutrition and Breastfeeding 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 up to five years of age;
- Assist the individual who is at nutritional risk to achieve a positive behavior change resulting in improved nutritional status and prevention of nutrition related problems through optimal use of the supplemental foods and other nutritious foods; and
- Provide nutrition education in the context of the ethnic, cultural, and geographic preferences of the participants and with consideration for educational and environmental limitations experienced by the participants.

The Nutrition and Breastfeeding Services Unit, with local agency input, develops a Statewide Nutrition Education Plan that incorporates the goals of Value Enhanced Nutrition Assessment (VENA) by improving nutrition and health assessment for the purposes of directing client-centered nutrition education and services. Local agencies may adopt this plan, make modifications, or develop an individual plan based on an assessment of the nutritional problems of the participants in their service area subject to the review and approval of the State WIC Agency.

In January 2013, New Jersey received 17 WIC Services Toolkit DVDs from Altarum Institute for distribution to local WIC agencies. The Toolkit topic areas include: Communication Skills Part 1, Communication Skills Part 2, Strategies for Group Education, Facilities and Use of Space, Service Delivery, Understanding Your WIC Customers and Guide for WIC Mentors. The Toolkit are referred to for interactive trainings at their location to meet the needs of their staff. WIC Agencies are required to provide customer service training annually using this Toolkit.

New Jersey WIC continues to add nutrition education modules to NJWIConline.org. WIC participants can select from twelve modules and more than 32 activities for their secondary education contact.



### **2.1.2.3 Breastfeeding Promotion and Support**

The State WIC office administers a peer counseling program based on the “*Loving Support*® Model for a Successful Peer Counseling Program” and oversees all breastfeeding promotion and support services provided for WIC participants 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.

USDA Target funding supports breastfeeding promotion and support services for WIC participants. The FFY 2017 funding was \$1,044,315 and all of it was distributed to the sixteen local agencies by the same funding formula the USDA uses to award funds to the states.

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 FFY 2017 BFPC funds of \$712,564 were placed in the FFY 2018 grants to the sixteen local agencies by the same funding formula the USDA uses to award these funds to the states. Breastfeeding peer counseling services are a core service in New Jersey WIC and there is a strong management component. The BFPC funds enhance the breastfeeding services originally funded with the USDA breastfeeding Target funds. WIC grantees are required to provide services consistent with *Loving Support*® through Peer Counseling: A Journey Together – for WIC Managers. New Jersey WIC local agencies employ approximately 52 breastfeeding peer counselors.

### **2.1.2.4 WIC Food Packages**

The Nutrition and Breastfeeding 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 vouchers for supplemental foods are the correct quantity and contains the types of foods necessary to satisfy the individual nutritional needs and cultural preferences of each participant, taking into consideration the participant's age and dietary needs. The authorized WIC foods are limited to those

that are allowed by Federal Regulations and which satisfies New Jersey's food selection criteria. New Jersey WIC Services considers availability, cost, packaging, labeling, nutrient content, sugar, sodium and iron content, adulteration, additives/substances, participant preferences, and variety of each food before including it on the WIC approved food list, and distribution to local WIC agencies.

#### **2.1.2.5 Certification/Eligibility Determination**

Participation in the WIC program is limited to pregnant, postpartum and breastfeeding women, infants, and children up to the age of five years from low-income families that are determined to be at nutritional risk by a competent professional authority (CPA). Low-income is determined at 185% of the federal poverty level. Nutrition and Breastfeeding 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 participants regarding the type of healthcare services available, where free immunizations can be obtained, how to obtain services, and why these services should be accessed. Standardized New Jersey WIC referral forms are used by all local agencies to collect screening and healthcare referral data. Federally Qualified Health Centers and prenatal health clinics use the WIC referral form to facilitate the enrollment of eligible pregnant women in each program and reduce the duplication of services. Pregnant women, infants and children who are presumptively eligible for Medicaid are adjunctively eligible for WIC. The health and nutrition information provided by Federally Qualified Health Centers and prenatal clinic staff on the referral form facilitates the WIC certification process and this coordination will continue during FFY 2018.

New Jersey WIC Services and WIC local agencies in New Jersey work in cooperation with healthcare and social service providers, Supplemental Nutrition Assistance Program (SNAP), Medicaid, New Jersey FamilyCare, federally funded community health centers, county welfare agencies, Head

Start, 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.

Nutrition and Breastfeeding 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 97 clinic sites of which 33 are co-located with other health and/or human services programs. Nutrition and Breastfeeding 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 and activities include the following:

- Co-location with preventive and primary healthcare;
- Provision of immunization education and referral to children's medical homes or health departments;
- Provision of breastfeeding promotion and support services through WIC mother-to-WIC mother peer counselors and International Board Certified Lactation Consultants (IBCLCs) at all local agencies;
- Coordination with the New Jersey Chapter of the American Academy of Pediatrics to increase immunization rates and address food insecurity
- 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 will continue to conduct a traditional annual public awareness campaign. The key messages are the availability of WIC Program benefits, eligibility criteria and the location of service providers. The state agency will lead the development of the tools that local WIC agencies can use as they implement traditional "outreach." Local agencies will continue to focus their recruitment and retention efforts on health providers, social service providers and other

community based organizations that serve significant numbers of potentially WIC-eligible people. The campaign traditionally features, the brochure “Check WIC Out.”

Several adjustments will be implemented to address continuous improvement of outreach activities. NJ WIC will introduce additional models for collective impact and community engagement strategies. WIC will develop key messages to clarify our common agenda with groups working to achieve health equity, reduce hunger and prevent obesity. The intent is to potentially engage some new partners in WIC’s retention and recruitment activities. Key messages will be developed to update the perception of WIC and highlight how the program supports families to prevent overfeeding infants and children and guides them to healthier food choices. Existing partners will be made aware of how WIC continues a process for improvement in customer service in their communities. The intent of this work is to create environments that enhance access to WIC services and improve customer service without compromising program integrity.

Adjustments will be implemented to the Outreach Network Coordination process, based on planning discussed during FFY 2016. An Outreach Committee has been activated. The group communicates through monthly conference calls, and email. State WIC provides the backbone support. The role of the Local agencies includes: Discussion of available baseline data from former WIC participants, informal formative assessment of draft communication tools and strategies, and the use of technology. To date local agencies have also linked the planning group to other interested groups/subgroups including the WIC Advisory Council and WIC Forum. The group will continue to guide the development of the following strategies and activities.

- Beginning in the fourth quarter of FFY 2016, plans were made for the implementation of the National WIC Association’s WIC Awareness Initiative. This resource was available through a collaboration of the National WIC Association (NWA) and a Regional USDA Operational Adjustment grant. The WIC Awareness Initiative is a multi-platform media campaign. It provided toolkit for local agencies to engage in grassroots advocacy. The grant supported this resource for FFY 2016 through 2018. New Jersey is phasing in the Initiative, commencing with print and social media advertisements.
- An interagency collaboration between the NJ Department of Health as the lead, and other New Jersey Departments, potentially created opportunities for retention and recruitment beyond the WIC Awareness Campaign through discussion of how program operations can be modified to support true collaboration at the state and local level. The Office of Minority and Multicultural

Health will be distributing WIC materials to grantees, faith-based communities, and other client-based affiliations. The intent was to build sustainable collaborations through ongoing communication which highlights current WIC operations and an understanding of the WIC program. In addition, the collaborations created reinforcing activities with a focus on promotion of two way referrals between programs as appropriate. The campaign featured a brochure and poster titled “New Jersey WIC Helps You Grow Amazing Kids” which featured the monetary value of the WIC food package, and identified WIC as “not just for babies.”

- The WIC Advisory Council contributed to the development of Outreach planning and implementation. This group has created subgroups including an Outreach, Vendor and Participant workgroup.

#### **2.1.2.8 Voter Registration**

New Jersey WIC Services provides voter registration services at all WIC clinic sites in compliance with the National Voter Registration Act of 1993. WIC applicants and participants are asked via a voter registration opportunity form that is available at all clinics if they are eligible to vote and 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 on voter registration procedures 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 Mid-Atlantic region: New Jersey, Pennsylvania, Delaware, Maryland, Virginia, West Virginia, the District of Columbia, Puerto Rico and the Virgin Islands. The newsletter is sent to all the WIC directors, nutritionists and breastfeeding coordinators nationally, all the USDA regional offices, and USDA headquarters. The MARWIC Times is supported by an annual grant to New Jersey WIC from the USDA Mid-Atlantic Regional Office. Editions of the MARWIC TIMES are available on the WICWorks website, at <https://wicworks.fns.usda.gov>.

### **2.1.3 Monitoring and Evaluation Services**

The Monitoring and Evaluation Services Unit (M&E) manages the WIC grant and monitors the expenditure 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 WIC Federal regulations for the distribution of funds through the fiscal budget process. The Department of Health Financial Services mandates and enforces State and Federal requirements for contracting with local grantees through the Notice of Grant Availability, Spending Plan and the Health Service Grant (HSG) processes. USDA dictates specific WIC provisions.

The M&E Unit incorporates all requirements into the annual grant application packet and will provide an information session to all existing grantees and interested applicants in May 2017. Staff reviews the grant applications for compliance with both program and fiscal requirements and prepares 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 amendment. Staff review and process grant amendments the same as initial grant applications. Staff prepare, maintain, and monitor monthly State and local agency spreadsheets for projected and actual participation and food dollar expenditures. Unit staff conduct biennial fiscal reviews of grantees to ensure that they are following Federal and State financial regulations and reporting requirements and general accounting principles.

#### **2.1.3.1 Caseload Management**

Another area of critical program monitoring is caseload management. Staff chart and monitor program enrollment and participation data monthly to ensure maximum utilization of 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 discuss with local agency sponsors and coordinators the issues affecting caseload and food dollar expenditures and specific corrective actions needed. Caseload updates are an agenda topic for each of the administrative meeting with local agency coordinators. Staff also communicates with local grantees via conference calls and special meetings as needed.

### **2.1.3.2 Infant Formula Rebate**

The M&E Unit coordinates the Infant Formula Rebate contract procurement, administration 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 15<sup>th</sup> of each month. The rebate dollars are deposited in the bank by the 15<sup>th</sup> business day of the following month and are used to offset food expenditures. The unit is responsible for preparing the scope of work and price schedule sheet for the infant formula rebate Request for Proposal (RFP) in accordance with State purchasing requirements and USDA Federal regulations.

### **2.1.3.3 Affirmative Action Plan**

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. The unit utilizes the data to develop intervention strategies to improve access and services to the WIC eligible population.

### **2.1.3.4 USDA WIC State Plan Application**

Another function of the M&E Unit is the preparation of the USDA WIC State Plan Application. Unit staff collect and incorporate all the information relative to management and monitoring of NSA funds and food dollars into the application. In addition, 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

Food Delivery Services Unit (FD) has the primary responsibility to ensure the accountability, payment and reconciliation of 100% of all WIC checks distributed, printed, issued, voided, redeemed or rejected. The 16 local agencies have 31 administrative (permanent) service sites and 66 satellite clinics throughout the state that provide direct benefits to more than 281,658 women, infants, and children annually. Benefits are delivered through the issuance of checks for specific foods. Checks are cashed at vendors (retail grocery stores) under contract with WIC. In FFY 2016, WIC Services issued over 7,857,972 checks with a value of more than \$139 million. The FD Unit oversees the operations of all local WIC agencies and their service sites with particular emphasis on check reconciliation and payment. Food Delivery also monitors more than 933 authorized WIC authorized 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 each vendors' annual WIC food sales are not above-50-percent of their total annual food sales. Vendors that are Above-50-percent shall be disqualified from the program.

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

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

Food Delivery personnel assist in overseeing the WIC management evaluation process for the local WIC agencies. 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 onsite visits, completion of questionnaires by local grantees and State staff, desk reviews of grantee-submitted documents, and electronic and ongoing analysis of reports and data.

Vendor management activities include collecting, processing, maintaining the paperwork, files and computer database necessary to manage authorized vendors; developing and providing training seminars statewide; conducting extensive computer report analysis; performing onsite monitoring (including minimum stock inspection) 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 and monthly bank reports and have the ability to electronically access and review images of all checks the bank has processed for the past nine 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 data as a tool to change and/or develop policies that will have a positive impact on service delivery for WIC participants. The FD personnel develop and write comprehensive reports on local agency and vendor operations; evaluate annual grant applications and grant modifications; and developed and provided technical assistance/training seminars for vendors.

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

Food Delivery personnel participate on the Food List Committee chaired by the Nutrition and Breastfeeding Services Unit. This group evaluates all items chosen for inclusion on the list of WIC approved foods. Food Delivery personnel bring their knowledge of statewide availability of items, variations in pricing at vendors across the state, information on check redemption data and participant preferences.

Food Delivery personnel oversee the Special Infant Formula purchase system, where at-risk infants receive 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 one of WIC's medically fragile/needy populations.

Food Delivery personnel are responsible for overseeing the semiannual exchange of participant information with the Commonwealth of Pennsylvania. Date files are compared to discern whether any of New Jersey's WIC participants are enrolled in the Pennsylvania WIC Program dually. Through the efforts of WIC's computer system contractor, Currier, McCabe and Associates (CMA), this data exchange has been enhanced and improved to assist in detecting participant fraud. A similar arrangement is being discussed with New York State.

Food Delivery personnel are trained to handle complaints. I am suggesting that the statement read as follows. On an as-needed basis, Food Delivery personnel assists the Vendor Management Unit in completing special projects. To maximize productivity, Food Delivery Services also utilizes temporary Special Service Hire staff especially during re-authorization years.

## **2.1.5 WIC Information Technology**

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

### **2.1.5.1 Operations and Maintenance/Project Management of Electronic Service Delivery System**

All automated data processing operations and development are provided and supported by WIC's application service provider (ASP) per 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 the State's electronic service delivery system. Areas included in these efforts are monitoring of help desk operations, software "bug" identification, enhancements, application implementation, and resource management. WIC IT functions as a liaison for the State and local agencies to the ASP.

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

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

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

#### **2.1.5.2 Quality Assurance**

The WIC Information Technology Unit utilizes internal resources to test any modifications to the WIC ACCESS application, including regression testing to assure that the modifications do not affect existing functionality. Formal test scripts are developed by Quality Assurance staff and consultants 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 and consultants who verify that the new version of the software operates without problems in the production environment.

#### **2.1.5.3 Field Support**

The WIC Information Technology Unit provides technical and logistical support to the State and local agency staff and their associated facilities. In conjunction with the ASP help desk, IT staff provides field support hardware and software assistance to local agencies at 31 administrative sites and 66 clinic satellite sites throughout the State of New Jersey. The IT unit also provides support to State WIC personnel located at the State WIC Office.

#### **2.1.5.4 General Support of Client**

The IT Unit will continue to identify and develop 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.

#### **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 regarding 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 high number of visits each month.

The web address is <http://www.nj.gov/health/fhs/wic/index.shtml>

## 2.2 Local Agency Operations

Direct WIC services are provided monthly to more than 263,109 women, infants, and children at 97 administrative and clinic sites in the 16 local agencies listed below. The agency sponsors consist of two (2) hospitals, nine (8) municipal/county health departments, one (1) university and five (5) private/nonprofit organizations.

<u>Local Agency</u>	<u>Type of Agency</u>	<u># of Administrative/Satellite Clinics</u>
Burlington County	Local Government	1/10
East Orange	Local Government	1/2
Tri-County/Gateway CAP	Non-Profit	8/2
Gloucester County	Local Government	1/2
Newark	Local Government	4/1
Jersey City	Local Government	1/3
North Hudson Community Action Corporation	Non-Profit	1/3
NORWESCAP	Non-Profit	3/4
Plainfield	Local Government	1/0
St. Joseph's Regional Medical Center	Hospital	1/16
Children's Home Society of Mercer County	Non-Profit	1/4
Rutgers, the State University RBHS	University	1/3
Ocean County	Local Government	2/4
Passaic	Local Government	1/0
Trinitas	Hospital	1/0
Visiting Nurse Association Health Group	Non-Profit	3/12

**31 admin/66 satellite = 97 sites**

## **2.3 New Jersey Advocacy Operations**

### **2.3.1 New Jersey WIC Advisory Council**

The By-Laws of the Council set forth the purpose, organization and responsibilities of its membership, which are identified in Section 7.0.

## **3.0 MILESTONES - SIGNIFICANT INITIATIVES FOR FFY 2017**

### **3.1 Office of the Director**

#### **3.1.1 Collaborations**

##### **New Jersey Healthy Corner Store Initiative**

Corner Stores and Bodegas are often the main source of food for people living in New Jersey communities that do not have supermarkets nearby. Many of them sell very few choices of fresh produce and other healthy food options. They are a significant source of food, particularly in food deserts, and are a frequent destination for children and families living in low-income and rural areas. According to data from the USDA, more than 1.5 million NJ residents live in low-income areas with limited access to healthy foods.

The New Jersey Healthy Corner Store Initiative is a partnership between the Food Trust and the New Jersey Partnership for Healthy Kids that connect store owners and community leaders with the resources they need to increase access to healthier retail options for low-income families in food desert areas throughout the state by providing fresh fruits and vegetables and other healthy foods in neighborhood corner stores throughout New Jersey. This initiative is funded through the Community Health and Wellness from its Preventive Health and Health Services Block Grant and is an example of our collaboration with one of our partners in the DOH.

WIC authorized retailers participating in the initiative agree to include a minimum of two different types of fresh fruits and fresh vegetables, and a minimum of one whole grain cereal, and obtain infant formula only from State approved retailers to their store's inventory in exchange for business trainings, technical assistance and equipment to help them market and sell their healthy foods profitably. This also aids them by strengthening their capacity and ability to provide quality, affordable healthy foods to WIC participants in their community.

WIC staff encourages authorized retail vendors in these areas to participate in the initiative and provide monitoring to ensure that they meet the minimum requirements for participation. New Jersey WIC staff presented this Initiative at the 2017 National WIC Association Conference in Philadelphia, PA.



**NJ WIC Pediatrician Toolkit**

New in FFY 2017 is a WIC collaboration with the NJ Chapter of the American Academy of Pediatrics (AAP.) The NJ WIC program is distributing WIC Toolkits to NJ Pediatric Practices. The key messages of the kit include how Pediatricians can:

1. Address Food Insecurity through screening and refer food insecure families to resources, including WIC.
2. Promote WIC Child Retention with a new NJ WIC Rx. Pad, and other outreach materials.

Launch date is May 24, 2017 at the NJ AAP Annual Meeting.

Primary distribution: statewide mailing, Marketing: promotional display at five in person trainings for Pediatric practitioners on *Improving Food Security among New Jersey's Children* during the Spring/Summer 2017. Evaluation: The response of Pediatric practices as requests for additional WIC outreach materials.

**National WIC Association's Campaign in Physician Offices**

The Meredith Digital Ad Campaign in *Parenting Magazine* and *Fit Pregnancy Magazine* was distributed to 50 pediatric practices and 12 OBGYN practices throughout New Jersey. Local agencies were made aware.

**WIC Campaign for Early Childhood Educators (ECE)**

New in FFY 2017 is an internal DOH collaboration facilitated by the Department of Health (DOH) ECE Coordinator. Existing WIC outreach materials were distributed at all ECE trainings and local WIC agencies were invited to participate at three regional events.

The collaboration established initial steps to communicate consistent messages in the WIC and ECE setting on the topic of infant and toddler feeding cues.

Events include:

1. The WIC state agency will provide a *Baby Behavior* training as a workshop at a statewide ECE conference in April 2017.
2. ECE funding will be used to sponsor two days of training on Baby Behavior to train ECE trainers. The training will be presented by the same UC Davis researchers who trained all NJ WIC staff in 2015. The training is scheduled for June 20 and 21 in New Brunswick, NJ.

**NJ WIC Communication Campaign:**

New in 2017, the theme of the Child Retention campaign is titled “*New Jersey WIC Helps You Grow Amazing Kids.*” It featured print materials (posters and brochures in English and Spanish) will be distributed statewide. Locations include Pediatrician offices and other community settings.

**Social Media Campaign:**

Announced in FY 2017, WIC participants are being informed to find NJ WIC on [facebook.com/NJDeptofHealth@NJDeptofHealth](https://www.facebook.com/NJDeptofHealth@NJDeptofHealth) #NJWIC.

**The New Jersey State Nutrition Action Coalition (SNAC)**

In FFY 2017, this collaboration anticipates its’ formal launch before the end of the fiscal year. To date, the group has identified vegetable and fruit consumption as the area of focus. Currently, internal discussion is underway to identify the role of WIC. SNAC strategies may prioritize consistent messaging across programs and departments and possibly collaborative sponsor a *Harvest of the Month Campaign*. Additional details are pending.

**Promoting Success for Expectant or Parenting Teens**

FFY 2017 is the final year of the WIC collaboration with the NJ Department of Children and Families (DCF) Division of Family and Community Partnerships. The following resources were created, without cost to the NJ WIC Program:

- Two teen friendly online lessons on the topic of Baby Behavior are now available on [www.NJWIConline.org](http://www.NJWIConline.org) portal. The key message of the lessons is to prevent over-feeding of infants and toddlers by increasing parent awareness of baby cues.
- Marketing print materials including posters and brochures were created and distributed to encourage online nutrition education as a convenient opportunity to learn about healthy eating.
- A website for teens and their families was created. Resources to encourage conversations about breastfeeding decisions that include dads are included.

Data-collection to assess use is ongoing.

**Collaboration between NJ WIC and NJ SNAP Ed Programs -**

An MOU was drafted to define areas of collaboration during FFY 2017, and remains under review at this time. Projects in process at the time the MOU was created include:

- NJ SNAP Ed program conducted formative research through interviews with WIC local agency staff for development of future nutrition education videos that can be used for both programs.
- NJ WIC Program expressed interest in adapting some existing NJ SNAP-Ed online resources in effort to expand the topics available on NJWIConline.org. Usage data will be shared quarterly.

### **3.1.2 Farmers' Market Collaboration Meetings**

The NJ Farmers' Market Nutrition Program (FMNP) conducts regional Round Table meetings on a biennial basis with local WIC authorized farmers, and senior aging agency coordinators. Suggestions discussed at the meeting were incorporated into the FMNP operations as appropriate. The suggestions will also be carried through into the FFY 2017 FMNP season.

## **3.2 Nutrition and Breastfeeding Services**

Significant program initiatives for the Nutrition and Breastfeeding Unit for FFY 2017 included continued follow-up training on Value Enhanced Nutrition Assessment (VENA) and incorporating Using *Loving Support*® to GROW and GLOW in WIC: Breastfeeding Training for Local WIC Staff; referrals to healthcare providers; conducting nutrition and breastfeeding services trainings and a continued emphasis on Motivational Interviewing, peer counselor statewide training, first peer counselor networking meeting, breastfeeding services orientation; technical assistance training; and publishing four quarterly issues of the MARWIC Times.

The following are highlights from FY 2017:

### **3.2.1 Breastfeeding Services**

- All Local Agencies completed the “Loving Support Awards for Excellence” application. Three of the applications were forwarded to the regional office for review.
- The State-wide Peer Counselor training was held twice in 2017 with staff attending from agencies all over New Jersey.
- A Peer Counselor Meeting was held on May 18, 2017, at the DCF Professional Building in New Brunswick. Local talent, WIC IBCLCs, and peer counselors presented the theme of “Best Practices for Exclusive Breastfeeding” and interactive activities reinforced the theme.
- All local 16 local agencies are staffed with an IBCLC.
- The Baby Behavior pamphlet, “What is My Baby Trying to Tell Me?” was completed and is used to reinforce previous Baby Behavior training. There is an evaluation component in conjunction with the SIDS Center to this initiative.

### **3.2.2 Annual NJ WIC Statewide Meeting**

The fifth Annual NJ WIC Statewide meeting was held on October 21, 2016, at the Pines Manor in Edison, NJ. The theme was “Together 5haping Tomorrow.” The Planning Committee of local and State staff was a true collaboration in determining every aspect of the meeting. The NJ WIC Director welcomed the staff. The Commissioner of Health, Cathleen Bennett, addressed the audience as did Patricia Dombrowski, Regional Administrator, Supplemental Food Programs, Mid-Atlantic Region/USDA. Kim Richmond presented “5 Game Changing Ideas to Improve Child Retention;” Denise Ryan presented “How to Communicate Better,” and John Quiñones asked “What Will You Do?” After lunch Athena Felicie led

dancing during a ZUMBA! exercise break. Evaluations were positive and it appeared all attendees enjoyed an inspiring day.

### **3.2.3 Motivational Interviewing**

Since March 2016, local agency staff practice their motivational interviewing skills by utilizing Molly Kellogg's Step by Step online training. The Step-by-Step program (five units) reinforces current counseling skills and provides a review of motivational interviewing for staff who have been using the techniques since the implementation of VENA and Grow and Glow. It focuses on open-ended questioning, affirming and reflecting to provide staff the opportunity to improve their client-centered skills. The program can be utilized individually or in small groups.

### **3.2.4 Chief Nutritionist/Breastfeeding Managers Meeting**

The State agency held a joint Breastfeeding Coordinator and Chief Nutritionist Meeting in April 2017. Learning Dynamics's Calvin Morgan presented *Bringing out the Best in Others*. This training focused on coaching and supervising skills. During the afternoon session, local agency staff participated in roundtable discussions to strategize solutions they face as supervisors. The roundtable discussion topics were collected from local agency nutrition and breastfeeding staff.

### **3.2.5 Web-Based Nutrition Education for WIC Participants (NJWIConline.org)**

Online secondary nutrition education is easily accessible through NJWIConline.org and at each local agency by using kiosks as well as mobile devices. This website offers an efficient and cost effective option to the NJ WIC Program, local agencies and participants to satisfy the secondary nutrition education USDA requirement. In FFY 2017, New Jersey added two Baby Behavior modules as part of collaboration with NJ Department of Children and Families (DCF) Division of Family and Community Partnerships.

### **3.2.6 2016 Participant Survey Initiative**

NJ WIC Services implemented a statewide participant satisfaction survey initiative in January 2016, and ran it for six months. The purpose of the survey was to systematically assess:

1. Personal factors that impede full utilization of WIC services and benefits;
2. Participants' encounter with WIC staff (customer service issues);
3. Experiences at the redemption point of food instruments;
4. Current changes in WIC services;
5. Anticipated change(s) in services benefits and;

6. Experiences about services received.

The overall aim of the survey was to generate data that could be used to identify specific areas of quality improvement. The key findings of the survey were:

1. Lack of transportation, location of food instrument redemption points, inconvenient appointment times, stretched wait time, hardship to get off work for appointments and compiling the required certification documents contributed to missed appointments and hardships to receive services and benefits.
2. Responders specified a need for extended operating hours and a reminder for an upcoming appointment.
3. Most of the responders indicated higher preference for text messaging and telephone calls as reminder methods for an upcoming appointment.
4. Responders reported that they encounter difficulty in finding some of the authorized food items especially store brand items and the prescribed product sizes at the food instrument redemption points.
5. The majority of the responders in all the local WIC agencies stated they would recommend the WIC clinic where they receive benefits and services to non-WIC participants. The response to the question about recommending WIC to non-participants was used to assess quality of WIC staff customer service skills.

Each local WIC agency received reports based on the responses their participants provided. All the local WIC agencies are providing extended operating hours that meet the needs of the participants.

Quality Improvements in FY 2017:

1. The food package is enhanced to include some brand name peanut butter, any brand cheese and whole grain products. Inclusion of yogurt is planned for implementation in the NJWOW system to meet the needs of participants.
2. Local WIC agencies are re-evaluating their reminder systems to ensure a match to identified participants' preferences.
3. WIC staff are increasingly working in partnership with participants in accommodating participants needs in scheduling appointments.
4. WIC participants are encouraged to report any difficulty they encounter at the food instrument redemption points. State WIC Services investigates or conducts follow up review of negative complaints.

In general, this survey is contributing to improved operation and performance in New Jersey.

### **3.3 Food Delivery and Vendor Management**

#### **3.3.1 Vendor Cost Containment**

New Jersey WIC Services has a Memorandum of Agreement between New Jersey Department of Health and the New Jersey Treasury 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 valuable resource that has enables NJ WIC to determine the status of vendors that are designated as above-50-percent vendors.

#### **3.3.2 Banking Services Contract**

The banking contract with Solutran has been extended through September 2017.

#### **3.3.3 Vendor Application Process**

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

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

Currently there are approximately 933 authorized retail food stores with a three-year contract. The current agreement began October 1, 2015 and ends September 30, 2018. Six months following authorization each new vendor is revisited to ensure compliance with Federal regulations and State policies and procedures. However, the State Agency reserves the right to conduct monitoring visits and/or compliance buys at any time during the contract period.

The next contract period will begin on October 1, 2018 and ends September 30, 2021.

### **3.4 WIC Information Technology Systems**

#### **3.4.1 Field Support Services**

State office field support staff on an as required basis handles:

- Hardware maintenance,
- Repair and replacement,
- Operating system,
- Software,
- Internet, and
- Local Area Networks (LAN) administration and application troubleshooting.

All hardware and some software related calls reported through the CMA 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. In FFY 2015, field support staff responded to over 325 on-site maintenance calls and provided daily telephone support as appropriate. To date in FFY 2016, field support staff have responded to 201 calls.

#### **3.4.2 Ad-Hoc Reporting**

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

#### **3.4.3 WIC ACCESS Disaster Recovery Backup Site**

New Jersey WIC has completed the creation of a stand-alone backup facility near the Central Processing Site (CPS) in Latham, NY. The hardware in the CPS is duplicated in an alternative site and, in the case of an emergency, can be loaded rapidly with the backups from the CPS to get the system operational in a matter of hours. The system has been rigorously tested and is on standby. A thorough disaster recovery test was successfully performed between May 24-26, 2016 at the CMA office in Latham, NY with a representative from the State MIS unit to observed the audit and test. The representative from the WIC MIS unit reviewed procedures, inspected related equipment and gathered test results. Based on the successful report generation results and review of Production and Disaster Recovery facilities, the State WIC MIS fund CMA's Disaster Recovery Plan to be complete.



#### **3.4.4 Data Warehousing**

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

#### **3.4.5 Systems Lifecycle**

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

#### **3.4.6 Electronic Benefit Transfer (EBT)**

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

#### **3.4.7 Continued Operation of WIC ACCESS**

The three-year contract awarded to the contractor Currier McCabe and Associates (CMA) remains in place for the operation and maintenance of WIC ACCESS. This engagement will continue to ensure that certification and benefit delivery will continue seamlessly at the local WIC agencies while a new web-based system is under development and implementation.

#### **3.4.8 New System – WIC on the Web (WOW)**

New Jersey WIC issued a contract for the modification and implementation of Maryland's web-based Electronic Data Processing System. New Jersey has completed the design phase of the project and is in the midst of completing the development phase with a tentative statewide deployment and completion of the new web-based system by the second quarter of FFY 2018.

## **3.5 Monitoring and Evaluation**

### **3.5.1 Infant Formula Rebate**

In FFY 2017, the Infant Formula Rebate Contract with Mead Johnson is projected to provide \$32.8M that will provide a month of WIC benefits to 451,977 WIC participants.

The Mead Johnson contract has been extended through September 30, 2017 and, per the terms of the contract, will expire on that date. The M&E Unit, in conjunction with the Department of Treasury, Division of Property and Procurement, is in the process of developing and issuing a Request for Proposal (RFP) to solicit a vendor for a new three-year contract for infant formula rebate that will begin on October 1, 2017.

### **3.5.2 WIC Administrative Funding Formula**

The preliminary FFY 2018 funding will be based on the guaranteed FFY 2017 base. Using a funding methodology similar to that utilized by the USDA to determine the distribution of funding to States, FFY 2017 grantee base awards, with adjustments made for past performance, will be the basis for calculating the preliminary grant award to grantees for FFY 2018. Further adjustments to the funding awards may be necessary based on USDA funding guidance, projected State budget requirements and data available during the funding formula process.

## **4.0 STRATEGIES**

### **4.1 Client Services through Technology and Collaboration of Services**

#### **4.1.1 WIC ACCESS**

Currier, McCabe, and Associates (CMA) will continue to operate and maintain WIC ACCESS for Federal Fiscal Year (FFY) 2017.

#### **4.1.2 Replacement System**

The New Jersey WIC program is in the process of developing and migrating to a new processing system, in order to be in compliance with Federal mandates to be EBT compliant by October 1, 2020.

In FFY 2017, the Quality Assurance contractor KPMG will continue to work with CMA to validate and verify that the specifications in the RFP for the WIC WOW project are met. The Project Management Vendor, North Highland will continue to work for NJ WIC Services to manage the replacement system project. CMA, the System Implementation vendor (SI), has estimated that the project to be completed by the second Quarter of FFY 2018.

The first stage of this process, the WIC WOW project (an EBT ready processing system, is currently in progress), will be followed by preparations for the next phase, the implementation of EBT.

#### **4.1.3 WIC Shopper**

The procurement of JPMA services for the implementation of “WIC Shopper” is pending approval. WIC has started the creation of an Authorized Product List (APL) that contains all WIC approved food items that can be purchased by a participant of the New Jersey WIC program. The State is looking to procure the services of Novo Dia which has a mobile APL system that allows the collection of food items for vendor monitoring. A very rough estimate of 50,000 individual food items is expected to be entered and maintained in a database located at Novo Dia and replicated at the State within the WOW system. In addition, this list will be used to populate the WIC Shopper application that will be going online this calendar year, allowing participants to check from their smartphone and tablets, if food items they wish to purchase are allowed by the NJ WIC program.

#### **4.1.4 Universal Product Code (UPC) Enhancements**

WIC has begun a collection of UPC data from various resources. These include the New Jersey Food Council, individual chain retailers, and a list of milk suppliers from the Dept. of Agriculture. These will be placed into a temporary database for proofing and approval by a dedicated WIC Nutritionist. WIC also has plans in place to utilize our current vendor staff to collect items that cannot be received through bulk lists.

#### **4.1.5 eWIC (Formerly WIC EBT)**

New Jersey WIC has procured the services of an established WIC EBT Project Manager to produce planning documents which will be reviewed by the NJ WIC Project Management and Quality Assurance vendors for alignment with the NJ WIC Replacement System for submission to the USDA for approval. In FFY 2017, WIC anticipates receiving the final approval from FNS for the Implementation Advanced Planning Document (IAPD). New Jersey WIC EBT Consultant will then develop an RFP for the EBT vendor by the fourth quarter FFY 2017.

#### **4.1.6 Collaboration and Child Retention**

The **NJ WIC Communication Campaign** known as “*NJ Helps You Grow Amazing Kids Campaign*” will continue. Initial planning steps will be taken in 2018 to plan the launch of a second enhanced level of the campaign. The initial concept is to identify former WIC participants who as adults are respected members of their community, for example police officers, nurses or teachers. Individuals may be featured in local success stories, and potentially receive recognition from WIC or be featured by local media. The Working title this phase is: “Meet this Amazing former- WIC kid”.

**NJ WIC Pediatrician Toolkit** – The toolkit launched in FY 2017 will continue to be available as follows: The toolkit will be available electronically. Medical Practices may request replacement of referral materials. Evaluation ongoing. The National WIC Association’s Campaign in Physician Offices will continue as opportunities arise.

#### **WIC Campaign for Early Childhood Educators (ECE)**

In 2018, the initial steps taken to establish a working relationship between ECE providers and WIC will continue. Steps will be taken to plan how the training opportunities created from the “Trainer Training” on Baby Behavior to be provided on June 2017 might be effectively implemented.

## 4.2 Quality Nutrition Services

### 4.2.1 Staff Development

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

- **New staff orientation** continues to be developed at the State level for all Local Agency staff.
- **Refresher/review course** for current staff emphasizing participant-centered services will be drawn from the new staff orientation.
- **Training on new NJWOW system** is ongoing until implementation; the State is creating food packages, revising nutrition services policies and procedures, and preparing training tools in preparation for the NJ WOW system.

### 4.2.2 Breastfeeding Promotion and Support Services

Local WIC agencies will continue conduct their peer counseling programs according to *Loving Support*® *Through Peer Counseling: A Journey Together*. In FFY 2018, there will be continued emphasis on promoting exclusive breastfeeding in the first six months of life and continued breastfeeding for as long as mother and infant desire.

The State WIC Office's goal is to serve as a resource to implement the Surgeon General's "Call to Action to Support Breastfeeding" by facilitating collaboration and coordination of breastfeeding goals, objectives, initiatives and evaluation to support breastfeeding throughout the State of New Jersey. This is in keeping with Healthy People and Healthy New Jersey 2020 objectives, the Association of State and Territorial Health Officials, and the New Jersey Department of Health's Population Health vision.

The Surgeon General's Action 20 on Public Health Infrastructure cites low rates of breastfeeding as a public health problem of national significance and states, "coordinated leadership of these efforts (of organizations and public health agencies) is still lacking. Increased efforts are needed to develop and implement an action plan on breastfeeding."

The State WIC Office is in a unique position to bring together programs within the Department of Health, other governmental departments, non-governmental agencies, private and public health care systems, civic organizations and other interested parties to coordinate a cohesive plan and strategy to increase breastfeeding initiation, duration and exclusivity.

The Surgeon General's Call to Action on Breastfeeding lists increasing the capacity of state breastfeeding coalitions to support breastfeeding as an implementation strategy to improve leadership on the promotion and support of breastfeeding. The New Jersey Breastfeeding Coalition, since 1988, has been working to improve the health of New Jersey families through promoting, protecting, and supporting breastfeeding. It is currently an all-volunteer organization without a paid administrative position to coordinate initiatives and assure continuity.

#### **4.2.3 Promote Physical Activity in Conjunction with Nutrition Education**

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

#### **4.2.4 Web-Based Nutrition Education for WIC Participants (NJWIConline.org)**

In Fiscal Year 2018 New Jersey WIC Services plans to continue research other States' online lessons, education videos already developed to be accessible via 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, two other State WIC Programs have adopted it for use as an option for secondary nutrition education. The web-based education is now available via mobile phones.

## **4.3 Vendor Cost Containment**

### **4.3.1 Vendor Selection**

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

### **4.3.2 Peer Group Enhancement**

The current vendor system has nine vendor retail peer groups by geographic location ((North, Central, and South (N/C/S)). The other distinct peer groups having one each in the N/C/S are: three Pharmacies, three Commissaries, three Farmers' Market, and three Contingencies distinct peer groups as determined by the State Agency.

## **4.4 Program Integrity**

### **4.4.1 Management Information Systems**

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

### **4.4.2 Compliance Buy Investigations**

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

### **4.4.3 Social Media – Program Integrity**

The State Agency staff in Food Delivery Services will conduct periodic reviews of the following sites: EBay, Craigslist, Facebook and other social media websites to help identify and resolve allegations of WIC participant and retail vendor fraud.



## **4.5 Monitoring and Evaluation**

### **4.5.1 Local Agency Monitoring and Evaluation**

The State WIC Agency (SA) onsite team (Food Delivery, Nutrition Services, and MIS staff) conducts biannual monitoring and evaluations of 50% of 16 local WIC agencies per year. After the local agency review, the SA onsite team submits an onsite report that includes corrective action plans for the local agency to review and respond. The LAs must submit a corrective action plan within six weeks of identification on non-compliance to the State Office. The local agencies that are currently being monitored in FFY 2017 are North Hudson, Passaic, Jersey City, Children's Home Society, Ocean County, St. Joseph's, NORWESCAP, and Plainfield. The local WIC agencies that will be monitored in FY 2018 are: East Orange, Burlington County, Gateway/Tri-County, Newark, VNA, Rutgers, and Trinitas.

The Monitoring and Evaluation Unit conducts biennial fiscal reviews of 50% of the 16 local agencies per year. This review entails collecting financial documents, comparing expenditure records to approved budgets, determining if federal and state policies and procedures are implemented and that general accounting principles are followed. After the fiscal review is completed, the M&E Unit reviewer submits a report that includes observations, recommendations and deficiencies, if observed, for the local agency to review and respond. The local agency program and/or financial staff must submit a corrective action plan within eight weeks of receiving the fiscal review report.

TriCounty/Gateway, Gloucester, North Hudson, St. Joseph's, Jersey City, NORWESCAP, Passaic and Plainfield are being fiscally reviewed in FFY 2017. The local agencies that are scheduled for fiscal reviews in FFY 2018 are Burlington County, Children's Home Society of Mercer, City of East Orange, City of Newark, Rutgers-NJMS Program, Trinitas Medical Center, Ocean County and VNA.

## **5.0 ORGANIZATIONAL CHARTS**

### **5.1 Organizational Charts**

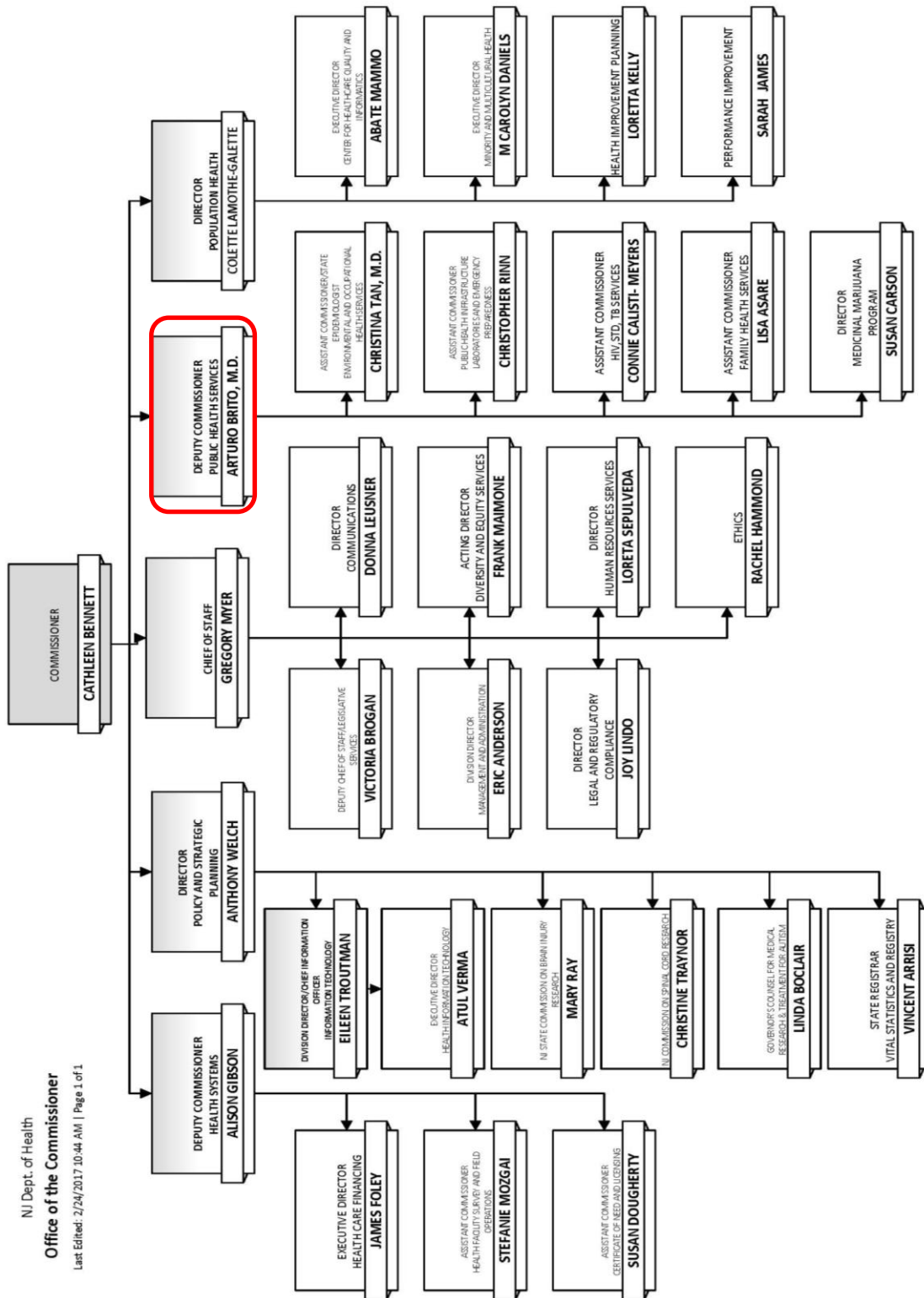
**5.1.1 Department of Health Organizational Chart**

**5.1.2 Division of Family Health Services Organizational Chart**

**5.1.3 WIC Services Organizational Chart**

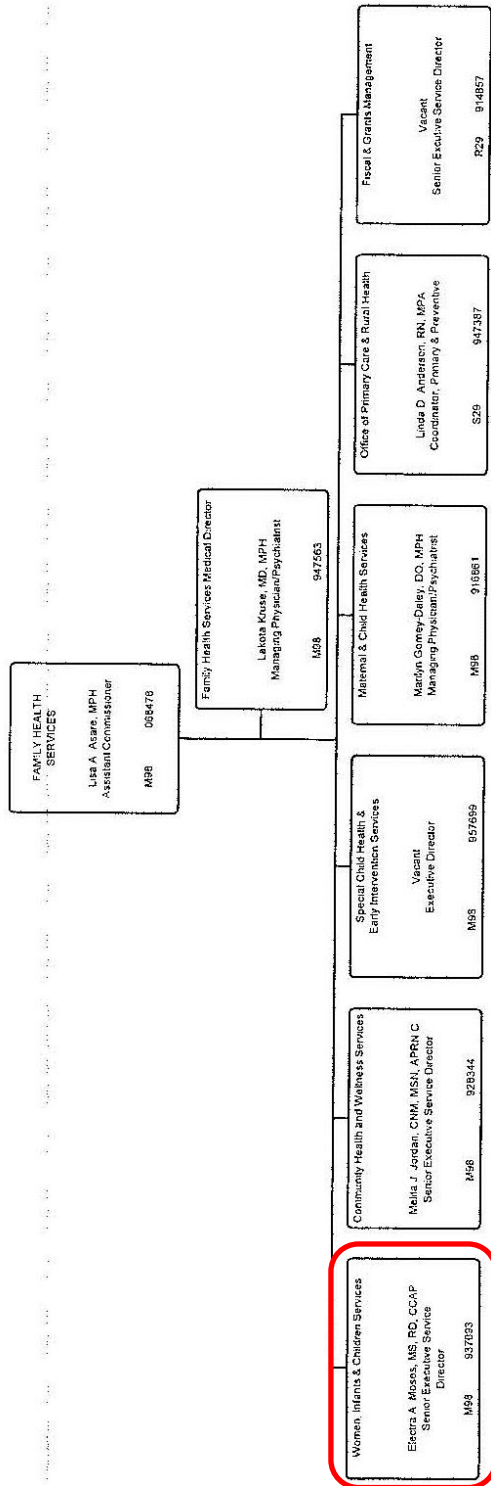
### 5.1.1 Department of Health Organizational Chart

Last Modified 02/24/17



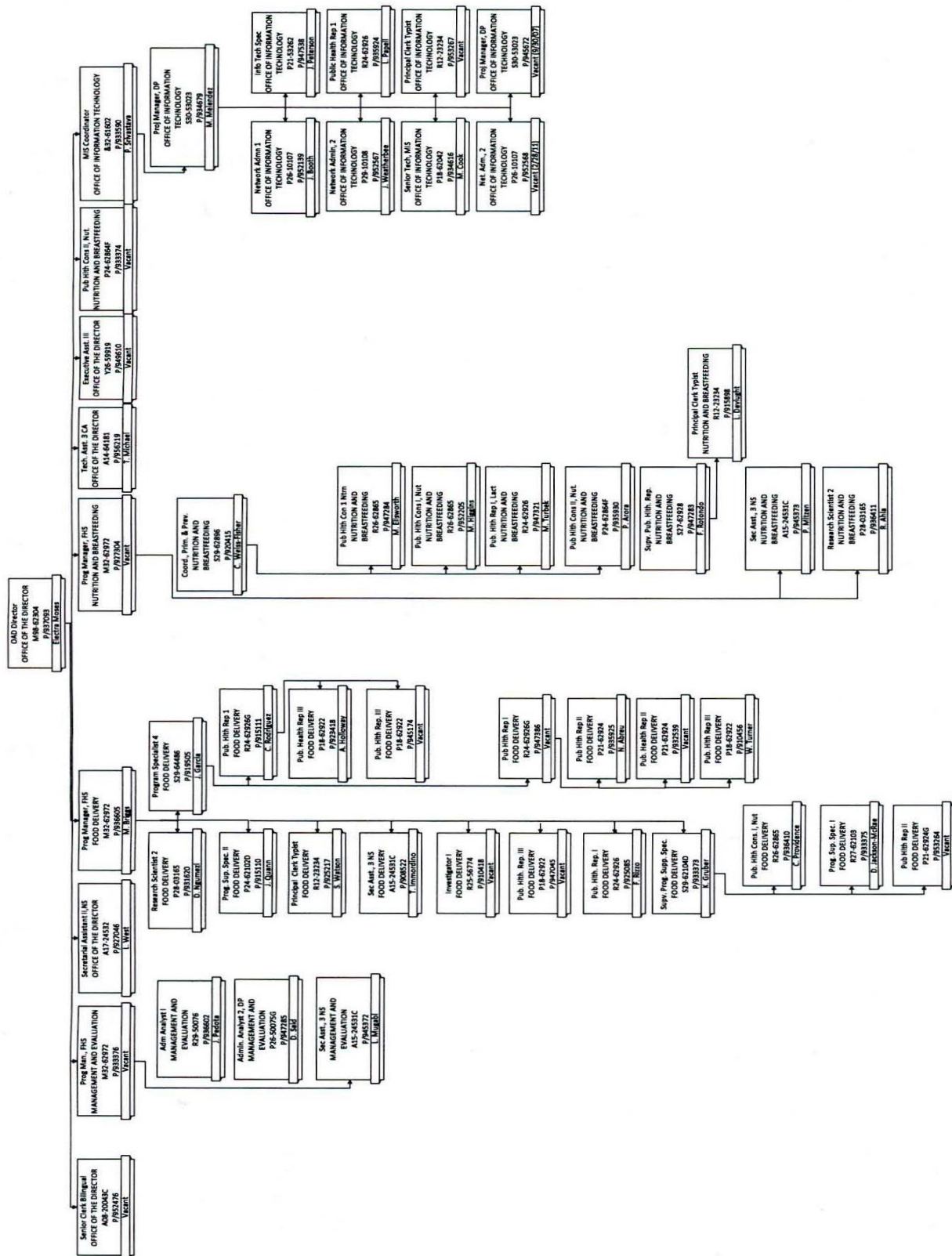
NJ Dept. of Health  
Office of the Commissioner  
Last Edited: 2/24/2017 10:44 AM | Page 1 of 1

### 5.1.2 Division of Family Health Services Organizational Chart Last Modified FY 2017



### 5.1.3 WIC Services Organizational Chart

Last Modified 04/20/17



## 6.0 WIC Clinic Sites by Agency

**03 BURLINGTON COUNTY WIC PROGRAM**  
**15 PIONEER BLVD**  
**WESTAMPTON, NJ 08060**  
**(609) 267-7004**

**Coordinator: Dr. Deepti Das**

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

**05 TRI-COUNTY/GATEWAY COMMUNITY ACTION PARTNERSHIP**  
**10 WASHINGTON STREET (Physical Address)**  
**110 COHANSEY STREET (Mailing Address)**  
**BRIDGETON, NJ 08302**  
**(856) 451-5600 (office)**  
**(856) 453-9478 (fax)**

**Coordinator: Dr. Jaya Velpuri**

<b>SITE CODE</b>	<b>NAME AND ADDRESS</b>	<b>DAYS/HOURS OF OPERATION</b>	<b>TELEPHONE NUMBER</b>
<b>01 Main Admin</b>	Bridgeton WIC Office 10 Washington Street Bridgeton, NJ 08302	Monday – Friday: 8:00 a.m. – 4:30 p.m.  1st & 3rd Wednesday: 8:00 a.m. – 6:30 p.m.	Tel: (856) 451-5600 Ext. 6732 Fax: (856) 453-9478
05* see detail at bottom	Millville WIC 530 North High St Millville, NJ 08332	Monday, Thursday, Friday: 8:30 a.m. – 4:30 p.m.  1st Thursday: 9:30 a.m. – 6:30 p.m.	Tel: (856) 327-6868 Fax: (856) 293-4107
<b>43 Admin</b>	Salem WIC Office 14 New Market Street Salem, NJ 08079	Monday – Thursday: 8:00 a.m. – 4:00 p.m.  1st Monday: 9:00 a.m. – 5:00 p.m.	Fax: (856) 935-1817
<b>61 Admin</b>	Cape May WIC Crest Haven Complex 6 Moore Rd. Cape May Court House, NJ 08210	Monday – Thursday: 8:00 a.m. – 4:30 p.m.  Friday: 7:00 a.m. -3:00 p.m.	Tel: (609) 465-1224 Fax: (609) 465-6836
<b>17 Admin</b>	1111 South Blackhorse Pike Unit 7, Blackwood Plaza –Aug 1, 2014 Blackwood WIC Office Blackwood, NJ 08012	Monday-Thursday: 8:00 a.m. – 4:30 p.m.	Tel: (856) 374-6085 Fax: (856) 374-6083
<b>30 Admin</b>	Mt Ephraim WIC Office Mt. Ephraim Plaza, Suite 411 2600 Mt. Ephraim Ave. Camden, NJ 08104	Monday, Tuesday, Thursday & Friday: 8:00 a.m. – 4:30 p.m.  Wednesday: 8:00 a.m. – 6:30 p.m.	Tel: (856) 225-5050 Tel: (856) 225-5051 Fax: (856) 225-8405
<b>30-01</b>	ATCO WIC clinic 302 White Horse Pike Unit B-8, Atco, NJ 08004	Wednesday: 8:30 a.m. – 4:30 p.m. Opening soon 2014	
<b>05-70-70 Admin</b>	300 Philadelphia Ave, Egg Harbor City, 08215	Monday, Wednesday & Friday: 9:00 a.m. – 4:00 p.m.	Tel: (609) 0347-5656
<b>05-04-04 Admin</b>	Pleasantville Office 927 N. Main Street, Unit C-1 Heritage Square Pleasantville, NJ 08232	Monday – Thursday: 8:30 a.m. – 4:00 p.m.	Tel: (609) 272-0854 Tel: (609) 272-9659 Fax: (609) 347-5359
<b>05 -80-80 Main Admin</b>	139 N. Iowa Avenue Atlantic City, NJ 08401	Monday Tue 8:00 a.m. – 4:00 p.m. Wednesday: 8:00 a.m. – 6:30 p.m. Thurs & Friday: 8:30 a.m. – 4:30 p.m.	Fax: (609) 272-9051
<b>05-04-10</b>	Galloway Township – NEW 333 Jimmie Leeds Road, Galloway NJ 08205	Pending	
<b>02 Main Admin</b>	East Orange WIC 185 Central Avenue, Suites 505 & 507, East Orange, NJ 07018	Monday – Friday: 8:30 a.m. – 4:30 p.m.  Thursdays: 8:30 a.m.– 7:00 p.m.	Tel: (973) 395-8960 Fax: (973) 676-1360

**06 EAST ORANGE WIC PROGRAM**  
**185 CENTRAL AVENUE, SUITES 505 & 507\***  
**EAST ORANGE, NJ 07018**  
**(973) 395-8960**

**Coordinator: Chesney Blue**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
<b>02 Main Admin</b>	East Orange WIC 185 Central Avenue, Suites 505 & 507, East Orange, NJ 07018	Monday – Friday: 8:30 – 4:30 Thursdays: 8:30 – 7:00 (if needed)	Tel: (973) 395-8960 Fax: 973-676-1360
11	Montclair WIC Clinic (within United Way) 60 S. Fullerton Avenue Montclair, NJ 07042	Monday & Friday: 8:30 a.m. – 4:30 p.m.	Tel: (973) 509-6501 Tel: (973) 509-6502



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

**Coordinator: Kathleen Mahmoud**

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
<b>04 Main Admin</b>	Gloucester County WIC Gloucester Co. Dept. of Health & Senior Services 204 East Holly Ave. Sewell, NJ 08080	Monday – Friday: 8:30 a.m. – 4:30 p.m. (office hours)  Extended hours every other Tuesday: until 7:00 p.m.  Monday and Friday NE classes 11:00 a.m. and 3:00 p.m.	Tel: (856) 218-4116 Fax: (856) 218-4117
03	Williamstown-Monroe Township 125 Virginia Avenue Williamstown, NJ 08094	Monday: 8:30 a.m. – 4:30 p.m.  Nutrition Education 9:00 a.m. and 1:00 p.m.	Tel: (856) 728-9800
01	Paulsboro WIC Office Gloucester County Health Department 1000 Delaware Street Paulsboro, NJ 08066	Monday- Friday: 8:30 a.m. – 4:30 p.m.  Extended hours every other Wednesday until 7:00 p.m.	Tel: (856) 423-5849

**09 JERSEY CITY WIC PROGRAM**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**199 Summit Ave. #A2**  
**Jersey City, NJ 07304**  
**(201) 547-6840**

**Coordinator: Deborah M. Murray**

<b>SITE CODE</b>	<b>NAME AND ADDRESS</b>	<b>DAYS/HOURS OF OPERATION</b>	<b>TELEPHONE NUMBER</b>
<b>13 Main Admin</b>	Jersey City WIC Program Dept. of Health & Human Services 199 Summit Ave., #A2 Jersey City, NJ 07304	Monday – Friday: 7:00 a.m. – 4:00 p.m.  Some Saturdays (Call for apt.)	Tel: (201) 547-6842  Fax: (201) 369-7290
06	Horizon Health Center (Health Start) 706-714 Bergen Avenue Jersey City, NJ 07306	Monday: 8:30 a.m. – 11:00 a.m.	Tel: (201) 451-6300
15	North Hudson Community Action Corp. of Jersey City (Health Start) 324 Palisades Avenue Jersey City, NJ 07307	Tuesday: 8:30 a.m. – 11:00 a.m.	Tel: (201) 459-8888
16	Bayonne Hospital (Health Start) 29 East 29 <sup>th</sup> Street Bayonne, NJ 07002	Wednesday: 8:30 a.m. – 11:00 a.m.	Tel: (201) 858-5000 Ext. 5356

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

**Coordinator: Robin McRoberts**

<b>SITE CODE</b>	<b>NAME AND ADDRESS</b>	<b>DAYS/HOURS OF OPERATION</b>	<b>TELEPHONE NUMBER</b>
<b>02 Admin</b>	How Lane Health Center 123 How Lane New Brunswick, NJ 08901	Monday – Friday: 8:30 a.m. – 4:30 p.m.  2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> Saturday: 8:30 a.m. – 4:30 p.m.	Tel: (732) 249-3513 Staff Tel: (732) 249-3768 Fax: (732) 249-3793
05	First Presbyterian Church 177 Gatzmer Avenue Jamesburg, NJ 08831	4 <sup>th</sup> Tuesday: 8:30 a.m. – 2:00 p.m.	Tel: (908) 902-3611
07	Edison Township Health Dept. 80 Idlewild Rd Edison, NJ 08817	2 <sup>nd</sup> Tuesday & 4 <sup>th</sup> Thursday: 8:30 a.m. – 4:00 p.m.	Tel: (732) 248-7285
<b>03 Admin</b>	Perth Amboy VNA Central Jersey Ambulatory Care Dept. () 313 State Street, Suite 704 Perth Amboy, NJ 08861	Tuesday, Wednesday, Thursday & Friday: 8:30 a.m. – 4:30 p.m.  1 <sup>st</sup> Saturday of the month: 8:30 a.m. – 4:30 p.m.	Staff Tel: (732) 376-1138 Staff Tel: (732) 376-1188 Fax: (732) 376-1193
15	Iglesia Penticostal el Tabernaculo 104 Union Street Carteret, NJ 07708	1 <sup>st</sup> & 3 <sup>rd</sup> Thursday: 8:30 a.m. – 4:30 p.m.	
16	St. Mary's Church/St. Pat's Hall Church & Stevens Street South Amboy, 08879	2 <sup>nd</sup> Thursday: 8:30 a.m. – 4:30 p.m.	
19	Woodbridge/St. James Food Pantry Hwy 35/Main Street Woodbridge, NJ 07095	2 <sup>nd</sup> & 4 <sup>th</sup> Friday: 8:30 a.m. – 4:30 p.m.	
<b>08 Main Admin</b>	Hartshorne Health Center 888 Main Street Belford, NJ 07718	Monday – Friday (office) 2 <sup>nd</sup> Monday: 8:30 a.m. – 7:00 p.m.  4 <sup>th</sup> Monday: 8:30 a.m. – 4:30 p.m.	Tel: (732) 471-9301 Tel: (732) 471-9302 Fax: (732) 471-9303
01	Trinity Church 503 Asbury Ave, A Asbury Park, NJ 07712	Monday: 8:00 a.m. – 4:30 p.m.  Tuesday: 7:30 a.m. – 4:30 p.m.	
04	Keyport Health Center, Health Start 35 Broad Street Keyport, NJ 07735	3 <sup>rd</sup> Monday: 8:30 a.m. – 4:30 p.m.	Tel: (732) 888-4146
06	St. Rose of Lima Church 12 Throckmorton Street Freehold, NJ 07728	Wednesday: 8:30 a.m. – 4:30 p.m.  1 <sup>st</sup> Wednesday until 7:00 p.m.  1 <sup>st</sup> & 3 <sup>rd</sup> Wednesday Certs (NE in evening) 2 <sup>nd</sup> & 4 <sup>th</sup> Wednesday NE/check pick-up 1 <sup>st</sup> 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 a.m. – 4:30 p.m.  4 <sup>th</sup> until 7:00 p.m. 1 <sup>st</sup> & 3 <sup>rd</sup> – NE/check pick-up 2 <sup>nd</sup> & 4 <sup>th</sup> – certs (NE in evening)	
12	Trinity AME Church 66 Liberty Street Long Branch, NJ 07740	2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> Thursday & Friday: 8:30 a.m. – 4:30 p.m.  Thursdays NE/check pick-up Fridays certs	Tel: (732) 222-8436
14	First Presbyterian Church 9 <sup>th</sup> Avenue and E Street Belmar, NJ 07719	1 <sup>st</sup> Friday: 8:30 a.m. – 4:30 p.m.	Tel: (732) 681-3108
72	Grace Methodist church 28 James Avenue Union Beach 07734	1 <sup>st</sup> Monday: 8:30 a.m. – 4:30 p.m.	

**11 NEWARK WIC PROGRAM  
 DEPARTMENT OF CHILD AND FAMILY WELL-BEING  
 110 WILLIAM STREET  
 NEWARK, NJ 07102  
 (973) 733-7628**

**Coordinator: Patricia Cummings**

<b>SITE CODE</b>	<b>NAME AND ADDRESS</b>	<b>DAYS/HOURS OF OPERATION</b>	<b>TELEPHONE NUMBER</b>
<b>15 Main Admin</b>	Newark WIC Department of Child and Family Well-Being 110 William Street Newark, NJ 07102	Monday, Tuesday & Wed Friday: 8:30 a.m. – 4:30 p.m.  Thursday: 8:30 a.m. – 6:30 p.m.  2 <sup>nd</sup> and 4 <sup>th</sup> Saturday: 9:00 a.m. – 2:00 p.m.	Tel: (973) 733-7628 Fax: (973) 733-7629
<b>18 Admin</b>	Newark Beth Israel Medical Center (Health Start) 166 Lyons Avenue Newark, NJ 07112	Monday – Friday: 8:30 a.m. – 4:30 p.m.	Tel: (973) 733-5157 Tel: (973) 733-5158 Fax: (973) 733-5157
<b>20 Admin</b>	Irvington Municipal Building 1 Civic Square Irvington, NJ 07111	Monday – Friday: 8:30 a.m. – 4:30 p.m.	Tel: (973) 399-6732 Fax: (973) 416-5676
<b>26 Admin</b>	St. James Hospital Family Service Heath Start 155 Jefferson Street, 1 <sup>st</sup> Floor Newark, NJ 07102	Monday and Friday: 8:30 a.m. – 4:30 p.m.	Tel: (973) 465-2828 Ext. 1704/1705 Fax: (973) 344-0641

**12 NORTH HUDSON COMMUNITY ACTION CORPORATION (NHCAC) WIC PROGRAM**  
**407 39<sup>TH</sup> STREET, UNION CITY, NJ**  
**UNION CITY, NJ 07087**  
**(201) 866-4700**

**Coordinator: Karen Lazarowitz**

<b>SITE CODE</b>	<b>NAME AND ADDRESS</b>	<b>DAYS/HOURS OF OPERATION</b>	<b>TELEPHONE NUMBER</b>
<b>01 Main Admin</b>	NHCAC WIC 407 39 <sup>th</sup> Street, Union City, NJ 07087	Monday Wed, Thurs and Friday: 8:30 a.m. – 4:00 p.m.  Tuesday: 8:30 a.m. – 6:45 p.m.	Tel: (201) 866-4700 Fax: (201) 866-2495
	Kearny Health Department 645 Kearny Avenue Kearny, NJ 07032	1 <sup>st</sup> Tuesday; 2 <sup>nd</sup> & 4 <sup>th</sup> Monday: 9:30 a.m. – 3:00 p.m.	Tel: (201) 997-0600
07 (mobile)	Kearny	3 <sup>rd</sup> Monday and 3 <sup>rd</sup> Friday 9:30 a.m. – 3:00 p.m.	
08	Harrison Health Department Annex 318 Harrison Avenue Harrison, NJ 07029	2 <sup>nd</sup> & 3 <sup>rd</sup> Thursday and 4 <sup>th</sup> Wednesday 9:30 a.m. – 3:00 p.m.	Tel: (973) 268-2464
85 Mobile site	NHCAC at Mesivta Sanz School 3400 New York Avenue Union City, NJ 07087	2 <sup>nd</sup> Wednesday, March, June, Sept, Dec 9:30 a.m. – 3:00 p.m.	Tel: (201) 424-3240

**13 NORWESCAP WIC PROGRAM**  
**350 MARSHALL STREET**  
**PHILLIPSBURG, NJ 08865**  
**(908) 454-1210**  
**(800) 527-0125**

**Coordinator: Nancy Quinn**

<b>SITE CODE</b>	<b>NAME AND ADDRESS</b>	<b>DAYS/HOURS OF OPERATION</b>	<b>TELEPHONE NUMBER</b>
<b>07 Admin</b>	NORWESCAP WIC Program 111 Ryerson Avenue Newton, NJ 07860 Summer 2014	Monday, Tuesday and Wednesday: 8:30 a.m. – 4:30 p.m.  Tuesday: 10:00 a.m. – 7:00 p.m.	Tel: (973) 579-5155 Fax: (973) 579-5655
<b>20 Main Admin</b>	NORWESCAP WIC Program 350 Marshall Street Phillipsburg, NJ 08865 (Warren Co.)	Monday – Friday: 8:00 a.m. – 4:30 p.m.  2 <sup>nd</sup> and 4 <sup>th</sup> Thursday: 8:00 a.m. – 7:00 p.m.	Tel: (908) 454-1210 Fax: 908-454-5731
08	Trinity Methodist Church 211 Main Street Hackettstown, NJ 07840 (Warren Co.)	1 <sup>st</sup> , 3 <sup>rd</sup> & 5 <sup>th</sup> Wednesday: 9:30 a.m. – 3:30 p.m.	Tel: (908) 852-3020 Ext. 237
10	Flemington United Methodist Church 116 Main Street Flemington, NJ 08822	2 <sup>nd</sup> & 4 <sup>th</sup> Wednesday: 9:30 a.m. – 3:30 p.m.	Tel: (908) 782-1070
17	First Presbyterian Church 41 East Church Street Washington, NJ 07882 (Warren Co.)	1 <sup>st</sup> & 3 <sup>rd</sup> Friday: 9:15 a.m. – 3:30 p.m.	Tel: (908) 689-2547
<b>22 Admin</b>	NORWESCAP WIC Program People Care Center 120 FINDERNE AVENUE, SUITE 230 BRIDGEWATER, NJ 08807 (Somerset Co.)	Monday – Friday: 8:30 a.m. – 5:00 p.m.  1 <sup>st</sup> & 3 <sup>rd</sup> Tuesday: 8:30 a.m. – 7:00 p.m.	Tel: (908) 685-8282 Fax: 908-704-9382
26	Watchung Avenue Presbyterian Church 170 Watchung Avenue North Plainfield, NJ 07060 (Somerset Co.)	Tuesdays: 9:00 a.m. – 3:00 p.m.	Tel: (908) 755-2781

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 a.m. – 5:00 p.m.  Tuesday: 9:00 a.m. – 6:30 p.m.	Tel: (908) 753-3397 Fax: (908) 753-3640



**15 ST. JOSEPH WIC PROGRAM**  
**185 6<sup>th</sup> Avenue**  
**PATERSON, NJ 07524**  
**(973) 754-4575**

**Coordinator: Dorothy Monica**

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

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
30	Clifton Health Department Boys and Girls Club of Clifton, Inc.; 181 Colfax Ave, Clifton, NJ New location Clifton, NJ 07012 (Passaic Co.)	3 <sup>rd</sup> Tuesday: 9:30 a.m. – 3:30 p.m.	Tel: (973) 470-5778
09	Greater Bergen Community Action 500 East 35 <sup>th</sup> Street Paterson, NJ 07504 (Passaic Co.)		Tel: (973) 278-7900
11	BCCAP Weatherization Training Center, 541 Midland Ave, Garfield, NJ 07026	2 <sup>nd</sup> Wednesday: 9:00 a.m. – 3:00 p.m.  2 <sup>nd</sup> Tuesday: 9:00 a.m. – 3:00 p.m.  4 <sup>th</sup> Thursday: 9:00 a.m. – 3:00 p.m.	Call the main number to make appointments

17 CHILDREN’S HOME SOCIETY MERCER WIC PROGRAM (CHS MERCER WIC)  
 416 BELLEVUE AVENUE  
 TRENTON, NJ 08618  
 (609) 498-7755

Coordinator: Joan Martin

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 (26) Main Admin	CHS Mercer WIC 416 Bellevue Avenue Trenton, NJ 08618	Clinic hours: Monday: 8:30 a.m. – 5:00 p.m. Tuesday: 8:30 a.m. – 5:00 p.m. Wednesday: 10:30 – 6:00 p.m. Thursday: 8:30 a.m. – 6:00 p.m.  Office: Friday: 8:30 a.m. – 4:00 p.m.	Tel: (609) 498-7755 Fax: (609) 434-0040
04	Hamilton Health Department 2090 Greenwood Avenue moved Hamilton, NJ 08609	Most Fridays 1 <sup>st</sup> , 3 <sup>rd</sup> & 4th Friday: 9:00 a.m. – 3:30 p.m. by appointment	Call the main number to make appointments
22	Princeton Twp. Municipal Building WIC 400 Witherspoon Street Princeton, NJ 08542	3 <sup>rd</sup> Friday: 9:00 a.m. – 3:30 p.m. By appointment closing June 2014	Call the main number to make appointments
19	First United Methodist Church 187 Stockton St, PO 137 Hightstown, NJ 08520	2 <sup>nd</sup> and 4 <sup>th</sup> Friday of the month 9:00 a.m. – 9:00 p.m., by appointment	Call the main number to make appointments
	635 Clinton Avenue Trenton, NJ 08611	First Friday of the Month	Call the main number to make appointments

**18 RUTGERS NJ MEDICAL SCHOOL 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
<b>03 Main Admin</b>	Rutgers NJ Medical School WIC Program Stanley Bergen Building Room GA-06 65 Bergen Street Newark, NJ 07107-1709	Monday, Tuesday, Thursday & Friday: 8:30 a.m. – 4:30 p.m.  Wednesday: 8:30 a.m. – 6:30 p.m.  1 <sup>st</sup> Wednesday: 3:30 a.m. – 6:30 p.m.	Tel: (973) 972-3416 Tel: (973) 972-3417 Fax: (97) 972-8977
05	Ivy Hill Apartments Senior Citizen Center 230 Mt. Vernon Place Newark, NJ 07106	Wednesday: 7:15 a.m.– 2:15 p.m.	Tel: (973) 416-8826
70	University Hospital Prenatal Clinic Ambulatory Care Center 140 Bergen Street, Newark, NJ 07101-1709	Monday: 9:45 a.m. – 2:15 p.m.  Tuesday: 9:00 a.m. – 2:15 p.m.	Tel: (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 a.m. – 2:30 p.m.	Tel: (973) 972-5624

**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
<b>06 Main Admin</b>	Ocean County WIC Program Ocean County Department of Health 175 Sunset Avenue, PO Box 2191 Toms River, NJ 08755	Monday – Friday: 8:00 a.m. – 5:00 p.m.  1 <sup>st</sup> , 2 <sup>nd</sup> & 4 <sup>th</sup> Monday: 8:00 a.m. – 8:00 p.m.	Tel: (732) 341-9700 Ext. 7520 Fax: (732) 286-3951
07	Brick Presbyterian Church 111 Drum Point Road Brick, NJ 08723	Tuesday: 8:00 a.m. – 5:00 p.m.  Nutrition Education/Checks 2:00 a.m. – 3:00 p.m.	Staff Cell: (732) 691-7307
14	Southern Ocean Resource Center 333 Haywood Avenue Manahawkin, NJ 08050	Monday – Thursday: 8:00 a.m. – 5:00 p.m.  Nutrition Education/Checks Monday: 8:30 a.m. Tuesday: 2:00 p.m.	
74	Community Medical Center (prenatal) 301 Lakehurst Road, 3 <sup>rd</sup> Floor Toms River, NJ 08753	Tuesday & Thursday: 8:00 a.m. – 12:00 p.m.	Tel: (732) 818-3388
<b>12 Admin</b>	Northern Ocean Co Board of Health 1771 Madison Ave Lakewood NJ 08701	Monday –Friday 8:00 a.m. – 5:00 p.m.  1 <sup>st</sup> & 3 <sup>rd</sup> Thursday: 5:00 p.m. – 7:00 p.m.	Tel: (732) 370-0122 Fax: (732) 886-0983
71	Ocean Health Initiatives (OHI) Federal Qualified Health Center 101 Second St. Lakewood NJ 08701	Monday to Fridays 9:00 a.m. – 4 p.m.  Nutrition Education/Checks Thursday: 3:00 p.m.	Staff Cell: (732) 691-7307

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 a.m. – 4:00 p.m.  3 <sup>rd</sup> Saturday of the Month 8:00 a.m. – 12:00 p.m.	Tel: (973) 365-5620 Tel: (973) 365-5619 Fax: (973) 365-5622

22 TRINITAS WIC PROGRAM  
40 PARKER ROAD  
ELIZABETH, NJ 07208  
(908) 994-5141

Coordinator: Anita Otokiti

SITE CODE	NAME AND ADDRESS	DAYS/HOURS OF OPERATION	TELEPHONE NUMBER
01 Main Admin	Trinitas WIC Program 40 Parker Road Elizabeth, NJ 07208	Monday – Friday: 8:00 a.m. – 5:00 p.m. (Door opens at 8:30 a.m.)	Tel: (908) 994-5141 Fax: (908) 994-5513

## 7.0 NEW JERSEY WIC ADVISORY COUNCIL BY-LAWS

### 7.1 New Jersey WIC Council By-Laws

#### **New Jersey WIC Advisory Council By-Laws**

**ADOPTED 1987**

**REVISED:**

OCTOBER 1989

NOVEMBER 1992

AUGUST 1993

MAY 2000

SEPTEMBER 2010

JULY 2014 (FINAL DRAFT)

#### **ARTICLE I – NAME**

The name of this organization is the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Advisory Council, hereafter referred to as the New Jersey WIC Advisory Council.

#### **ARTICLE II – PURPOSE**

The purpose of the council is to bring together representatives from statewide organizations and constituencies which have an interest in the health status of mothers and children by performing the following functions:

- A. To contribute to the promotion of the New Jersey WIC Services.
- B. To provide support and make recommendations to New Jersey WIC Services for the operation of an effective program.
- C. To act as a clearing house for the exchange of ideas and information.
- D. To provide an articulate voice for consumers in areas affecting WIC, nutrition and health.

#### **ARTICLE III – RESPONSIBILITIES**

The responsibility of the Council is to collaborate with and advise the New Jersey Department of Health through the Director of WIC Services in the delivery of quality services to WIC clients. The areas include:

- A. Targeting Services
- B. Caseload Management
- C. Outreach
- D. Coordination of WIC with other Community Health Services
- E. Vendor Operations
- F. Nutrition Policy
- G. Program Planning
- H. Budgetary Management



## **New Jersey WIC Advisory Council By-Laws**

### **SECTION 1 – Category of Membership**

Members shall include but not limited to:

#### **Voting Members**

Maternal Health Provider  
Pediatric Health Provider  
Nutritionist  
Nutrition Research Advocate  
Vendor Representative  
Participant Representative  
WIC Forum (President/Designee)  
Local Agency Representative  
Health Officer  
MCH Regional Consortia  
WIC Advocates (3)  
Food Policy Advocate  
HMO Provider

#### **Ex-Officio Members (Non-Voting)**

Commissioner of Health (hereafter referred to as "*the Commissioner*")  
or designee  
Assistant Commissioner of Health & Senior Services  
State WIC Director or Designee

### **SECTION 2 - Method of Appointment**

Individuals may be recommended to serve as members of the Council by interested parties. The Nominating Committee shall be responsible for obtaining information on potential nominees as specified on the approved Biographical Information Form accompanied by a Resume or Curriculum Vitae. The Committee shall determine whether the nominee(s) shall be presented to the Council for a vote. If the potential nominee(s) receive(s) a majority vote of those members in attendance, the Chair shall recommend the nominee(s) to the Commissioner for appointment through his or her designee. All appointments shall be made by the Commissioner or a designee.

### **SECTION 3 – Terms of Memberships**

Members shall be appointed by the Commissioner or a designee. Members may be reappointed for consecutive three (3) year terms by the Commissioner or designee. As per appointments by the Commissioner or designee, each member will submit their respective bios and CVs by July of the third year of each term. All membership terms shall be effective from October 1 to September 30 of the following year. The exception to this shall be the WIC Forum President. This position will be appointed annually to accommodate the current Forum President or designee.

## **New Jersey WIC Advisory Council By-Laws**

Annually, the Recording Secretary will assess member information (during July and/or August) prepare and submit the updated listing with renewal dates and status along with bio and curriculum vitae by the September meeting. The Recording Secretary will forward this information to the State WIC Director who will forward it to the State Commissioner or designee for final approval.

### **SECTION 4 – Vacancies/Unexpired Terms**

If a Council membership vacancy occurs due to death, removal or resignation, the Nominating Committee shall present a nominee to fill the unexpired term in accordance with Section 2, *Method of Appointment*. If the nominee receives majority vote of those members in attendance, the State WIC Director shall recommend the nominee to the Commissioner or designee.

### **SECTION 5 – Membership Categories**

The Council may recommend to the Commissioner or designee the addition, deletion, or amendment of membership categories by a majority vote of those members in attendance.

### **SECTION 6 – Voting**

Votes shall be cast only by an officially appointed member or a designated alternate of the member. The Chair must be informed of a designated alternate prior to the voting.

## **ARTICLE IV – OFFICERS**

### **SECTION 1 – Number and Title**

The officers of the Council shall consist of a Chair, Chair Elect, Immediate Past Chair, and Recording Secretary. The Chair, Chair Elect and Recording Secretary shall be elected by majority vote of the membership. The Chair Elect shall become the Chair following one term in office. The Chair shall become the Immediate Past Chair following his or her term.

### **SECTION 2 – Qualifications**

All officers of the Council must be voting members of the Council and must have served as a member at least one year prior to election.

## **New Jersey WIC Advisory Council By-Laws**

### **SECTION 3 – Duties**

- A. The Chair shall preside at all meetings; serve as Chair of the Executive Committee, develop an agenda for meetings, appoint and disband ad-hoc committees as necessary. The Chair may call additional meetings of the full Council as necessary. The Chair or Chair Elect shall serve as the official representative of the Advisory Council.
- B. The Immediate Past Chair shall chair the Nominating and By-Laws Committees.
- C. The Recording Secretary shall take the minutes of all meetings. The minutes will be sent to the Chair no later than fifteen (15) business days after the meeting for review. Council shall approve minutes at the next meeting.

### **SECTION 4 – Terms of Office**

- A. The Chair shall serve for two (2) years, the first year as Chair, and the second year as Immediate Past Chair.
- B. The Chair Elect shall serve for three (3) years, the first year as the Chair Elect, the second year as Chair, and the third year as Immediate Past Chair.
- C. The Recording Secretary shall serve for two (2) years. Re-election is permissible.

### **SECTION 5 – Vacancies**

- A. In the event of a vacancy in the office of Chair, it shall be the duty of the Chair Elect to assume the Chair until the next election.
- B. In the event of a vacancy in the office of Chair Elect, the position shall remain vacant until the next election.
- C. In the event of concurrent vacancies in the offices of Chair and Chair Elect, the Immediate Past Chair shall appoint a Chair Elect until a special election is held.
- D. In the event of a vacancy in the office of Recording Secretary, the Chair may appoint a successor with the approval of the Executive Committee.

### **SECTION 6 – Nominations**

The Nominating Committee shall present a slate of officers for consideration by the council at the July meeting. Nominations from the floor shall also be taken at the July meeting.

### **SECTION 7 – Elections**

Council officer elections shall take place at the scheduled September meeting. The Nominating Committee shall tally votes and advise the Chair of the voting results. The newly elected officers will assume their positions on October 1<sup>st</sup>.

## **ARTICLE V - MEETINGS**

### **SECTION 1 – Frequency of Meetings**

The Council shall meet bi-monthly at the beginning of the WIC fiscal year and at the discretion of the Chair. An annual meeting schedule will be established in accordance with the WIC fiscal year.

### **SECTION 2 - Quorum**

A quorum shall consist of a majority of the non-vacant voting members of the Council. All meetings shall require a quorum to vote. The Recording Secretary or designee shall be responsible for determining if a quorum is present.

### **SECTION 3 – Attendance/Termination**

A member who cannot attend a meeting shall contact the Chair or the Recording Secretary or he/she may designate an alternate. A member or alternate must attend at least four (4) of the six (6) scheduled meetings annually to remain a voting member. Any voting member who fails to attend two (2) unexcused, consecutive meetings will have his/her membership recommended for termination. The Chair may make the determination that extenuating circumstances precluded such attendance or participation.

### **SECTION 4 – Meeting Notices**

Notices of meetings, agenda items, and minutes of the previous meeting, will be mailed or e-mailed to all members by the WIC Advisory Council's Recording Secretary at least ten (10) working days prior to a meeting. All members shall be notified of any special meetings called by the Chair at least ten (10) working days prior to the meeting by the same procedure as above. The bi-monthly Council meetings will be held in a central New Jersey location or another location designated by the Chair.

## **ARTICLE VI - COMMITTEES**

### **SECTION 1 – Standing Committees**

#### **A. Executive Committee**

Shall be comprised of the current Chair, who will oversee and orchestrate the meetings, the Chair-elect, Recording Secretary, Local Agency Representative and one voting member.

## **New Jersey WIC Advisory Council By-Laws**

### **B. Nominating Committee**

The committee shall be appointed in July by the Chair and will consist of the Immediate Past Chair and two (2) voting members. The committee has two responsibilities:

- To present a slate of officers for election
- To present candidates for membership

### **C. Bylaws Committee**

The committee shall consist of the Immediate Past Chair as *Chair* and two (2) voting member(s). The committee shall review the bylaws at least annually and present recommendations for revisions, if any, to the Council in September. Proposed revisions shall be mailed to all members with the agenda for the September meeting. A majority vote of the non-vacant voting members present at the September meeting shall be required to recommend any revisions to the by-laws. Recommendations for revisions shall be forwarded by the Chair to the Commissioner or designee through his/her designee. If no revisions are needed, this shall be noted in the minutes.

### **D. Ad Hoc Committees**

May be created by the Chair for a specific time and task to carry out work of the Council that cannot be delegated to a standing committee.

## 8.0 PUBLIC HEARING TESTIMONIES

### 8.1 Public Hearing Documents from FFY 2017



State of New Jersey  
DEPARTMENT OF HEALTH  
DIVISION OF FAMILY HEALTH SERVICES  
PO BOX 364  
TRENTON, N.J. 08625-0364  
[www.nj.gov/health](http://www.nj.gov/health)

CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

CATHLEEN D. BENNETT  
Acting Commissioner

**TO:** Local Agency WIC Coordinators and Sponsors,  
WIC Advisory Council Members, NJ Food Council

**FROM:** Electra A. Moses, M.S., R.D.N.  
WIC Director

**DATE:** April 26, 2016

**SUBJECT:** Notice of Public Hearing – Friday, May 27, 2016  
MCH Block Grant Application and WIC State Plan

Available for your review on our New Jersey Department of Health website (<http://www.state.nj.us/health/fhs/index.shtml>) is a DRAFT of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) FFY 2017 State Strategic Plan. Prior to the WIC State Strategic Plan being finalized, a public hearing will be held on Friday, May 27, 2016, from 9:00 a.m. to 1:00 p.m. at the State House Annex, Committee Room 1, 125 West State Street, Trenton, New Jersey, 08625.

The hearing will focus on the FFY 2017 WIC State Plan (Special Supplemental Nutrition Program for Women, Infants and Children). Interested parties may provide testimony in writing or verbal testimony at the public hearing. Verbal testimony should not exceed 5 minutes in length and should be accompanied by eight written copies of the testimony. Those interested in testifying should contact Carolyn Providence at [carolyn.providence@doh.nj.gov](mailto:carolyn.providence@doh.nj.gov) or (609) 292-9560 by Friday, May 20, 2016 to arrange for a place on the testimony agenda.

Individuals not able to attend this hearing are encouraged to submit written comments by June 10, 2016 to: Ms. Carolyn Providence, New Jersey Department of Health, Division of Family Health Services, WIC Services, P.O. Box 364, Trenton, New Jersey 08625-0364.

Additional information about the public hearing, or a hard copy of the WIC State Plan can be obtained by contacting Carolyn Providence at (609) 292-9560. If there is a need for sign language interpretation, please contact Rita Belfiore at (609) 984-0755 before May 20, 2016.

# **NEW JERSEY WIC SERVICES**

# **2017 STATE PLAN PUBLIC HEARING**

## **WHEN**

May 27, 2016  
9:00 a.m. - 1:00 p.m.

## **WHERE**

New Jersey State House Annex  
Committee Room 1  
125 West State Street  
Trenton, NJ 08625

This institution is an equal opportunity provider.

## **COME AND JOIN US!**

We need you to show your support for the New Jersey WIC Program.

## **WE NEED YOUR TESTIMONY!**

What does WIC mean to you? How does/did WIC help you and your family? What do you like about WIC?

## **CONTACT!**

For questions, about the hearing, contact Carolyn Providence at 609-292-9560.



# SERVICIOS WIC EN NUEVA JERSEY

## PLAN ESTATAL DE 2017 AUDIENCIA PÚBLICA

### CUANDO

Mayo 27, 2016  
9:00 a.m. - 1:00 p.m.

### DONDE

Anexo de la Cámara Legislativa del  
estado de Nueva Jersey  
La habitación 1 del Comité  
125 West State Street  
Trenton, Nueva Jersey 08625

Esta institución ofrece igualdad de oportunidades.

### ¡ VEN Y ÚNETE A NOSOTROS!

Necesitamos su  
apoyo para el  
programa de WIC  
de Nueva Jersey.

### NECESITAMOS SU TESTIMONIO!

¿Qué significa para  
usted WIC? ¿Cómo  
WIC ayuda o  
ayudado usted y su  
familia? ¿Qué te  
gusta de WIC?

### PREGUNTAS!

Para preguntas  
sobre, la Audiencia,  
llamen a la senora  
Carolyn Providence  
at 609-292-9560.







30 W. Lafayette Street  
Trenton, NJ 08608  
609-392-8899/609-396-6571  
[njfc@njfoodcouncil.com](mailto:njfc@njfoodcouncil.com)

May 23, 2016

Ms. Carolyn Providence  
New Jersey Department of Health  
Division of Family Health Services  
WIC Services  
P.O. Box 364  
Trenton, New Jersey 08625-0364

Dear Ms. Providence:

On behalf of the New Jersey Food Council, representing more than 1,200 supermarkets and convenience stores in New Jersey, please accept our comments regarding regulations governing vendor participation in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), 2017 State Strategic Plan. We agree with the assertion that WIC should serve as an effective public health program and it remains our intent to serve as a partner for the health and wellness of NJ WIC clients.

Over the last several years, the full service supermarket is facing unprecedented competition from online retailers, big box stores and drug chains. E-commerce has cut into grocery sales, making it even tougher for traditional food retailers to thrive given their extremely tight margins. Some food retailers have been unable to survive these industry challenges, as illustrated by the recent bankruptcy of A&P/Pathmark headquartered in New Jersey. Over 100 locations shuttered their doors with many stores in food insecure communities leaving WIC clients in limbo. With about half the locations purchased by competitors, the NJ Health Commissioner stepped in and advised the state WIC team to seek federal waivers and ensure a smooth WIC authorization process. While there were a few hiccups including minimum stock challenges, the merchants appreciated the assistance of the WIC team and the leadership of Commissioner Bennett. We hope there were lessons learned between this government agency and vendors if a similar situation were to arise.

With the dynamics of the food business changing rapidly in a 21st century marketplace, the State WIC program needs to evolve and that is why we strongly believe the three year moratorium is outdated and irrelevant in today's retail environment. And that is evident as our neighboring states offer open enrollment. We ask the State to strongly reconsider the timeline and emphasize an open enrollment period that best services the WIC recipient and the retail environment. The federal government gives the state tremendous flexibility in lifting this moratorium as other states have done. It's the State of NJ who needs the will.

We are encouraged that there are more vendors enrolled in the program now because allowing more retailers actually reduces costs to the state and supports cost containment. The more stores there are, the more competitive the program will be with greater buying power by recipients.

We continue to advocate that WIC applications be readily available on line to download from the Department's web-site.

The WIC program is in the planning stages to deliver benefits electronically known as Electronic Benefits Transfer (EBT). There is a great convenience to WIC EBT as benefits can be redeemed more than once a month so it cuts down on the spoilage of perishable foods and it removes the stigma of paper checks. The Food Council wants to take a more progressive role in moving toward WIC EBT as it will reduce check out time for WIC mothers, lower operating costs to the state and create a standardized electronic delivery system for retailers. Again, NJFC members want to stand as a partner in a WIC EBT project and calls on the state to begin formal meetings with WIC vendors to work through operation challenges and streamline the implementation process because the 2020 deadline is fast approaching.

It is our opinion that WIC is a program that offers the best nutritional value for those in need. It is the intention of the NJ supermarket community to continue to support the WIC program, address the issues raised and develop tangible solutions to service the NJ WIC client as well as support predictability and sensible regulations to guide the retailer as they service the WIC community.

Thank you for considering the views of the NJ Food Council.

Sincerely,



Linda M. Doherty  
President & CEO

**Moses, Electra**

---

**From:** Kashdan, Rickie <RKashdan@meridianhealth.com>  
**Sent:** Monday, June 06, 2016 4:28 PM  
**To:** Moses, Electra  
**Subject:** Public Testimony for the WIC Program

TO: NJ Department of Health, Division of Family Health Services

FROM: Rickie Kashdan, M.Ed., M.P.H., LCCE  
Member, New Jersey WIC Advisory Council  
Maternal Health Provider representative

DATE: May 27th, 2016, revised June 6th, 2016

SUBJECT: Testimony in support of full funding for the WIC State Plan

I am speaking today in support of full funding for the WIC State Strategic Plan. I am here as a member of the WIC state Advisory Council. In my role on the Council, I represent maternal health providers. My statement represents my own point of view and does not represent my employer. In my several years working with the New Jersey WIC Advisory Council, I have had a chance to see and understand the commitment of both the local WIC Agencies and the State WIC program to improving services to pregnant women, postpartum women, breastfeeding women, infants and young children. There is a strong commitment and I am impressed with the efforts to both increasing participation and reducing barriers to obtaining WIC services. The purpose of the WIC Advisory Council is to bring together representatives from statewide organizations and constituencies that have an interest in improving the nutritional status of low-income mothers, infants and children; providing support, making recommendations and providing a clearinghouse for the exchange of ideas and information to support the effective operation of the NJ WIC Program. Currently the WIC Advisory Council has formed sub-committees to look at WIC participant retention, outreach through agencies and community organizations, and vendor strengths and areas for improvement.

I work with pregnant women in a hospital based prenatal clinic providing prenatal education and other programs to support a healthy pregnancy, informed childbirth, care for the newborn and supporting women to successfully breastfeed. Our prenatal and pediatric clinic patients are almost entirely WIC eligible and the majority of our patients have issues with food insecurity.

WIC provides a vital resource for pregnant women, supporting increased nutrition for a healthy pregnancy, healthy birth outcomes and healthy children. The fact that WIC provides services to all financially eligible mothers, infants and young children, fills a missing link that is not available elsewhere in our governmental system, providing added nutrition as well as education and support services including information and referral to additional available services. We work hand in hand with our local WIC program to provide improved nutrition to this population that has significant food insecurity and to improve breastfeeding rates by providing ongoing community support and resources.

Research has offered evidence that WIC participation is associated with maternal weight gain during pregnancy, a reduction in maternal smoking, timely initiation of prenatal care and other health promoting behaviors. A recent 2016 study by Sonchak, published online in the Maternal Child Health Journal, supports an increase in positive birth outcomes for WIC participants. This study, conducted using South Carolina birth certificate data, indicates that WIC participation is associated with an increase in birth weight and length of gestation, decrease in the probability of low birth weight, prematurity and neonatal intensive care unit admissions. Additionally, this study showed WIC participation as associated with a decrease in the probability of delivering a low birth weight infant and a small for gestational age infant specifically among black mothers. (1)

I also want to speak to the importance of prenatal breastfeeding education and ongoing support after the baby is born. The lactation support that WIC offers both to pregnant women and breastfeeding women is vitally important for reaching our 2020 NJ health goals. We find that with the increased focus in NJ hospitals to promote and support breastfeeding, more NJ moms, including WIC moms, are initiating breastfeeding. However, we know that the benefits of breastfeeding are dose dependent, with the most benefit achieved through exclusive breastfeeding, reducing the risks of ear infections, diarrhea, pneumonia and even Sudden Infant Death. In order to increase our rates for breastfeeding continuation and exclusive breastfeeding at 3 months and 6 months, our entire community needs to become involved in breastfeeding promotion.

WIC breastfeeding support services are vital to our patients. Even though we now have a significant increase in breastfeeding hospital resources, community resources are far behind. We need to increase our community support for breastfeeding. WIC peer breastfeeding counselors and lactation consultants develop relationships with moms during their pregnancy. They then continue this relationship after the baby is born, supporting moms to reach their breastfeeding goals. If we can increase WIC breastfeeding support to provide even more ongoing support for moms, I believe we will see an increase in our moms' ability to continue breastfeeding.

Two examples of how our local WIC Agency works directly with our prenatal clinic to support breastfeeding mothers:

Recently, I received a call from one of the clinic moms, who received WIC during her pregnancy. She had just delivered a baby with special medical needs. The baby was rushed to a specialized Children's Hospital. This mom had learned about breastfeeding prenatally both at WIC and at our prenatal clinic. When her baby was born with special needs, she remembered how important her breastmilk is for the health of her baby and she decided to do everything in her power to breastfeed successfully. She was "desperate" to get a breast pump. I called the WIC breastfeeding program at our local agency and within a short time received a call back from a WIC lactation consultant. She directed me on how the mom could get a pump sent directly from her insurance company to the hospital neonatal unit by the next day. She also provided me with information to reassure the new mom by letting her know it would be okay to wait until the next day, to begin pumping or that she could express or pump her milk, with either the hospital manual pump or her own hands. I was then able to reassure the mom and give her the specific information she needed to know that she was going to be successful in breastfeeding her baby.

We recently saw a mom at our clinic, also a WIC participant, who came for a postpartum visit. Her baby was just over a month old and she had a breast infection. She was treated by the doctor with antibiotics for the breast infection, but she noticed that she had a decreased milk supply, since the infection started. She started buying formula to supplement her own breastmilk, but the cost was high for her. We set up an

appointment for her, with the WIC lactation consultant to help her learn how to increase her milk supply, if possible, and to obtain formula from WIC if it is needed.

(1) Sonchak, Lyudmyla, "The Impact of WIC on Birth Outcomes: New Evidence from South Carolina", Maternal Child Health Journal, Published online: 14 March 2016.

My name is Kathleen Mahmoud, and I have been the Manager/Coordinator of the Gloucester County WIC Program for almost 20 years. I thank you for the opportunity to share my experience and point of view at this public hearing associated with the NJ WIC Program block grant application for 2017.

During my tenure as a WIC local agency coordinator, I have worked with four NJ WIC Program directors, each of whom had a very different approach to administering the program. Our current director, Electra Moses, has focused on improving collaborations between the State and Local WIC Staffs, and the WIC Program and other agencies that serve our constituents. These collaborations are necessary for keeping the program efficient and effective, and she should be commended for her foresight in this regard. Federal funding for the program has expanded and contracted, along with shifts in the economy and migrations of families in and out of our state. I have witnessed both the positive and negative effects of the “welfare to work” public policy changes, as young mothers struggle to manage work and caring for their families. While this shift occurred almost 20 years ago, the practices of the United States Department of Agriculture have not kept pace with the opportunities use current technologies to reach and serve more working families who could benefit from this program. That being said, our state and local WIC program staff continue to improve the delivery of services, work to make our nutrition education more meaningful, help increase rates of initiation and duration of breastfeeding, and maintain the integrity of the program. In addition, we encourage applicants to register to

vote, document immunization records in the State Registry, and provide referrals to NJ Family Care, medical care providers and social service agencies...these last three without receiving additional funds to do so. We provide access in our local clinics to dental hygiene educators, health care insurance enrollers, farmers redeeming produce vouchers, students of health disciplines, and almost anyone who wants to provide assistance to low income families. WIC is a safety net that catches infants who just got discharged from a hospital but have undiagnosed conditions like jaundice or failure to thrive, women who appear to be suffering from post-partum mood disorders and need mental health referrals, or moms who want to breastfeed but need the help of a peer counselor to say the course she hits a few bumps in the road. WIC nutritionists raise the warning flag with caregivers who may be over-feeding their child, or not providing a balanced diet despite their best intentions. WIC staffs hear of homelessness and find shelters and emergency food banks. They remind parents of the importance of immunizations, and tell them where to get them for free or where to apply for health insurance.

Each year, state and local staffs are asked to provide more comprehensive services while funding fails to keep pace with increasing costs of payroll, facilities, and materials. The current declining state and national enrollment in WIC will certainly impact service delivery as associated administrative funds decrease, and make reaching our goals an even greater challenge in the future. We know, however, that our interventions and relationships make a difference in the lives of WIC families, and

that is what motivates so many of us to work under less than ideal conditions and for lower wages than many other health professionals. On behalf of my local WIC agency, I thank the State of NJ for its support of WIC, one of our nation's most cost effective public health programs.



**Improving Pregnancy Outcome Essex County Vignettes**

(Story #1) S.K. was referred to my caseload by Central Intake. When I called S.K. she sounded very sad and discouraged. S.K. shared that she needed to find an alternate place to live, because she was not happy where she was currently residing. I assured S.K. that I was not going to be judgmental concerning her situation, but I would need to know the reason she was not happy where she was currently residing in order to be able to know the steps that can be taken to better be able to assist her in moving. After getting S.K.'s authorization to further inquire about her current situation, S.K. shared that her son's father, with whom she was currently residing, was being verbally abusive and threatening physical abuse to herself and her son, who is 3yrs old. S.K. shared that she was currently unemployed. She had recently completed nursing school and would be taking the state certification exam in a few days.

S.K. explained that she did not have anyone or family to turn to and had never been in an abusive situation before. S.K. expressed her fears of being alone and taking her son to a shelter, because of the unknown and being around strangers. CHW explained to S.K. that due to her financial situation and the fact she reached out for help, which was an indication that her situation has progressed to being unbearable; a shelter would be the fastest route to getting out of the abusive environment. S.K. inquired as to the shelter conditions, sleeping arrangements and rules. The CHW provided the contact for several different shelters and suggested that S.K. call them to inquire about the living environment, because it is not an easy transition for anyone to make. The CHW heard the hesitation and fear in S.K.'s voice, but the CHW made it clear to S.K. that the decision was hers to ultimately make and the importance of keeping her and her son's safety in mind. In addition the CHW discussed creating a safety plan in the event S.K. needed to leave immediately. S.K. accepted the resources. Due to S.K.'s hesitation, the CHW gave S.K. the necessary space to think and make her own decision, but also let her know that the CHW will be available when she is ready. After weeks of being hesitant and indecisive, S.K. texted me that she left her boyfriend and was staying at a friend's house and was only able to stay for a week at the friend's house.

S.K. had all her personal identification documents for herself and her son, because we discussed the importance of having these documents ready for when she does leave. The CHW provided S.K. with the number to the Safe House, a domestic violence shelter located in Newark, and urged S.K. to call because space can sometimes be a challenge. The CHW ensured S.K. that the CHW will work closely with her until S.K. and her son were in a temporary, stable living environment. S.K. called literally right away and was able to get a bed in the shelter. S.K. has been corresponding via text with the CHW from the time she entered the shelter. The CHW explained to S.K. that she will continue to provide support to her as she is going through the process. The CHW encourages S.K. to utilize all the services that the shelter provides, because many of the feelings S.K. was expressing seem to stem from her abusive relationship. S.K. has reported making progress since she has been in the shelter in terms of finding an apartment. S.K. has been and continues to reach out to the CHW for emotional support in the process.

(Story #2) Our CHW was assigned an eighteen year old mom-to-be. Ms. C was 4 months pregnant, in need of medical insurance, WIC and prenatal care. A youthful high school senior with hopes of attending an out of state college, she was now faced with dealing with becoming a first time mom. To make the matter more challenging, Ms. C is not a citizen of the United States and is receiving little support from her mother who is her only means of financial assistance.

Prior to being referred to our IPO program Ms. C was living between homes. Her mother's home became very stressful and hostile. Thankfully, Ms. C's spouse and her mother-in-law have stepped in by providing Ms. C with a calmer, more supportive environment by opening up their home to her.

Over the next weeks, the CHW scheduled the following appointments for Ms. C: First Choice located in Newark for an initial visit that consisted of an ultra sound and check up, Newark Community Health Center for WIC, located in Newark and UMDNJ OBGYN, for pre-natal services and medical assistance. Ms. C attended all of her appointments and is now receiving WIC, pre-natal services and medical assistance. Ms. C is expecting a baby girl and plans on attending college locally.



Statewide Parent Advocacy Network  
 35 Halsey Street  
 4th Floor  
 Newark, NJ 07102  
 (973) 642-8100 (973) 642-8080—Fax  
 Website: [www.spannj.org](http://www.spannj.org)  
 E-Mail: [span@spannj.org](mailto:span@spannj.org)



***Empowered Families: Educated, Engaged, Effective!***

SPAN & Family Voices-New Jersey comments on the  
 WIC Strategic Plan Federal Fiscal Year 2017

May 26, 2016

Thank you for the opportunity to comment on the NJ State WIC Plan for FFY 2017. The Statewide Parent Advocacy Network (SPAN) is NJ's federally designated Parent Training and Information Center, RSA (Rehabilitation Services Administration) Transition Parent Information and Training Center, and Family to Family Health Information Center, as well as the NJ State Affiliate Organization for National Family Voices, which works to "keep families at the center of children's healthcare" and a chapter of the Federation of Families for Children's Mental Health. SPAN also houses the Essex County Improving Pregnancy Outcomes project and Partners for Prevention of Birth Defects and Developmental Disabilities, both funded by the NJ Department of Health, and Effective Health Promotion Communication for Healthcare Providers Serving Diverse Women project, funded by the Governor's Council on Prevention of Developmental Disabilities.

SPAN's vision is that all families in New Jersey will have the resources and support they need to ensure that their children become fully participating and contributing members of our communities and society. Our mission is to empower and support families and inform and involve professionals and others interested in the healthy development and education of children and youth. Our focus is on the whole child and family, including education, health and mental health, human services, child care/early care and education, and child welfare/prevention. Our foremost commitment is to children and families who face the greatest obstacles due to disability, special healthcare/mental health need, poverty, discrimination based on race, gender, language, immigrant or homeless status, involvement in the foster care, child welfare, or juvenile justice systems, geographic location, or other special circumstances.

Our comments today are based on our 28 years of work reaching, supporting, and engaging diverse families in advocacy on behalf of their children and families as well as in systems improvement activities across the Maternal and Child Health priority areas.

We are pleased to note that one of the State's selected National Performance Measures for the 2017 Block Grant application is breastfeeding, which has a direct relationship to the work of WIC. We note that, on our survey of over 500 parents and professionals in NJ last year, 86% strongly supported the State Priority Need of increasing healthy births, and 84% strongly supported Improving Nutrition and Physical Activity, both of which have a direct relationship with WIC's purpose and activities.

We also note the Department of Health's Improving Pregnancy Outcomes initiative, including both the Community Health Worker model and "Central Intake," supports the work of WIC.

There is strong research supporting the effectiveness of CHWs in increasing exclusive breastfeeding, reducing the under-five mortality rate, and reducing neonatal mortality. (See [www.coregroup.org/storage/Program\\_Learning/Community\\_Health\\_Workers/review%20of%20chw%20effectiveness%20for%20mdgs-sept2012.pdf](http://www.coregroup.org/storage/Program_Learning/Community_Health_Workers/review%20of%20chw%20effectiveness%20for%20mdgs-sept2012.pdf)). We are excited about our breastfeeding support activities including those related to Black Women's Breastfeeding Week at the end of August. We are also excited to report that SPAN is a partner in establishing the Essex County Breastfeeding Coalition. We look forward to working with Title V, WIC, and its partners to increase the % of NJ women, especially African-American women, who breastfeed.

#### **WIC Services Mission Statement & Services Goals**

SPAN and FV-NJ strongly endorse the WIC Services Mission Statement, to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diet, information on healthy eating, breastfeeding promotion, and support and referrals to healthcare agencies. We want to ensure that WIC agencies are familiar with SPAN's supports and services and connect families who could benefit from our services to our warmline, 800-654-SPAN; our website, [www.spanadvocacy.org](http://www.spanadvocacy.org); and our team of over 60 trained parents, reflecting NJ's diversity and speaking 11 languages.

We also support the WIC Services Goals, to enhance the quality of life for women, infants, and children through a client-centered service delivery system (although we note that families frequently inform us that the term "client" "turns them off" and is not seen by them as family-friendly). We also support the strategic priorities, to improve services through technology and collaboration, provide value enhanced nutritional assessment, promote and support exclusive breastfeeding, promote and support physical activity in conjunction with nutrition education, and ensure program integrity. We are particularly interested in hearing more about the Loving Support through Peer Counseling Breastfeeding Program, as it is our experience that peer-to-peer support is the most effective way to help families institute behavioral change.

We are concerned that there is no language in the Mission Statement or Services Goals focused on bringing in the voices of women with lived experience into leadership roles, and strongly encourage the NJ Department of Health WIC program to review the extent to which it and its WIC service agencies have identified potential women leaders who could assist WIC at the state and local level in understanding the barriers facing NJ low income women who need WIC services and addressing them more effectively, as well as building leadership of such women to be effective advocates with other women, WIC service delivery agencies, the general public, the legislature, and others, in support of WIC program goals and efforts. The WIC Plan should include adding additional WIC constituents – users of WIC services – to the Advisory Council, and ensure that they are adequately prepared and supported to participate effectively.

SPAN has conducted numerous focus groups with diverse women of childbearing age (Caucasian, African American, Latina, South Asian, Arab-American), from tweens through idle-aged women, to inform our work aimed at encouraging women of childbearing age to eat more healthily (including taking folic acid), exercise, and prevent and deal with stress. What we have learned from these focus groups as well as our work on the ground is that low-income women from diverse backgrounds have very different cultural and socio-economic approaches to health.

## WIC Plan

SPAN and FV-NJ appreciate the current efforts of NJ WIC to provide access to healthy foods, nutrition and exercise information, connection to health care, breastfeeding promotion and support, and other key needs of NJ's low-income women and children.

SPAN supported the move by the US Department of Agriculture to issue regulations regarding the improved WIC food packages that improve the health and nutritional quality of the foods in the program, increase participants' choices, and expand cultural food options. The addition of whole grains, a move to low fat milk, and the choice of a full range of fruits and vegetables strengthen WIC's role in reducing obesity and improving nutrition. Allowing Farmers' Markets as WIC vendors is also a valuable option. We also supported the USDA changes to ensure that women have access to the full amounts of appropriate WIC foods as well as food package enhancements that better promote breastfeeding and support medically fragile participants. (In particular, SPAN and FV-NJ strongly support state's Special Infant Formula purchase system, where at-risk infants receive medical infant formula shipped either to their home or to their local WIC agency). We noted, however, a major shortcoming in that, by continuing to use self-imposed cost restraints, the USDA left the recommendations short of the full amount of fruit and vegetables and the option of yogurt recommended by the Institute of Medicine.

We value and appreciate the innovative collaborations cited in the State Plan including the NJ Healthy Corner Store Initiative, development of an online nutrition program in collaboration with William Paterson University and St. Joseph's WIC Program in Paterson (and we especially appreciate the use of focus groups to pretest the lesson content and develop the measurements), and the Farmers' Market Nutrition Program.

We are concerned, however, with continuing troubling statistics in our state.

For example, NJ continues to have one of the highest rates of obesity among low-income children, as well as a relatively low breastfeeding rate, which we know contributes to that high obesity rate. Obesity is more common among low-income children and children with special needs, as well as African-American children in particular. How has NJ WIC engaged low-income parents, African-American parents, and parents of children with special healthcare needs, in identifying strategies that might work more effectively with these populations?

We note that some time ago National Family Voices partnered with Tufts University to do a study of parents of children with special healthcare needs focused on health promotion including nutrition and exercise. The results of that study showed that families of children with special healthcare needs who were paired with another trained parent of a child with special healthcare needs for peer support was more effective in getting those parents to be able to work on a health promotion goal for their child than merely being given information or even training. This is also a cost-effective intervention, as the Family Resource Specialist – a trained parent of a child with special healthcare needs with experience in multiple systems and supported by the Statewide Parent Advocacy Network – can provide the needed information, training and supports to families at a reasonable cost.

In terms of breastfeeding support, we note a brief mention of the possibility of home visits being made by peer counselors “when necessary,” and wonder how that determination is made. We are also interested in learning if, and how, NJ WIC is working with the Community Health Worker and “Central Intake” grantees, as well as the MCH Home visiting programs funded through a grant to the NJ Department of Health but administered by the NJ Department of Children and Families. This should be a high priority, to maximize the effectiveness of these programs and make the best use of scarce funds.

We also note that the NJ WIC Plan does not appear to have a specific focus on the most at risk populations such as mothers of premature infants or children with special healthcare needs, or teen mothers other than a brief mention of “Nutrition Lessons for Teen” under the Support for Pregnant and Parenting Teens program funding. We look forward to the availability of the online teen-friendly nutrition lesson and hope that NJ WIC plans to pilot that lesson by diverse teen parents to ensure its relevance and usefulness for its intended audience. We encourage NJ WIC to hone in on the populations with the greatest risks of poor nutrition, low rates of exercise, obesity, and lack of breastfeeding, and ensure the utilization of approaches and strategies that are targeted to their cultural, racial, and socio-economic backgrounds, beliefs, and lifestyles so as to maximize the effectiveness of WIC services and interventions. One size simply does not fit all. We recommend resources from the Food Research and Action Center such as their [Time for a Change Guide: Maximizing the Benefits of the New WIC Foods for Immigrant Families](http://frac.org/newsite/wp-content/uploads/2009/05/wic_immigrant_timeforchange.pdf) ([http://frac.org/newsite/wp-content/uploads/2009/05/wic\\_immigrant\\_timeforchange.pdf](http://frac.org/newsite/wp-content/uploads/2009/05/wic_immigrant_timeforchange.pdf)), and their webinar on [Making the Most of the New WIC Foods for Multicultural Communities](http://frac.org/federal-foodnutrition-programs/wic/wic-in-multicultural-communities/), which can be found at <http://frac.org/federal-foodnutrition-programs/wic/wic-in-multicultural-communities/>.

In closing, we appreciate the hard work and dedication of NJ’s WIC program staff and agency providers, indicate our willingness to partner with you and with your funded agencies in ensuring effective outreach and services to NJ’s diverse eligible population, and enhance the voices of those women who use WIC services to support continuous quality improvement and ensure the program achieves its goals.

Thank you again for the opportunity to comment on the NJ WIC State Plan

Sincerely,

*Diana MTK Autin*

Diana MTK Autin  
Executive Co-Director, SPAN  
35 Halsey St., 4<sup>th</sup> Fl., Newark, N.J. 07102  
(800) 654-SPAN ext. 105  
Email [diana.autin@spannj.org](mailto:diana.autin@spannj.org)  
Website [www.spanadvocacy.org](http://www.spanadvocacy.org)

*Lauren Agoratus*

Lauren Agoratus, M.A.-parent  
NJ Coordinator- Family Voices @ SPAN  
35 Halsey St., 4<sup>th</sup> Fl., Newark, N.J. 07102  
(800) 654-SPAN ext. 110  
Email [familyvoices@spannj.org](mailto:familyvoices@spannj.org)  
Website [www.spanadvocacy.org](http://www.spanadvocacy.org)

---

**To empower families and inform and involve professionals and other individuals interested in the healthy development and education of children and youth, to enable all children to become fully participating and contributing members of our communities and society.**