SECTION I

Preliminary Information

Refer to WIC Procedure Manual Section 100
WIC Operations Manual Section 1

**RHODE ISLAND DEPARTMENT of HEALTH**
**WIC PROGRAM**
**LOCAL AGENCY ADMINISTRATON and LOCAL WIC CLINICS**

| **Local WIC Agency Administration** | **Local WIC Agency Clinics** |
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| Ms. Joanne McGunagle, Executive Director<br>Comprehensive Community Action Program, Inc.<br>311 Doric Avenue<br>Cranston, RI 02908<br>(401) 467-9610<br><br>Ms. Kathy Higgins, WIC Coordinator/Nutritionist<br>Family Health Services of Cranston<br>1090 Cranston Street<br>Cranston, RI 02920<br>(401) 946-4650 | Family Health Services of Cranston<br>1090 Cranston Street<br>Cranston, RI 02920<br>(401) 946-4650<br><br>Cranston Satellite<br>191 MacArthur Blvd.<br>Cranston, RI |

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|---|---|
| Ms. Maria Montanaro, Chief Executive Officer<br>Ms. Jennifer Clough, WIC Coordinator<br>Health Center of South County WIC Program<br>One River Street<br>Wakefield, RI 02879<br>(401) 782-0855 | Health Center of South County WIC Program<br>One River Street<br>Wakefield, RI 02879<br>(401) 782-0855<br><br>Bayside Family Healthcare, Inc.<br>308 Callahan Road<br>North Kingstown, RI 02852 |
| Mr. Dennis Roy, Chief Executive Officer<br>Ms. Beth Sapolosky, WIC Coordinator/Nutritionist<br>New Visions for Newport County, Inc.<br>Newport Community Health Center WIC Program<br>19 Broadway<br>Newport, RI 02840<br>(401) 847-7821 | New Visions for Newport County, Inc.<br>Newport Community Health Center WIC Program<br>19 Broadway<br>Newport, RI 02840<br>(401) 847-7821<br><br>New Visions for Newport County, Inc.<br>James F. Silvia Health Center WIC Program<br>1048 Stafford Road<br>Tiverton, RI 02878<br>(401) 625-5134<br><br>Florence Gray Multi Purpose Center<br>1 York Street<br>Newport, RI 02840<br>(401) 848-6682 |
| Mr. Merrill Thomas, Executive Director<br>Ms. Lynda Greene, WIC Coordinator<br>Providence Community Heath Centers, Inc.<br>375 Allens Avenue<br>Providence, RI 02905<br>(401) 444-0400 | Allen Berry Health Center WIC Program<br>202 Prairie Avenue<br>Providence, RI 02907<br>(401) 444-0570 x 27<br><br>Capitol Hill Health Center WIC Program<br>40 Candace Street<br>Providence, RI 02908<br>(401) 444-0550 x 22<br><br>Central Health Center WIC Program<br>239 Cranston Street<br>Providence, RI 02907<br>(401) 444-0580 x 23 |

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|---|---|
| | Fox Point Health Center WIC Program<br>550 Wickenden Street<br>Providence, RI 02903<br>(401) 444-0530<br><br>Olneyville Health Center WIC Program<br>100 Curtis Street<br>Providence, RI 02909<br>(401) 444-0540 x 28 |
| Mr. H. John Keimig, President<br>St. Joseph Hospital<br>200 High Service Avenue<br>North Providence, RI 02904<br>(401) 456-3080<br><br>Ms. Susan Vieira, LDN, WIC Coordinator/Nutritionist<br>St. Joseph Health Center<br>21 Peace Street<br>Providence, RI 02907<br>(401) 456-4069 | St. Joseph Health Center<br>21 Peace Street<br>Providence, RI 02907<br>(401) 456-4069 |
| Mr. Dennis M. Roy, Executive Director<br>Ms. Beth Sapolsky, Coordinator/Nutritionist<br>Self-Help, Inc.<br>East Providence Community Health Center WIC Program<br>100 Bullocks Point Avenue<br>Riverside, RI 02915<br>(401) 437-1007 | East Providence Community Health Center WIC Program<br>100 Bullocks Point Avenue<br>Riverside, RI 02915<br>(401) 437-1007<br><br>Warren Health Center<br>1 Joyce Street<br>Warren, RI |

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|---|---|
| Mr. Joseph R. DeSantis, Executive Director<br>Ms. Karen Schiltz, LDN, WIC Coordinator/Nutritionist<br>Tri-Town Economic Opportunity Committee<br>Tri-Town Health Center WIC Program<br>1126 Hartford Avenue<br>Johnston, RI 02919<br>(401) 351-2750 | Tri-Town Health Center WIC Program<br>1126 Hartford Avenue<br>Johnston, RI 02919<br>(401) 351-2750<br><br>Northwest WIC Satellite<br>166 Main Street<br>Pascoag, RI 02859<br>(401) 567-0510 |
| Ms. Jeanne Gattegno, Executive Director<br>Westbay Community Action, Inc.<br>218 Buttonwoods Avenue<br>Warwick, RI 028867541<br>(401) 732-4660<br><br>Ms. Jayce Winiarski, WIC Program Manager Nutritionist<br>Westbay Community Action, Inc WIC Program<br>205 Buttonwoods Avenue<br>Warwick, RI 02886<br>(401) 732-4660 | Westbay Community Action, Inc WIC Program<br>205 Buttonwoods Avenue<br>Warwick, RI 02886<br>(401) 732-4660<br><br>West Warwick WIC Satellite<br>53 Providence Street<br>West Warwick, RI 02893<br>826-3230 |
| Mr. Thomas Parris, President<br>Ms. Doreen Chin Pratt, MS, RD, Director of Nutrition Services/WIC Coordinator<br>Women and Infants' Hospital WIC Program<br>2 Dudley Street<br>WPCC Nutrition Services - Suite 565<br>Providence, RI 02905-2401<br>(401) 274-1122 ext. 2768 | Women and Infants' Hospital WIC Program<br>2 Dudley Street<br>WPCC Nutrition Services – Suite 565<br>Providence, RI 02905-2401<br>(401) 274-1122 ext. 2768 |
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## Section I
## Selection of Local Agencies

**Goal:** To ensure that local agencies are selected and funded in accordance with the need for Program benefits in an area, participant access, coordination of care and the efficient and effective utilization of nutrition and program services (NSA) funds.

***Recent Trends***

Enhanced collaboration between the WIC Program and "sister" health / social service programs (ie, Lead, Immunization, Ritecare {medicaid}) is continuing to expand. Although targeted funding for these activities is lagging behind, RI WIC is focusing on use of Kidsnet (RI's public health preventive services database) to monitor and target cross program initiatives.

Rhode Island's RIte Care Program (RITECARE), implemented in 1994, brought radical restructuring to the health care system for low income mothers and children:

- All eligible pregnant women and children up to age six are covered for comprehensive preventive and corrective health care.
- The care is rendered in the context of a chosen primary provider and health plan, with restrictions on using out of plan services.
- Twelve current WIC providers are affiliated with one of the three remaining *competing RITECARE plans.
- Financial eligibility was expanded to include almost 10,000 women and children between 185 and 250 percent of poverty.
- This additional group is adjunctively income eligible for WIC.

As of December 2000, 93% of WIC participants were insured, with an additional 4.2% referred for health insurance.

**Objective 1: Evaluate anticipated changes in the Rite Care Eligibility criteria related to potential impact on determination of adjunctive eligibility.**

***Delegation of Contractual Authority***

The Director of the Department of Administration (DOA) is the individual with the authority to enter into binding agreements on behalf of the State. Delegated Authority allows HEALTH to procure direct service providers (such as WIC local agencies). Under delegated authority the Department must be able to demonstrate that providers selected are those which most efficiently and/or effectively deliver services and/or make maximum use of Department resources through lowered cost or increased productivity.

**Objective 1: In the event the delegation of authority is canceled by either Department, the**

**DOH or DOA will issue a Request for Proposals for WIC local agency services. In that event, HEALTH would likely request the contracts be multi year, annually renewable.**

***Additional WIC Program Services and Service and Performance Objectives***

In recent years, the growing savings from food cost containment supported significant participation increases. Continued savings could eventually accommodate an increase of 3,000 - 4,000 participants (although a new Infant Formula Rebate starting October 1, 2001, will impact this area).

**Objective 1:** **Investigate if additional WIC sites are needed to fully utilize funding. HEALTH estimates these site needs:**

1. One full time site offering a multitude of services

2. Three part-time satellite sites accessible to unserved suburban pockets of need

Congressional directives and Federal regulations have defined a number of areas in which the WIC Program is to conduct additional activities (e.g. information and referral, health care coordination, immunizations, substance abuse education and voter registration). At the same time allied programs are receiving similar instructions to more closely coordinate their services with WIC.

The underlying objectives of these changes include the accessibility of these public benefits to potential clients through outreach, more accessible clinic operations and closer coordination and maximizing the preventive or restorative effects of the various programs by coordination among services which can compliment and enhance each other.

In light of federal and public health objectives, HEALTH has identified the following areas to be addressed in structuring the local WIC services system:

**Objective 1:** **Ensure prompt access to services**

1. The Program must make available evaluation and receipt of benefits to non-breastfed infants in a much shorter time span, including ability to respond on a crisis intervention basis.

2. The Program's preventive effectiveness has been shown to be greatest when pregnant women receive benefits as early in pregnancy as possible. Any delay in responding to a request from a pregnant woman in effect undermines the Program's effectiveness.

3. Accessible hours for the working eligible. Congress has mandated that WIC services be available during hours in which the working eligible (over two thirds of WIC families) can apply for the Program without interfering with their jobs.

4. Prompt enrollment of other high risk individuals.

**Objective 2:** **Ensure coordination of WIC services with on-site health care services, especially to increase immunization rates for WIC children. HEALTH must recognize changes in location of health care services to WIC participants and potential eligibles. Efforts must be made to increase access to WIC services at all sites where such persons are receiving health care.**

**Objective 3:** **Coordinate simplified access to multiple services at one appointment ("one stop shopping").**

**Objective 4:** **Increase and enhance breastfeeding support and promotion.**

**Objective 5:** **Monitor, support and ensure the quality of delivery of WIC services.**

**Objective 6:** **Ensure compliance with Program rules and requirements.**

***Reduce Imbalances in Ratios of Enrollment to Need***
(see Affirmative Action Plan)

**Objective 1:** **Continue efforts to reduce disparities between high and low percentages of met need around the State through continual State office review of:**

1. Caseload and allocation adjustment,

2. Local agency performance in high risk identification, caseload maintenance,

3. Establishment of local agency satellite sites in areas of particularly high unmet needs,

4. State and local outreach activities.

**Objective 2:** **Review the contracting process as related to**:

1. Continued variations in the percent of need met where some communities have remained at more than ten percent below the statewide need met average over the course of several years.

2. Despite substantial success in targeting benefits to high risk eligibles (more than eighty percent of current enrollments) such items as clinic location, additional satellite clinics, and local outreach need to be further evaluated to further improve such targeting.

***Other Considerations***

**Objective 1:** **Continue monitoring the impact of Ritecare on the WIC provider network. Eleven of the thirteen current WIC local agencies are members of a single competitive Ritecare provider plan . This means that perhaps half of the WIC clients at an agency may be members of its plan and half not.**

**Objective 2:** **Continue monitoring the impact of RITECARE and its effects on the ability of the current WIC network of local agencies to maintain services to all, both community health plan members and non-member WIC clients. HEALTH will need to assess whether any current WIC local agency is unable to maintain services due to RITECARE non-participation or RITECARE restrictions.**

**Objective 3:** **The Program needs to be ready to respond to continued expansion opportunities, through either federal or state cost saving or funding initiatives. Determination will have to be made whether the current network is capable of meeting its program expansion goals.**

**Objective 4:** **If the current network is adequately providing services, then a further review would be made as to whether there is any compelling need or gain to seek other providers through other RITECARE plans. If the current network is not sufficient to continue to provide WIC services to all eligible clients for which the Program has funds, or if there is any other compelling need to seek other providers then the HEALTH would perform a feasibility study of the benefits and drawback to additional providers, especially in relation to client access and caseload expansion needs. This review will consider:**

1. The ability of other providers to provide quality WIC nutrition, eligibility and coordination and outreach services.

2. Evaluate different provider models to determine if any, all or which can provide services which equally or better meet the needs of the Rhode Island WIC Program and actual and potential clients.

## Caseload Allocation and Adjustment

**Goal:** To ensure service to the maximum number of women and children allowed by available funds, while protecting the Program from overspending.

**Objective 1:** **Continue to utilize accurate, reliable, and quickly accessible measures of utilization of available funds and caseload. This will be accomplished through applying better planning techniques to the improved data collection, storage, and reporting capabilities of the ADP System. Measures being developed include:**

1. Developing measures of local agency performance and indicators of future capability,

2. Improved measures of relative need in each service area,

3. Automated on-going caseload tracking and control tools.

**Goal:** To ensure that all agencies are providing services to the number of participants authorized or directed by the State agency, to the extent permitted by federal funding. It is essential that locals maintain caseload at the assigned level and utilize administrative funds at an appropriate rate. Unutilized funds must be directed on a timely basis toward local agencies which can utilize them.

**Objective 1:** **To take such temporary actions and adjustments as are necessary to efficiently manage funds in order to avoid over or under spending.**

**Goals 2002 Section I Preliminary Information**
Affirmative Action Plan

**Goal:** To allocate additional slots to areas based on need and ability to utilize additional caseload.

Evaluation: Rhode Island is currently providing WIC benefits to the eligible population in all the state's thirty-nine cities and towns and will continue to do so as long as federal funding permits.

Potentially Eligible WIC Population

The population of Rhode Island potentially eligible to participate in the WIC Program was estimated from demographic and economic data available on a city and town basis.

Vital Records data were used to estimate by city and town the number of women, infants, and children. A five-year average of the most recent resident live births was used. The number of infants was estimated as the average number of live births to residents of Rhode Island. The number of children one through four was estimated as the average number of live births to residents of Rhode Island times four. The number of pregnant women was estimated as 0.75 times the average number of live births (note that multiple births were controlled in the estimate). The number of postpartum and breastfeeding women was calculated as 0.5 times the average number of live births (as was the number of pregnant women). These cohorts were summed to produce an estimate of the population by city and town with the demographic characteristics required for enrollment in WIC.

The 1990 census data of the number of related children under 5 under 185% of the OMB poverty level by city and town were used. These numbers were divided by the five-year average of live births to determine the percent financially eligible for the program. This percentage was multiplied by the number demographically eligible to give an estimate for each city or town of the number of individuals residing in each who have both the demographic and income characteristics required for participation in WIC (Table I).

Health Indicator

The average (five-years) percents of low birth weight infants (less than 2500 grams), of spontaneous fetal mortality, and of teenage mothers, by city and town were utilized. The multiple year average percentage allows for a control of wide statistical fluctuations which may occur when dealing with 500 or fewer events (Table II).

Statewide Parity

Rhode Island receives funding (federal grant and infant formula rebates) for and provides service to an estimated 76 percent of its WIC eligible population. Locality analysis of enrolled participants indicates that service levels vary significantly between cities and towns from over 100 percent of the eligible population being served in some towns (indicating a potential problem with the basic poverty data) to 5 percent of the eligible population on Block Island. Thirty-four percent (34%) of the total WIC eligible population resides in the City of Providence.

**Goals 2002 Section I Preliminary Information**

Following previous allocation formulas, 39 percent of the total caseload (as of June, 1997) was designated to the four local agencies (8 sites) in Providence. In FY'80 the state's AAP first introduced the expansion goal of Statewide Parity. For FY'2002, the AAP in its expansion criteria again incorporates this goal. Additional slots will be allocated to local sites in relation to the expansion rank of the cities and towns served, the state mean, and the size of the needy population (Tables I, IV, VI). Unfilled slots shall be counted as allocated.

Service Areas - Market Share Concept

In Rhode Island's WIC Program, residence is defined as state residency. The service areas of locals are generally consistent with the geographic location of the agency. Eligible participants are encouraged to enroll in the WIC Program at the site where they and their families receive medical care, and at a site that is easily accessible to them. Individuals, nevertheless, may apply for and receive benefits at an agency of their choice, where there is an opening. Some local sites that provide specialized medical care and unique services, moreover draw eligibles from many of Rhode Island's communities. In order to define service areas this plan incorporates two concepts:

1. Market Sharing

   A local agency is considered as impacting or eligible to receive allocations targeted to increase participation in a particular city or town if it serves a minimum of 10 percent of the enrolled population of the city or town. For the analysis of the local agency's impact on each community served, the census tracting of local agency caseloads was performed to indicate cities and towns served by each local and determine the percentage of caseload composed by this distribution (Tables III and V).

2. Normative Concept

   The use of the Normative Concept involves the utilization of traditional demographically designed target populations in order to stabilize the areas. The application of this concept, it is hoped, will control the normative aspects of market sharing, such as the natural numerical advantage enjoyed by agencies with large caseloads, or possible competition among local agencies for participants on the basis of residency.

   Table V indicates current assignment of service areas.

4. Realignment of Service Areas

**Objective 1:** **If an area has been underserved by more than 750 potential eligibles or 10% of the statewide average, in accordance with the AAP, in the current Plan and for two of the past three Plans, the State Agency may solicit or accept proposals from other agencies to provide service which is likely to significantly increase the number or percent served in the defined area.**

Future Allocations

Table VI shows the final ranking for expansion by city and town.

**Objective 1: Caseload expansions will be allocated in accordance with need and local agency ability to provide service.**

Methods - The following criteria will be applied in implementing the Affirmative Action Plan.

1. Current or previous unutilized caseload at an agency shall be considered before allocating it additional slots.

2. The most current economic and health data, if feasible, will be incorporated to update the Affirmative Action tables.

3. Recognition will be given to each agency's willingness and capacity to expand operations. Agencies desiring increased caseload may be required to submit a plan of the methods they will utilize to ensure that the additional caseload is enrolled.

4. The need rankings and other measures of need in the Affirmative Action Plan will be applied. In addition the census tracts identified as those with the highest need (Factor Analysis study of Buechner, Scott, Smith, et al.) will be viewed for effective penetration.

5. Preliminary and final identification of each local agency's estimated proportion of increased caseload will be made.

6. Enrollment and spending will be monitored and the expansion plan may be adjusted as warranted.

## Goals 2002 Section I Preliminary Information

**Table 1**
**Number and Percent of WIC Eligible Population Served by Each City and Town**

| | Estimated WIC Eligible | WIC Eligible Enrolled | WIC Eligible Unserved | % Unserved Above State Mean | WIC Eligible Unserved |
|---|---|---|---|---|---|
| Barrington | 211 | 30 | 85.8% | 56.1% | 181 |
| Bristol | 403 | 217 | 46.2% | 16.4% | 186 |
| Burrilville | 427 | 212 | 50.4% | 20.6% | 215 |
| Central Falls | 1,642 | 1,487 | 9.4% | 0.0% | 155 |
| Charlestown | 105 | 94 | 10.5% | 0.0% | 11 |
| Coventry | 592 | 304 | 48.6% | 18.9% | 288 |
| Cranston | 1,753 | 839 | 52.1% | 22.4% | 914 |
| Cumberland | 554 | 258 | 53.4% | 23.7% | 296 |
| East Greenwich | 241 | 60 | 75.1% | 45.4% | 181 |
| East Providence | 1,205 | 742 | 38.4% | 8.7% | 463 |
| Exeter | 13 | 53 | -307.7% | 0.0% | -40 |
| Foster | 10 | 52 | -420.0% | 0.0% | -42 |
| Glocester | 293 | 34 | 88.4% | 58.7% | 259 |
| Hopkinton | 33 | 103 | -212.1% | 0.0% | -70 |
| Jamestown | 96 | 11 | 88.5% | 58.8% | 85 |
| Johnston | 598 | 326 | 45.5% | 15.8% | 272 |
| Lincoln | 360 | 156 | 56.7% | 26.9% | 204 |
| Little Compton | 63 | 5 | 92.1% | 62.3% | 58 |
| Middletown | 694 | 220 | 68.3% | 38.6% | 474 |
| Narragansett | 71 | 84 | -18.3% | 0.0% | -13 |
| Newport | 1,332 | 653 | 51.0% | 21.3% | 679 |
| New Shoreham | 39 | 1 | 97.4% | 67.7% | 38 |
| North Kingstown | 370 | 232 | 37.3% | 7.6% | 138 |
| North Providence | 262 | 358 | -36.6% | 0.0% | -96 |
| North Smithfield | 59 | 35 | 40.7% | 11.0% | 24 |
| Pawtucket | 3,198 | 2,813 | 12.0% | 0.0% | 385 |
| Portsmouth | 249 | 97 | 61.0% | 31.3% | 152 |
| Providence | 11,280 | 9,142 | 19.0% | 0.0% | 2,138 |
| Richmond | 24 | 70 | -191.7% | 0.0% | -46 |
| Scituate | 75 | 74 | 1.3% | 0.0% | 1 |
| Smithfield | 174 | 100 | 42.5% | 12.8% | 74 |
| South Kingstown | 402 | 225 | 44.0% | 14.3% | 177 |
| Tiverton | 260 | 98 | 62.3% | 32.6% | 162 |
| Warren | 156 | 121 | 22.4% | 0.0% | 35 |
| Warwick | 1,613 | 854 | 47.1% | 17.3% | 759 |
| Westerly | 648 | 366 | 43.5% | 13.8% | 282 |
| West Greenwich | 38 | 21 | 44.7% | 15.0% | 17 |
| West Warwick | 777 | 718 | 7.6% | 0.0% | 59 |
| Woonsocket | 2,566 | 1,847 | 28.0% | 0.0% | 719 |
| | 32,886 | 23,112 | 29.7% = the State Mean Of Unserved WIC Eligible Population | | 9,774 =Total # of Unserved WIC Eligible Population |

## Table II
## Ranking of Need Based on 5 Year Average of Select Indicators

| | Less Than 185% of Poverty Level | Fetal Mortality | Low Birth Weight | Teen Mothers | Combined AAP Indicators Score | Rank |
|---|---|---|---|---|---|---|
| | | | | | | |
| Barrington | 8.0% | 4% | 5.4% | 1.0% | 17.9 | 39 |
| Bristol | 16.0% | 4% | 6.1% | 7.0% | 32.9 | 23 |
| Burrilville | 17% | 6% | 4.4% | 7.0% | 34.6 | 16 |
| Central Falls | 47% | 8% | 7.9% | 17.0% | 79.6 | 1 |
| Charlestown | 14% | 15% | 5.1% | 4.0% | 38.0 | 11 |
| Coventry | 15% | 6% | 6.1% | 6.0% | 33.0 | 22 |
| Cranston | 19% | 5% | 6.3% | 6.0% | 36.5 | 13 |
| Cumberland | 13% | 7% | 4.2% | 5.0% | 29.3 | 26 |
| East Greenwich | 9% | 10% | 4.7% | 0.0% | 23.8 | 35 |
| East Providence | 22% | 10% | 6.6% | 8.0% | 46.1 | 8 |
| Exeter | 18% | 0% | 5.3% | 4.0% | 27.3 | 32 |
| Foster | 14% | 8% | 6.5% | 0.0% | 28.1 | 29 |
| Glocester | 16% | 6% | 6.8% | 0.0% | 28.5 | 28 |
| Hopkinton | 15% | 10% | 5.5% | 6.0% | 36.1 | 14 |
| Jamestown | 17% | 0% | 4.0% | 0.0% | 21.0 | 36 |
| Johnston | 20% | 3% | 6.4% | 4.0% | 33.8 | 17 |
| Lincoln | 17% | 7% | 5.0% | 5.0% | 33.7 | 18 |
| Little Compton | 14% | 6% | 6.2% | 0.0% | 26.4 | 33 |
| Middletown | 18% | 8% | 4.1% | 6.0% | 35.9 | 15 |
| Narragansett | 22% | 5% | 4.1% | 2.0% | 33.2 | 21 |
| New Shoreham | 68% | 0% | 3.2% | 0.0% | 71.2 | 3 |
| Newport | 25% | 7% | 6.0% | 14.0% | 52.2 | 6 |
| North Kingstown | 13% | 9% | 5.2% | 6.0% | 33.4 | 20 |
| North Providence | 20% | 6% | 6.4% | 6.0% | 38.7 | 10 |
| North Smithfield | 12% | 8% | 5.3% | 4.0% | 29.2 | 27 |
| Pawtucket | 30% | 6% | 7.2% | 13.0% | 56.0 | 5 |
| Portsmouth | 14% | 6% | 4.4% | 4.0% | 28.1 | 30 |
| Providence | 43% | 9% | 7.9% | 16.0% | 76.1 | 2 |
| Richmond | 10% | 8% | 2.3% | 7.0% | 27.7 | 31 |
| Scituate | 11% | 7% | 7.3% | 0.0% | 25.6 | 34 |
| Smithfield | 10% | 4% | 4.4% | 1.0% | 19.8 | 37 |
| South Kingstown | 15% | 7% | 4.5% | 5.0% | 31.3 | 25 |
| Tiverton | 17% | 9% | 5.6% | 5.0% | 36.9 | 12 |
| Warren | 18% | 3% | 5.7% | 7.0% | 33.5 | 19 |
| Warwick | 17% | 5% | 4.9% | 6.0% | 32.9 | 24 |
| West Greenwich | 12% | 0% | 5.4% | 2.0% | 19.4 | 38 |
| West Warwick | 21% | 9% | 7.2% | 11.0% | 48.0 | 7 |
| Westerly | 18% | 7% | 6.0% | 8.0% | 38.8 | 9 |
| Woonsocket | 33% | 7% | 7.1% | 16.0% | 62.7 | 4 |
| | | | | | | |
| State Mean | 19.4% | 6% | 5.6% | 5.6% | | |

**Table III**
**Percent of Service by WIC Agencies**
**By City or Town of Participant Residence**

| | Women & Infants Hospital | St Joseph Hospital | Self Help Health Center | Tri-Town Health Center | Westbay CAP | Health Center of South County | Wood River Health Center | BVCHC Health Center | Chad Brown Health Center | Cranston Health Center | Thundermist Health Center | New Visions Health Center | PHC Health Centers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) |
| | | | | | | | | | | | | | |
| Barrington | 0 | 0 | 93 | 4 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| Bristol | 2 | 1 | 80 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14 | 4 |
| Burrilville | 0 | 0 | 0 | 87 | 1 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 1 |
| Central Falls | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 94 | 0 | 0 | 0 | 0 | 4 |
| Charlestown | 0 | 0 | 0 | 0 | 0 | 59 | 41 | 0 | 0 | 0 | 0 | 0 | 0 |
| Coventry | 1 | 0 | 1 | 2 | 53 | 0 | 0 | 0 | 0 | 41 | 0 | 0 | 1 |
| Cranston | 6 | 3 | 0 | 4 | 4 | 0 | 0 | 0 | 1 | 64 | 0 | 0 | 16 |
| Cumberland | 3 | 0 | 0 | 1 | 1 | 0 | 0 | 58 | 0 | 1 | 34 | 0 | 2 |
| East Greenwich | 3 | 0 | 0 | 0 | 40 | 33 | 8 | 0 | 0 | 8 | 0 | 0 | 8 |
| East Providence | 3 | 1 | 76 | 1 | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 0 | 16 |
| Exeter | 0 | 0 | 0 | 0 | 4 | 60 | 32 | 0 | 0 | 4 | 0 | 0 | 0 |
| Foster | 0 | 0 | 0 | 95 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 |
| Glocester | 0 | 0 | 0 | 83 | 0 | 0 | 0 | 0 | 0 | 0 | 14 | 0 | 0 |
| Hopkinton | 0 | 0 | 0 | 0 | 1 | 6 | 93 | 0 | 0 | 0 | 0 | 0 | 0 |
| Johnston | 2 | 1 | 1 | 82 | 2 | 1 | 0 | 1 | 1 | 5 | 1 | 0 | 5 |
| Lincoln | 1 | 0 | 1 | 4 | 0 | 0 | 0 | 38 | 2 | 0 | 53 | 0 | 1 |
| Little Compton | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100 | 0 |
| Middletown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100 | 0 |
| Narragansett | 0 | 0 | 0 | 2 | 2 | 93 | 0 | 0 | 0 | 1 | 0 | 1 | 0 |
| Newport | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 98 | 0 |
| New Shoreham | 0 | 0 | 0 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| North Kingstown | 0 | 0 | 0 | 1 | 6 | 89 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |

**Table III – continued**
**Percent of Service by WIC Agencies**
**By City or Town of Participant Residence**

| | Women & Infants Hospital | St Joseph Hospital | Self Help Health Center | Tri-Town Health Center | Westbay CAP | Health Center of South County | Wood River Health Center | BVCHC Health Center | Chad Brown Health Center | Cranston Health Center | Thundermist Health Center | New Visions Health Center | PHC Health Centers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) |
| North Providence | 8 | 2 | 1 | 61 | 0 | 0 | 0 | 10 | 4 | 1 | 0 | 0 | 14 |
| North Smithfield | 3 | 0 | 0 | 3 | 0 | 6 | 0 | 0 | 0 | 0 | 89 | 0 | 0 |
| Pawtucket | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 86 | 1 | 1 | 1 | 0 | 7 |
| Portsmouth | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 97 | 0 |
| Providence | 12 | 13 | 1 | 2 | 0 | 0 | 0 | 2 | 5 | 3 | 0 | 0 | 62 |
| Richmond | 0 | 0 | 0 | 0 | 7 | 6 | 87 | 0 | 0 | 0 | 0 | 0 | 0 |
| Scituate | 1 | 0 | 0 | 63 | 8 | 0 | 0 | 0 | 0 | 25 | 0 | 0 | 3 |
| Smithfield | 3 | 1 | 0 | 68 | 0 | 0 | 0 | 3 | 2 | 0 | 22 | 0 | 1 |
| South Kingstown | 0 | 0 | 0 | 0 | 0 | 99 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tiverton | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 98 | 0 |
| Warren | 3 | 0 | 91 | 0 | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 2 | 1 |
| Warwick | 3 | 1 | 1 | 2 | 84 | 0 | 0 | 1 | 0 | 4 | 0 | 0 | 3 |
| Westerly | 1 | 0 | 0 | 0 | 1 | 6 | 92 | 0 | 0 | 0 | 0 | 0 | 0 |
| West Greenwich | 0 | 0 | 0 | 0 | 32 | 0 | 16 | 0 | 0 | 52 | 0 | 0 | 0 |
| West Warwick | 1 | 0 | 0 | 1 | 82 | 2 | 1 | 0 | 0 | 11 | 0 | 0 | 2 |
| Woonsocket | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 96 | 0 | 0 |

## Table IV
## Calculation and Ranking of Need Indicator by City and Town

| | Combined AAP Indicators - Table II | % WIC Eligible Unserved - Table I | Need Index | Rank |
|---|---|---|---|---|
| Barrington | 17.9 | 85.8 | 1,536 | 20 |
| Bristol | 32.9 | 46.2 | 1,520 | 21 |
| Burrilville | 34.6 | 50.4 | 1,744 | 13 |
| Central Falls | 79.6 | 9.4 | 748 | 29 |
| Charlestown | 38 | 10.5 | 399 | 31 |
| Coventry | 33 | 48.6 | 1,604 | 16 |
| Cranston | 36.5 | 52.1 | 1,902 | 8 |
| Cumberland | 29.3 | 53.4 | 1,565 | 17 |
| East Greenwich | 23.8 | 75.1 | 1,787 | 10 |
| East Providence | 46.1 | 38.4 | 1,770 | 11 |
| Exeter | 27.3 | -307.7 | -8,400 | 38 |
| Foster | 28.1 | -420 | -11,802 | 39 |
| Glocester | 28.5 | 88.4 | 2,519 | 3 |
| Hopkinton | 36.1 | -212.1 | -7,657 | 37 |
| Jamestown | 21 | 88.5 | 1,859 | 9 |
| Johnston | 33.8 | 45.5 | 1,538 | 19 |
| Lincoln | 33.7 | 56.7 | 1,911 | 7 |
| Little Compton | 26.4 | 92.1 | 2,431 | 5 |
| Middletown | 35.9 | 68.3 | 2,452 | 4 |
| Narragansett | 33.2 | -18.3 | -608 | 34 |
| New Shoreham | 71.2 | 97.4 | 6,935 | 1 |
| Newport | 52.2 | 51 | 2,662 | 2 |
| North Kingstown | 33.4 | 37.3 | 1,246 | 24 |
| North Providence | 38.7 | -36.6 | -1,416 | 35 |
| North Smithfield | 29.2 | 40.7 | 1,188 | 25 |
| Pawtucket | 56 | 12 | 672 | 30 |
| Portsmouth | 28.1 | 61 | 1,714 | 14 |
| Providence | 76.1 | 19 | 1,446 | 22 |
| Richmond | 27.7 | -191.7 | -5,310 | 36 |
| Scituate | 25.6 | 1.3 | 33 | 33 |
| Smithfield | 19.8 | 42.5 | 842 | 27 |
| South Kingstown | 31.3 | 44 | 1,377 | 23 |
| Tiverton | 36.9 | 62.3 | 2,299 | 6 |
| Warren | 33.5 | 22.4 | 750 | 28 |
| Warwick | 32.9 | 47.1 | 1,550 | 18 |
| West Greenwich | 19.4 | 44.7 | 867 | 26 |
| West Warwick | 48 | 7.6 | 365 | 32 |
| Westerly | 38.8 | 43.5 | 1,688 | 15 |
| Woonsocket | 62.7 | 28 | 1,756 | 12 |

**Table V**
**WIC Local Agency Current Service Areas**

| Agency | Need Index | Communities Services |
|---|---|---|
| | | |
| Blackstone Valley CHC | 748 | Central Falls |
| | 1,565 | Cumberland |
| | 1,911 | Lincoln |
| | 672 | Pawtucket |
| | | |
| Chad Brown Health Center | 14,446 | Providence |
| | | |
| Cranston Cap | 1,604 | Coventry |
| | 1,902 | Cranston |
| | | |
| Health Center of South County | 399 | Charlestown |
| | 1,787 | East Greenwich |
| | -8,400 | Exeter |
| | 1,859 | Jamestown |
| | -608 | Narragansett |
| | 6,935 | New Shoreham |
| | 1,246 | North Kingstown |
| | 1,377 | South Kingstown |
| | | |
| New Visions for Newport | 1,859 | Jamestown |
| | 2,431 | Little Compton |
| | 2,452 | Middletown |
| | 2,662 | Newport |
| | 1,714 | Portsmouth |
| | 2,299 | Tiverton |
| | | |
| Providence Ambulatory Health Care | 1,902 | Cranston |
| Foundation, Inc. (PAHCF) | 1,787 | East Greenwich |
| | 1,770 | East Providence |
| | -1,416 | North Providence |
| | 1,446 | Providence |
| | | |
| Self-Help, Inc. | 1,536 | Barrington |
| | 1,520 | Bristol |
| | 1,770 | East Providence |
| | 750 | Warren |

**Table V - continued**
**WIC Local Agency Current Service**

| Agency | Need Index | Communities Services |
|---|---|---|
| St. Joseph Hospital | 1,446 | Providence |
| | | |
| Thundermist Health Associates, Inc | 1,911 | Lincoln |
| | 1188 | North Smithfield |
| | 842 | Smithfield |
| | 1,756 | Woonsocket |
| | | |
| Tri- Town Economic Opportunity | 1,744 | Burrillville |
| Committee | 1,565 | Cumberland |
| | -11,802 | Foster |
| | 1,538 | Johnston |
| | -1,416 | North Providence |
| | 33 | Scituate |
| | 842 | Smithfield |
| | 2,519 | Glocester |
| | | |
| Westbay Community Action,Inc. | 1,604 | Coventry |
| | 1,787 | East Greenwich |
| | 1,550 | Warwick |
| | 867 | West Greenwich |
| | 365 | West Warwick |
| | | |
| Women and Infants' Hospital | 1,536 | Barrington |
| | 1,446 | Providence |
| | | |
| Wood River Health Services | 399 | Charlestown |
| | -8,400 | Exeter |
| | -7,657 | Hopkinton |
| | -5,310 | Richmond |
| | 867 | West Greenwich |
| | 1,688 | Westerly |
| STATE MEAN | 801 | |

**Goals 2002 Section I Preliminary Information**

| Affirmative Action Data<br>WIC Estimated Rhode Island Participation by Category<br>Average for FY '01 * | | |
|---|---|---|
| **Category** | **# of Estimated WIC Eligibles** | **# of Estimated WIC Participants** |
| Women | 6,577 | 4,274 |
| Infants | 5,262 | 6,356 |
| Children | 21,047 | 12,482 |
| Total | 32,886 | 23,112 |

*Sources of data for all tables:

United States Census Bureau - 1990 Census
HEALTH - Division of Vital Statistics - Vital Statistics Reports 1991- 1995
HEALTH – WIC Program Participation Report – September 2001

**Commodities Supplemental Food Programs**

The CSFP does not operate in Rhode Island

**State Systems Development Initiative**

The Division of Family Health, HEALTH, has received a State Systems Development Initiative (SSDI) grant to improve the accessibility and coordination of maternal and child services in the state. As a unit of the Division of Family Health serving much of the same population of other MCH programs, the Rhode Island WIC Program will endeavor to help to carry out the objectives of SSDI and to make them a part of its operations also.

The SSDI project focuses on parent led assessment of the needs of young families, and the reasons for not participating in a range of preventive programs including WIC, Early Intervention, immunizations, Medicaid, etc. Special attention will be given to families who are "lost to follow-up". A detailed inventory of all preventive services available will be compiled and a survey of all preventive service providers will be conducted. This data will be evaluated to develop new models of integrated outreach and follow-up

The project, called "Pulling It All Together With Parents As Partners" (previously implemented in

Woonsocket and Central Falls) has now shifted to Providence which has substantial risk of adverse reproductive and child developmental outcomes.

**Disaster Coordination and Planning**

**Goal:** In the event of a disaster which disrupts food distribution, utilities, transportation, building security, communications or computer operations, to assure continuity of access to supplemental foods, certification services, operation of accountability systems, and information and referral response, and to extend services to newly eligible persons related to the disaster.

**Objective 1:** Continue working relationships with the HEALTH Disaster Coordinator and Emergency Response Primary Contacts and the State Emergency Management Agency to clarify WIC's roles, needs and communications

Evaluation: WIC was defined as a key HEALTH Program resulting in inclusion in Y2K Planning efforts. HEALTH refined its Disaster Plan, integrating WIC procedures into the process. The State WIC Office completed an assessment of the QWIC System needs for security and continuity of access, physical, operating system, network and software aspects

While Y2K was a "non-event", procedures developed were implemented when a major WIC provider went on strike and the procedures were implemented. Lessons learned from the month long strike were reviewed.

**Objective 2:** By February, 2002, conduct a Disaster Procedures Training Workshop for all personnel

**Objective 3:** Produce a Disaster Procedures section of the State Operations Manual and the Local Agency Procedures Manual

**Objective 4**: By June, 2002, conduct a Disaster Drill at the State and all local WIC agencies