



National WIC Association
Your child has you. And you have WIC.



IMPACT OF SEQUESTRATION ON WIC

BACKGROUND

Sequestration, a process of automatic, across-the-board funding cuts, is scheduled to take effect in January 2013. Some programs are protected from sequestration. WIC is not among them.

Sequestration is not inevitable. Leaders from both parties in both houses have signaled a desire to avoid sequestration. However, if Congress fails to meet its targets for reducing debt, sequestration will occur.

HOW WILL SEQUESTRATION AFFECT WIC IN MY STATE, U.S. TERRITORY, OR INDIAN TRIBAL ORGANIZATION (ITO)?

Assuming caseload and food price inflation projections do not change significantly, and that WIC will experience a 8.2% cut as a non-exempt non-defense discretionary program through sequestration, approximately 735,000 participants would be cut from the Program in FY 2013. The chart below provides estimates of how that cut would affect caseload in each State or U.S. Territory, including ITOs.

As the nation's premier public health nutrition program, WIC is a cost-effective, sound investment—insuring the health of our children.

NWA'S MISSION

Providing leadership to promote quality nutrition services; advocating for services for all eligible women, infants, and children; and assuring the sound and responsive management of WIC.

State/ U.S. Territory	Estimated sequestration caseload cut*
Alabama	11,800
Alaska	2,200
American Samoa	500
Arizona	16,300
Arkansas	7,700
California	120,300
Colorado	8,500
Connecticut	4,600
Delaware	1,800
District of Columbia	1,400
Florida	40,300
Georgia	38,500
Guam	600
Hawaii	3,000
Idaho	3,600
Illinois	24,200
Indiana	13,800
Iowa	5,800
Kansas	6,200
Kentucky	11,600
Louisiana	12,300
Maine	2,200
Maryland	12,100
Massachusetts	9,800
Michigan	20,700
Minnesota	10,800
Mississippi	8,000
Missouri	12,000
Montana	1,700

State/ U.S. Territory	Estimated sequestration caseload cut*
Nebraska	3,600
Nevada	6,200
New Hampshire	1,400
New Jersey	13,800
New Mexico	5,300
New York	42,000
North Carolina	21,900
North Dakota	1,200
Ohio	23,100
Oklahoma	10,400
Oregon	9,100
Pennsylvania	21,100
Puerto Rico	16,000
Rhode Island	2,000
South Carolina	10,700
South Dakota	1,900
Tennessee	13,200
Texas	81,500
Utah	6,000
Vermont	1,300
Virginia	12,800
Virgin Islands	400
Washington	15,800
West Virginia	4,000
Wisconsin	10,000
Wyoming	1,100
Northern Mariana Islands	400
TOTAL**	748,500

*Calculations are based on FY 2011 average monthly caseload data for each state, territory, and ITO and a sequestration cut of 8.2% to non-exempt non-defense discretionary programs, including WIC.

**An estimate based on total national caseload yields a cut of roughly 735,000 mothers and young children. These State estimates are rounded to the nearest hundred and yield an aggregate cut of roughly 748,500.

CLINIC IMPACT - CURRENT REALITY

NWA surveyed State and Local agencies to understand how they are currently dealing with tight budgets and what an 8.2% sequestration cut would mean. With a response rate of 18.7%, the survey results reflect the experiences of 132 state and local agencies from 38 states.

Current WIC resources are scarce. Clinics already stretch WIC dollars. Administrative costs for the program are low at just 7.45%, nationally. Many clinics have streamlined operations impacting effective service delivery. WIC agencies have consolidated, closing clinics, laying off staff, reducing service hours - negatively affecting nutrition education and breastfeeding support. Clinics have reported wait-listing clients, i.e. they are unable to serve otherwise eligible mothers and young children. These changes will impact the extent of WIC's long-term effectiveness. WIC staff report:

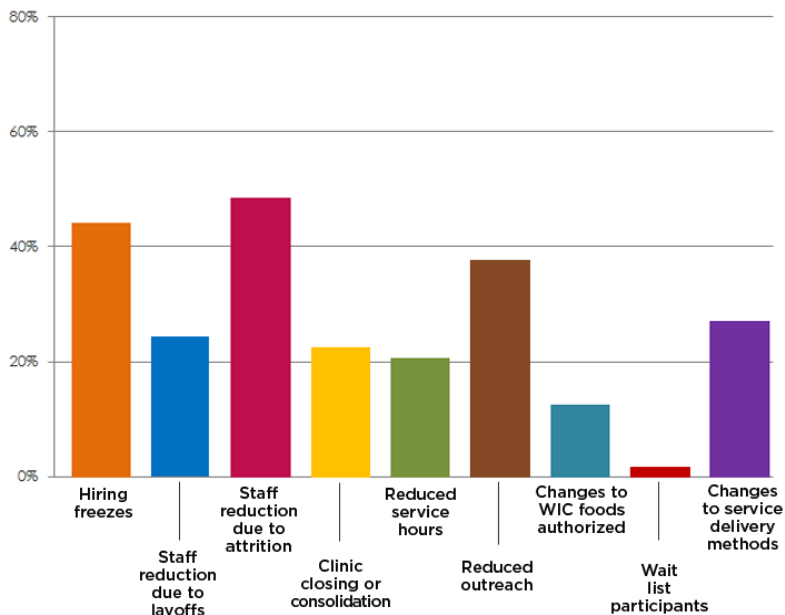
- "Very long wait time for participants."
- "Scheduling more appointments per hour = less time for [nutrition] education and more stress on staff."
- "Closing of two of four offices and merging all into one... impacts services significantly as clients without reliable transportation are not able to travel the distance."
- "Putting off multiple projects in the community to promote awareness of health and wellness for young families...to prevent developmental delays and illness."
- "Decreased nutrition education materials purchase and supplies."
- "[Increased] Furlough days"

CLINIC IMPACT - FUTURE REALITY

Clinics have already trimmed services and personnel and an 8.2% budget cut would require all states to cut caseloads. Additional changes would further impact the extent of the WIC Program's long-term effectiveness. An 8.2% cut would be devastating to mothers and young children and would mean:

- "Less manpower, and less appointment time to see participants."
- "Less breastfeeding support"
- "Delaying or abandoning work on MIS/EBT conversion project"
- "Cutting outreach."
- "Closing clinics and reducing staff...would be catastrophic to our agency."
- "An inability to purchase nutrition or breastfeeding education material."
- "Placing small, rural WIC agencies in jeopardy."
- "The bottom line is that we will serve fewer participants. It is not possible to provide services without staff."
- "Wait times for appointments would be longer. Quality of services would lessen."

THE FOLLOWING GRAPH SHOWS THE PERCENTAGE OF RESPONDING CLINICS THAT HAVE ALREADY BEEN NEGATIVELY AFFECTED DUE TO TIGHTENED BUDGETS:



THE FOLLOWING GRAPH SHOWS THE PERCENTAGE OF RESPONDING CLINICS THAT WOULD BE NEGATIVELY AFFECTED IF SEQUESTRATION OCCURS:

