



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 March 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.

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.

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 5.1% cut as a non-exempt non-defense discretionary program through sequestration, approximately 600,000 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, U.S. Territory, and ITO.

State/ U.S. Territory	Estimated sequestration caseload cut*
Acoma, Canoncito & Laguna	35
Alabama	9,700
Alaska	1,700
American Samoa	500
Arizona	11,700
Arkansas	6,400
California	100,300
Cherokee Nation (OK)	507
Colorado	7,100
Cheyenne River Sioux (SD)	50
Chickasaw Nation (OK)	268
Choctaw Indians (MS)	57
Choctaw Nation (OK)	299
Citizen Potawatomi Nation (OK)	77
Connecticut	3,900
Delaware	1,500
District of Columbia	1,100
Eastern Cherokee (NC)	42
Eight Northern Pueblos	21
Five Sandoval Pueblos	23
Florida	33,700
Georgia	20,700
Guam	500
Hawaii	2,500
Idaho	3,000
Illinois	19,700
Indian Township (ME)	5
Inter-Tribal Council (AZ)	716
Inter-Tribal Council (NV)	96
Inter-Tribal Council (OK)	62
Indiana	11,200
Iowa	4,700
Isleta Pueblo	57
Kansas	5,100
Kentucky	9,100
Louisiana	9,900
Maine	1,800
Maryland	10,000
Massachusetts	8,300
Michigan	17,400
Minnesota	8,700
Mississippi	6,400
Missouri	10,000
Montana	1,400
Muscogee Creek Nation	190
Navajo Nation	782
Nebraska	2,900

State/ U.S. Territory	Estimated sequestration caseload cut*
Nevada	5,100
New Hampshire	1,100
New Jersey	11,700
New Mexico	4,100
New York	35,700
North Carolina	18,300
North Dakota	900
Northern Arapaho	33
Northern Mariana Islands	300
Ohio	18,800
Oklahoma	6,400
Omaha Sioux	22
Oregon	7,600
Osage Tribal Council	215
Otoe-Missouria Tribe	37
Pennsylvania	17,200
Puerto Rico	13,200
Pleasant Point (ME)	5
Rhode Island	1,700
Rosebud Sioux	91
San Felipe Pueblo	20
Santee Sioux	8
Santo Domingo Tribe	12
Seneca Nation	8
Shoshone Tribe	13
South Carolina	8,900
South Dakota	1,400
Standing Rock Sioux	56
Tennessee	11,100
Texas	66,100
Three Affiliated Tribes	21
Utah	4,700
UTE Mountain UTE Tribe	12
Vermont	1,100
Virginia	10,900
Virgin Islands	400
Washington	13,300
West Virginia	3,300
Wichita, Caddo & Delaware	300
Winnebago Tribe	14
Wisconsin	8,100
Wyoming	800
Zuni Pueblo	54
TOTAL	600,000

*Calculations are based on FY 2012 average monthly caseload data for each state, territory, and ITO and a sequestration cut of 5.1% to non-exempt non-defense discretionary programs, including WIC.

*These survey results reflect data collected when the sequestration cut was set at 8.2%, instead of the current 5.1%. However, the results still give an indication of how significant cuts would affect WIC clinics.

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:

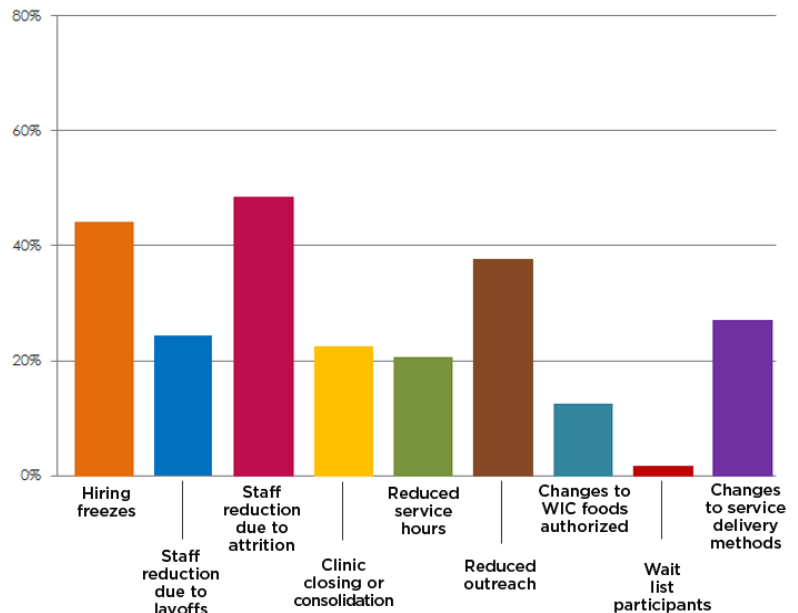
- "Very long wait time for participants."
- "Scheduling more appointments per hour = less time for [nutrition] education and more stress on staff."
- "Closing of two of four offices and merging all into one... impacts services significantly as clients without reliable transportation are not able to travel 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:

