



National WIC Association
WIC for a Healthier America



Impact of Recent Funding Cuts and Budget Uncertainty on WIC

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
NWA inspires and empowers the WIC community to advocate for and promote quality nutrition services for all eligible mothers and young children, and assure effective management of WIC.

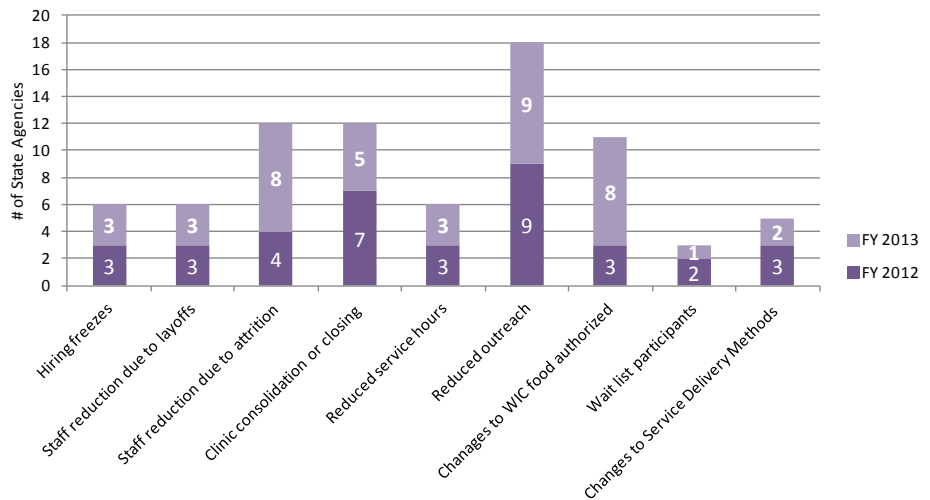
NWA recently surveyed State and Local WIC agencies to understand how they are managing the effects of the FY2013 5.1% sequester cut, the government shutdown, and continued FY2014 funding uncertainty. The survey results reflect the experiences of state agencies in 24 geographic states, the District of Columbia, and 9 Indian Tribal Organizations (ITOs) as well as the experiences of 43 local agencies.

WIC Agencies are Stretching WIC Dollars to Prevent Wait Lists

Current WIC resources are scarce. Administrative costs for the program are low at just 7.45%, nationally. Many WIC agencies have further streamlined operations to stretch WIC

dollars and prevent clients from being removed from the program. **Limited resources are impacting effective service delivery.** State and local WIC agencies have consolidated and closed clinics, laid off staff, reduced service hours - negatively impacting the quality of nutrition education and breastfeeding support. A few state agencies have reported wait-listing clients, i.e. they are unable to serve otherwise eligible mothers and young children. These changes will likely result in dramatically negative consequences for WIC's long-term public health nutrition effectiveness.

The following graph shows the number of responding WIC state agencies that have been impacted by budget cuts and funding uncertainty in FY2012 and FY2013.



WIC Agencies are Understaffed

Without adequate staff, WIC cannot fulfill its mission to provide quality nutrition and breastfeeding education and support to at-risk low-income mothers and young children. Why? Staff must spend less time with each participant. Reducing the number of breastfeeding peer counselors, for example, reduces the number of clients reached by the WIC Breastfeeding Peer Counselor Program – shown to positively influence a mother’s decision to breastfeed and successfully coach

her through breastfeeding challenges. For those states reporting, there were **154 fewer WIC breastfeeding peer counselors in FY2013 compared with FY2012**. Some states had over 20% fewer peer counselors in FY2013 compared with FY2012. One local WIC agency reports:

“We have had to reduce breastfeeding peer counselor hours by 50% and their individual caseload by 66%. This is a travesty when you consider that our exclusive breastfeeding rate at 6 months is 33%, which is 13% higher than the state average.”

WIC Agencies are Not Able to Plan for the Future

Tightened budgets with only short term funding allocations – the consequences of uncertain funding through repeated continuing resolutions (CR’s) – make it challenging at best for WIC agencies to plan for the future, preventing them from hiring needed staff or doing critical community WIC outreach. WIC state and local agencies report:

“[short-term funding] creates a lot of risk for our operations and budgeting.”

“If sequestration [FY2014] reduces funding, then staffing will be affected and this will affect capacity to meet demand for WIC services.”

“Without a full year funding level in place, we cannot make decisions to hire needed staff.”

“We do not know if there will be another shutdown, so we are not replacing all staff that have left.”

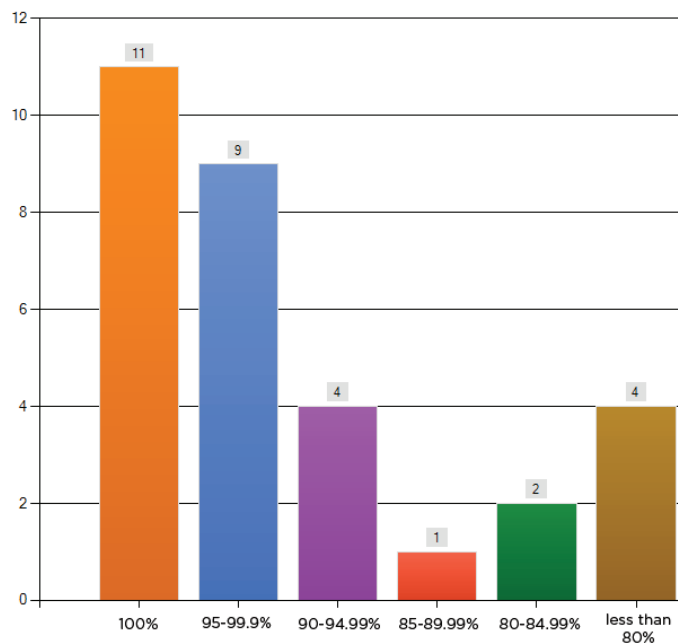
“Uncertainty and the feeling that we could have a repeat of this [government shut down] has the potential to decrease morale and to decrease WIC participation because the public is confused.”

“[We] are not spending on supplies we would normally be ordering for the program (such as microcuvetts – used for low-iron anemia testing of WIC children). At some point we have to order, but are trying to get by with what we have.”

“[We] chose not to submit a grant application with a non-WIC partner because we’re not sure we will have the staff to support it.”

“[Local] agencies that are providing WIC services have had no increase in funding from the state agency in two to three years. They are finding it difficult to maintain services and are considering not providing WIC in the community.”

This graph shows how understaffed some **state agencies** are, noting that breastfeeding peer counselors are not included in these numbers as they are considered additional staff.



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