



WIC SNAPSHOT

Hawai'i County 2021

Introduction

For over 40 years, the federal Supplemental Nutrition Program for Women, Infants and Children (WIC) has ensured the health of low-income, nutritionally at-risk pregnant women, postpartum and breastfeeding mothers, infants, and children up to age 5. WIC provides nourishing supplemental foods, nutrition counseling, breastfeeding support, and referrals to health care and social services. WIC serves women and children in families with incomes no more than 185% of the federal poverty level and/or who participate in other income-based programs.

The impacts of WIC on participants' overall health and well-being are well documented. Prenatal WIC participation is associated with lower infant mortality and has been found to improve birth outcomes – i.e., lowering the risk of preterm births and low birth weight babies.¹ The program improves nutritious food intake for infants and children with evidence suggesting that children who consistently participate in WIC throughout early childhood have the better diet quality needed for healthy development.² Research also suggests that prenatal and early childhood participation may improve access to preventive care and vaccinations³ and supports cognitive development, learning and academic achievement.⁴

WIC in Hawai'i

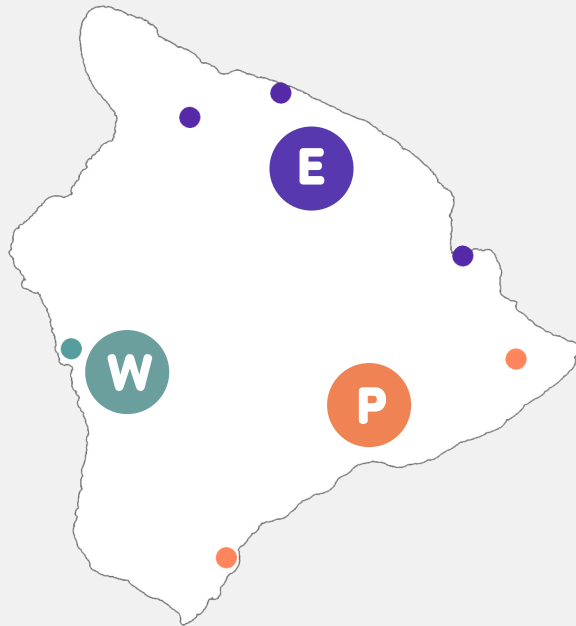
WIC is federally administered by the U.S. Department of Agriculture (USDA), which distributes funds to state agencies, U.S. territories and Indian Tribal Organizations to operate local clinics. Hawai'i WIC Program is administered by the state's Department of Health WIC Services Branch (WSB), which operates WIC clinics across the state.

As part of ongoing planning and quality improvement activities, WSB engages in assessment and data analysis to better understand the characteristics of families enrolled in the WIC program. WSB partnered with the University of Hawai'i Center on the Family to analyze recent client participation data. The goal was to provide a more detailed description of client characteristics than is available through current reporting, including a focus on race and ethnicity that better reflects the state's population. This analysis aims to inform stakeholder efforts to improve outreach and services for WIC-eligible residents.

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This snapshot presents data on WIC-participating women, infants and children in calendar year 2021 across a number of variables: client type, age, race/ethnicity, household size, per capita income, and simultaneous enrollment in Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and the Temporary Assistance to Needy Families (TANF) program. Data are presented for Hawai‘i County, with state data for comparison.

WIC Locations by Region



Sites



WIC sites are grouped into regions; families may use the clinic of their choice.

Characteristics of Hawai'i County's WIC Participants

	East Hawai'i		Puna & Ka'u		West Hawai'i		County		State	
	Count	%	Count	%	Count	%	Count	%	Count	%
Pregnant	508	12.3%	169	12.2%	223	12.3%	900	12.3%	5,413	13.1%
Postpartum ⁵	144	3.5%	31	2.2%	84	4.6%	259	3.5%	1,777	4.3%
Breastfeeding	402	9.8%	149	10.8%	206	11.3%	757	10.3%	4,262	10.3%
Infant	817	19.8%	227	16.4%	425	23.4%	1469	20.1%	8,517	20.6%
1 Year Old	668	16.2%	206	14.9%	278	15.3%	1152	15.7%	6,739	16.3%
2 Years Old	547	13.3%	201	14.5%	244	13.4%	992	13.6%	5,417	13.1%
3 Years Old	503	12.2%	182	13.2%	164	9.0%	849	11.6%	4,456	10.8%
4 Years Old	532	12.9%	219	15.8%	191	10.5%	942	12.9%	4,758	11.5%
Race/Ethnicity										

● Native Hawaiian
 ● Filipino
 ● Other Asian
 ● Black
 ● AIAN
 ● White
 ● Pacific Islander
 ● Other NH or PI
 ● Mixed
 ● Missing
 ● Suppressed

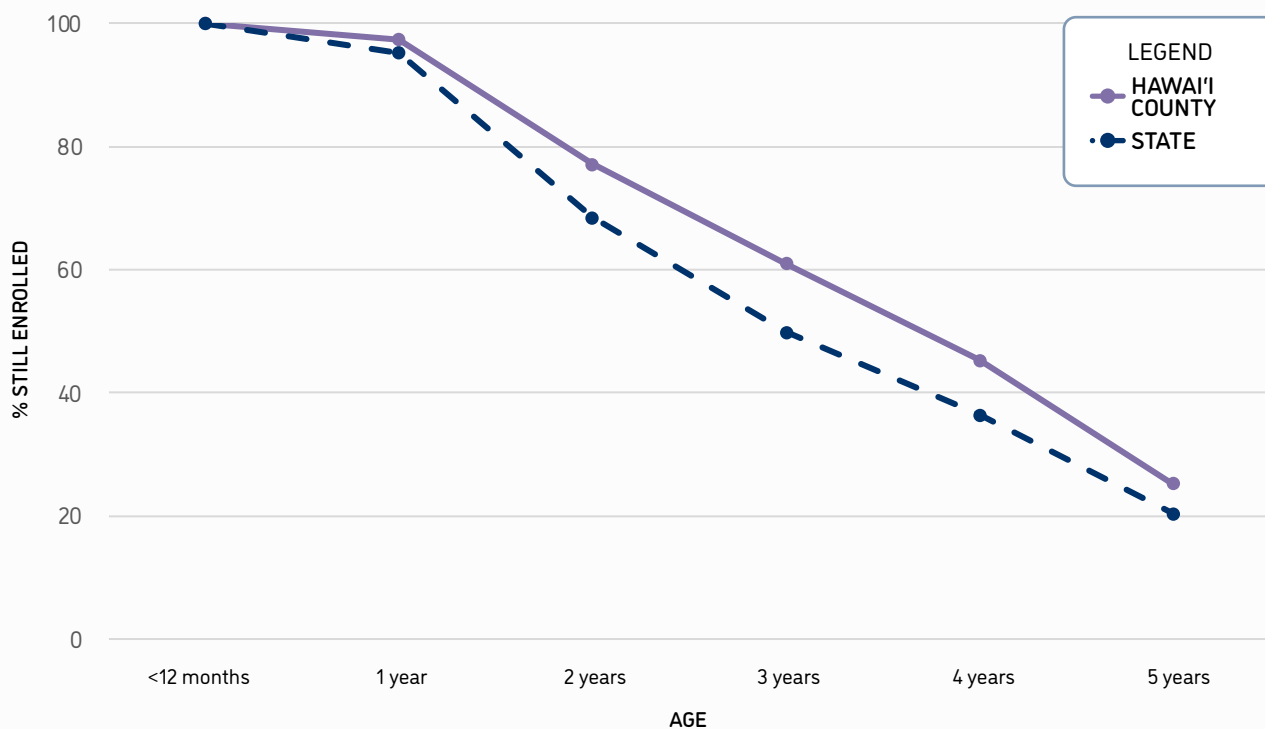
Note: Native Hawaiian includes Part-Hawaiian; AIAN = American Indian/Alaska Native. An "" or blank indicates <5%. Race/ethnicity data are rounded and may not total 100%.

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Other Participant Characteristics

	East Hawai‘i	Puna & Ka‘ū	West Hawai‘i	County	State
Maternal Age (average)	28.6	29.1	29.1	28.8	28.6
Household Size (average)	4.1	4.3	4.5	4.2	4.2
WIC Participants per Household (average)	1.7	1.7	1.8	1.7	1.8
Per Capita Income (median)	\$5,520	\$4,086	\$7,842	\$5,880	\$7,200
QUEST Participant	64.4%	68.3%	65.8%	65.5%	64.2%
SNAP Participant	48.2%	66.6%	35.5%	48.5%	36.0%
TANF Participant	10.5%	12.1%	7.3%	10.0%	6.6%

Infant Cohort: Retention Over Time



Note: $n=7,928$ infants in the 2018 WIC database who were born in 2017.
 This graph shows how retention of the original group of children declines over time. Data points are rounded to the nearest whole number.

Summary of Findings

- Overall, 48% of participants in Hawai'i County are Native Hawaiian. The Puna and Ka'u areas (combined) has the highest percentage of Native Hawaiians (54.2%) while West Hawai'i has the lowest (39.1%).
- East Hawai'i and Puna and Ka'u (combined) have lower median per capita income (\$5,520 and \$4,086, respectively) compared to the county (\$5,880) and state (\$7,200).
- Over two-thirds (66.6%) of WIC participants in the Puna and Ka'u areas (combined) also receive SNAP, compared to less than half (48.5%) of county and a little over a third (36%) of state participants. A larger share of participants in this region also receive TANF (12.1%) compared to county and state participants (10% and 6.6%, respectively). This use of multiple social assistance programs is consistent with the area's very low income.
- WIC participation throughout early childhood supports positive outcomes, making retention a high priority. Among a cohort of children who first participated as infants, 25.3% were certified at the cusp of their fifth birthday, a share larger than the state average (20.4%).

Endnotes

¹ Carlson, S., & Neuberger, Z. (2021). *WIC works: Addressing the nutrition and health needs of low-income families for more than four decades*. Washington, D.C.: Center on Budget and Policy Priorities. Accessed March 24, 2023 from <https://www.cbpp.org/sites/default/files/atoms/files/5-4-15fa.pdf>; Caulfield, L.E., Bennett W.L., Gross, S.M., Hurley, K.M., Ogunwole, S.M., Venkataramani, M., Lerman, J.L., Zhang, A., Sharma, R., & Bass, E.B., (2022). *Maternal and child outcomes associated with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*. Comparative effectiveness review No. 253. Prepared by the Johns Hopkins University Evidence-based Practice Center. AHRQ Publication No.22-EHC019. Rockville, MD: Agency for Healthcare Research and Quality; DOI: <https://doi.org/10.23970/AHRQEPCCER253>; Chorniy, A., Currie, J., & Sonchak, L. (2020). Does prenatal WIC participation improve child outcomes? *American Journal of Health Economics*, 6(2), 169–198; Venkataramani, M., Ogunwole, S. M., Caulfield, L. E., Sharma, R., Zhang, A., Gross, S. M., Hurley, K. M., Lerman, J. L., Bass, E. B., & Bennett, W. L. (2022). Maternal, infant, and child health outcomes associated with the Special Supplemental Nutrition

Program for Women, Infants, and Children: A systematic review. *Annals of Internal Medicine*, 175(10), 1411-1422.

² Borger, C., Zimmerman, T., Vericker, T., DeMatteis, J., Gollapudi, B., Whaley, S., Ritchie, L., Au, L., Sallack, L., & May, L. (2020). *WIC infant and toddler feeding practices study – 2: Fourth year report*. Prepared by Westat for Office of Policy Research, Food and Nutrition Services, USDA. Accessed on March 24, 2023 from <https://fns-prod.azureedge.us/sites/default/files/resource-files/WIC-ITFPS2-Year4Report.pdf>; Carlson et al. (2021); Caulfield et al. (2022).

³ Caulfield et al. (2022); Venkataramani et al. (2022).

⁴ Bolbocean, C. (2018). *U.S. safety net programs and early life skills formation: Results from a prospective longitudinal cohort study*. Cambridge, MA: NBER Working Paper Series, 24832; Carlson et al. (2021); Chorniy et al. (2020); Jackson, M. I. (2015). Early childhood WIC participation, cognitive development and academic achievement. *Social Science & Medicine*, 126, 145–153.

⁵ Non-nursing mothers up to six months after birth or end of pregnancy.

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