



WIC SNAPSHOT

City and County of Honolulu 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

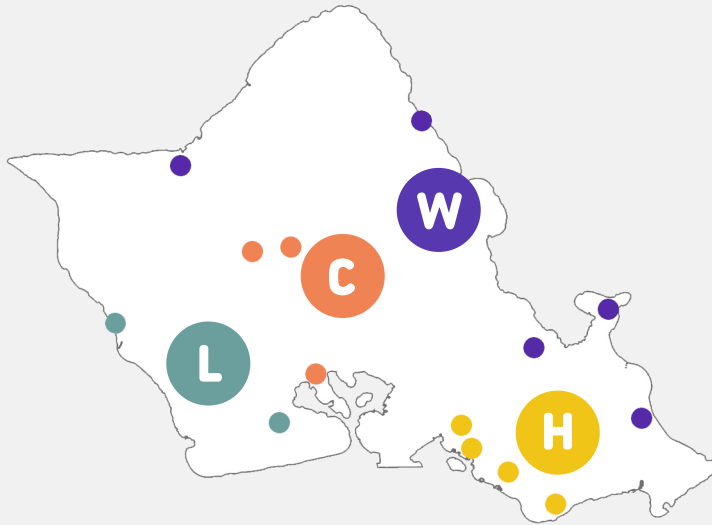
WIC in Hawai'i

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.

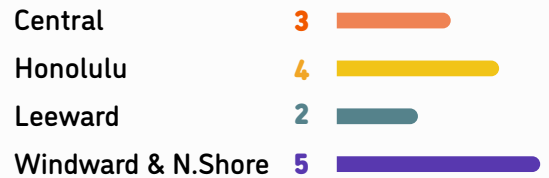
As part of ongoing planning and quality improvement activities, WSB engages in assessment and data analysis to better understand the characteristics of families enrolled in the WIC program. WSB partnered with the University of Hawai'i Center on the Family to analyze recent client participation data. 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.

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 the City and County of Honolulu, 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 Honolulu County's WIC Participants

	Central		Honolulu		Leeward		Windward & N.Shore		County		State	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Pregnant	1,024	13.4%	1,485	13.2%	762	13.2%	576	14.4%	3,847	13.4%	5,413	13.1%
Postpartum ⁵	312	4.1%	534	4.7%	296	5.1%	135	3.4%	1,277	4.4%	1,777	4.3%
Breastfeeding	812	10.6%	1,227	10.9%	461	8.0%	415	10.3%	2,915	10.1%	4,262	10.3%
Infant	1,542	20.1%	2,425	21.5%	1,084	18.7%	835	20.8%	5,886	20.5%	8,517	20.6%
1 Year Old	1,313	17.2%	1,768	15.7%	920	15.9%	648	16.1%	4,649	16.2%	6,739	16.3%
2 Years Old	1,013	13.2%	1,418	12.6%	860	14.8%	516	12.9%	3,807	13.3%	5,417	13.1%
3 Years Old	798	10.4%	1,149	10.2%	647	11.2%	455	11.3%	3,049	10.6%	4,456	10.8%
4 Years Old	840	11.0%	1,254	11.1%	764	13.2%	433	10.8%	3,291	11.5%	4,758	11.5%
Race/Ethnicity												

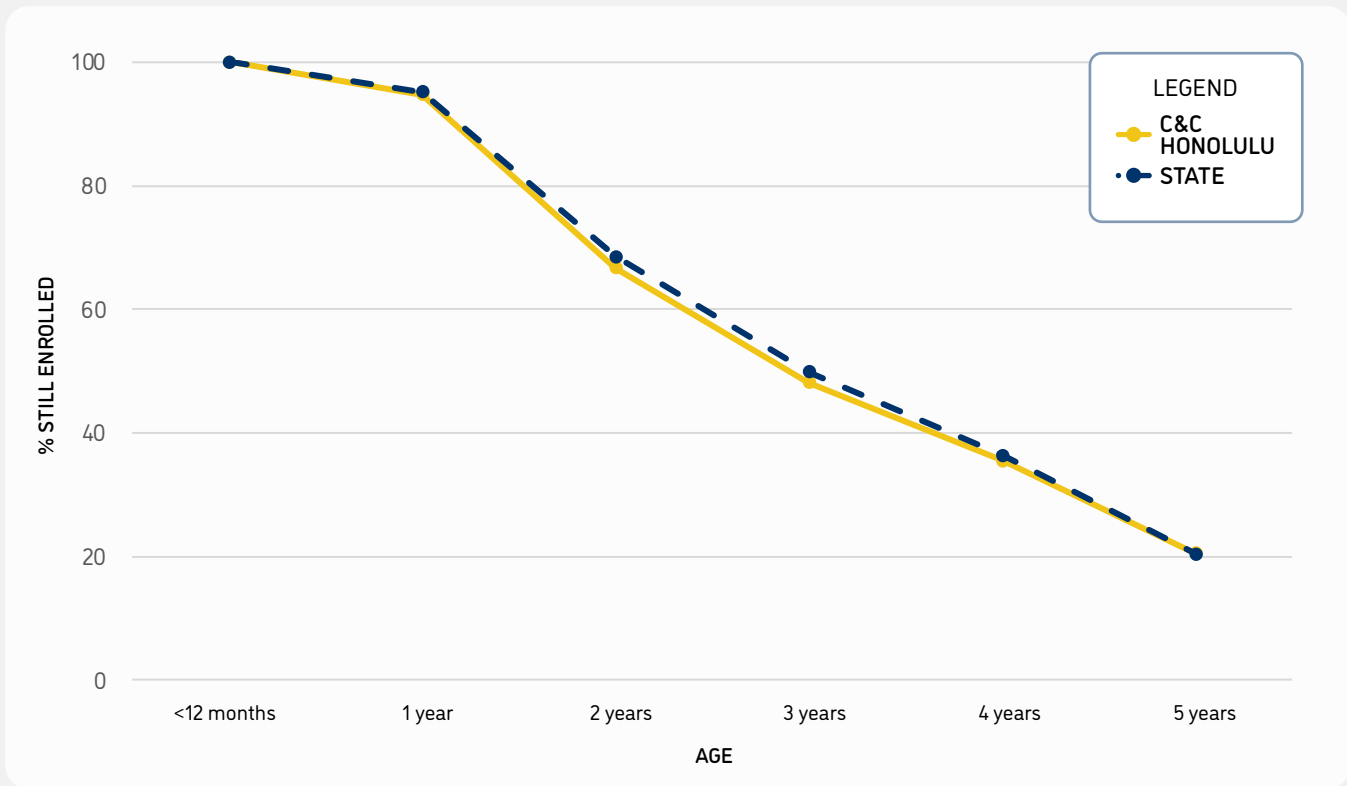
● Native Hawaiian
 ● Filipino
 ● Other Asian
 ● Black
 ● AIAN
 ● White
 ● Pacific Islander
 ● Other NH or PI
 ● Mixed
 ● Missing
 ● Suppressed

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%.

Other Participant Characteristics

	Central	Honolulu	Leeward	Windward & N.Shore	County	State
Maternal Age (average)	28.0	29.1	28.0	28.3	28.5	28.6
Household Size (average)	4.2	4.3	4.2	4.1	4.2	4.2
WIC Participants per Household (average)	1.8	1.8	1.8	1.9	1.8	1.8
Per Capita Income (median)	\$9,225	\$6,500	\$5,659	\$7,394	\$7,319	\$7,200
QUEST Participant	46.1%	67.0%	74.8%	57.6%	61.7%	64.2%
SNAP Participant	26.4%	32.4%	40.9%	35.6%	33.0%	36.0%
TANF Participant	3.2%	6.7%	7.9%	5.2%	5.8%	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

- Native Hawaiians comprise a little over one-quarter (28.2%) of county participants, but nearly half of Leeward (48.5%) and Windward/North Shore (49%) participants. Honolulu has the county's highest shares of Filipino (13.3%) and Pacific Islander (23.5%) participants.
- WIC participants in Leeward O'ahu have the lowest median per capita income (\$5,659) in the county. In contrast, the median per capita income for participants in Central O'ahu (\$9,225) is higher than both the county (\$7,319) and the state (\$7,200).
- Central O'ahu has the smallest shares of WIC participants who are also enrolled in QUEST (46.1%), SNAP (26.4%) and TANF (3.2%), while Leeward has the largest shares who are also receiving these benefits (74.8%, 40.9% and 7.9%, respectively).
- WIC participation throughout early childhood supports positive outcomes, making retention a high priority. Among a cohort of children who first participated as infants, 20.5% were certified at the cusp of their fifth birthday, a share that is similar to 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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