



WIC SNAPSHOT

Maui 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

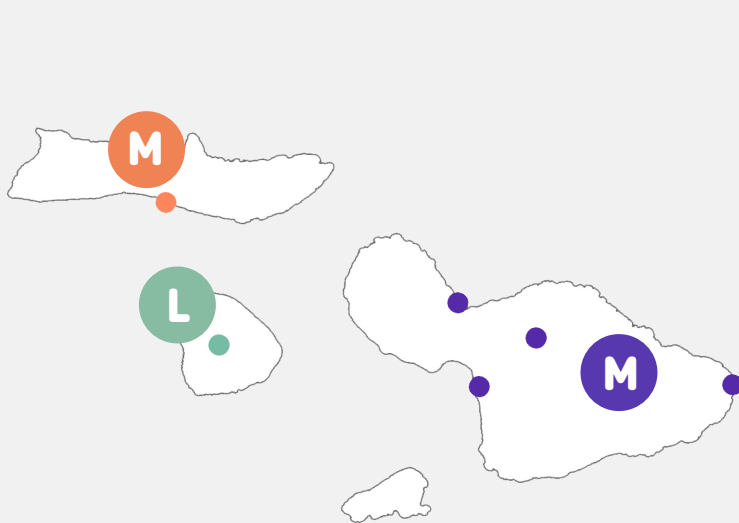
WIC is federally administered by the U.S. Department of Agriculture (USDA), which distributes funds to state agencies, U.S. territories and Indian Tribal Organizations to operate local clinics. Hawai'i WIC Program is administered by the state's Department of Health WIC Services Branch (WSB), which operates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

	Lāna'i		Maui Island		Moloka'i		County		State	
	Count	%	Count	%	Count	%	Count	%	Count	%
Pregnant	23	14.1%	343	11.2%	85	15.9%	451	12.0%	5,413	13.1%
Postpartum ⁵	S	S	170	5.5%	S	S	189	5.0%	1,777	4.3%
Breastfeeding	S	S	376	12.2%	S	S	438	11.6%	4,262	10.3%
Infant	29	17.8%	717	23.3%	101	18.9%	847	22.5%	8,517	20.6%
1 Year Old	27	16.6%	567	18.5%	82	15.4%	676	17.9%	6,739	16.3%
2 Years Old	21	12.9%	336	10.9%	65	12.2%	422	11.2%	5,417	13.1%
3 Years Old	20	12.3%	303	9.9%	64	12.0%	387	10.3%	4,456	10.8%
4 Years Old	20	12.3%	259	8.4%	79	14.8%	358	9.5%	4,758	11.5%
Race/Ethnicity										

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

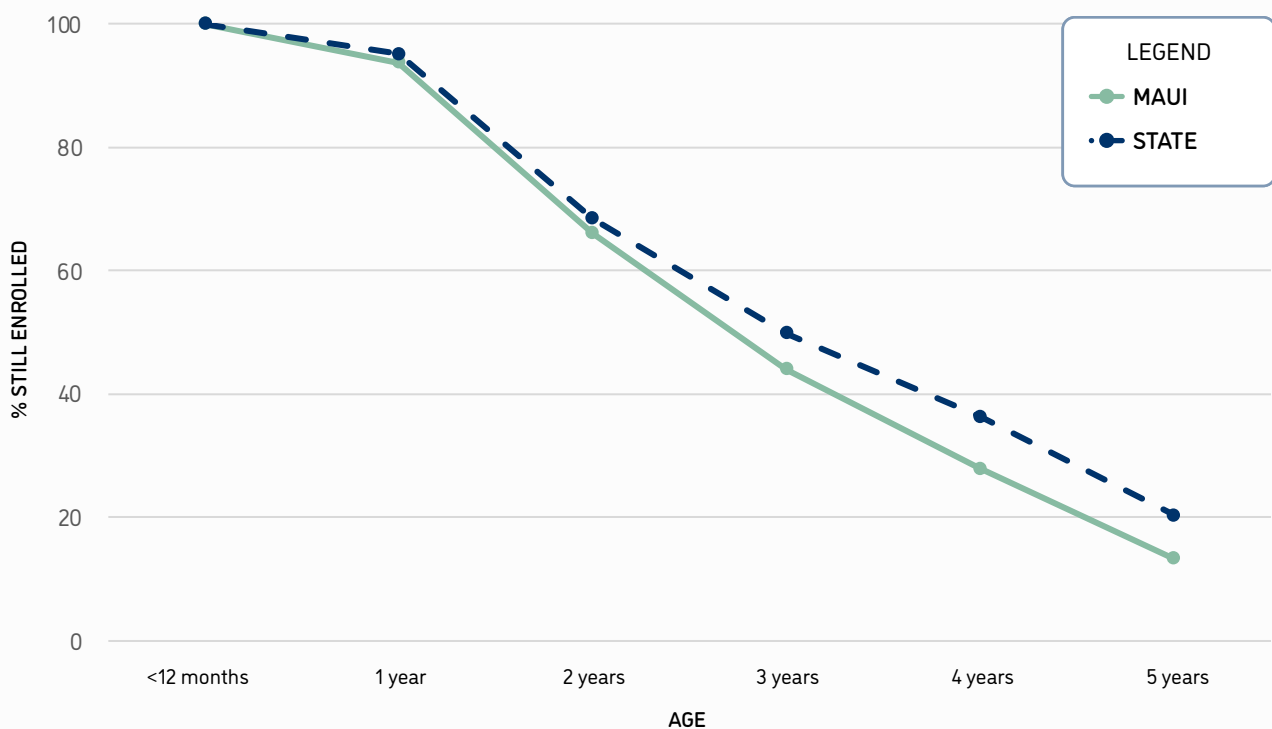
Note: Native Hawaiian includes Part-Hawaiian; AIAN = American Indian/Alaska Native. An "" or blank indicates <5%. Race/ethnicity data are rounded and may not total 100%. S = suppressed data in client type table.

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Other Participant Characteristics

	Lānaʻi	Maui Island	Molokaʻi	County	State
Maternal Age (average)	28.8	28.9	29	28.9	28.6
Household Size (average)	4.3	4	4.7	4.1	4.2
WIC Participants per Household (average)	1.8	1.7	1.8	1.7	1.8
Per Capita Income (median)	\$7,662	\$8,742	\$3,822	\$8,017	\$7,200
QUEST Participant	68.7%	76.3%	67.6%	74.7%	64.2%
SNAP Participant	29.4%	32.0%	46.1%	33.9%	36.0%
TANF Participant	4.3%	6.0%	8.6%	6.3%	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

- A large majority of WIC participants on the island of Moloka'i are Native Hawaiian (81.1%). Overall, 47.8% of county participants are Native Hawaiian.
- Moloka'i has the lowest median per capita income at \$3,822, less than half the county's (\$8,017). This is also the lowest of any sub-county region in the state.
- Consistent with the income data, a larger share of WIC participants on Moloka'i also receive SNAP (46.1%) and TANF (8.6%) benefits compared to the county (33.9% and 6.3%, respectively) and the state (36% and 6.6%, respectively).
- WIC participation throughout early childhood supports positive outcomes, making retention a high priority. Among a cohort of children who first participated as infants, 13.4% were certified at the cusp of their fifth birthday, a share smaller 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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