



MATERNAL HEALTH ACCESS AND WORKFORCE CAPACITY IN RURAL HAWAII

Focus Group Findings Report

Prepared for: Hawaii State Department of Health
Office of Primary Care and Rural Health (OPCRH)

Executive Summary

Maternal and infant health access across rural Hawai'i remains fragile, uneven, and highly dependent on geography, workforce availability, and inter-island care systems. While statewide provider counts may suggest adequacy, focus group findings reveal significant functional shortages in obstetric and neonatal care across neighbor islands.

Participants described a system where:

- Pregnant women experience delays in accessing prenatal care
- Patients must frequently travel long distances or relocate off-island for delivery
- Families face financial, emotional, and logistical burdens to obtain appropriate care
- Providers operate within constrained systems lacking specialty support and workforce depth

These realities result in delayed care, increased clinical risk, and inequitable access, particularly for rural, low-income, and neighbor island populations.

These findings demonstrate that maternal health access in rural Hawai'i is not merely constrained, it is structurally insufficient to meet the needs of pregnant women and infants. Without continued Maternity Care Target Areas (MCTAs) HPSA designation, communities will face worsening access, delayed care, and preventable adverse outcomes.

Purpose and Methods

The Hawai'i State Rural Health Association (HSRHA) in collaboration with the Hawai'i Island Area Health Education Center (AHEC), conducted two maternal health focus groups with providers and stakeholders across Hawai'i Island, Maui, and other neighbor island settings.

Participants included:

- Obstetricians and family medicine physicians
- Maternal-Fetal Medicine (MFM) specialists
- Pediatric and neonatal providers
- Community-based providers and care coordinators

The purpose of these discussions was to:

1. Identify barriers to maternal and infant healthcare access
2. Understand workforce and system constraints
3. Capture real-world experiences and patient stories
4. Inform Maternal Target Area designation and policy advocacy

Key Findings

1. Limited and Uneven Access to Prenatal Care

Access to obstetric care is both geographically and operationally constrained.

- Patients report difficulty finding providers accepting new obstetric patients
- Delays in initial prenatal visits extend into the second trimester
- On Hawai'i Island access is concentrated in Hilo, Kona, and Waimea, leaving rural districts underserved
- Transportation barriers and cost prevent consistent care utilization

Even when providers exist, access is limited by:

- Scheduling capacity
- Insurance restrictions
- Referral confusion
- Workforce shortages

Table 1. Maternal Workforce Availability by Island

ISLAND/ REGION	ESTIMATED BIRTHS	PRACTICING OB PROVIDERS	ACCEPTING NEW PATIENTS	MFM ACCESS	NICU ACCESS	KEY GAP
Hawaii Island	Moderate	Limited	Very Limited	Visiting/ Telehealth	Limited	Malistribution travel burden
Maui	Moderate	Very Limited	Limited	Limited	Limited	Loss of OB Groups
Molokai	Low	None/ Minimal	N/A	None	None	Full dependence on transfer
Lanai	Low	None	N/A	None	None	Full dependence on transfer
Kauai	Moderate	Limited	Limited	Limited	Limited	Transfer reliance

Note: Counts reflect functional access, not licensing data, which may overestimate availability.

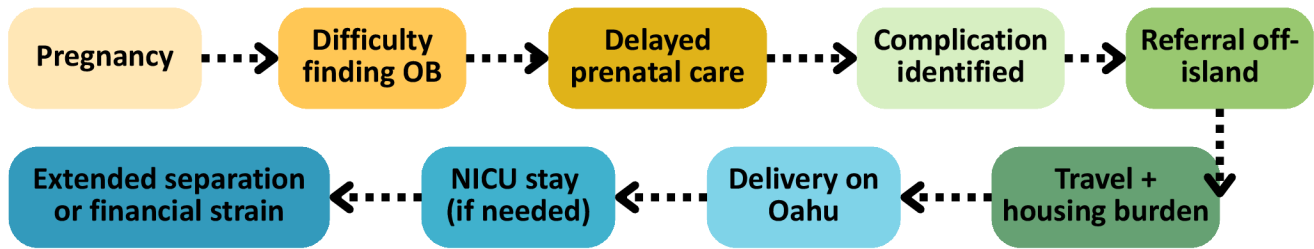
Implication: Limited appointment availability and delayed entry into prenatal care indicate a **functional shortage of providers**, even where providers are technically present.

Key Findings

2. Inter-Island Care Creates Significant Burden

For many patients, appropriate maternal care requires travel to another island, most often O'ahu.

Figure 1. Typical Maternal Care Pathway for Neighbor Island Patients



This creates substantial challenges:

- Months-long relocation for high-risk pregnancies
- Limited housing availability (e.g., waitlists for support housing)
- Out-of-pocket expenses for lodging, food, and transportation
- Separation from children, partners, and support systems

One provider summarized the reality: Patients must choose between going into debt to stay near care or remaining home and risking complications.

Table 2. Inter-Island Care Burden

Scenario	Required Action	Duration	Financial Burden	Impact on Family
High-risk pregnancy	Relocation to Oahu	Weeks-Months	High	Separation, job disruption
NICU infant	Remain off island	Months	Very High	Parent-child separation
*TOLAC attempt	Travel before labor	Uncertain	High	Increased C-section likelihood
Emergency Transfer	Air transport	Hours delay	N/A	Increased clinical risk

Implication: The need for prolonged off-island relocation reflects **insufficient local maternal care capacity** and creates barriers that directly impact care utilization, adherence, and outcomes.

*TOLAC refers to Trial of Labor After Cesarean

Key Findings

3. Limited Specialty and Neonatal Capacity on Neighbor Islands

Neighbor island facilities face critical limitations:

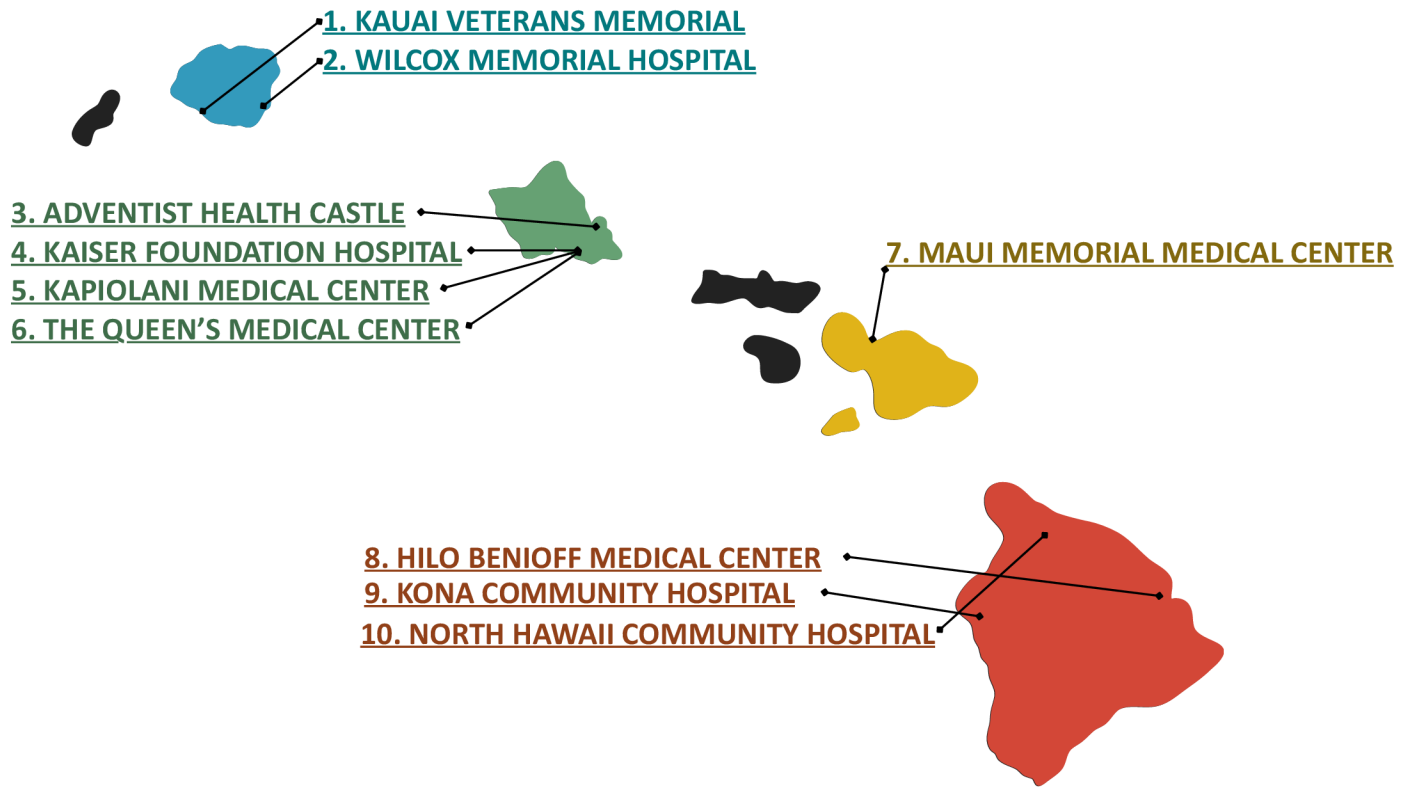
- No or limited NICU capacity
- Limited access to Maternal-Fetal Medicine (MFM) specialists
- Limited high-risk ultrasound interpretation
- Constraints in blood and platelet supply for obstetric emergencies

As a result:

- Patients are routinely transferred off island for care that could potentially be managed locally with modest investments
- Late preterm infants (34–36 weeks) are frequently transferred due to lack of intermediate neonatal care capacity

See figure 2 on next page

Figure 2. Geographic Distribution of Maternal Care Services



ISLAND	HOSPITAL NAME	CITY	AFFILIATION	REGION
KAUAI	1 KAUAI VETERANS MEMORIAL	WAIMEA	HHSC	LIHUE/ WAIMEA
	2 WILCOX MEMORIAL HOSPITAL	LIHUE	HHSC	LIHUE/ WAIMEA
OAHU	3 ADVENTIST HEALTH CASTLE	KAILUA	NA	WINDWARD OAHU
	4 KAISER FOUNDATION HOSPITAL	HONOLULU	KAISER	KALIHI/ SALT LAKE
	5 KAPIOLANI MEDICAL CENTER	HONOLULU	HPH	MAKIKI/ MANOA
	6 THE QUEEN'S MEDICAL CENTER	HONOLULU	QUEEN'S	WAIKIKI
MAUI	7 MAUI MEMORIAL MEDICAL CENTER	WAILUKU	MAUI	WEST/ CENTRAL/
HAWAII	8 HILO BENIOFF MEDICAL CENTER	HILO	HHSC	EAST HAWAII
	9 KONA COMMUNITY HOSPITAL	KEALAKEKU	HHSC	WEST HAWAII
	10 NORTH HI COMMUNITY HOSPITAL	KAMUELA	QUEEN'S	NORTH HAWAII

Implication: Gaps in specialty and neonatal infrastructure create system-level dependence on inter-island transfer, increasing both clinical risk and system inefficiency.

Key Findings

4. Workforce Shortages Are Structural and Worsening

Workforce challenges extend beyond simple provider counts:

- Historical low reimbursement for obstetric care discourages practice sustainability
- Shift from high-volume private practice to lower-volume employed models requires more providers to meet demand
- Recruitment and retention challenges persist in rural settings
- Loss of even a single OB group can destabilize an entire island system

Additionally:

- Data systems may overestimate available providers, counting those not actively practicing or not accessible to all patients

Table 3. Workforce Pipeline vs System Need

Workforce Category	Current State	Gap Level
OB Providers	Limited rural retention	High
MFM Specialists	Concentrated on Oahu	Severe
NICU Nurses	Insufficient staffing	High
Midwives (integrated)	Limited	Moderate
Workforce Pipeline Programs	Strong by small scale	Expand needed

Implication: Workforce shortages are structural and persistent, not temporary. The current workforce models require greater provider capacity than legacy systems, further widening the gap between supply and need.

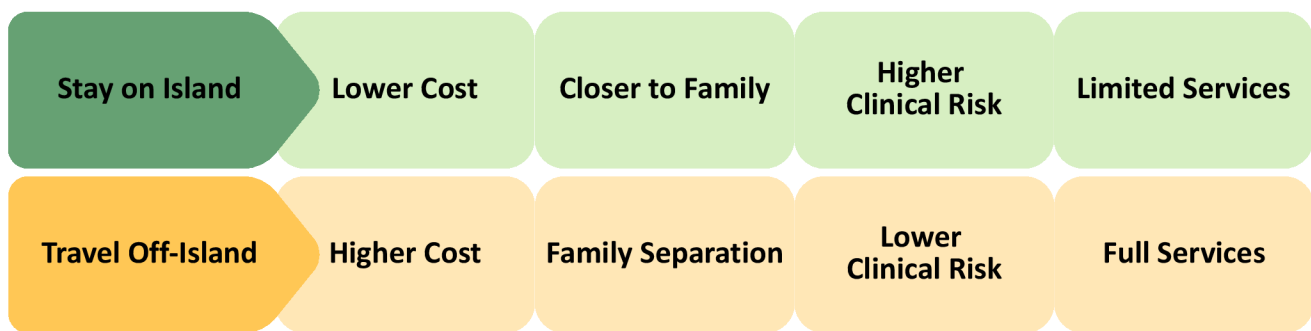
Key Findings

5. Patients Are Making Risk-Based Decisions Due to System Barriers

Participants described patients making difficult and sometimes unsafe decisions:

- Declining or delaying off-island transfer due to cost or childcare responsibilities
- Choosing repeat cesarean delivery due to inability to relocate for a trial of labor
- Leaving care early due to family obligations
- Traveling long distances to preferred facilities, bypassing closer care

Figure 3. Patient Decision Tradeoff



Patients are often forced to choose between financial stability and clinical safety

Implication: Patients are forced into risk-based decision-making, where financial, geographic, and social constraints override clinical recommendations.

Key Findings

6. System Fragmentation and Administrative Barriers Delay Care

Participants identified multiple system-level barriers:

- Confusion around referral requirements
- Insurance complexity and lack of transparency
- Patients unaware of their coverage or network limitations
- Administrative hurdles such as lack of identification documents

Table 4. Community-Validated Barriers to Maternal Care Access

Barrier Category	Description	Frequency	Example
Transportation	Distance, inter-island travel	High	Kau to Hilo Travel (2 hour one way)
Provider Availability	Limited OB access	High	Delayed prenatal care
Financial Burden	Housing, food, travel	High	Oahu relocation
Administrative Complexity	Insurance/referrals	Medium	Confusion in coverage
Workforce Shortages	Staffing gaps	High	Limited accepting providers

Implication: Administrative complexity contributes to delayed care entry and fragmented care pathways, compound clinical access challenges.

Key Findings

7. Perception and Experience Influence Care-Seeking Behavior

Patient perception plays a significant role in access:

- Preference for “birth experience” over proximity to care
- Misunderstanding of provider types
- Concerns about hospital interventions

Table 5. Perceived vs Actual Access

Dimension	Perceived Access	Actual Access
OB Availability	“Providers Exist”	Few accepting patients
Geographic Access	“Care is nearby”	Hours of travel required
System Capacity	“Adequate statewide”	Severe rural gaps
Birth Options	“Choice available”	Constrained by risk/resources

Implication: Mismatch between patient expectations and system capacity can lead to care decisions that increase clinical risk and system strain.

Human Impact: Stories from the Field

The following examples illustrate how system-level barriers translate into real clinical risk:

- A patient experienced a life-threatening obstetric emergency during inter-island transfer, underscoring the risks associated with delayed access to higher-level care
- A mother transferred for high-risk care left early because she had multiple children at home and no childcare support, demonstrating how social determinants directly affect care decisions
- Families with infants in the NICU must choose between separation from their newborn or financial hardship, due to prolonged off-island stays
- Patients report inability to secure prenatal care until late pregnancy, reflecting system-wide access limitations

These stories demonstrate that maternal health challenges in rural Hawai'i are not abstract, they are deeply personal, immediate, and consequential.

Alignment with Maternity Care Target Areas (MCTAs) HPSA Designation Criteria

The findings from these focus groups align with key indicators used to assess Maternal Health Professional Shortage Areas, including:

- Insufficient provider-to-population ratios at the local level
- Barriers to timely access to prenatal and delivery care
- Geographic isolation and transportation challenges
- Limited availability of specialty maternal and neonatal services
- Demonstrated impact on patient behavior and health outcomes

Collectively, these factors confirm that rural Hawai'i communities experience a functional shortage of maternal healthcare services, consistent with HPSA designation standards.

Conclusion

Rural Hawai'i faces a complex and persistent maternal health access challenge characterized by:

- Geographic isolation
- Workforce shortages
- Limited specialty and neonatal capacity
- Financial and logistical barriers to care
- Fragmented systems and administrative complexity

These compounded barriers create conditions in which timely, appropriate maternal care is not consistently available.

Continued Maternity Care Target Areas (MCTAs) HPSA designation is essential to ensure that resources, workforce incentives, and policy attention remain aligned with the realities faced by women and families across neighbor island communities.

Without sustained designation and targeted investment, these access challenges are likely to intensify as workforce shortages persist and system demands increase.

Closing Statement

Maternal health in rural Hawai'i is not defined by distance alone, it is defined by the cumulative weight of geography, workforce limitations, and system fragmentation. These findings make clear that without continued designation and targeted investment, families across our neighbor islands will remain at risk of delayed care, preventable complications, and inequitable outcomes.