



Maternal Behavioral Health in Hawaii: Foundational Insights from Medicaid Beneficiaries and the Community

Results of Primary Research by The Center to Advance Consumer Partnership



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Table of Contents

Background and Context for Potential Vendor Partners	3
Background: Maternal Mental Health and Substance Use in Hawaii	3
Areas of Opportunity in Hawaii	4
Navigating Care	5
Challenges Accessing Providers	7
Holistic Family Support Needs.....	9
Cultural Competency: Understanding Cultural Norms and Practices.....	10
Care Avoidance.....	12
Voice and Choice	12
Other Considerations: Involvement and Awareness of Community Stakeholders	13
Spheres of Influence in the Behavioral Health Ecosystem	13
Bibliography	15

Background and Context for Potential Vendor Partners

Background: Maternal Mental Health and Substance Use in Hawaii

Honolulu offers a range of behavioral health services for pregnant and newly parenting mothers. However, there are significant gaps in access to outpatient treatment and residential or inpatient treatment for women in rural areas, which encompass 90% of the state. Treatment and screening for both mental health and substance use, particularly in rural settings and among Native Hawaiian populations, is inconsistent and limited. The maternal health care experience in Hawaii can be characterized in the following ways:

- Many women do not receive regular prenatal care or screening
- Financial barriers, most notably housing and food insecurity, are significant areas of concern
- Existing services for mental health and substance use treatment in Hawaii are reflective of Western family structure and social norms and are perceived as out of touch and another form of forced assimilation into Western culture and practice
- Infrastructure and geography present logistical challenges, most notably, the level of effort and time necessary to travel between islands to get all types of health care, particularly prenatal care, detox or inpatient (residential) treatment
- Mistrust and fear of stakeholders in the ecosystem is significant, both from concerns about immediate penalties and from generational/ancestral experiences

Hawaii experiences high rates of poverty and unemployment. A total of 36% of the population lives in a HRSA-defined Health Professional Shortage Area (HPSA) (HRSA, 2022). HPSAs exist on all five islands; as a result, many Hawaii residents experience significant gaps in access to and continuity of care, as they must fly from one island to the next to receive specialized treatment. SAMHSA estimates that 67.1% of Hawaii residents with any mental illness remain untreated (SAMHSA, 2019). However, only 14.9% of Hawaiians adults report that they are not able to receive needed mental health treatment (Reinert, October 2021), indicating a significant gap in perceived need for treatment.

Hawaii experienced the highest overall growth in substance use disorder in the nation, with estimated prevalence increasing 1.3 percentage points between 2018 and 2019 (SAMHSA, 2020). Currently, an estimated 8.5% of Hawaii residents over the age of 18 experience substance use disorder, higher than the national average of 7.7% (Reinert, October 2021). Our interviews indicated that methamphetamines and alcohol are the most common substance addictions among pregnant women. According to community-based providers, marijuana use is very common and accepted and is not considered a drug to report by women.

Community hospitals and health centers across Hawaii report high anecdotal rates of substance use and postpartum depression among both Native Hawaiian and non-Native women. Furthermore, rates of unintended pregnancy, inadequate prenatal care, reliance on state-funded insurance for labor and delivery, and reliance on WIC services are high among all women. Significant disparities exist between

Native and non-Native Hawaiian women across multiple maternal health indicators (see Appendix Table 1).

Mistrust prevents many Hawaiian women from seeking behavioral health care and substance use services. According to a 2016 community needs assessment completed by the Hamakua Health Center, “In Hawaiian communities, there is significant stigma regarding mental health issues, which is often an impediment to treatment. It is not typically accepted to seek counsel from someone outside the Hawaiian culture to discuss individual or family issues” (Milton Cortez, 2016). Women and their extended support systems prefer to address health within the community and culture.

Finally, it is important that partners understand that cultural values among all communities in Hawaii is critical to the success of any solution in Hawaii. Traditional healing practices and beliefs are deeply engrained and highly valued.

Areas of Opportunity in Hawaii

In Hawaii, there are six clear themes of barriers and challenges related to seeking, accessing, and maintaining care for maternal mental health and substance use treatment. Solutions should address one or more of these obstacles that prevent women from seeking and receiving behavioral health care.

-  **1 Navigating care** — There’s no unified way to find out what is available to me
-  **2 Access to providers** — Finding providers who take my insurance and can take me when I’m ready for help is difficult and complicated
-  **3 Holistic family support** — I’m the primary caregiver for my family, so getting treatment impacts my ability to provide for them
-  **4 Cultural competency** — We don’t trust folks who don’t understand our culture, beliefs, and values
-  **5 Care avoidance** — We don’t go for treatment, because we’re afraid of what will happen to our family if we do
-  **6 Voice and choice** — We don’t feel heard, and we don’t feel part of discussions about what happens to us



Navigating Care

When and where a woman begins her mental health journey matters. Providers and community-based organizations report that women face multiple entry points into the behavioral health system. A woman may screen positive for drug use during a prenatal appointment. Families already involved with Child Protective Services (CPS) may be identified during a home visit. A woman or her baby may screen positive for drugs during delivery. Finally, women may be identified in the Emergency Room during an overdose or by law enforcement. What is clear is that women do not have a central location to which they can turn for information and support about services that are available to them. They can obtain a referral for treatment through the CARES hotline, where they will be provided with the names of recovery resources that accept Medicaid, but they are left on their own to navigate “the system”, which frequently means figuring out how to fly to a neighboring island for treatment while leaving their family behind – a cultural taboo among Native Hawaiian families.

Synthesis in the Voice of Consumers:

- I want to get clean but it's hard to find a place that will take women who are pregnant and use [drugs/alcohol]
- I go a women's clinic on the island, and we don't talk about drug use
- I decided I want to try detox, but that means staying in Honolulu, and I have other kids to look after
- I'd have to leave or miss work if I go away for treatment
- My first interaction in the ecosystem either builds trust, making me feel helped and supported or reinforces bias I may already have against the system
- If my experience isn't supportive and free of judgement, I won't be back for follow-up visits

Direct Quotes from Research:

"They're pregnant and they feel so much shame and so much stigma. It's paralyzing and they don't even know what to do. They just come and are like, "I don't know what to do." - Clinical Provider

"It's also the person's level of readiness...Those that are dealing with addiction, it's multiple attempts to recovery." - CBO

"If you [do not have a good interaction with] a patient at the front desk and you put them off, it sets the tone for the rest of the experience." - Clinical Provider

"We're working now to get more peer support people involved, trained, and helping people to navigate through the system. Because the system for pregnant women is so different for people just with addiction." - Clinical Provider



Challenges Accessing Providers

Honolulu is urban and comparatively well resourced. The remainder of the state's access to appropriate clinical and provider resources for maternal mental health and substance use treatment is limited.

Pregnant or newly parenting women can call the Hawaii's CARES line when in crisis or to request help. They'll be provided with the names of recovery resources that accept Medicaid. However, an acute shortage of providers has led to low availability of appointments or beds with recovery providers. This includes substance use treatment for pregnant and newly postpartum women.

Lack of providers is further compounded by geographic variability in available services. Providers in under-resourced areas of the state report feeling scared to screen pregnant women for mental health and substance use needs because they don't have a place to refer them for help or treatment.

Synthesis in the Voice of Consumers:

- Appointment frequency and location matters. We have families and children we don't want to leave
- We can't afford to leave our jobs to go for treatment, or we'll lose our place to live
- We have a hard time finding places with appointments for pregnant women; most don't take pregnant women
- Getting to a doctor or to see a therapist is too complicated
- When I'm looking for help, I need it now; I can't wait months for a space to open up
- We don't have broadband, cell signals, or easy transportation, so making and keeping appointments is hard

"I've heard [clinicians] say they don't screen [pregnat women] because they wouldn't know what to do. They're terrified when it is the case [when a woman is using], because they don't know how to refer, who to refer to." - Clinical Provider

"Anywhere outside of Honolulu, [it] really is a struggle to [find substance use services for pregnant women], because it's all central to downtown.." - Clinical Provider

"We often have people that need to be transferred to Honolulu because of the resources there, and in fact, Medicaid pays for those medically-necessary services, which substance use would be. However, women need to fly, which is not the best solution, and what if there are five other kids? What do you do?" - CBO

[Drug treatment services for pregnant women] are very sparse. We have services for adults generally. Also, a lot of our OB's don't know where to refer for what type of treatment. [Alcohol needs one type of treatment, meth needs something different.] " - Clinical Provider

"Families can go for years without treatment, which creates problems such as more crisis-related care and chronicity of issues." - Hamakua Needs Assessment

3



Holistic family support

I'm the primary caregiver for my family, so getting treatment impacts my ability to provide for them

Holistic Family Support Needs

Solutions should understand and consider the holistic support needs for a family, particularly since mothers are usually the primary caregivers in their families.

Rarely does a woman experience mental illness without it affecting the entire family. Similarly, a mother cannot easily leave her family to get addiction treatment and recovery help without great burden or fear of Child Protective Services (CPS). There are logistical barriers for arranging care of the family and the additional financial hardship placed on other extended family members. Community-based organizations report that the top two worries of pregnant and parenting women are housing and food.

In addition, Native Hawaiian culture values family and community above all else.

Family and caregiver structures vary, including family of origin, kinship, and foster care. Some families are managed by one or two parents, have siblings, and/or multiple generations in the home.

Synthesis in the Voice of Consumers:

- The issues we're dealing with are often family problems driven by trauma, physical, and emotional abuse
- I'm scared that if I don't get clean, they'll take my baby and my other kids, but I don't have anywhere I can get treatment while keeping my family with me
- We don't want CPS getting involved and separating our family or taking our children away
- We don't all have families that are able or know how to support us

"Trauma-informed care is central. But it's, it's a new kind of thing. A lot of people are uncomfortable with it or they're not knowledgeable of it." - Clinical Provider

"Child Welfare Services is a major ordeal and fear. It keeps people away from care. It really does. [I have had patients leave the hospital right after giving birth] because they thought their baby was going to get taken away." - Clinical Provider

"I don't think there is true trust in providers and treatment centers, [in the system]. That is not where [people] come from. And it's almost foreign, scary, unnecessary, it's arm's length." - CBO

"As a provider, I need you, you know, to have access with transportation to your visits. This is very important. It's a big barrier. If possible, I need you to be in a safe housing situation....If these things are not together, [substance use treatment] doesn't work as well." - Clinical Provider

Cultural Competency: Understanding Cultural Norms and Practices

Cultural needs among Hawaiian women reflect the importance of trust, time, family, and ancestral or native practices.

Native Hawaiians have experienced colonization and a "criminalization of their culture". Only recently have they begun to reclaim parts of their culture that were nearly lost. Successful providers and community organizations incorporate traditional healing practices, respect for the environment, and community consent and feedback into their work.

Cultural sensitivities and nuance within the Native Hawaiian population undercut care-seeking behavior and impact treatment preferences. Native Hawaiian family life is heavily influenced by traditional East Asian and Pacific Islander cultural practices.

All community-based organizations report that no care or treatment is sought or accepted until trust is earned. Trust is not earned without the opportunity to "talk story" an important oral tradition in Hawaii where people share their daily happenings, history, and what is important to them. However, engaging in "talk story" does not happen without a significant investment of time and trust building.

Interestingly, many women's health organizations we spoke to offer social services and help with things like diapers and food, in addition to care for the health and wellbeing of mom. There is a deep and systemic acknowledgement that when you take care of mom, you take care of the family. However, resources and billable services are limited for providers.

Substance use and mental health is still very stigmatized in Hawaii. According to those working directly with Native Hawaiian women, substance use and addiction are Western issues, brought to Hawaii by colonization. This contributes to the strong bias they feel toward Western people, practices, systems, and care. Additionally, in Micronesian languages, there is often no word for "depression," "sadness," or "anxiety", so in screening, they often have to code switch or replace questions with discussion.

All providers and community-based organizations in Hawaii report that integrating Native Hawaiian healing practices into care and treatment is necessary. Traditional healing practices that often accompany treatment and healing include spiritual practices, grounded in family and relationship to earth. These include practices like:

Ai Pono: "Ai" to nourish, "Pono" with balance, harmony, ease, and in perfect wholeness.

Community-based organizations who support women's health and family services incorporate Ai Pono into what they do, often meeting outside to work and be in a garden, or "prescribe" native foods to encourage that grounding or centering.

Ho'oponopono: "Ho'o" is to make "Pono" with balance & harmony. Ho'oponopono is the ritual of moving things into balance, reconciling, and forgiveness. When one is experiencing what we call depression, anxiety, or addiction, those are "hihia", entanglements of emotions or troubles, that

need to be acknowledged, repaired, and untangled. Ho'oponopono brings the family together to find out what is wrong. It includes discussion, chanting, prayer, and forgiveness. It is traditionally done within the family led by an elder. Community-based organizations report that honoring the importance of ho'oponopono as a part of the culture in the practice setting, during "talk story" or as a "doctor's order" is well-received and helps build trusting relationships.

However, even when trust is built, it does not mean that mental health and substance use symptoms, effects, or needs will be shared with providers. For example, one community-based organization reported having a great relationship with a client, having helped her through four pregnancies over the course of 10 years. Despite their longstanding relationship, a community worker reported learning about an incredibly violent relationship, in which her partner was actively using. Reportedly, elders stepped in, separated the children and mom from the dad, and worked on the issues internally.

Synthesis in the Voice of Consumers:

- We want to see providers that look and talk like us, but it is really hard to find them
- In our culture, women take care of the children; I can't leave them to go away because I'm using drugs or alcohol
- We want our doctors and therapists to understand our cultural values
- We can solve our problems within our family
- These "systems" and benefits are intrusive and don't consider or honor our traditional practices

"In our culture, women have the sense of Hina. Hina is fertility. For men (Kāne) it's Kū, the strong warrior sense. But oftentimes, women have both [Hina and Kū], and that's what makes them a necessity in our community, because they have the ability to nurture... but also to set clear boundaries and to be that Kū and to, to hold the family together to make decisions." - CBO

"In Hawaiian culture, there was no word for trauma. We didn't have a word for trauma." - CBO

"In some communities, there continues to be strongly held beliefs that psychological issues are the result of spiritual, paranormal, ritualistic beliefs, and it is important that providers are aware of and sensitive to these beliefs." - Hamakua Needs Assessment

"We have our [behavioral health] screening [tools], and there's a lot of difficulty with screeners. You ask a Chuukese person if they're depressed, they're like, "What's that?". You know, they're like, they don't even really have a good word that translates for it. Right?" - CBO

5 Care avoidance

We don't go for treatment, because we're afraid of what will happen to our family if we do.

Care Avoidance

Families avoid care for an array of reasons, all synthesized above, including fear, culture and beliefs, financial burdens, language barriers, access issues, employment, transportation requirements, shame, stress, and bad experiences.

Women who are already mothers face significant challenges initiating care and maintaining ongoing treatment. As a result, when women do finally seek recovery care, they often present in crisis and require significant, ongoing treatment.

6 Voice and choice

We don't feel heard, and we don't feel part of discussions about what happens to us

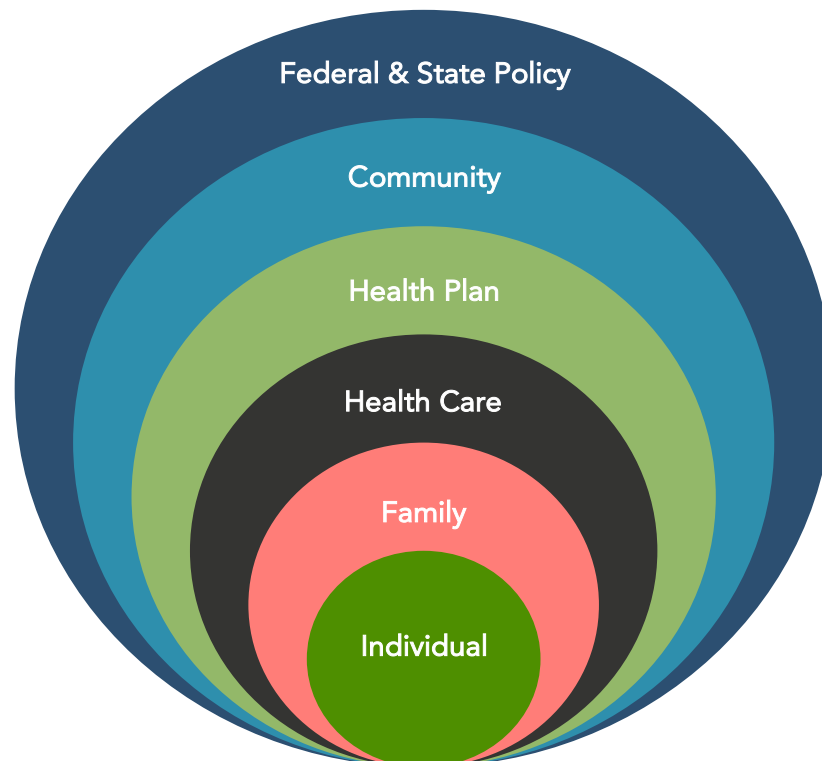
Voice and Choice

Efforts to speak with Hawaiian beneficiaries are ongoing. To best honor and respect cultural considerations in Hawaii, CACP continues to work to build trust in the community prior to engaging with women and families. Hearing directly from women in Hawaii is requiring a more comprehensive outreach process.

Other Considerations: Involvement and Awareness of Community Stakeholders

Community stakeholders are critical to early identification, diagnosis, treatment, and ongoing support. However, many stakeholders operate in silos. Having strong partner relationships, data sharing, and familiar supports improves the experience that Medicaid beneficiaries have within the behavioral health ecosystem. Facilitating or enabling collaboration across all areas of the ecosystem would benefit all stakeholders and, most importantly, Medicaid beneficiaries.

Spheres of Influence in the Behavioral Health Ecosystem



Federal and State Policy

CMS, Med-QUEST, Reimbursement Rates and Structure, Social Services, Tax Credits, Justice System, Families First Initiative

Community

Social Determinants of Health, Schools, Local Law Enforcement, Provider Availability, Advocacy Organizations, Faith-Based Organizations, Family and Juvenile Court

Health Plan

Communication and Coordination with Other Ecosystem Stakeholders, Contractual Requirements, Provider Network, Programs, Behavior Incentives

Health Care

Cultural Competence, Trauma-Informed Care, Translation and Interpretation Services, Appointment Availability, Care Coordination, Wraparound Services, Family Residential Treatment, Communication and Coordination with Other Ecosystem Stakeholders

Family

Social Determinants of Health, Social and Emotional Support, Employment, Family Structure, Childhood Adversity of Caregiver, Trauma History

Individual

Age, Race/Ethnicity, Gender, Sexual Orientation, Coping Skills, Diagnosis, Social Determinants of Health, Social and Emotional Support, Employment, Family Structure, Childhood Adversity, Trauma History

Table 1: Native Hawaiian vs. Statewide Maternal and Infant Health Measures

Maternal Characteristics	Native Hawaiian	State of Hawaii
Prenatal Care as Early as They Wanted	83.5%	84.7%
Early and Adequate Prenatal Care	62.5%	65.5%
Aged 15-19 at Time of Delivery	6.8%	3.8%
Obese (BMI≥30) During Pregnancy	27.6%	19.3%
Diabetes Before Pregnancy	6.9%	5.4%
Experienced 2+ Stressors During Pregnancy	47.9%	39.9%
Smoked During Last 3 Months of Pregnancy	10.3%	4.9%
Binge Drinking 3 Months Before Pregnancy	24.6%	19.2%
Illicit Drug Use During Pregnancy	5.3%	3.4%
Had Intended Pregnancies	43.0%	56.3%
Abortion Rate (per 1,000 live births)	78.8	147.1
Reported Postpartum Depression	14.2%	12.0%
Infant Mortality		
Infant Mortality Rate (per 1,000 live births)	7.4	6.7
Neonatal Mortality Rate (per 1,000 live births)	4.0	3.6
Post-Neonatal Mortality Rate (per 1,000 live births)	3.1	2.1
Infant Social Determinants of Health		
Mothers Unmarried at Time of Delivery	62.2%	38.8%
Mothers w/ < High School Education	26.2%	17.5%
Insurance through Medicaid/QUEST at Time of Delivery	57.1%	36.8%
WIC Participation during Pregnancy	55.0%	38.4%
<i>Native Hawaiian Health Fact Sheet 2021, Office of Hawaiian Affairs</i>		

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