Medium & Message: Tailoring Health Communication to Haredi Women

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המרכז הרפואי
האוניברסיטאי הדסה
המרכז לבריאות
לב האישה על שם
לינדה ג'וי פולין

HADASSAH
UNIVERSITY
MEDICAL CENTER
LINDA JOY POLLIN
CARDIOVASCULAR
WELLNESS CENTER
FOR WOMEN

"You don't need to have a PAP test.
Haredi women don't get cervical cancer."

Kupah Physician

rubella, and varicella (MMRV) is high, whereas uptake of vaccines against human papilloma virus and influenza virus are substantially lower because of a growing vaccine hesitancy (figure 6). The ultra-Orthodox Jews reject the human papilloma virus vaccine for ideological reasons. The influenza vaccine was first introduced as a school-

The Lancet, 2017

What Do We Know About Haredi Women's Health?

Not very much.

Peer-reviewed Publications on Haredi Women's Health

	Author (Year)	Sample	Identification as Haredi	Methodology	Measures
1.	Baron-Epel, Friedman & Lernau, (2009)	1,550 Maccabi Healthcare customers	Defined by the Health Service	Telephone survey and review of Maccabi Healthcare Service claims (Random selection)	• Questionnaire regarding socioeconomic status, mammography-use, attitudes and beliefs towards breast cancer. • Maccabi Healthcare Service claims
2.	Bina (2014)	1,059 women after birth at a Jerusalem hospital	Self-defined	In-person self-report questionnaires and interviews (Random selection)	• Edinburgh Postnatal Depression Scale (EPDS) • Attitudes Toward Seeking Professional Help Scale (ATSPPHS)
3.	Feinson & Hornik-Lurie (2016)	261 women at primary health care clinics in Jerusalem and surrounding neighborhoods	Self-defined	In-person self-report questionnaire and telephone interview (Random selection)	• Self-report of weight categorization • Newly developed questionnaire on body image
4.	Feinson & Meir (2012)	261 women at primary health care clinics in Jerusalem & surrounding neighborhoods	Self-defined	In-person self-report questionnaire and telephone interview (Random selection)	• Newly developed questionnaire on disordered eating
5.	Feinson & Meir (2015)	261 women at primary health care clinics in Jerusalem and surrounding neighborhoods	Self-defined	In-person self-report questionnaire and telephone interview (Random selection)	• Rosenberg Self-Esteem Scale (RSES) • Direct question regarding "unresolved anger" • Brief Symptom Inventory (BSI) • Direct questions on the incidence of childhood and recent abuse
6.	[illegible] Diamant (1997)	327 women in Jerusalem hospital maternity wards	Self-defined	In-person self-report questionnaire (Random selection)	• Edinburgh Postnatal Depression Scale (EPDS) • [illegible]
7.	Glasser, Hadad, Bina, Boyko & Magnezi (2016)	160 women in a health clinic	Attendance at a health clinic in primarily Haredi city	In-person self-report questionnaire and post-intervention telephone questionnaire (Consecutive selection)	• Edinburgh Postnatal Depression Scale (EPDS) • Medical records
8.	Haimov-Kochman, Adler, Ein-Mor, Rosenak & Hurwitz, (2012)	45 attendees to a fertility consultation	Attendance at fertility consultation in Haredi community	Single fertility clinic retrospective (Consecutive selection)	• Medical file analysis
9.	Okun (2013)	~7,500 residents of Israel over age 20	Self-defined	In-person interviews (Stratified, random selection)	• Israel Social Survey (2002-2009)
10	Shani & Shinwell (2003)	515 women after birth at a Rehovot hospital	Self-defined	In-person self-report questionnaire and two subsequent telephone interviews (Consecutive selection)	• Direct questions regarding demographics and breastfeeding experience
11	Sher (2003)	377 women from all 27 hospital maternity wards in Israel	Self-defined	Structured interview (Convenience sample)	• Direct questions regarding prenatal testing
12	Simhi, Shraga, & Sarid (2013)	85 women under 30 years old from ultra-orthodox communities	Self-defined	Self-report Questionnaire (Convenience sample identified via snowballing technique)	• Health Beliefs Questionnaire • Direct questions of perception and behavior regarding vaccinations

No Intervention Studies

What Impacts Haredi Women's Health?

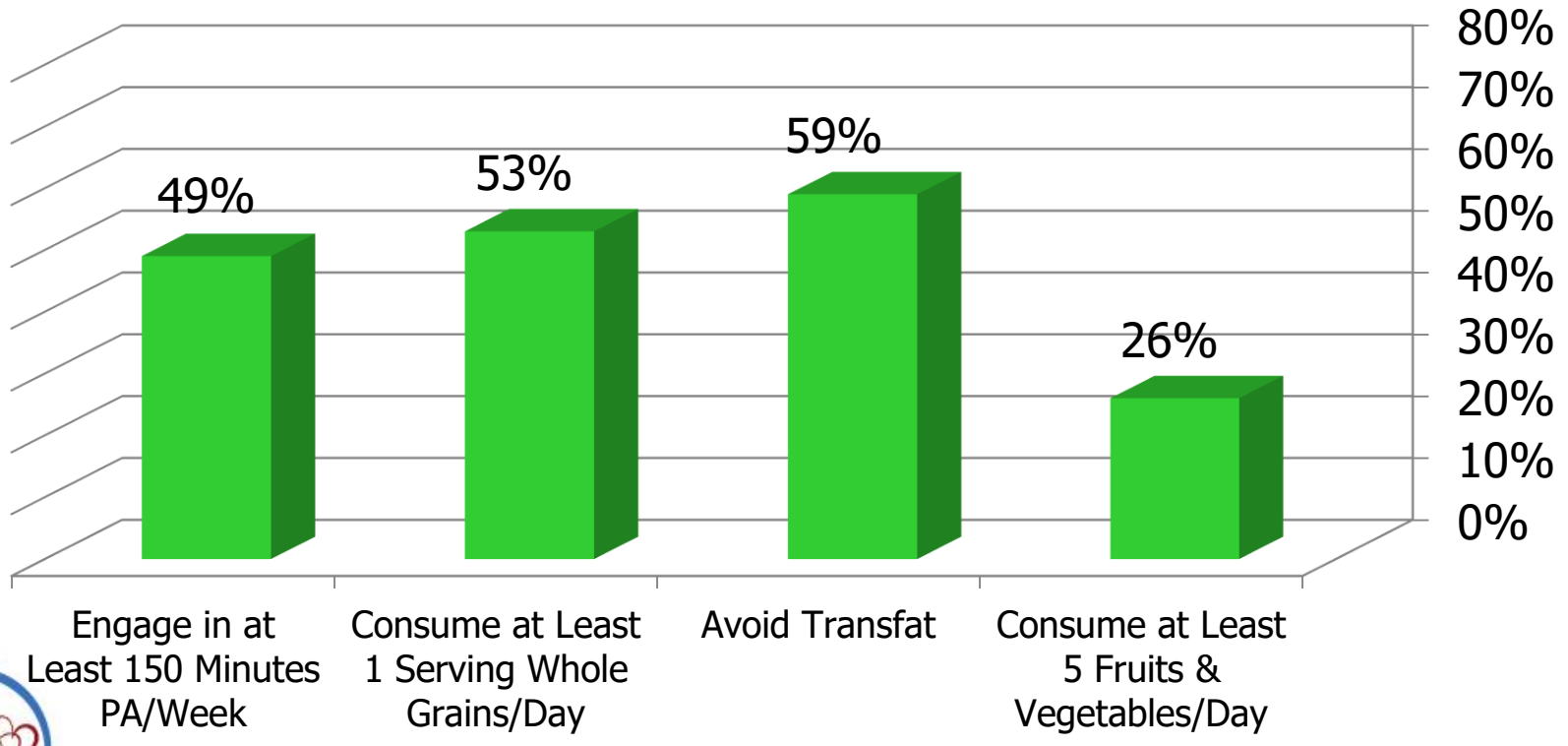
- High poverty rate (59.7% in 2014)
- High multiparity rates (avg. 6.7-6.90)
- Limited exposure to secular media
- Religious media censoring
- Limited research
  - Reluctance to participate in research
  - Language and cultural sensitivities

Sources: Kaplan & Sivan, 2003; Horowitz, 2000; Central Bureau of Statistics, 2014; Albert, Harlap & Caplan, 2004; Gurovich & Cohen-Kastro, 2004; Levi, 2016; National Insurance Institute, 2015

Haredi Survey

Implemented by the Linda Joy Pollin Cardiovascular Wellness Center for Women

Sample: 524 Women from a Hasidic Community and Haredi high school teachers

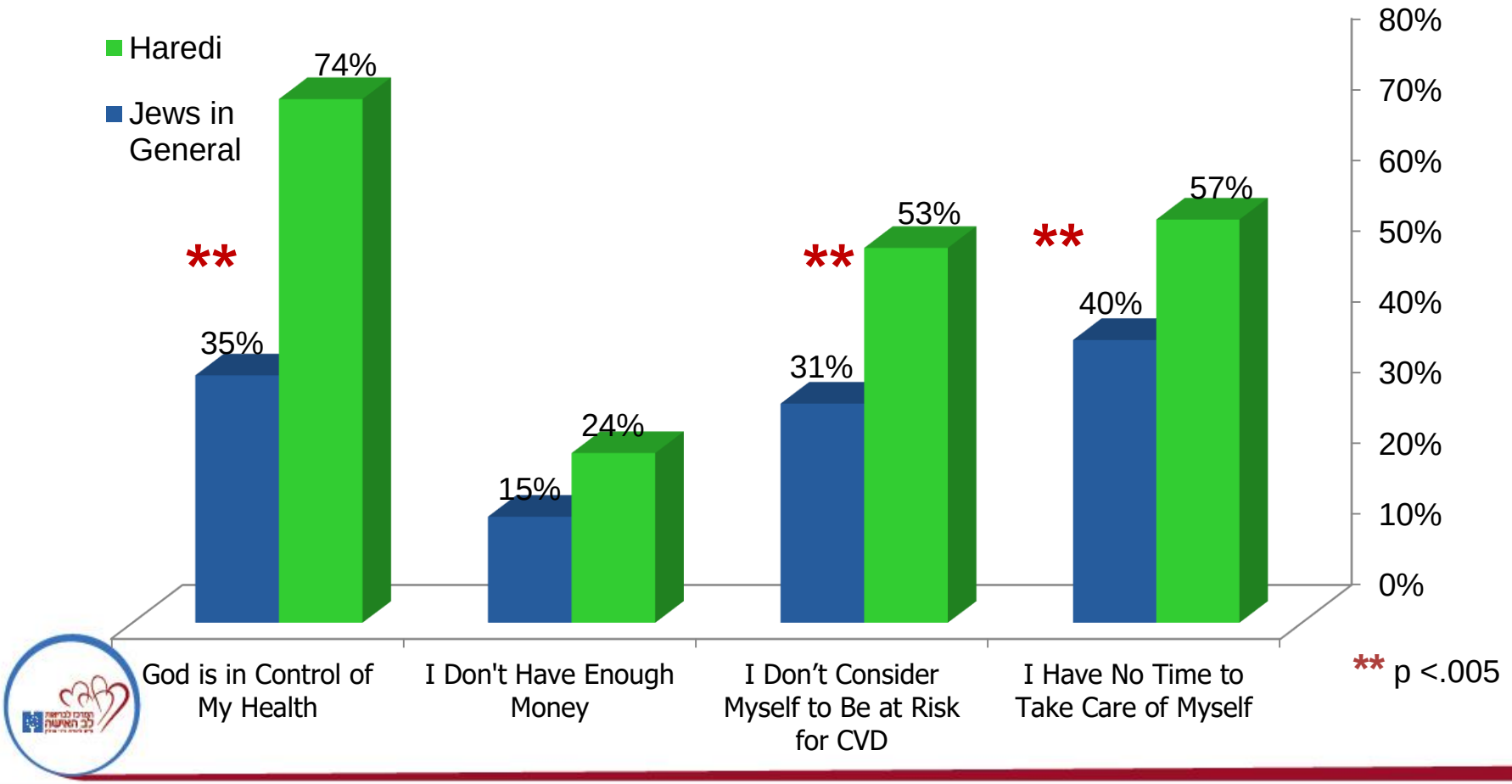


National Phone Survey

Implemented by the Center

Sample: Random Selection of 1,009 women

Reasons for Not Engaging in a Heart Healthy Lifestyle



Socio-Ecological Model

Community-Based Participatory Design

- Community Partnerships
- "Bottom-Up" Design
  - Key Informant Interviews
  - Focus Groups
  - Questionnaires
  - Steering Committee
- Consistent process evaluation and revision

Haredi High School Intervention

Target: 650 Teachers from 3 girls' high schools

Health Promotion Course for School Staff

Faculty Room Posters

Health Newsletters

Walking Program with Pedometers

Poster Contest for Students

Hasidic Community Intervention

Target: 1,000 women and 2,000 girls from the target community

Community Healthy Living Workshops

Health Promotion Course for School Staff & Group Leaders

Health Newsletters

Low Cost Weekly Exercise Groups

Healthy Cooking & Baking Competition

Walking Program with Pedometers

Health Evenings with Program Continuity

Hasidic Community School Interventions

Grade 10 Health Ambassadors Training

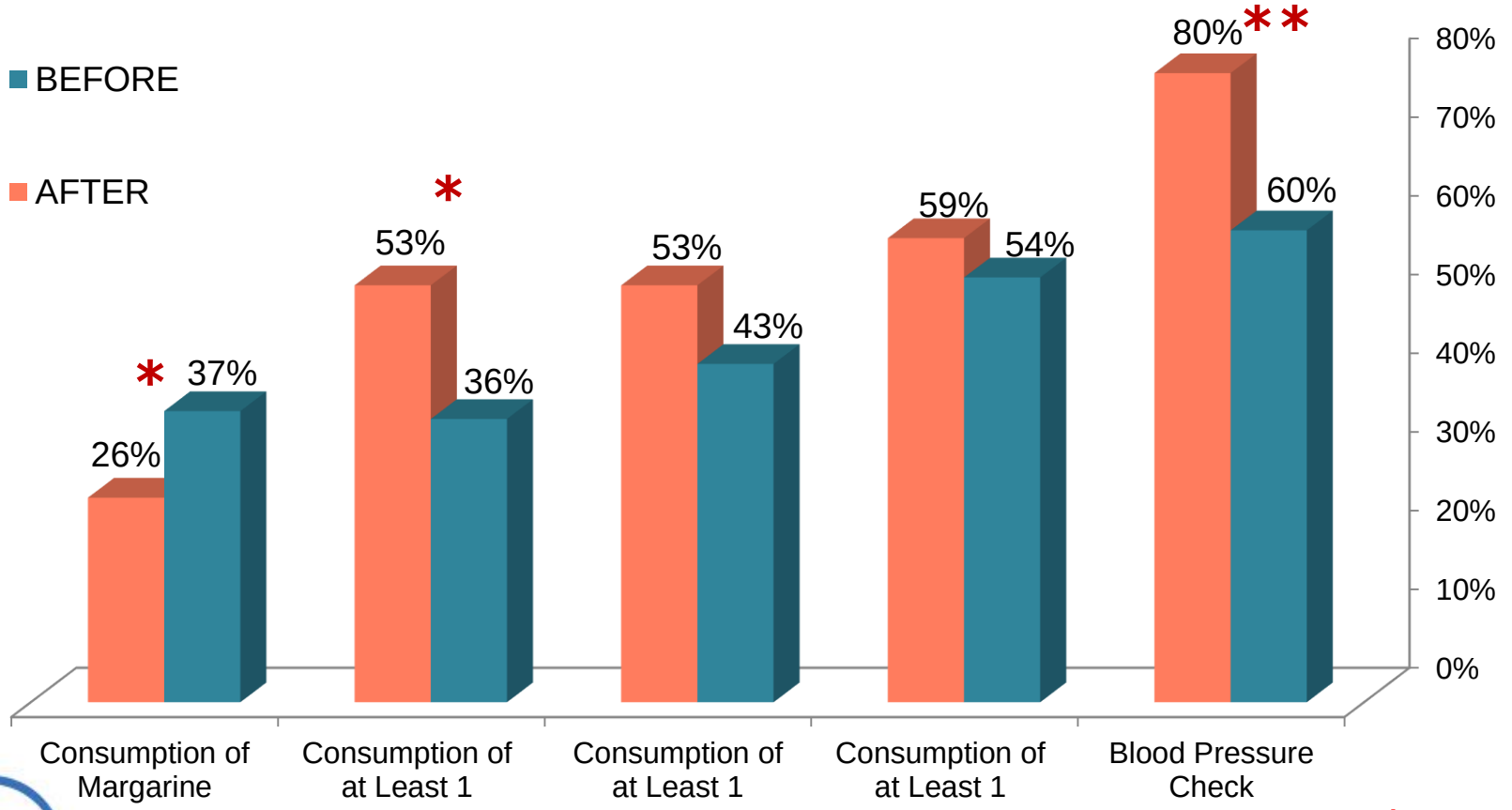
Kindergarten: Health Promotion Training

Grades 1-8: 5 Minute Classroom Exercise Video

Health Topics in all Curricula

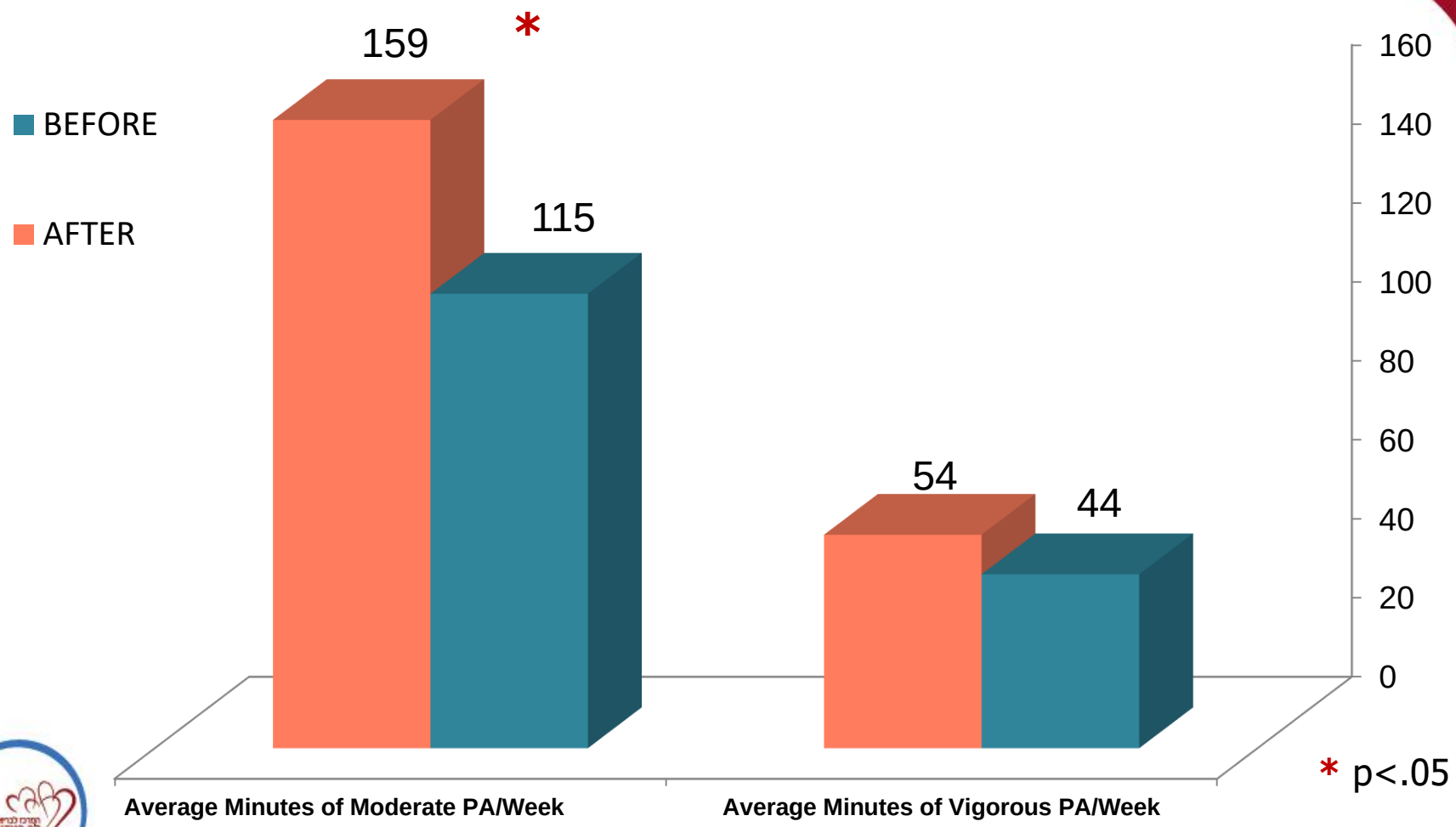
Teacher Walking Program with Pedometers

Health Behaviors of Haredi High School Teachers

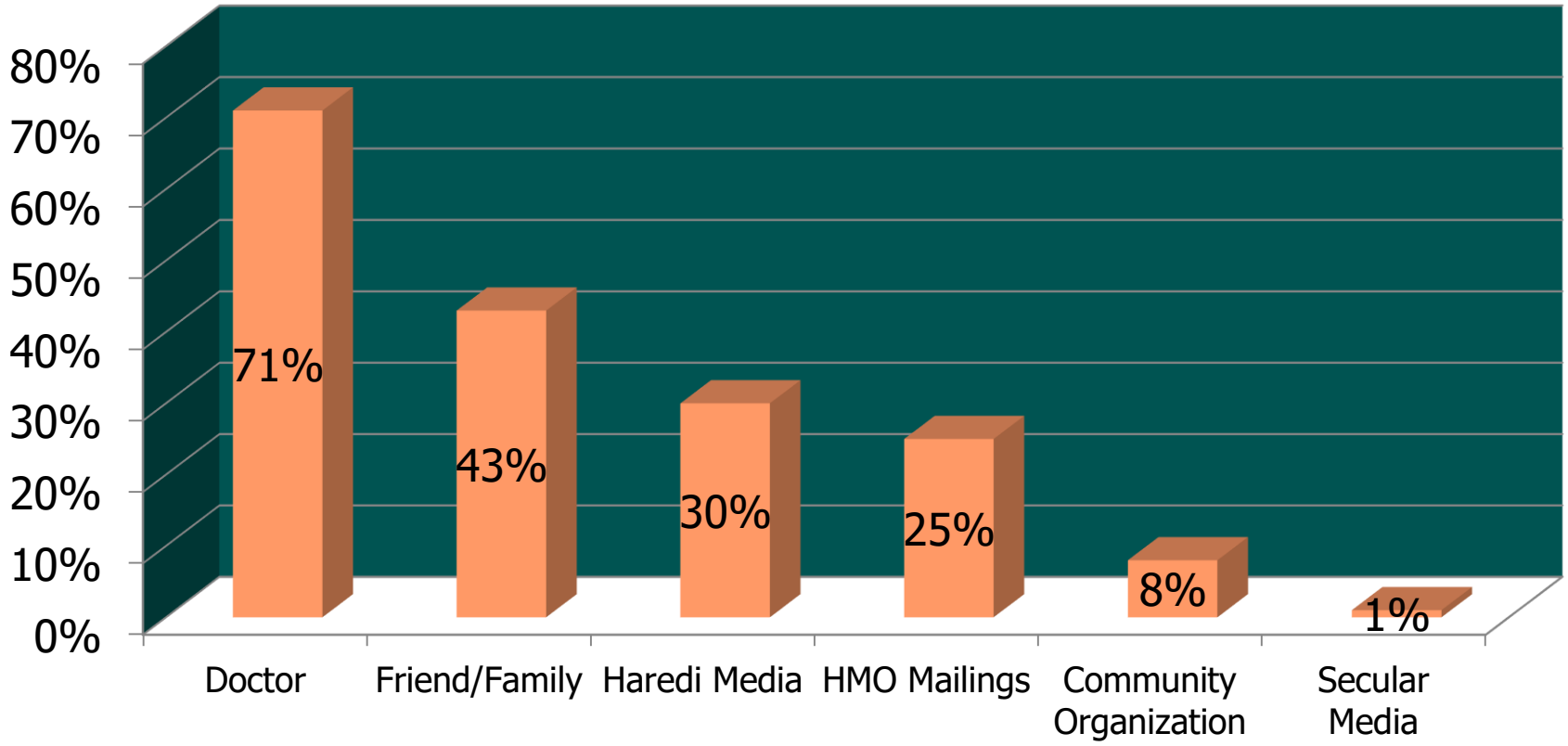


*p<.05
**p<.001

Haredi High School Teachers' Physical Activity



Sources of Health Information



Women whose doctors discussed more preventive health topics ate more vegetables (p=.017) and fruit (p=.002).

Qualitative Outcomes: Hasidic Community

Focus Groups & Group Leader Questionnaires

Cultural Shift	Healthier Cooking & Baking	Consistent Physical Activity	Family Nutrition
"Healthy nutrition has become "IN" in our community now."	"I now use whole wheat flour and even got all of my family to bake with whole wheat flour."	"I do physical activity every week. The groups are personal and have an atmosphere of warmth and fun!"	"Because of the school program, my children now eat healthier at home."

Qualitative Outcomes: Hasidic Community

Healthy Food in the Groups	Increased Walking	Health Awareness	Medical Benefits
"Now the groups offer healthy food instead of *rugalach* and soda. If someone brings a cream cake, it sits uneaten."	"A woman who lives on the 5th floor used to only use the elevator. Now, she takes the stairs almost exclusively."	"The awareness about healthy nutrition and exercise has increased tremendously in the groups."	"After consistently using the pedometer, I had improved blood pressure and weight loss."

Conclusions

- This population relies on physicians for health information.
- The Haredi lifestyle necessitates tailored health messages:
  - Time limitations
  - Poverty
  - Personal obstacles and background
  - Acceptable images
  - Appropriate language

Conclusions

- Social networking in the Haredi community presents an opportunity similar to that of social media.
  - Harnessing this "social media" may expand access to health information.
- Emphasizing the benefit to the family may be effective if self care is not a sufficient motivator.