

## Haredi Health Coalition Meeting Minutes

02/26/19

### Second Meeting

#### 1. Borough Park Community Health Profile 2018 Presentation

- a. Demographics: Boro Park has the most 0-17 year olds of all of the 59 districts.
- b. Boro Park has a 28% poverty rate, which is the same as Brownsville.
- c. Social and Economic Conditions rent burden very high in the community- people are not making enough money to pay for exorbitant rent.
- d. In Borough Park 89% have air conditioned homes. Air Pollution is slightly less than BK/NYC.
- e. Home with maintenance issues is at 57% which is lower than BK/NYC. Maternal child health outcomes are very good in Borough Park.
- f. Obesity rates are slightly lower than BK/NYC.
- g. Avoidable hospitalization rate for children is the best in BK/NYC. Coalition members attributed this to Hatzolah, Ezras Nashim, quality of pediatricians, nutrition. Rates of ER visits for children due to Asthma are also very low. Coalition members thought that it's possibly because of preventative care.
- h. Physical activity: 67% active in last 60 days lower than BK/NYC but 91% of Borough Park community eats at least one serving of fruits and vegetables which is higher than BK/NYC
- i. 15% of Borough Park community is uninsured. 9% go without necessary care. Adult Hospitalizations are lower than BK/NYC.
- j. Higher rates of elder adult falls. Consensus among committee members that older people's health concerns are not being addressed in many cases, and perhaps, osteoporosis, which is higher among Ashkenazi Jews, and lower vitamin D may contribute to falls.
- k. HPV Vaccinations are at 25% which is lower in Borough Park compared with BK/NYC may be due to being associated to sexual health instead of Cancer. Different marketing may increase the number of vaccinations and testing. Pediatricians don't carry the HPV vaccination.
- l. Flu Vaccinations are at 46%, higher than in BK/NYC. Children ages 2 to 5 in Borough Park have a 2% rate of not being vaccinated as opposed to Williamsburg's 5%
- m. Obesity is at 15%. Diabetes is at 9% and Hypertension is at 27%. All are lower than the rates in BK/NYC.
- n. 14% Borough Park are binge drinkers. People speculated that this could be because of the Kiddish Clubs.
- o. Psychological Hospitalizations are lower in Borough Park than in BK/NYC.
  - I. This could be because of community views on mental health and seeking help from professionals within the community. There is fear that seeking professional help within the community could spread throughout the community. This is attributed to stigma and stereotyping.
  - II. However overall services are available within the community through many ways such as schools, community health centers/local urgent care, and referral methods.

- III. Mobile Crisis contributes to prevention of hospitalizations. Ezra Behavioral health is a resource for anxiety and is not stigmatized. Some believe that stigma is wearing off and people are utilizing school mental health programs.
- p. Infant Mortality (2.2%) lower than BK/NYC in Borough Park.
- q. Cancer rates are higher in our communities, but other causes of premature death have lower rates.
- r. Life Expectancy is 84.2, which is in the highest tier in NYC.

## 2. Open Discussion

- a. Preventative Health, Postmenopausal health, and vaccinations are less utilized in Borough Park. Perhaps preventative health is statistically lower due to people only coming in when they have health concerns. However, there is a high rate of catching illnesses or medical concerns fast because people do reach out to providers when they have health concerns fairly readily.
- b. Senior Care programs are not available or have a lot of red tape and so people who are older may have not had access to preventative care methods/programs. This is slowly changing.
- c. Dr. Berger highlighted topics to discuss: vulnerable populations, priorities for health, and vaccines
  - I. Who are the vulnerable – people on the edge of the community/mental health
  - II. Who is having economic burden- access to information
  - III. Mental Health concerns

## 3. Comments/Discussion regarding a Community Resource Guide

- Access to information – structures of health in society, serving people culturally in the right way
- Singles/ balei teshuva (people who didn't grow up religious and became religious later on)- treated differently. In general, people on the edge of the community treated differently/
- Post-Menopausal- women's medical needs beyond birthing years needs to be a priority.
- People on the edge not conforming or looking like the other members of the community- how are they treated?
- Some people that are not directly affiliated may not have resources- treated differently
- Training for providers and staff on cultural sensitivity within the community should be considered
- Low income services or free services often come with so much red tape, investigating and paperwork that it deters families from seeking out much needed services, access, and resources. This is the same experience for OTD and Mental Health.
- Stigma and being ostracized from the community due to health issues is also a consideration. People not going to local providers due to fear of being exposed to the rest of the community. Issues with genetics and getting genetic testing is also not common due to fear of being rejected by families who are considering marriage partners. For example, because you're predisposed to diabetes, it may deter families from considering the mother for marriage to a family's son. Also, if issues of fertility exist it could cause rejection, which is why people kept cases of mumps secret during outbreak.

- With STIs it is difficult to treat in the community again due to stigma and fear of ostracization.
- Under reporting of measles, coming in when it's too late only doing the titers for school in the case of children. All titers are reported to NYCDOHMH through Quest Labs/LabCorp.
- Project Reach is a homebased head start program for families with children that have chronic conditions it is supplemental education program.
- For people in the middle class, services and resources are unavailable within the community due to many restrictions on who is able to get help. Help is only afforded to people of lower income ranges. People with insurance other than Medicaid or Medicare are often left out of the resources. There are lots of restrictions, parameters, and rules to follow in providers being able to provide help to people of a higher social economic status. Only lower income families receive majority of the offered services.
- Rabbis play a vital role in who receives help, what type of health is given, what facilities will help you, if you get a surgery, and if members of the community will accept you. Only certain people are allow to integrate into the community. Because of the importance of the Rabbi in receiving and maintaining treatment they need to be integrated into the Haredi Coalition in some way.
- If you don't have Medicare chances for help in mental health is unavailable and you will not be able to receive psychiatric treatment. It's a universal problem starting with health insurance, Medicare, and sliding scales. There are not enough professional psychologists that are culturally based, sensitive, or understand the overall culture of communities and most help provided will force families to go outside of the community for mental health. This is also an issue because most families do not want to travel outside of the community for help. Resources for help include ACCUM Family institute and Yad Hadassa (347)661-7588 or (347) 262-9201 a new place that is volunteer and they don't ask for information or income
- Access to information is very important. Education and training is very important in the community understanding major health concerns and how to address them properly. "Word of mouth" throughout the community deters people from getting tangible advice about getting the resources, support, vaccinations they may need. People get their information from women in the community (sisters, friends, older women) because of this misinformation is spread about important matters that should be coming from a trained professional. This also contributes to women not receiving or pursuing health maintenance after child bearing years.
- The practice of not going to the doctor until a rash or something happens that makes it hard to avoid care is an issue among the community. Cancer is prevalent in the community but preventable care or screenings for Cancer does not happen and is only detected when people come in with symptoms.
- Shame or fear prevents people from using local doctors and most go to urgent care facilities to avoid the rejection that may come from the community because of the gossip that may be spread when seeing local doctors.
- Provider's approaches to providing education to members of the community needs to be addressed. Making it a priority to provide education on vaccines and bringing it up

every visit with patients is essential to the success of dismantling misinformation that is spread in the community about not needing to be vaccinated.

- Nurses who are usually at the frontline of medical treatment of community members need training. The use of “Train the Trainer” model could be an approach. Make sure it is culturally centered and also without the medical jargon.
- Recorded Hotlines for women who listen to the radio after the children are in bed could be a good resource for providing medical info as well as vaccination health could be a useful tool for the community as we think about a resource guide. Teleconferences/Live Q and A sessions on the radio would be a useful source. Yeled Parenting hotline can include a prerecorded session on health, parenting techniques, and marriage counseling could help the community. Sending out of flyers for marketing of the radio live sessions will help. <https://www.freeconferencecall.com/> is a resource to considering for setting up the hotline.
- If this happens how would we pay professionals for volunteering their time?
- Pathways Community Health in Ohio has a flowchart/model on how employ people in the community for peer counseling such as women training other women. For example the WIC Peer Counseling program that exists. However, it needs to go beyond the birth year.
- Spousal rape in the community may be prevalent due to consent issues in the marriage as well as religious days/beliefs that make women feel that sex is mandatory. Intimate Partner Violence is hard to address in all communities and in Borough Park there is no exception. It’s a real issue that needs to be addressed, but will take decades to combat.
- Community resource guide should include resources for the uninsured which include where to go to sign up for insurance, how, and education.
- Haredi Coalition Survey needs to be circulated again to get more results.
- How do we address sensitive topics with the language we use in the Community Resource Guide?