

# The Nishma Research / JOWMA Orthodox Jewish Community Health Needs Assessment Survey

March 2026



A collaboration of Nishma Research and JOWMA (The Jewish Orthodox Women's Medical Association)

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# Introduction

## Objectives

The goal of Nishma Research since its establishment 11 years ago has been to provide quality research and information to the Orthodox community, focusing on important and not well-explored issues. To that end, this study and all of the work involved are being provided as a service to our community.

The study seeks to broadly assess issues related to personal health across the Orthodox Jewish community, including access to care, impediments to access, types of providers used, people's knowledge and self-assessed health, and their personal and family-related health concerns.

## Collaboration With JOWMA (The Jewish Orthodox Women's Medical Association)

A question we are sometimes asked is, what is done with research findings? Communal research tends to be more descriptive than prescriptive. But given the importance of personal health and the fact that individuals can take steps to improve their health, we feel that in this case prescriptive content is important.

To that end, we are delighted to present this research as a collaboration with JOWMA. We especially thank Dr. Miriam Knoll (founder/CEO), who initiated the collaboration, Dr. Ellie Carmody, who assisted in creating the questionnaire and provided analytic insights, Dr. Jennie Berkovich, Director of Education, for her preparation of the "Medical Observations & Recommendations" sections in this report, and Chaya Sarah Moody for her logistical support.

## Survey Methodology and Responses

This online survey was conducted from December 16, 2025 to January 26, 2026, and received 1,138 responses, largely in response to a Nishma email to its broad sample of community members who have responded to past surveys and have opted to participate in future research.

See Appendix 1 for more details on respondents' self-identification and demographic characteristics, a discussion of the stratified sample weighting that was employed to optimize sample representativeness, and statistical significance testing

## Verbatim Responses

Throughout the survey, we provided opportunities for respondents to comment at length. Summaries and random samples of verbatim responses are included throughout this report. Verbatim responses are unedited.

## Thank You

Thanks to all who responded to this survey. Our hope is that the findings and advice provide guidance for us all in living healthy lives.

Mark Trencher  
Nishma Research  
West Hartford, Connecticut  
March 7, 2026

## Summary of Key Findings (Page 1 of 2)

### Health Care Access – Insurance Coverage and Ease of Getting Needed Health Care

- Insurance coverage is universal and over 90% find it easy to obtain needed health care services (46% find it very easy and 45% find it somewhat easy).
- Cost is a barrier to getting needed services for 39% of Haredim and 26% of Modern Orthodox. Other barriers are in finding an available doctor (25%) and scheduling (47%).
- The most-used providers are traditional physicians (75%), followed by chiropractors or licensed massage therapists (12%). The vast majority are comfortable obtaining care from providers outside the Orthodox community.

### Health Care Engagement and Knowledge

- About one in four (27%) rates their general health knowledge as excellent; and the information sources they most often rely upon are health providers (66% overall, but more among Modern Orthodox than Haredi (73% vs. 62%), family and friends (39%), and Internet sites (37%).
- Modern Orthodox engage in more preventive care than Haredim, with particularly large differences for vaccines, e.g., flu shots (M.O. 92% in past two years vs. Haredi 48%), COVID vaccine (M.O. 55% in past two years vs. Haredi 10%)

### Top Health Concerns

Top Dozen Health Concerns	%
1. Nutrition, diet, weight	37%
2. Heart, cardiovascular	31%
3. Mental health	27%
4. Physical activity	21%
5. Arthritis, chronic pain	20%
6. Diabetes	17%
7. Women's Health (among women)	17%
8. Gastro-Intestinal	14%
9. Dental Health	14%
10. Men's Health (among men)	14%
11. Vision	11%
12. Hearing	10%

- There are notable differences between the Modern Orthodox and Haredi in their areas of health concern. For example – Nutrition, diet, weight - M.O. 27% vs. Haredi 43%. In contrast, Heart, cardiovascular - M.O. 36%, Haredi 28%; and Arthritis- M.O. 26%, Haredi 16%. (Haredi respondents were younger on average than the Modern Orthodox).
- Mental health ranked as the #3 listed concern overall, about equally for M.O. (25%) and Haredi (28%).

### Medical Observations & Recommendations

- For each significant concern, this report presents analyses of the concern, why people are concerned, many verbatim responses that shed additional light, and detailed observations and recommendations prepared by JOWMA.

### Interplay of Religious Observance and Health

- Most respondents commented on whether and how religious observance has a positive or negative effect on their health. The most frequent response is that it has no effect, but 17% cite Shabbat meals as a negative, while 15% cite positive motivations from Torah mitzvot.

## Summary of Key Findings (Page 2 of 2)

Top themes mentioned in response to ... “Do you have any final thoughts or advice you would like to offer to people in your community relating to any aspect of the issue of health?”		
Issue	Summary	Sample Verbatim Responses
Food Culture & Overeating on Shabbos and Yom Tov	Emphasis on abundant, heavy food and sweets, especially at Shabbos meals, Kiddushes, and holidays.	<ul style="list-style-type: none"> <li>• “No one needs 47 side dishes. No one is starving. ... calm down with the ... dips.”</li> <li>• “Eating on Shabbos and holidays is excessive, far beyond what is needed...”</li> <li>• “We need to change the culture ... surrounding Shabbos eating. Get rid of the shul kiddush, lower expectations on what a Shabbos meal looks like.”</li> </ul>
Reduce Sugar, Processed Food, and Meat	Cut sugar and processed foods, increasing fruits and vegetables, and moderate meat consumption.	<ul style="list-style-type: none"> <li>• “Stop eating sugar and cut down on meat... read ingredients... protect your body—love yourself.”</li> <li>• “Too much sugar and carb in frum diet.”</li> <li>• “Jewish brand jarred pasta sauces contain added sugar ... non-Jewish don’t.”</li> <li>• “They eat too much meat in the yeshivish world.”</li> </ul>
Exercise and Physical Activity	More physical activity, accessible gyms, and community sports, often linked to preventing chronic illness or improving mood.	<ul style="list-style-type: none"> <li>• “People need to walk more.”</li> <li>• “Stay active, Walk, Exercise, swim or ride a bike.”</li> <li>• “Start with the smallest thing, like a 5-minute walk around the block.”</li> <li>• “Walking is not enough... do weight-bearing exercises, especially for one’s core.”</li> <li>• “I think every shul and yeshiva should have a gym.”</li> </ul>
Trust, Use, and Advocate for Evidence-Based Medicine	Reliance on qualified medical professionals and evidence-based information rather than social media, gossip, or “alternative” cures.	<ul style="list-style-type: none"> <li>• “Follow the advice of reputable medical doctors.”</li> <li>• Listen to the people who know what they’re talking about, not the ones saying big pharma is out to get you.”</li> <li>• “There needs to be more education about the ineffectiveness and danger of non-regulated holistic cures.”</li> </ul>
Preventive and Routine Health Care	See doctors regularly, get screenings and tests (such as PSA, BRCA), and do not delaying visits because of modesty, stigma, or cost.	<ul style="list-style-type: none"> <li>• “Avoid pushing off important doctors visits or procedures especially for ... older.”</li> <li>• “Get yearly checkups and men need to have their PSA checked regularly.”</li> <li>• “Get a checkup from your personal physician at least twice a year.”</li> <li>• “Wear seatbelts. Bike helmets. Don’t drink or smoke or take drugs.”</li> <li>• “Preventive care and healthy lifestyle and habits are crucial.”</li> </ul>
Education and Health Literacy	Community-wide and school-based health education to build awareness and counter misinformation.	<ul style="list-style-type: none"> <li>• “Should be taught more in schools (pre-K/elementary/high school).”</li> <li>• “Healthy habits start at an early age.”</li> <li>• “Encourage schools and shuls to increase healthy, natural, unprocessed foods.”</li> <li>• “Organizations such as JOWMA are helping educate ... about health care.”</li> </ul>

# Health Care Access

## Insurance, Ease of Getting Care, Types of Providers Used

\* About 10% of respondents live outside the U.S. (the vast majority in Israel, where they are covered by the national plan). They have been excluded from the data in this section, due to the significant health care system differences. They are included in the remainder of this report, as their health issues and concerns are not notably different from those of Orthodox respondents in the U.S.

## Health Care Access – Insurance Coverage and Ease of Getting Needed Health Care – Insurance coverage is universal and over 90% find it easy to obtain needed health care services (split evenly between very easy and somewhat easy).

Type of Health Insurance Plan Owned (Exceeds 100% Total Due to Multiple Plans)	Modern Orthodox	Haredi	All Orthodox
Employer or union-provided insurance	58%	45%	50%
Individual / private insurance (ACA / Obamacare, COBRA, short-term plan)	10%	14%	12%
Medicare, Medicaid / CHIP	36%	38%	38%
Other Type of Plan	5%	8%	7%
None	<0.5%	2%	1%

Ease of Obtaining Needed Health Care Services	Modern Orthodox	Haredi	All Orthodox
Very easy	53%	42%	46%
Somewhat easy	40%	48%	45%
Somewhat difficult	6%	9%	8%
Very difficult	<1%	1%	1%

**Q. Do you have health insurance? Please check all that apply.** – Employer or union-provided insurance / Individual / private insurance (ACA / Obamacare, COBRA, short-term plan) / Medicare, Medicaid, CHIP, Other – Please describe [Open-Ended] / None. (n = M.O. 638, Haredi 413)

**Q. In general, how easy is it for you to get needed health care services?** – Very easy / Somewhat easy / Somewhat difficult / Very difficult. (n = M.O. 580, Haredi 384)

**Health Care Access – Barriers to Getting Needed Service – Cost is a barrier to getting needed services for 39% of Haredim and 26% of Modern Orthodox. Other barriers are in finding an available doctor (25%) and scheduling (47%).**

Barriers to Getting Needed Service (Multiple Responses)	Modern Orthodox	Haredi	All Orthodox
<b>Cost</b>	26%	39%	34%
<b>Language</b>	<0.5%	0%	<0.5%
<b>Transportation</b>	6%	10%	9%
<b>Religious factors</b>	1%	3%	2%
<b>Not enough available doctors, providers, etc.</b>	25%	26%	25%
<b>Scheduling difficulties</b>	51%	46%	47%
<b>Other</b>	4%	5%	5%
<b>None of the above</b>	35%	26%	30%

Verbatim responses indicated:

- Respondents reported long wait times for appointments — especially specialists— along with shortages of competent providers and high provider turnover.
- Insurance-related obstacles included narrow networks, referral requirements, lack of coverage, high costs, and difficulty navigating plans.
- Some expressed deep mistrust of the medical system, citing patronizing attitudes, perceived discrimination, rushed or impersonal care, and providers who do not listen or respect patient preferences.
- Practical and personal constraints such as childcare, work demands, mobility issues, COVID concerns, and limited access.

**Q. Are there any barriers that make it hard for you at times to get needed health care services? Please check all that apply.** – Cost / Language / Transportation / Religious factors / Not enough available doctors, providers, etc. / Scheduling difficulties / Other - Please describe [Open-Ended] / None of the above. (n = M.O. 569, Haredi 378)

**Health Care Access – Types of Providers Used – The most-used providers are traditional physicians (75%), followed by chiropractors or licensed massage therapists (12%). The vast majority are comfortable obtaining care from providers outside the Orthodox community.**

Types of Healthcare Providers Used (Multiple Responses)	Modern Orthodox	Haredi	All Orthodox
Physician (MD or DO)	81%	72%	75%
Naturopathic doctor	2%	4%	4%
Functional medicine / holistic doctor	4%	4%	4%
Acupuncturist or practitioner of Eastern Medicine	6%	4%	5%
Chiropractor or licensed massage therapist	13%	10%	11%

% That Are Comfortable in Getting Care From ...	Modern Orthodox	Haredi	All Orthodox
Jewish, but Non-Orthodox health care provider	96%	87%	90%
Non-Jewish health care provider	87%	77%	80%

**Q. When you need healthcare services, how often do you go to the following types of providers? Please check one response on each row.** – A physician (MD or DO) / A naturopathic doctor / A functional medicine or holistic doctor / An acupuncturist or practitioner of Eastern Medicine / A chiropractor or licensed massage therapist. Response Options: Often / Sometimes / Rarely or never. (n = M.O. 559, Haredi 371) The figures shown are the sum of Often plus 0.4 times Sometimes.

**Q. In general, how comfortable are you in getting care from ... Please check one response on each row.** – A Jewish, but Non-Orthodox health care provider / A Non-Jewish health care provider. Response scale: Very comfortable / Somewhat comfortable / Somewhat uncomfortable / Very uncomfortable. (n = M.O. 575, Haredi 380) The figures shown are the sum of Very Comfortable plus 0.4 times Somewhat Comfortable..

# Health Care Engagement and Knowledge

## Knowledge, Information Sources, Preventive Care

**Health Care Knowledge – About one in four rates their general health knowledge as excellent; and the information sources they most often rely upon are health providers (66%, but more among Modern Orthodox than Haredi), family and friends (39%), and Internet sites (37%).**

Self-Assessed General Health Knowledge Compared to Others in the Community	Modern Orthodox	Haredi	All Orthodox
Excellent	31%	24%	27%
Better than average	44%	41%	42%
About average	22%	31%	28%
Total of Below average, Poor, Don't know	2%	4%	3%

Sources of Health News and Information (Multiple Responses)	Modern Orthodox	Haredi	All Orthodox
Health care providers	73%	62%	66%
Family/friends	38%	39%	39%
Internet sites	35%	38%	37%
Social media (WhatsApp, Instagram, etc.)	8%	8%	8%
Programs in shul or Jewish community	8%	10%	10%
Rabbis or other religious sources	5%	14%	10%

Other (33%) – See next page.

**Q. How would you rate your general knowledge of health matters, compared to others in your community?** – Excellent / Better than average / About average / Less than average / Poor / Don't know. (n = M.O. 630, Haredi 415)

**Q. How much do you rely on these sources for health news and information? Please check one response on each row.** – Health care providers / Family/friends / Internet sites / Social media (such as WhatsApp, Instagram, etc.) / Programs in my shul or in the Jewish community / Rabbis or other religious sources. Response options: Very much / Somewhat / A little bit / Not at all. (n = M.O. 620, Haredi 407) The figures shown are the sum of Very Much plus 0.4 times Somewhat.

## Other Sources of Health Information – One-third of respondents cite some other source of health information. They are ranked by frequency of mention.

- 1. Medical professionals (personal and professional networks)** – Doctors (personal physicians), family members who are MDs/RNs/PAs, colleagues, medical friends, and community-based professionals (including Hatzalah and referral services like Refuah). Many respondents work in healthcare themselves and rely on professional judgment and peer consultation.
- 2. Medical journals & professional databases** – Peer-reviewed journals (NEJM, Lancet), PubMed, UpToDate, Medscape, OpenEvidence, professional guidelines, conferences, and continuing education—especially among medically trained respondents.
- 3. Reputable medical institutions & government agencies** – Mayo Clinic, Cleveland Clinic, Johns Hopkins, NIH, CDC, FDA, AAP, AMA, university health systems, and condition-specific organizations (e.g., Sharsheret).
- 4. Books (medical, science-based, and holistic)** – Frequently cited as a trusted, slower, more thoughtful source—ranging from mainstream medical texts to holistic and functional medicine books.
- 5. Mainstream media & newspapers** – New York Times (especially NYT Well), Wall Street Journal, NPR, CNN, major newspapers, magazines (Scientific American, Prevention, Harvard Health), and wire services—often used as an entry point, then followed by deeper research.
- 6. AI tools (especially ChatGPT)** – Widely used for exploration, symptom input, synthesis, and framing questions—almost always paired with cross-referencing and provider confirmation.
- 7. Newsletters, Substack, and podcasts by experts** – Health-focused newsletters (e.g., Your Local Epidemiologist), Substack writers, long-form podcasts, and trusted YouTube channels hosted by physicians or researchers.

Q. What other sources do you rely on, if any, for health news and information? [Open-Ended] (n = 352 total responses)

**Preventive Care – Modern Orthodox engage in more preventive care than Haredim, with particularly large differences for vaccines, and especially for COVID vaccines among the Haredi.**

Preventive Care	Modern Orthodox	Haredi	All Orthodox
Checkup/wellness visit in the past two years	92%	81%	88%
Flu shot in the past two years	82%	48%	60%
COVID vaccine in the past two years	55%	10%	26%
Mammogram in the past two years *	85%	79%	81%
Colonoscopy or related test in past ten years **	83%	67%	73%

\* Asked of women age 45 or older

\*\* Asked of those age 45 to 79

**Q. Have you had a ... Please check one response on each row.** – Checkup/wellness visit in the past two years / Flu shot in the past two years / COVID vaccine in the past two years / [Ask if woman age 45-79] Mammogram in the past two years / [Ask if age 45-79] Colonoscopy or other test to diagnose colorectal cancer in the past ten years. Response scale: Yes / No / Not sure. (n for first three items = M.O. 610, Haredi 415; n for mammogram = M.O. 263, Haredi 117; n for colonoscopy = M.O. 427, Haredi 177)

# Health Concerns

## Health Self-Assessment, Personal and Family Health Concerns

**Personal Health Self-Assessment – While a plurality rates their health as average, far more say their health is better than average (43%) than say it is worse than average (10%).**

<b>How People Rate Their Personal Health</b> (Compared to others in their community of their age and gender)	<b>Modern Orthodox</b>	<b>Haredi</b>	<b>All Orthodox</b>
<b>Excellent</b>	<b>15%</b>	<b>14%</b>	<b>14%</b>
<b>Better than average</b>	<b>38%</b>	<b>24%</b>	<b>29%</b>
<b>About average</b>	<b>37%</b>	<b>50%</b>	<b>45%</b>
<b>Worse than average</b>	<b>8%</b>	<b>9%</b>	<b>8%</b>
<b>Poor</b>	<b>2%</b>	<b>2%</b>	<b>2%</b>
<b>Don't know</b>	<b>&lt;1%</b>	<b>1%</b>	<b>1%</b>

Why do you say that? See next page.

Why do you say that? See page 17.

Q. How would you rate your personal health, compared to others in your community, of your age and gender? – Excellent / Better than average / About average / Worse than average / Poor / Don't know. n for colonoscopy = M.O. 625, Haredi 410.

## Rationales of Those Who Say They Are in Excellent Health – Ranked by frequency of themes mentioned

People who say they are in excellent health most often point to having no (or well controlled) medical problems, plus healthy lifestyle habits, regular checkups, and feeling energetic and fully functional.

### 1. No or Minimal Medical Problems

- Many explicitly say they have no chronic illnesses, no major diagnoses, or “nothing is wrong,” sometimes adding that their doctors agree or that tests and labs are normal.
- Several mention taking no (or few) medications, not having diabetes, heart, or lung disease, and rarely being sick (colds, flus, or infections).

### 2. Healthy Lifestyle Habits (Diet, Exercise, Sleep)

- A large share cite exercising regularly (cardio, swimming, running, weights, Pilates, daily activity) and being active and mobile at their age.
- Many emphasize eating “healthy” or “balanced” diets (more fruits, vegetables, whole grains, and protein; less processed food, sugar, or “garbage”), maintaining a healthy weight or low BMI, watching calories, and, to a lesser extent, getting good sleep.

### 3. Objective Positive Indicators (Tests, Checkups, Vitals)

- Respondents often mention good bloodwork, normal vital signs, low blood pressure and cholesterol, and clean results on physicals, mammograms, and other screenings as proof they are in good health.
- Some highlight having regular preventive care and following doctors’ recommendations (vaccines, routine exams, dental and dermatology visits), which reassure them about their health.

### 4. Subjective Well Being and Functioning

- Many say they “feel great,” have energy all day, no aches and pains, sleep fine, and can do all of their necessary activities
- Several compare themselves favorably to peers, noting they feel as good as or better than people younger than they are and that others their age seem to have more illnesses.

### 5. Good Management of Existing Conditions

- A smaller group acknowledges having chronic conditions (for example, osteoarthritis, past cancer, osteoporosis, or well managed issues) but still describe themselves as in good health because symptoms are controlled and they remain active.
- They often link this to access to good doctors, adherence to treatment, and continued focus on diet and exercise.

n = based on 114 verbatim responses (all sectors combined, as they are generally similar)

## Rationales of Those Who Say They Are in Worse Than Average or Poor Health – Ranked by frequency of themes mentioned

People who say they are in worse than average or poor health most often point to their chronic or serious conditions, or generally poor fitness and/or lifestyle habits.

### 1. Chronic or Serious Illnesses

- This is top reason given by a wide margin, and conditions mentioned most often include cancer (multiple mentions), diabetes, arthritis, Crohn's disease, heart disease, autoimmune diseases.
- Many describe *multiple* simultaneous chronic conditions or being “disabled by chronic illness.”

### 2. Obesity, Poor Fitness, and Related Metabolic Issues

- Many cite being overweight, obese, pre-diabetic, or having high cholesterol, high blood pressure, or poor physical condition.
- Several connect these issues with inactivity, poor diet, or stress-related habits.

### 3. Physical Disability or Limited Mobility

- Some mention being wheelchair users, housebound, or on oxygen, and cite causes including severe illness, stroke, chronic pain, or surgical recovery.

### 4. Poor Lifestyle Habits (Diet, Sleep, Exercise)

- A significant number admit to not taking care of themselves — eating junk food, poor sleep, no exercise, high stress, or lack of time due to work or study.

### 5. Post-Cancer and Other Medical Treatment Effects

- Several note lasting health impacts after cancer treatments, surgeries, or other major procedures.

### 6. Mental Health Challenges and Stress

- Depression, psychological stress, or burnout are mentioned directly or indirectly as affecting physical health.
- Some cite the mental burden of chronic illness or demanding professions.

n = based 94 verbatim responses (all sectors combined, as they are generally similar)

**Top Personal Health Concerns, All Orthodox – The top concerns, cited by 20%+ of respondents, are (1) Nutrition, diet, weight (37%); (2) Heart, cardiovascular (31%); (3) Mental health (27%); (4) Physical activity (21%); and (5) Arthritis, chronic pain (20%).**

Top Health Concerns	%
<b>1. Nutrition, diet, weight</b>	<b>37%</b>
<b>2. Heart, cardiovascular</b>	<b>31%</b>
<b>3. Mental health</b>	<b>27%</b>
<b>4. Physical activity</b>	<b>21%</b>
<b>5. Arthritis, chronic pain</b>	<b>20%</b>
<b>6. Diabetes</b>	<b>17%</b>
<b>7. Women’s Health</b> (among women)	<b>17%</b>
<b>8. Gastro-Intestinal</b>	<b>14%</b>
<b>9. Dental Health</b>	<b>14%</b>
<b>10. Men’s Health</b> (among men)	<b>14%</b>
<b>11. Vision</b>	<b>11%</b>
<b>12. Hearing</b>	<b>10%</b>

Other Health Concerns	%
<b>Cancer</b>	<b>9%</b>
<b>Autoimmune conditions</b>	<b>8%</b>
<b>Respiratory</b>	<b>7%</b>
<b>Neurological</b>	<b>6%</b>
<b>Kidneys</b>	<b>4%</b>
<b>Cognition</b>	<b>4%</b>
<b>Infections</b>	<b>2%</b>
<b>Substance abuse</b>	<b>1%</b>
<b>None</b>	<b>16%</b>

**Q. Do you have concerns relating to your own health, in any of these areas? Check up to five.** – Heart, cardiovascular, high blood pressure / Cancer / Diabetes / Respiratory, asthma / Arthritis, chronic pain, joints / Mental health (stress, anxiety, depression, OCD, etc.) / Substance abuse, addiction / Neurological (headaches, Parkinson’s, balance, seizures, etc.) / Cognitive (Alzheimer’s, memory) / Kidneys / Gastro-Intestinal / Autoimmune conditions / Infections / [Ask of women] Women’s health issues / [Ask of men] Men’s health issues / Dental health / Hearing loss / Vision problems / Nutrition, diet, weight / Physical activity / Other – Please specify [Open-Ended] / None of the above. (n = 1,028)

## Top Personal Health Concerns – By Sector and Gender

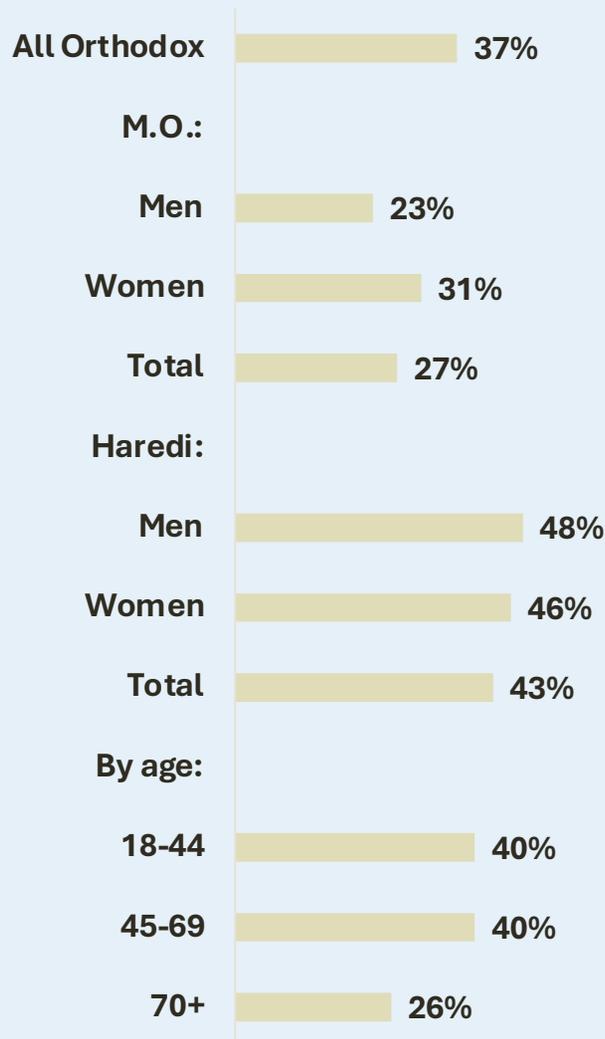
	MO Men	MO Women	All MO	Haredi Men	Haredi Women	All Haredi	All Orthodox
Nutrition, diet, weight	23%	31%	27%	40%	46%	43%	37%
Heart, cardiovascular	42%	29%	36%	33%	24%	28%	31%
Mental health	21%	29%	25%	23%	33%	28%	27%
Physical activity	14%	17%	16%	25%	24%	24%	21%
Arthritis, chronic pain	26%	26%	26%	16%	16%	16%	20%
Diabetes	22%	14%	18%	21%	13%	17%	17%
Women's Health	—	18%	18%	—	17%	17%	17%
Gastro-Intestinal	14%	15%	15%	13%	15%	14%	14%
Dental Health	9%	14%	11%	16%	16%	16%	14%
Men's Health	15%	—	15%	12%	—	12%	14%
Vision	13%	11%	12%	12%	8%	10%	11%
Hearing	14%	11%	12%	11%	8%	9%	10%

n = MO Men 252, MO Women 368, All MO 620, Haredi Men 166, Haredi Women 240, All Haredi 406, All Orthodox 1,026.

# Top Personal Health Concerns

## Nutrition, Diet, Weight

# Nutrition, Diet, Weight – Survey Response Summary



- Haredi are more concerned than Modern Orthodox.
- Concern is lower for ages 70+, likely because more other issues were checked (respondents were limited to selecting their 5 most pressing health concerns).

The following themes are often mentioned in the verbatim responses:

- **Explicit weight and obesity concerns** – People frequently describe being overweight or obese and generally view this as a central health problem or risk factor.
- **Desire or need to lose weight** – Many respondents say they need or want to lose weight, often linking this to preventing future disease or improving mobility.
- **Food quality, diet habits, and “eating better”** – Quite a few respondents focus on diet quality, mentioning that they consume too much sugar/processed food, not enough healthy food, and cite difficulty in following a good diet.
- **Weight, exercise, and activity linked together** – Many people talk about weight and diet together with physical inactivity, often constrained by time, money, stress, or other conditions.
- **Specific diet patterns or constraints** – A smaller group mentions particular diet types or restrictions that affect their weight or health.

## Nutrition, Diet, Weight: Why a Concern? – Sample Verbatim Responses

- *“Obesity. Non-symptomatic Diabetes.”*
- *“I am overweight and living a frum life... inhibits my ability to carve out time to be more physically active.”*
- *“Overweight, and all the health related issues with being overweight.”*
- *“I can’t get around that easily... I am obese and have to lose weight.”*
- *“Need medication for weight loss.”*
- *“what can I do to maintain my weight as I get older.”*
- *“I have gained some weight and I am having trouble losing it.”*
- *“I am overweight and need motivation to lose weight and eat a healthy diet that will be satisfying.”*
- *“I want to lose weight. I sit too much at work.”*
- *“Need to lose weight, still can’t motivate myself even to try the injections.”*
- *“Still losing weight...”, “I have consistently gained weight over the last several years despite efforts to lose weight.”*
- *“not eating junk food but also not healthy food really.”*
- *“I need to exercise more. Probably eat a bit less sugar.”*
- *“No real concerns, just watching what you eat and exercising routinely is easier said than done.”*
- *“I am trying to keep my blood pressure low with medication and diet, my cholesterol low with diet, my gastrointestinal difficulties with diet...”*
- *“My overeating on carbs and sugars really causes me to crash and feel fatigued a lot. The excess weight leads to depression.”*
- *“I need to move more, eat more veggies.”*
- *“I have genetic high cholesterol levels. I don’t eat any red meat and exercise a lot to keep it at bay.”*
- *“I want to lose weight without an operation... Lost a lot of weight with keto. Trying to keep losing, but difficult...”*
- *“I know it would be beneficial to lose weight and exercise more, but being a working parent with limited time and money... gets in my way.”*
- *“I’m overweight and am concerned about diabetes... stress... will cause body pains and aches in the future.”*
- *“Lost a lot of weight with keto... difficult, as keto cannot be followed while nursing.”*
- *“I have recently been diagnosed as celiac... I barely exercise.”*
- *“I have to eat a high protein diet just to raise [sodium] slightly.”*

The verbatim responses above are a representative sample relating to nutrition, diet & weight, in response to the question: **Q. Please describe concerns you currently have relating to your health.**

**Self-Perceived Weight and Eating Habits – A majority (54% of M.O. and 60% of Haredi) says they are overweight. Yet a majority (65% and 54%, respectively) also says they have healthy eating habits. Overall – and surprisingly – only 15% say they have unhealthy eating habits.**

How People Rate Their Current Weight	Modern Orthodox	Haredi	All Orthodox
Quite Overweight	11%	16%	14%
Somewhat Overweight	43%	44%	44%
<b>Total Overweight</b>	<b>54%</b>	<b>60%</b>	<b>58%</b>
About Right	45%	36%	39%
Underweight	1%	5%	3%

How People Describe Their Eating Habits	Modern Orthodox	Haredi	All Orthodox
Very Healthy	15%	12%	13%
Tends Toward Healthy	50%	42%	45%
Neither Particularly Healthy Nor Unhealthy	24%	29%	27%
Tends Toward Unhealthy	10%	15%	13%
Very Unhealthy	1%	2%	2%

Why do you rate your overall eating habits as healthy? – See next page.

Why do you rate your overall eating habits as unhealthy? – See page 25.

**Q. How would you rate your current weight?** – I am quite overweight / I am somewhat overweight / My weight is about right / I am underweight (n = Modern Orthodox 606, Haredi 402)

**Q. How would you describe your overall eating habits?** – Very healthy / Tends toward healthy / Neither particularly healthy nor unhealthy / Tends toward unhealthy / Very unhealthy. (n = Modern Orthodox 603, Haredi 403)

## How People Explain Their Healthy Eating Habits – Ranked by frequency of themes mentioned, with sample verbatim responses

- 1. High intake of fruits, vegetables, and whole foods** – Many responses center on eating “lots of fruits and vegetables,” salads, legumes, nuts, and “real food” rather than packaged or ultra-processed items. People often highlight whole grains.
  - *“I eat a lot of fresh fruits and vegetables, cook with very little oil.”*
  - *“Consume lots of vegetables, all meals are home cooked. Only snacks are ultra processed.”*
- 2. Limiting processed foods, sugar, and “junk”** – A very frequent theme is avoiding or minimizing sugar, white flour, junk food, cakes/cookies, soda, and highly processed snacks, sometimes tied to watching calories or carbs.
  - *“No junk food, no sugary drinks, very limited sweets.”*
  - *“I try to not eat sugar and processed food, try not to eat foods that have hazardous ingredients and food coloring.”*
- 3. Balanced, home-cooked meals and portion control** – Many people stress “balanced meals” with protein, vegetables, and some carbs, usually cooked at home and eaten at regular times. They mention small portions, minimal snacking, and trying not to overeat except on Shabbat/holidays.
  - *“Balanced, regular meals 3x daily, minimal snacking. Shabbos/yuntif is when I break those habits.”*
  - *“I eat small amounts at meals, try to eat non-processed foods.”*
- 4. Plant-based diets** – A large subset describes specific patterns: Mediterranean-style, vegetarian, vegan, pescatarian, or “mostly plants” with limited meat and especially little red meat.
  - *“fish, legumes, olive or avocado oil, and plenty of produce.”*
  - *“Lot of fruits, vegetables, practically zero meat, a lot of salmon and sardines.”*
- 5. Strong health awareness and deliberate food choices** – A noticeable theme is being very intentional: following a nutritionist, being “educated,” reading new research, or designing food rules (organic only, no pesticides, no seed oils).
  - *“My diabetes leads me to eat carefully, as does my concern with nutritional factors on my overall health.”*
- 6. Acknowledged “weak spots” within an overall healthy pattern** – Many people add that, despite overall healthy habits, they still struggle with sweets, desserts, overeating on Shabbat/chagim, or convenience foods when stressed or busy. But they often still see themselves as healthy eaters because these lapses are framed as exceptions, not the norm.
  - *“Generally healthy diet with some back sliding on Shabbat.”*
  - *“I try to eat healthy but also include waaayyy too much cookies/cake/carbs.”*

Q. Why do you rate your overall eating habits as healthy? [Open-Ended] (n = 474)

## How People Explain Their Unhealthy Eating Habits – Ranked by frequency of themes mentioned, with sample verbatim responses

**1. Excessive junk food, sweets, and snacks** – This is by far the top theme, with many admitting to frequent treats, cookies, cake, chips, processed snacks, or "nosh" throughout the day instead of balanced meals.

- *"I eat more cake, cookies and chips than healthy food."*
- *"I eat snacks all day until supper... it's all junk food mostly."*

**2. High carb intake and low fruits/vegetables** – Responses frequently highlight carb-heavy diets (pasta, bread, baked goods, starch) with minimal produce, fiber, or greens. Some say they get vegetables only on Shabbos.

- *"Carb heavy, protein often but not always, not very much vegetable or fruit. Also too much sugar."*

**3. Irregular eating patterns and skipping meals** – Many describe snacking instead of proper meals, skipping breakfast/lunch, eating late at night, or having no routine (e.g., "eat when anxious").

- *"I eat snacks for lunch a lot and rarely eat breakfast."*
- *"I often eat at night. Also don't always prepare meals."*

**4. Convenience foods, takeout, and fried items** – Reliance on carry-out, frozen/microwave meals, quick carbs, or fried foods due to lack of time, energy, or cooking motivation. Cost barriers and picky eating are also noted.

- *"I don't cook for myself so I get carry-out of easy to microwave frozen food; lack of fresh vegetables."*
- *"Too many fried foods."*

**5. Overeating and poor portion control** – Several mention simply eating "too much," overeating (especially on Shabbat), or lacking self-control despite knowing better.

- *"I eat too much, especially over Shabbos, and I eat late at night."*

**6. Lack of balance, motivation, or planning** – People cite unbalanced meals (e.g., carbs without protein), no conscious effort ("eat whatever I want"), or external barriers like low appetite, depression, or family demands. Some feel defeated by lifelong obesity or inconsistent habits.

- *"Lack of time to make food. No energy. Zero motivation to cook or bake."*

Q. Why do you rate your overall eating habits as unhealthy? [Open-Ended] (n = 93)

**Nutrition** – The top diet-related challenges are bad habits (52%), time constraints to prepare meals (50%), and Shabbat and Yom Tov meals, kiddush, etc. (39%). These data and the verbatim responses suggest that many try to eat somewhat healthy meals “six days a week.”

Challenges Faced Relating to Diet (Multiple Responses)	Modern Orthodox	Haredi	All Orthodox
<b>Cost</b>	<b>24%</b>	<b>35%</b>	<b>31%</b>
<b>Availability of kosher healthy foods</b>	<b>18%</b>	<b>11%</b>	<b>14%</b>
<b>Lack of nutrition information, knowledge of healthy eating</b>	<b>4%</b>	<b>7%</b>	<b>6%</b>
<b>Time constraints to prepare meals</b>	<b>40%</b>	<b>56%</b>	<b>50%</b>
<b>Shabbat and Yom Tov meals, kiddush, etc.</b>	<b>35%</b>	<b>41%</b>	<b>39%</b>
<b>Simchas (weddings, etc.)</b>	<b>11%</b>	<b>20%</b>	<b>17%</b>
<b>Just bad habits</b>	<b>48%</b>	<b>55%</b>	<b>52%</b>
<b>Other</b>	<b>12%</b>	<b>12%</b>	<b>12%</b>
<b>I don't have any challenges</b>	<b>13%</b>	<b>7%</b>	<b>9%</b>

**Q. What are the main challenges you face relating to diet? Please check all that apply.** – Cost / Availability of kosher healthy foods / Lack of nutrition information, knowledge of healthy eating / Time constraints to prepare meals / Shabbat and Yom Tov meals, kiddush, etc. / Simchas (weddings, etc.) / Just bad habits / Other – Please describe [Open-Ended] / I don't have any challenges. (n = Modern Orthodox 601, Haredi 398)

## Kosher Diet – Not surprisingly, adherence to kashrut is universal across respondent groups.

Follow Kosher Diet	Modern Orthodox	Haredi	All
Yes, Always	86%	99%	94%
Most of the time	12%	1%	5%
Sometimes	1%	0%	<0.5%
No	<0.5%	<0.5%	<0.5%

**Use of “Natural Supplements” – Across all of Orthodoxy, 29% say they take “natural supplements” (for example, herbal products, botanicals and plant extracts, probiotics). Highest usage (37%) is among Haredi women.**

Take Natural Supplements	Modern Orthodox	Haredi	All
Men	18%	25%	22%
Women	32%	37%	35%
All	25%	31%	29%

Q. Do you follow a kosher diet? – Yes, always / Most of the time / Sometimes / No. (n = Modern Orthodox 616, Haredi 401)

Q. Do you take any “natural supplements” (for example, herbal products, botanicals and plant extracts, probiotics)? – Yes / No. (n = Modern Orthodox 606, Haredi 403)

## Nutrition, Diet, Weight – Medical Observations & Recommendations – Prepared by JOWMA (The Jewish Orthodox Women's Medical Association)

The focus on weight and nutrition has recently skyrocketed in the Jewish community. Much like in secular society, we are learning more about the long-term health consequences of being overweight and are becoming increasingly curious about how nutrition shapes our health outcomes. And the data are clear: we are not immune.

Across Jewish communities, rates of overweight and obesity have risen in parallel with broader Western trends. In Israel, more than half of Jewish adults are now classified as overweight or obese, and in certain observant communities studies have documented particularly high rates of excess weight, diabetes, and other metabolic conditions, including alarming levels of childhood obesity in some neighborhoods.

While kashrut itself does not prescribe a specific dietary pattern, cultural and structural realities play a significant role. An overabundance of processed kosher foods, diets low in fruits and vegetables and high in sugar and refined carbohydrates, and long days of largely sedentary learning or desk-based work all contribute. This is further compounded by the rhythm of Jewish life: frequent *seudos*, *Shabbos* and *yomim tovim meals*, and *simchas* that often center around plentiful – and indulgent – food. Hospitality is a core value, but without intention, it can unintentionally drive chronic overconsumption.

At the same time, there are important nuances. In some observant circles, an intense focus on “healthy eating” can feel uncomfortable or even spiritually suspect, as if it reflects an overemphasis on the body. That tension can blunt uptake of mainstream health messaging, even as the health risks continue to grow. More recently, however, the pendulum may be swinging in the opposite direction.

A growing number of Jewish influencers and wellness voices now emphasize “clean” or “healthy” eating, but not all of these recommendations are grounded in evidence-based nutrition. Advice to universally eliminate foods such as gluten, dairy, or entire food groups – without a medical indication – can create unnecessary restriction, confusion, and anxiety around eating, and may ultimately do more harm than good.

What often gets lost in these conversations is that healthy eating is not about single foods or rigid rules, but about an overall pattern that can be sustained over time. Across major evidence-based guidelines, a few consistent pillars emerge:

- meals built primarily from plant-forward, nutrient-dense foods like vegetables, fruits, whole grains, beans, lentils, nuts, and seeds;
- inclusion of appropriate amounts of lean protein and healthy fats;

Continued 

## Nutrition, Diet, Weight – Medical Observations & Recommendations – Prepared by JOWMA (The Jewish Orthodox Women's Medical Association)

- and intentional limits on highly processed foods, added sugars, excess sodium, and unhealthy fats.

Quantity matters too: eating in a way that matches energy needs, using simple cues like slowing down, honoring hunger and fullness, and being mindful of portions, especially in settings where food is abundant.

Equally important is flexibility and variety. Rotating different foods over the week, allowing for cultural and personal preferences, and making space for enjoyment helps healthy eating remain realistic rather than restrictive.

Context matters as well: regular meals, less distracted eating, and attention to eating behaviors, all integrated with other lifestyle pillars like movement, sleep, and stress management. This approach allows for *Shabbos*, *yomim tovim*, and *simchas* to remain meaningful and joyful without every meal becoming a nutritional overreach.

Encouragingly, thoughtful shifts are already happening from within the kosher world. Institutions and educators are increasingly framing nutrition through a halachic and values-aligned lens emphasizing moderation, balance, and evidence-based patterns such as Mediterranean or flexitarian eating (a flexitarian diet is an eating style that emphasizes whole, plant-based foods while allowing moderate, occasional consumption of meat and animal products).

The rapidly expanding kosher food market is also responding, with greater availability of plant-forward, cleaner-label, and “better-for-you” options that make healthier choices more accessible for observant families.

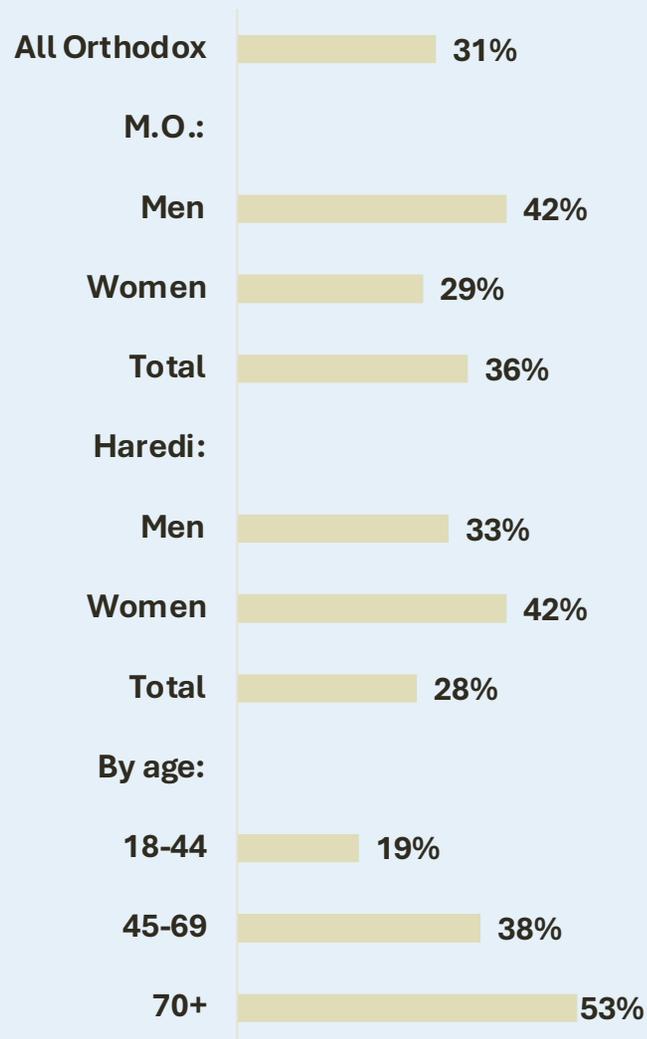
(Plant-forward is a flexible, vegetable-centric eating style that prioritizes nutritious, plant-based foods—like fruits, vegetables, whole grains, nuts, and seeds—as the foundation of meals. Unlike vegan or strict vegetarian diets, it does not eliminate animal products, but treats them as a supporting flavor or accent rather than the main focus.)

Taken together, observant Jews face real and multifactorial challenges when trying to improve diet and physical activity but we also have growing awareness, better tools, and culturally grounded pathways forward. The task ahead is not to abandon our traditions or to overcompensate with overly restrictive or non-evidence-based approaches, but to pursue balance: sustainable, flexible, evidence-based nutrition that supports long-term health while remaining deeply rooted in Torah life and values.

# Top Personal Health Concerns

Heart, Cardiovascular, High Blood Pressure

## Heart, Cardiovascular – Survey Response Summary



- Not surprisingly, concern about heart and cardiovascular issues rises sharply with age..

The following themes are often mentioned in the verbatim responses:

- Diagnosed heart disease and procedures – People mention existing cardiac diagnoses or interventions: valve problems, arrhythmias, prior heart attacks, or the need for valve replacement or stents.
- Many focus on classic cardiovascular risk factors – High blood pressure, high cholesterol, diabetes or prediabetes, and being overweight/obese.
- Family history and genetic vulnerability – A frequent theme is family history of heart disease, stroke, or related conditions and the fear this implies for their own future.
- Symptoms and functional limits – Some describe chest pain or “mild angina-like” symptoms, shortness of breath, palpitations, or reduced stamina that they connect to their heart.
- Stress, mental health, and heart risk – Several link chronic stress, anxiety, or depression with worries about their heart, sometimes explicitly saying stress will “cause body pains and aches in the future” or worsen blood pressure.

## Heart, Cardiovascular: Why a Concern? – Sample Verbatim Responses

- *“I have heart-related issues exacerbated by stress. I cannot afford healthcare at this time.”*
- *“I'm in my 60's. There's heart issues and diabetes on both sides of my family.”*
- *“Cardiologist said I'll need valve replacement soon.”*
- *“My blood pressure is slightly elevated due to genetics. I go every to a cardiologist and so far, everything has been good.”*
- *“Well at my age the concerns of high blood pressure or diabetes are a concern, especially as my mother was diabetic and I am overweight.”*
- *“High blood pressure, trying to lose weight and be more active so I don't develop problems with my legs, knees, or back as I get older.”*
- *“My cholesterol is high, I need to do daily cardio which is tough during the winter when I can't really jog. Working from home definitely contributes to that since I barely need to move all day.”*
- *“Maintaining cardiac health despite tachycardia and cholesterol challenges; psoriasis and possible arthritis resulting from that”*
- *“I have a family history of early heart disease and have been trying to lose a few kilo with limited/slow progress.”*
- *“high blood pressure, family history of heart disease, family history of Parkinsons, personal history of depression and anxiety”*
- *“Hypertension, high glucose”*
- *“Making sure to continue to control Blood Pressure / Cholesterol”*
- *“Heart attack and stroke risk. Have a thyroid problem which affects a lot of bodily functions.”*
- *“I was told I'll need a valve replacement within a year or two.”*
- *“I have a leaky heart valve that is watched. I am under a lot of stress due to medical problems of my spouse.”*
- *“I have high blood pressure and high cholesterol, both of which I manage with a combination of medication, exercise, and weight management.”*
- *“Family history of high cholesterol and heart disease”*
- *“Family history of cardiovascular disease, cataracts, macular degeneration experience some arthritis symptoms in low back, shoulder and hands”*

The verbatim responses above are a representative sample relating to heart and cardiovascular problems, in response to the question: **Q. Please describe concerns you currently have relating to your health.**

# Heart, Cardiovascular, High Blood Pressure – Medical Observations & Recommendations – Prepared by JOWMA (The Jewish Orthodox Women's Medical Association)

The conversation around blood pressure and cardiovascular health is gaining momentum in the Jewish community. As with nutrition and weight, this reflects a broader societal reckoning with the long-term consequences of preventable chronic disease. Cardiovascular disease remains a leading cause of morbidity and mortality worldwide, and Jewish populations are no exception. Data from Israel and outside of *Eretz Yisrael* communities show that classic cardiovascular risk factors – hypertension, dyslipidemia (abnormal levels of lipids/fats in the blood), obesity, sedentary lifestyle, smoking, and diabetes are common, even among individuals who otherwise consider themselves healthy.

More than half of Jewish adults screened in Israel were found to have at least one major reversible cardiovascular risk factor. Blood pressure patterns among Jewish children and adults largely mirror those of other high-income, Western populations: not uniquely elevated, but certainly prevalent enough to drive meaningful long-term risk. Hypertension affects a substantial proportion of adults, and while awareness and control vary across subgroups, elevated blood pressure remains a quiet but powerful contributor to heart disease and stroke.

Lifestyle and community structure play an important role. Much like nutrition, cardiovascular risk in observant Jewish

life is shaped less by halacha itself and more by daily rhythms and norms. Long hours of learning or desk-based work, limited opportunities for routine physical activity, and frequent festive meals can all contribute to weight gain, insulin resistance, and higher blood pressure over time. At the same time, smoking, lipid profiles, and other behaviors differ meaningfully across levels of observance.

Interestingly, population-level data from Israel suggest a “religiosity advantage” when it comes to heart disease. Observant Jews have been shown to have lower rates of coronary heart disease and lower mortality rates from all causes compared with secular Jews, even after adjusting for socioeconomic factors. Earlier studies also found that secular Jewish men tended to have higher cholesterol levels, greater fat intake, and higher smoking rates, while blood pressure itself did not differ significantly by religiosity. This apparent protective effect is thought to be driven by lower smoking rates, stronger social cohesion, family support, and more structured daily routines factors that may partially offset other cardiovascular risks. In addition, *tefilla* by definition creates a state of “mindfulness” which has been linked to decreasing stress and thus blood pressure.

There is also growing interest in whether specific religious practices themselves may influence cardiovascular

Continued 

## Heart, Cardiovascular, High Blood Pressure – Medical Observations & Recommendations – Prepared by JOWMA (The Jewish Orthodox Women's Medical Association)

physiology. Small physiologic studies examining tefillin use have shown intriguing short-term effects on vascular and autonomic parameters. In pilot studies, wearing tefillin was associated with increased brachial artery diameter and blood flow, favorable changes in inflammatory markers, and improvements in heart rate variability – findings consistent with a phenomenon known as remote ischemic preconditioning. Conceptually, this is similar to the protective vascular signaling triggered by brief, controlled reductions in blood flow, such as with a blood pressure cuff.

Importantly, these studies were not designed to show sustained reductions in resting blood pressure or long-term prevention of hypertension or cardiovascular events. Any blood pressure changes observed during tefillin use appear to be transient and part of a preconditioning stimulus, not a chronic antihypertensive effect. While this early research is scientifically fascinating and suggests potential cardioprotective pathways, it does not replace standard, evidence-based approaches to blood pressure and cardiovascular risk management.

That distinction matters, especially as interest in heart health grows within observant communities. As with nutrition, there is a risk of overinterpreting preliminary or mechanistic findings and allowing them to overshadow interventions with far stronger evidence.

Cardiovascular prevention remains grounded in a familiar set of pillars: avoiding tobacco, staying physically active, maintaining healthy blood pressure and lipid levels, managing weight and blood sugar, eating a balanced, plant-forward diet (see page 29), and prioritizing sleep and stress management. Blood pressure, in particular, is highly responsive to lifestyle – regular movement, modest sodium intake, adequate potassium from fruits and vegetables, and sustained weight management can all produce meaningful reductions.

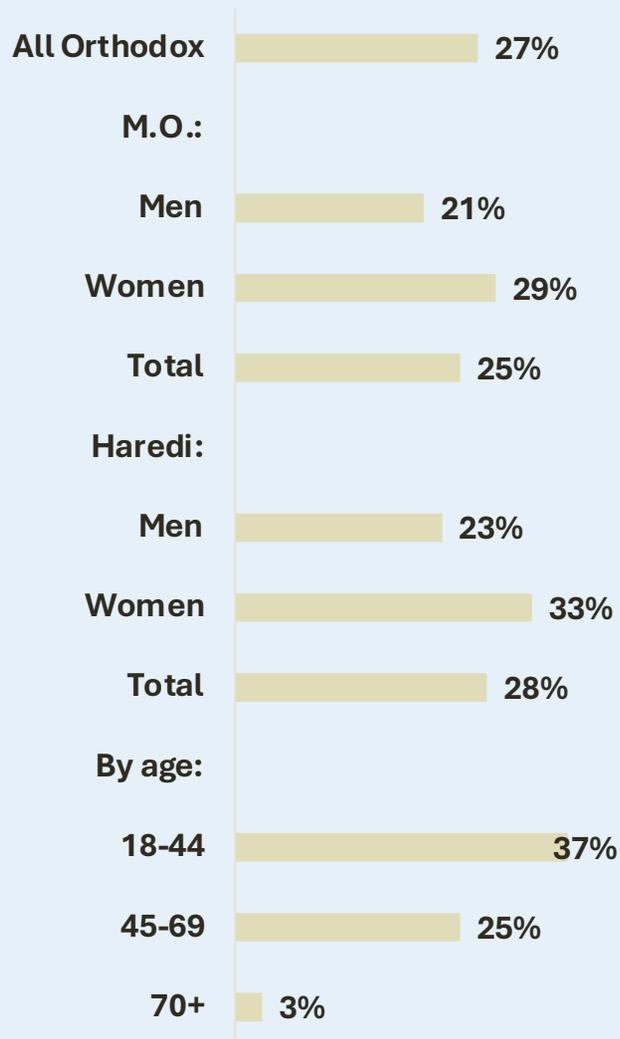
Encouragingly, more cardiovascular health messaging is being framed in values-aligned ways within observant Jewish life – emphasizing balance, moderation, and responsibility for one's health. Community-based initiatives, screening efforts, and culturally sensitive education increasingly recognize that prevention must fit within real-life rhythms to be effective.

Taken together, cardiovascular disease and hypertension represent a significant but modifiable health burden in Jewish populations. Observant Jews may benefit from protective social and behavioral factors, and religious practices may carry intriguing physiologic effects, but none of these negate the need for thoughtful, evidence-based prevention. The goal is neither complacency nor magical thinking, but balance: honoring tradition while remaining grounded in the science that best supports long-term heart and vascular health.

# Top Personal Health Concerns

## Mental Health

# Mental Health – Survey Response Summary



- Concerns are higher among women than men (31%/22%). Concern is much lower for those age 70+. Again, part of the reason is that more other issues were checked (respondents were limited to selecting their top 5 health concerns).

The following themes are often mentioned in the verbatim responses:

- Anxiety and depression – People frequently mention diagnosed or suspected anxiety and depression, often together (e.g., “anxiety and depression,” “mood disorder,” “mental health issues”).
- Stress, overwhelmed, burnout – Many responses talk about being stressed, overwhelmed by work, family, finances, or the political environment, and feeling mentally exhausted.
- Family history and fear of future illness – Some are concerned about relatives with dementia, depression, or other conditions and fear developing similar problems themselves.
- Impact on daily functioning and motivation – Several note that mental health issues make it harder to exercise, eat well, manage weight, or keep up with medical care.
- Access to care and stigma – A smaller but important theme is difficulty accessing appropriate mental health care, finding a good therapist, or overcoming stigma.

## Mental Health: Why a Concern? – Sample Verbatim Responses

- *“mental health including anxiety and depression.*
- *“I haven't seen a dentist in a while, and I do struggle with some anxiety and stress, although I am not on medication for it and don't consider it to be a formal diagnosis”*
- *“General Stress and financial stress, especially after having a baby. I also worry about my memory. My genetics are very bad for Alzheimer's/dementia risk.”*
- *“I have ADHD, anxiety, and possibly high-functioning depression, and I go through ups and downs.”*
- *“I have anxiety, acute migraine, ADHD, and TMJ. In the past, I've battled depression and PTSD, both of which are in remission.”*
- *“some joint pain limits my sports activities; not sleeping enough. Possibly having cognitive issues and anxiety”*
- *“Mostly mental health, struggling with the overwhelm of day to day life juggling full time work, a family and household. Also financial stress plays a role.*
- *“I have some concerns about weight control and irregular female cycles as well as a long standing up and down struggle with anxiety and depression.”*
- *“Concerned for the future”*
- *“Constant fatigue, mental acuity and executive function, not sleeping enough, not exercising enough, too stressed out from life and the world today.”*
- *“I've had diarrhea for over 1.5 years, and doctors can't figure out why. Lately I've been having anxiety and panic attacks.”*
- *“I am concerned that my streak of good luck will suddenly come to an end and I will have an untreatable medical problem as has already happened in my family.”*
- *“I have diagnosed mental health issues and am a bit overweight”*
- *“I have had intermittent episodes of depression and anxiety for years.”*
- *“History of depression and anxiety (currently in remission), diagnosis of ADHD (managed with medication)”*
- *“I have a mental health condition for which I take medication managed by my psychiatrist and I meet regularly with my therapist.”*
- *“I suspect that I have a mood disorder, because I have symptoms that affect my life.”*

The verbatim responses above are a representative sample relating to mental health, in response to the question: **Q. Please describe concerns you currently have relating to your health.**

## Mental Health – Medical Observations & Recommendations – Prepared by JOWMA (The Jewish Orthodox Women's Medical Association)

The conversation around mental health has become more open and urgent in the Jewish community. Anxiety, depression, burnout, and emotional distress are no longer viewed as rare or fringe experiences, but as realities that affect individuals and families across the spectrum of Jewish life. As with nutrition and cardiovascular health, the relationship between Jewish observance and mental health is complex – offering meaningful protection for many, while introducing unique stressors for others.

Population-based data from Israeli Jews consistently show that greater religious observance is associated with better overall mental health. Individuals who engage more regularly in davening, communal life, learning and who report a strong sense of meaning and belief tend to have lower rates of depression and anxiety, higher life satisfaction, and greater subjective well-being even after accounting for age, income, and other social factors. Similar patterns are seen among older adults, where religious engagement is linked to fewer depressive symptoms and greater emotional resilience.

One of the most striking findings in this literature is how religious belief can buffer psychological distress in the face of physical illness or life stress. Among Jews with high intrinsic religiosity (where belief is internalized and meaningful rather than merely external), poor physical health does not carry the same risk of depression seen in those with

lower intrinsic religiosity. In other words, faith, meaning, and spiritual grounding can serve as real psychological protective factors, particularly during periods of vulnerability.

At the same time, these benefits are not universal, and they are not guaranteed. A growing body of research highlights the mental health risks that can emerge when religious life becomes a source of pressure rather than support.

Religious perfectionism, harsh self-judgment around spiritual performance, fear of “not being good enough,” or constant comparison has been associated with higher levels of depression and emotional distress. Similarly, negative religious coping, such as feeling punished by God, abandoned, or chronically guilty, is consistently linked to worse mental health outcomes. Amongst *baal teshuva* for example, OCD is not uncommon (and is often the initial driving force that attracts them to observant life in the first place). When this is not balanced or addressed appropriately it can increase the risk of further mental health disease.

This distinction is critical: it is not the degree of observance alone that matters, but the quality of the religious experience. Trust in *Hashem*, positive religious coping, and using *Shabbos*, *tefilla*, and *Daas Torah* (seeking guidance from leading Torah scholars) as sources of comfort are associated with better mental health.

Continued 

## Mental Health – Medical Observations & Recommendations – Prepared by JOWMA (The Jewish Orthodox Women's Medical Association)

In contrast, spiritual struggle marked by fear, shame, or alienation can exacerbate anxiety and depression, even in highly observant individuals.

As awareness of mental health grows within Jewish communities, another familiar tension emerges. On the one hand, there is increasing openness, destigmatization, and willingness to seek help. On the other, some struggles may be framed solely as spiritual failings or matters of faith, delaying access to appropriate mental health care. Just as religious practice can be protective, it should never be positioned as a substitute for evidence-based treatment when depression, anxiety, or trauma are present.

Encouragingly, more clinicians, educators, and community leaders are recognizing the need for integrated approaches. Effective mental health care in Jewish settings often involves honoring religious values while directly addressing psychological distress screening for religiously inflected guilt, perfectionism, or fear, and helping individuals differentiate healthy commitment from self-punishing belief patterns. When mental health support is culturally informed and spiritually sensitive, it becomes far more accessible and effective.

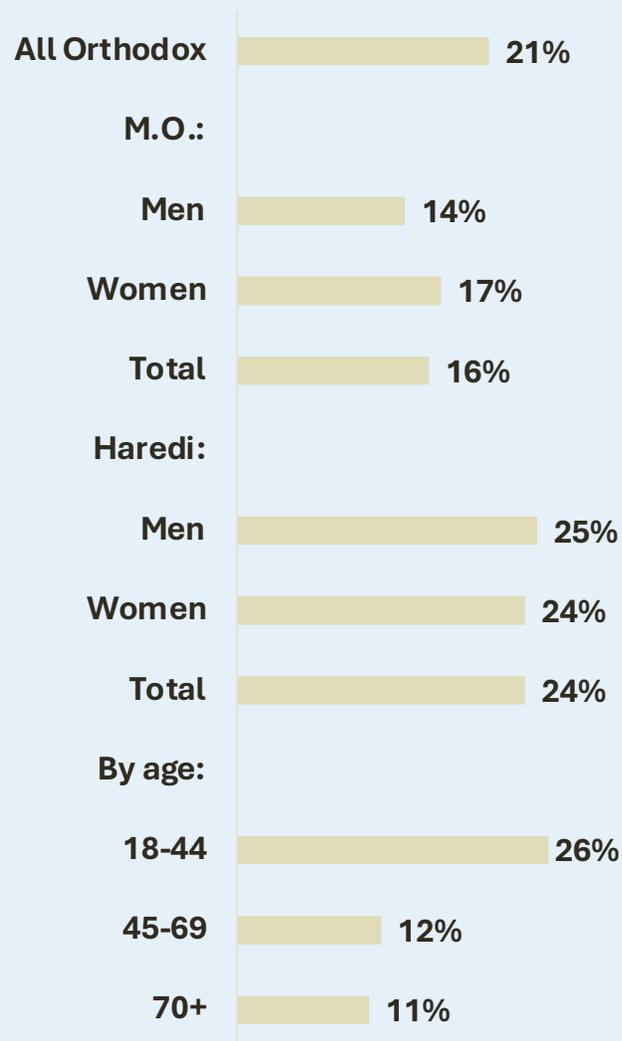
Taken together, Jewish observance and community life can be powerful sources of meaning, resilience, and emotional well-being. For many, they serve as buffers against depression and anxiety, especially in times of illness or stress. At the same time, religious life can introduce unique pressures that deserve careful attention.

The goal is not to idealize or pathologize observant Jewish life, but to approach it with nuance recognizing both its strengths and its vulnerabilities. Supporting mental health in Jewish communities means fostering connection, meaning, and compassion, while ensuring that those who struggle receive timely, evidence-based care rooted in understanding rather than judgment.

# Top Personal Health Concerns

## Physical Activity

## Physical Activity – Survey Response Summary



- Concerns are higher among Haredi than M.O. (24%/16%). Concern is highest among those age 18 to 44.

The following themes are often mentioned in the verbatim responses:

- Lack of Time – Many say they are too busy with work, childcare, family, or community responsibilities to exercise regularly.
- Pain, mobility limits, and chronic conditions – People often cite joint pain, arthritis, back or knee problems, osteoporosis, or recovery from injuries and surgeries that make movement difficult or risky.
- Fatigue, low energy – A common theme is feeling too tired, having chronic fatigue, poor sleep, or low energy, which reduces motivation to be active.
- Weight, being out of condition – People worry that being overweight, “out of shape,” or less strong than they used to be makes exercise harder, more uncomfortable, or might worsen existing problems.
- Inconvenient – Some say they lack convenient places or resources to exercise: no nearby gym that fits their needs; cost is also cited.
- Motivation, stress – People describe struggling to stick to routines, feeling overwhelmed or stressed, or having anxiety/depression that saps motivation to move.

## Physical Activity: Why a Concern? – Sample Verbatim Responses

- *“I don't eat very well, nor do I do much physical activity.”*
- *“Overweighted, not enough physical activity”*
- *“Arthritis limits my preferred forms of cardio, and with my osteoporosis I try very hard to avoid bone breaks”*
- *“low aerobic”*
- *“Diet, lack of physical exercise, cholesterol .”*
- *“I want to lose weight without an operation, I have difficulty finding time to exercise”*
- *“I had shingles that turned into Ramsey-Hunt Syndrome (RHS)... Exercising and PT definitely helps!”*
- *“I need to exercise more. Probably eat a bit less sugar.”*
- *“My blood pressure is slightly elevated... Never the less, I have to know my limitations when it come to exercise.”*
- *“Not doing enough physical activity - probably affects all areas.”*
- *“I am overweight with high blood pressure. I am not physically active though I know diet and exercise are vital”*
- *“I don't get nearly as much exercise as I should”*
- *“I am not doing enough cardiovascular exercise”*
- *“Getting more activity to deal with knee joint issues”*
- *“I need more exercise but am overwhelmed and can't find the time. I am also stressed due to financial concerns”*
- *“Geting enough physical exercise in the winter to help heal my knee injury. We don't have a Jewish women's gym in my city.”*
- *“Not as physically active as I would like to be, and would like to lose weight.”*
- *“I struggle with sticking to an exercise routine, getting adequate sleep, and regulating my menstrual cycles.”*

The verbatim responses above are a representative sample relating to physical activity, in response to the question: **Q. Please describe concerns you currently have relating to your health.**

# Physical Activity – Current Levels & Sample Verbatim Responses

People who don't get enough exercise most often cite lack of time due to busy schedules, followed by lack of motivation and physical limitations like pain or fatigue.

**1. Lack of time and busy schedule** – The main theme, with many saying work, family, kids, studies, caregiving, shul, or long days leaving no room for exercise.

- *“In a Jewish schedule as a 30-60 year old there is no time: work, shul, taking care of kids, learning.”*

**2. Lack of motivation or laziness** – Many cite difficulty getting started, low drive, often phrased as "lazy," "just can't seem to," or needing external push.

- *“I guess I'm just lazy. It's also hard to exercise which dressed modestly.”*

**3. Physical limitations and pain** – Many mention chronic pain (arthritis, joint issues, spinal CSF leak, bone spurs, autoimmune, heart failure, post-surgery), fatigue, or energy limits preventing activity.

- *“my arthritis pain makes me avoid activity.”*

**4. Dislike or boredom with exercise** – Several simply say they hate exercise, find it boring, or lack enjoyment, making it hard to sustain.

- *“Boring. I hate it.”*

**Q. Do you feel you do enough exercise and physical activity (doctors generally recommend at least 150 minutes a week)?** – All or almost all weeks / Most weeks / Sometimes / Rarely or never (n = Modern Orthodox 598, Haredi 401)

**Q. Any comments on exercise and physical activity? [Open-Ended]** (Based on n = 156 respondents)

% Saying They Get Enough Exercise and Physical Activity	Modern Orthodox	Haredi	All Orthodox
<b>All or almost all weeks</b>	23%	15%	18%
<b>Most weeks</b>	22%	16%	18%
<b>Sometimes</b>	29%	29%	29%
<b>Rarely or never</b>	26%	40%	35%

**5. Cost and access barriers** – Gym memberships, classes, trainers, or women-only/modest facilities are seen as too expensive, unavailable, or inconvenient (e.g., co-ed, no childcare, tzniyus issues).

- *“Difficult to find time when I don't belong to a gym (cost of membership).”*
- *“There are no affordable gyms or other indoor exercise classes for women only in my area.”*

**6. Sedentary lifestyle and work demands** – Desk jobs, working from home, or physically demanding but non-aerobic work (e.g., kitchen job) lead to low activity without structured exercise.

## Physical Activity – Medical Observations & Recommendations – Prepared by JOWMA (The Jewish Orthodox Women's Medical Association)

Physical activity is one of the most powerful tools we have for preventing diabetes, cardiovascular disease, osteoporosis, depression, and functional decline. Yet in many Jewish communities rates of leisure-time physical activity fall below national recommendations. The issue is not motivation alone, but a complex interplay of structure, culture, gender norms, and access.

National data from Israel show that observant Jews report lower rates of leisure-time physical activity than other Jewish groups. In one report, fewer than half had engaged in any structured physical activity over a three-month period, compared with higher participation among non-observant Jews. At the same time, higher rates of diabetes and cardiometabolic disease have been documented in these communities, with lower physical activity consistently identified as a contributing lifestyle gap.

The relationship between religiosity and exercise is nuanced. Some individuals interpret caring for the body as a halachic obligation and are motivated to stay active. Others may prioritize religious or family responsibilities over personal exercise time or may not view structured fitness as culturally normative.

The gap is particularly visible among observant women. Studies of highly observant Jewish women in Israel show higher rates of overweight, obesity, and diabetes, alongside

lower levels of physical activity compared with the general population. Many of the barriers they report are universal: time constraints, financial limitations, fatigue, and competing responsibilities. But layered on top are community-specific expectations and structural realities.

Large family size, employment outside the home, and primary responsibility for household management leave little discretionary time. Gender roles may implicitly prioritize caregiving over personal wellness. Even when motivation exists, opportunity may not.

Modesty norms and gender separation introduce additional challenges. Mixed-gender gyms, co-ed swimming, and standard fitness classes may be unacceptable or uncomfortable. Typical exercise clothing may not align with dress standards. Running outdoors or attending mainstream facilities can feel socially conspicuous in dense observant neighborhoods. These factors do not reflect resistance to health, rather a mismatch between mainstream fitness culture and community norms.

Scheduling also becomes complicated. Women who wish to attend women-only classes may need to travel farther, pay more, or find limited designated hours. When childcare, work, and household duties are already tightly scheduled, these added logistical steps can make participation unrealistic.

Continued 

## Physical Activity – Medical Observations & Recommendations – Prepared by JOWMA (The Jewish Orthodox Women's Medical Association)

Encouragingly, community-based interventions demonstrate that these barriers are not insurmountable. Cardiovascular wellness initiatives for observant women in Jerusalem have shown strong engagement when programs are co-designed with the community. Women-only walking groups, neighborhood step challenges using pedometers, locally held exercise sessions, and health education evenings achieved participation by aligning with modesty standards and scheduling realities. These programs leveraged schools, community leaders, and local infrastructure, integrating nutrition education and affordable healthy-food access alongside movement promotion.

There are also important opportunities among children and adolescents. National reviews suggest that active-lifestyle promotion has not yet sufficiently targeted observant youth. Shuls, schools, and camps could serve as structured, gender-appropriate environments for movement, building habits early without challenging core religious norms.

Clinically, counseling requires sensitivity and practicality. Framing physical activity as consistent with religious values, maintaining strength to fulfill *mitzvos*, preserving energy for family responsibilities, caring for the body entrusted to us

resonates more than generic fitness messaging. Concrete suggestions are more helpful than abstract goals: women-only walking groups, stroller walks with neighbors, in-home exercise videos, resistance bands kept in the kitchen for brief strength sessions, or female-only swim hours where available.

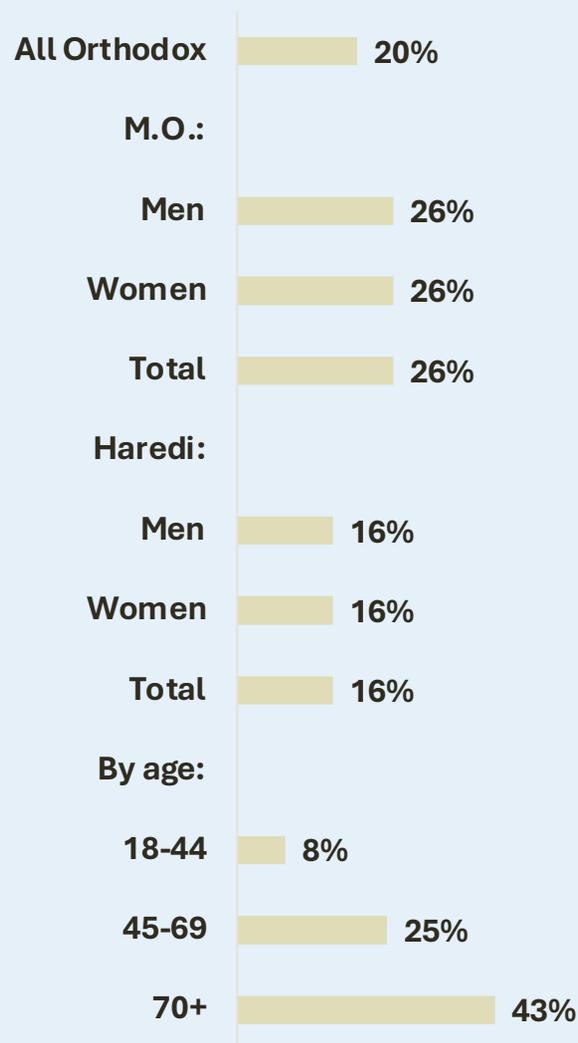
Equally important is acknowledging constraints. Asking directly about modesty concerns, mixed-gender environments, childcare, and cost signals respect rather than assumption. Collaborating with community organizations to create nearby, low-cost, women-only opportunities reduces barriers without asking individuals to compromise deeply held norms.

Physical inactivity in observant communities is not a failure of willpower. It is the predictable outcome of structural, cultural, and logistical realities intersecting with modern sedentary life. The solution lies not in urging conformity to mainstream gym culture, but in designing movement into the rhythms of observant living so that health promotion strengthens, rather than strains, community values.

# Top Personal Health Concerns

**Arthritis, Chronic Pain**

## Arthritis, Chronic Pain – Survey Response Summary



- Concern about arthritis and chronic pain increases dramatically with age.
- Interestingly, Modern Orthodox cite this as a concern much more often than do the Haredi

The following themes are often mentioned in the verbatim responses:

- Ongoing pain and stiffness – Many describe persistent joint pain, stiffness, or “aches and pains” in knees, hips, back, hands, or neck that are always present to some degree.
- Limits on mobility – Respondents frequently say pain or arthritis limits walking, standing, climbing stairs, or specific movements (like bending, kneeling, or certain sports). They worry about losing independence, joint replacements, or being unable to do activities they used to enjoy.
- Barriers to exercise – Pain is often cited as a major barrier to physical activity: people avoid movement because they expect it to hurt or fear further joint damage.
- Emotional impact – Living with chronic pain or arthritis is linked to frustration, worry about the future, stress, and sometimes low mood.
- Strategies and treatments – Some mention medications, physical therapy, specific exercises, and occasionally weight loss or diet changes to ease joint symptoms.

## Arthritis, Chronic Pain: Why a Concern? – Sample Verbatim Responses

- *“major neck issues--arthritis”*
- *“Have had some back issues and a herniated disk”*
- *“Osteoporosis Balance Strength”*
- *“Arthritis limits my preferred forms of cardio, and with my osteoporosis I try very hard to avoid bone breaks”*
- *“Back pain,”*
- *“I have knee issues that are requiring attention”*
- *“Have had some back issues and a herniated disk”*
- *“Foot and wrist pain that have not been addressed despite several orthopedic visits. Cortisone shots and physical therapy as well.”*
- *“Chronic back, hip and knee pain. A heart arrhythmia (not serious). Weight and exercise.”*
- *“Pains due to age which are difficult to address”*
- *“Aging aches and pains. No longer have the strength and stamina that I once did”*
- *“I do have chronic issues, mostly all autoimmune. I have a rheumatologist who works with me to manage these issues.”*
- *“some joint pain limits my sports activities; not sleeping enough,”*
- *“Torn meniscus Pinched nerve GAD”*
- *“Osteoarthritis impacts mobility and function”*
- *“Foot pain issues”*
- *“have experienced bursitis in past 2 decades - take care of it by going to the Dead Sea so B"H it doesn't become a serious problem. But it is an ongoing concern.”*
- *“Arthritis and related back pain”*
- *“Knee arthritis and cataract replacement”*
- *“Spine Bone density”*
- *“Getting more activity to deal with knee joint issues”*
- *“High blood pressure, sleep apnea, overweight, arthritis in hands”*
- *“Starting to develop typical musculoskeletal complaints for an active 70 year old man.”*
- *“I suffer from chronic pain stemming from an accident years ago. The pain is real but it is isolating...”*

The verbatim responses above are a representative sample relating to arthritis and chronic pain, in response to the question: **Q. Please describe concerns you currently have relating to your health.**

## Arthritis, Chronic Pain – Medical Observations & Recommendations – Prepared by JOWMA (The Jewish Orthodox Women's Medical Association)

The conversation around chronic pain and arthritis is quieter than discussions of heart disease or mental health, but it is no less important. Joint pain, stiffness, and musculoskeletal discomfort affect daily functioning, independence, and quality of life, particularly as people age. While data on arthritis in Jewish populations are more limited than for cardiometabolic disease, patterns emerging from Israeli studies offer helpful insight into both prevalence and lived experience.

Population-based studies in Israel suggest that roughly one in five adults reports rheumatic complaints such as joint pain or stiffness at any given time. These symptoms are more common with advancing age and tend to worsen in colder months, reflecting patterns seen across other Mediterranean and Southern European populations. Importantly, the overall prevalence of osteoarthritis, inflammatory arthritis, and nonspecific musculoskeletal pain among Israeli Jews appears broadly similar to that of comparable high-income countries, underscoring that chronic joint pain is not unique, but very much part of the shared global burden of disease.

Within that broader picture, however, certain inflammatory conditions show distinctive patterns. Psoriatic arthritis, for example, appears to be overrepresented among Jews in Israel. Higher body mass index and higher socioeconomic

status are also associated with increased risk, highlighting the intersection of inflammation, metabolic health, and lifestyle factors in joint disease.

Rheumatoid arthritis offers another lens into how chronic pain is experienced differently within Jewish populations. Studies comparing Sephardi and Ashkenazi Jewish patients with rheumatoid arthritis have found that Sephardi patients report more severe pain, greater fatigue, and worse functional limitations, even when disease is diagnosed and treated. Lower educational attainment independently predicts more severe symptoms and disability, suggesting that social determinants such as health literacy, access to care, and resources for self-management shape not just disease outcomes, but how pain is lived and managed day to day.

Chronic pain rarely exists in isolation. Broader analyses of multimorbidity in Israel show rising rates of overlapping chronic conditions, including musculoskeletal disorders, obesity, and metabolic disease. Sedentary lifestyle and excess weight both increasingly common in modern life play a dual role, increasing both joint load and systemic inflammation. For observant individuals, long hours of seated learning or desk-based work, combined with limited time for structured movement, can unintentionally accelerate stiffness, pain, and functional decline over time.

Continued 

## Arthritis, Chronic Pain – Medical Observations & Recommendations – Prepared by JOWMA (The Jewish Orthodox Women's Medical Association)

As with other areas of health, religious life can be both a source of resilience and a practical challenge. Strong community support, meaning-making, and routine can help individuals cope with chronic pain and disability. At the same time, pain can interfere with davening, communal participation, and daily religious practices, sometimes leading to guilt or withdrawal if accommodations are not normalized. Recognizing chronic pain as a legitimate health condition and not a personal failing or inevitable consequence of aging is critical.

There is also a familiar risk of oversimplification. Chronic pain is sometimes framed either as something to be endured without complaint or, conversely, as something that can be “fixed” through a single intervention, supplement, or lifestyle change. In reality, evidence-based management of arthritis and chronic pain is multifaceted. It emphasizes maintaining joint movement and muscle strength, weight management, pacing activity, appropriate use of medications when indicated, and addressing sleep, mood, and stress all of which meaningfully influence pain perception and function.

Encouragingly, there is growing recognition within Jewish communities of the need for supportive, adaptive approaches to chronic illness. Education around gentle physical activity, accommodations in communal and religious spaces, and earlier engagement with medical and rehabilitative care can help prevent pain from becoming disabling. Framing pain management as an act of self-care and stewardship of the body aligns naturally with Jewish values of dignity and compassion.

Taken together, arthritis and chronic pain affect Jewish populations at rates comparable to other high-income societies, with certain inflammatory conditions more common and meaningful variation in severity across subgroups. The challenge is not simply to treat disease, but to reduce suffering and preserve function. Supporting observant Jews with chronic pain requires nuance: honoring resilience and community strength while ensuring access to evidence-based care, realistic expectations, and practical tools that allow individuals to remain engaged, mobile, and supported throughout the course of their lives.

# Top Personal Health Concerns

## Women's Health Issues

## Women's Health Issues – Survey of Verbatim Responses that Are or May be Associated with Women's Health Issues

17% of women indicate concerns in the broad area of women's health, with Modern Orthodox and Haredi levels virtually identical. The following themes are often mentioned in the verbatim responses:

- **Hormonal / reproductive conditions** – Multiple women mention PCOS (Polycystic Ovary Syndrome, a common hormonal disorder affecting about 10% of women of reproductive age), irregular or very heavy periods, thyroidectomy, and menopause symptoms such as hair loss.
- **Genetic concerns** – There are concerns about being at high risk for breast and ovarian cancer due to BRCA1/2 (genetic predisposition) or family history. BRCA1/2 carriers and women with strong family histories describe ongoing background worry about breast and ovarian cancer, even when they are following recommended surveillance.
- **Pelvic health issues** – Several responses describe pelvic organ prolapse, pelvic floor pain, incontinence, and difficulty completing pelvic exams, with referrals to pelvic floor therapy.
- **Bone, joint, and mobility problems** – Osteoporosis and osteoarthritis are raised, along with fear of fractures and limits on mobility and function.
- **Metabolic and weight concerns** – Women report being overweight with difficulty controlling weight and not exercising as much as they feel they should, but some also report being underweight from unintentional weight loss. PCOS is also tied to weight and metabolic worries.
- **Other chronic issues** – There are mentions of frequent UTIs, unexplained GI problems, low sodium, stress, anxiety, depression, and possible autoimmune disease. Some women link these to reduced balance, mobility, and chronic pain (including back pain).
- **Information gaps and confusion** – Several women feel they lack clear information about women's health, what symptoms mean, and preventive steps (for example HPV vaccination guidance, understanding PCOS, knowing what changes to watch for).
- **Mental health and quality of life** – Anxiety, depression, brain fog, memory concerns, body image worries, and frustration with persistent symptoms are woven throughout these answers, especially around long-term conditions and perceived lack of treatment options.

## Women's Health Issues – Medical Observations & Recommendations – Prepared by JOWMA (The Jewish Orthodox Women's Medical Association)

Gynecologic health in Jewish women sits at an interesting intersection of biology, access to care, and cultural context. While there is nothing inherently or uniformly “different” about perimenopause or menopause in Jewish women compared with other Western populations, patterns of gynecologic cancer, genetic risk, and health-care utilization shape how these life stages are experienced and managed.

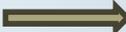
Population-level data from Israel show that invasive gynecologic cancers (primarily uterine, ovarian, and cervical) remain more common in Jewish than Arab women. Overall cancer incidence is higher, yet trends over the past decade are encouraging, as age-standardized rates of invasive gynecologic malignancies among Jewish women have declined, driven largely by decreases in ovarian and endometrial cancer. This likely reflects a combination of earlier detection, preventive strategies, and greater engagement with health services, rather than a sudden change in underlying biology.

Looking more closely, ovarian cancer incidence among Jewish women in Israel has shown a clear downward trend, while rates in Arab women have remained relatively stable. Endometrial cancer rates have also fallen modestly over time in Jewish women. Cervical cancer stands apart: Jewish women have long had comparatively low rates of invasive cervical cancer, a pattern observed both in Israel and women

outside of Israel. This has been attributed to a mix of behavioral factors, historical screening patterns, and HPV exposure, though no single explanation fully accounts for the difference.

Genetics, however, do matter. Ashkenazi Jewish women have a markedly higher prevalence of BRCA1 and BRCA2 founder mutations, with roughly one in forty carrying a mutation – far higher than in the general population. This translates into substantially elevated familial risk for ovarian cancer and has shaped modern prevention and screening strategies. As a result, a significant subgroup of Jewish women undergo risk-reducing removal of the ovaries and fallopian tubes at relatively young ages, often between 35 and 45.

This genetic reality has important downstream consequences for perimenopause and menopause. While the pattern of menopausal symptoms, such as hot flashes, sleep disruption, mood changes, and genitourinary symptoms, appears similar to that of other Western women, context matters. Women who enter abrupt, surgical menopause face more intense vasomotor symptoms and heightened risks to bone, cardiovascular, and metabolic health. For these women, menopause is not a gradual transition but a sudden physiological shift that requires proactive counseling and follow-up.

Continued 

# Women's Health Issues – Medical Observations & Recommendations – Prepared by JOWMA (The Jewish Orthodox Women's Medical Association)

Access and uptake of care further shape these experiences. This likely contributes to both higher reported incidence (more cancers being detected) and the reassuring downward trends over time.

In observant communities, additional layers come into play. Decisions around genetic testing, timing of prophylactic surgery, fertility, and contraception intersect with religious values and halachic considerations. The way education around intimacy and women's health is approached, can make it harder for women to voice concerns about abnormal bleeding, dryness, painful intimacy, or urinary symptoms issues that are common in perimenopause and menopause and, in some cases, clinically significant. When symptoms go unspoken, opportunities for early intervention or reassurance are missed.

It is also important to resist oversimplification. Menopause in Jewish women is sometimes framed either through the lens of cancer risk alone or minimized as a “normal” phase that should simply be endured.

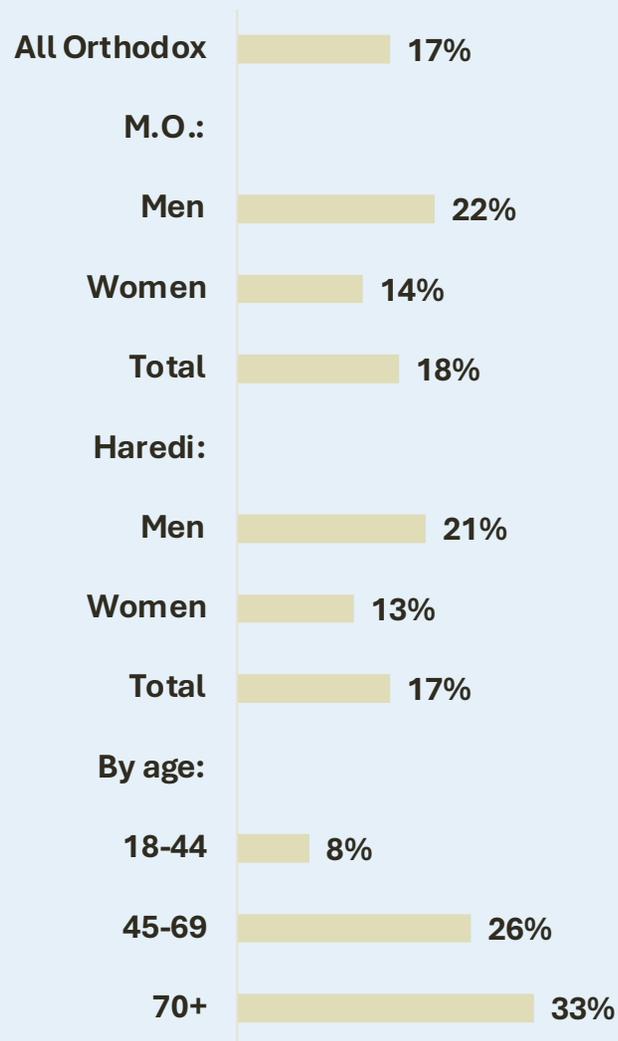
In reality, evidence-based menopause care (whether lifestyle-based, non-hormonal, or hormonal when appropriate) can meaningfully improve quality of life and long-term health. For women with BRCA mutations or a history of cancer, these discussions are more complex but no less necessary.

Taken together, gynecologic cancer patterns in Jewish women reflect a combination of elevated genetic risk, strong health-care engagement, and effective prevention strategies. Perimenopause and menopause themselves are not fundamentally different, but they are experienced within a distinctive context—one shaped by genetics, family structure, religious norms, and access to care. Supporting Jewish women through midlife health transitions requires normalizing conversation, tailoring counseling to individual risk, and ensuring that cultural sensitivity goes hand in hand with clear, evidence-based guidance.

# Top Personal Health Concerns

## Diabetes

## Diabetes – Survey Response Summary



- Men are more concerned about diabetes than women (21%/13%), and concern increases rapidly by the mid-to-late 40s.

The following themes are often mentioned in the verbatim responses:

- Diagnosed diabetes – Many describe having diabetes (type 2 or unspecified) and managing it with medications, pills, insulin, or doctor visits. They often list other conditions like high blood pressure or obesity.
- Treatment – Respondents focus it keeping it controlled, but often have anxiety about diabetes worsening, leading to heart disease, neuropathy, or other problems, especially with age.
- Prediabetes and early detection – Several note prediabetes or borderline blood sugar, and they monitor it.
- Family history and genetic risk – Family history is a big motivator: people worry about relatives with diabetes and see themselves as high-risk due to genetics or shared habits.
- Weight, diet, and lifestyle – Diabetes is often linked to being overweight, poor diet, or inactivity. Fear of progression – Some feel it’s “hard to keep under control” or inevitable, which demotivates self-care.

## Diabetes: Why a Concern? – Sample Verbatim Responses

- *“I'm in my 60's. There's heart issues and diabetes on both sides of my family.”*
- *“I am being actively treated for cancer, diabetes, high blood pressure”*
- *“Prediabetes, weight”*
- *“There is a family history of diabetes. Stress which is part of life, leads to high blood pressure, weight is a universal issue the majority of us have.”*
- *“Well at my age the concerns of high blood pressure or diabetes are a concern, especially as my mother was diabetic and I am overweight.”*
- *“Diabetes in the family so i try to do exercise and low intake of carbs to hopefully prevent getting the disease.”*
- *“I am prediabetic, and I use Stelo to monitor my blood sugar 24 hours per day and change my eating habits to improve my prediabetes. It has worked as my A1C dropped to 1 point above normal.”*
- *“I'm 79. I'm always concerned. Diabetes is hard to keep under control.”*
- *“Taking pills for high blood pressure and diabetes”*
- *“Diabetes, Cholesterol, Liver Disease”*
- *“diabetic, also perimenopause related concerns in particular vertigo”*
- *“Diabetes treatment-finding correct meds”*
- *“Diabetes and related matters.”*
- *“Diabetes could flourish if not controlled by just diet”*
- *“Taking preventative measures to avoid cancer & diabetes”*
- *“Diabetes, high cholesterol, minor arthritis”*
- *“High blood pressure, Type II Diabetes, Asthma, Sleep Apnea, stress”*
- *“I am diabetic and overweight.”*

The verbatim responses above are a representative sample relating to diabetes, in response to the question: **Q. Please describe concerns you currently have relating to your health.**

# Top Personal Health Concerns

## Other Concerns

## Summary of Themes Relating to Other Health Concerns – Percentages of All Orthodox who cite the issue as a personal health concern are shown in parenthesis

- **Gastro-Intestinal (14%)** – Unexplained or chronic GI symptoms; issues relating to sensitivity to dairy products; symptoms relating to weight change; interaction with hormonal conditions (especially PCOS).
- **Dental (14%)** – Access/availability, insurance barriers, and high cost. Some describe their poor, untreated conditions and express concern over the anticipated need for expensive dental work.
- **Men’s Health (14%)** – BPH/enlarged prostate, urinary problems, worry about possible future surgery; some mention erectile dysfunction; several note prostate cancer or low-grade prostate cancer under surveillance.
- **Vision (11%)** – Concerns include glaucoma, early macular degeneration, retinal damage, and cataracts, often in the context of aging. Many cite their need for ongoing monitoring and specialist care, and some mention affordability issues or long waits for appointments.
- **Hearing (10%)** – Concerns include emerging hearing problems and loss, often in the general context of aging; hearing aid-related issues including cost concerns and insurance coverage.
- **Cancer (9%)** – Many comments by women relating to breast cancer treatment and survivorship; general worry relating to age, genetics, or lifestyle.
- **Autoimmune (8%)** – Chronic, multi-system diseases primarily affecting women, aligning with their much higher prevalence (up to 80% of cases). Often named are psoriatic arthritis (sometimes with psoriasis), rheumatoid arthritis, and symptoms suggest autoimmune issues.
- **Respiratory (7%)** – Most often mentioned are asthma and sleep apnea.
- **Neurological (6%) and Cognition (4%)** – Parkinson’s Disease, cognitive declines, dementia/Alzheimer’s; some mention chronic migraines.
- **Kidneys (4%)** – A few cite early possible kidney problems; kidney stones; awareness of need for hydration.
- **Infections (2%)** – Mostly recurrent urinary tract infections (UTIs).

## Health Concerns Relating to Other Family Members – Ranked by frequency of themes mentioned, with sample verbatim responses

- 1. Aging parents and elderly relatives – Aging, mobility decline, dementia, heart issues, and general frailty dominate, with worries about caregiving, independence, and decline.** – “My parents are in their 70s with all the stuff that comes with that.” / “Parents aging and constant Dr appts... I am the individual everyone turns to with medical questions.”
- 2. Mental health – Anxiety, depression, ADHD, autism, substance abuse recovery, and cognitive decline are frequent.** – “Children and spouse with mental health issues.” / “Mental health of most family members.”
- 3. Cancer – Cancer history, treatment, recurrence fear, or family history is widespread.** – “My wife finished treatment for cancer.” / “Parents and wife previously had cancer. BH, they are fine now.” / “I worry about my father's terminal cancer.”
- 4. Chronic metabolic/cardiovascular issues – Diabetes, obesity, high blood pressure, cholesterol, heart health.** – “Mother has had heart and stroke issues... Father's prostate cancer.” / “Husbands' high blood pressure, A1C, cholesterol.”
- 5. Chronic illness/disability in children – Cerebral palsy, autoimmune, special needs, neurodiverse, or rare conditions.** – “One of my children has cerebral palsy.” / “I have an adult child with special needs.”
- 6. Lifestyle/behavior concerns – Worries about poor habits: overeating, lack of exercise, workaholicism.** – “One of my three children is morbidly obese: roughly 100 lb overweight.” / “Spouse working too many hours... to take care of his health.”
- 7. Access to care and insurance barriers – Cost, finding specialists, navigating insurance.** – “Obtaining quality medical health insurance coverage is ridiculously difficult and expensive.” / “It is very hard to find therapists... that accept Medicaid.”
- 8. Parkinson's, autoimmune, and other specific diseases** – “Spouse has had Parkinson's disease for the last 13 years.” / “Sibling with serious autoimmune diseases.”

**Substance Abuse & Addictions** – 21% of respondents mention this as a concern (virtually identical for Modern Orthodox and Haredi). Most often mentioned (and all of the percentages were relatively small) are:

- 1) Smoking, vaping, and nicotine; 2) Marijuana and other drug use; 3) Alcohol use and possible alcoholism;
- 4) Internet, phone, and screen-time addictions; 5) Prescription drugs and pain medications.

**Q. What concerns do you have, if any, relating to the health of other people in your family (including parents, spouse, and any children)?** [Open-Ended] (Above summary based on n = 528 responses . An additional n = 101 responded “none.”)

**Q. Do you have any concerns, either for yourself or a family member, relating to substance abuse or addictions (such as alcohol, smoking, drugs, gambling, inappropriate Internet sites, etc.)?** [Open-Ended] (n = 697 responses across all sectors)

**Interplay of Religious Observance and Health – About 60% of respondents commented on whether and how religious observance has a positive or negative effect on their health. The most frequent response is that it has no effect, but 17% cite Shabbat meals as a negative, while 15% cite positive motivations from Torah mitzvot.**

Theme	Impact on Health	%	Sample Verbatim Responses
No effect/neutral	None	25%	<ul style="list-style-type: none"> <li>• "I don't think it has an effect"</li> <li>• "Not really"</li> </ul>
Shabbos/Yom Tov/simchas food challenges	Negative	17%	<ul style="list-style-type: none"> <li>• "Shabbos and yom tov is a killer"</li> <li>• "Wway too much food on shabbos",</li> <li>• "Kiddush right before a full meat meal"</li> </ul>
Positive motivation from Torah/mitzvot	Positive	15%	<ul style="list-style-type: none"> <li>• "It's a mitzvah to protect your health"</li> <li>• "Body is on loan from Hashem"</li> </ul>
Kosher food limitations/cost	Negative	10%	<ul style="list-style-type: none"> <li>• "Kosher food is crazy expensive"</li> <li>• "Checking vegetables... time consuming"</li> </ul>
Time constraints/busy life	Negative	8%	<ul style="list-style-type: none"> <li>• "Davening and learning takes up... time for exercise"</li> <li>• "Busy life of a frum person"</li> </ul>
Mental/spiritual benefits	Positive	8%	<ul style="list-style-type: none"> <li>• "Less anxiety and more grounded"</li> <li>• "Relationship with HaShem... very stable"</li> </ul>
Exercise barriers	Negative	7%	<ul style="list-style-type: none"> <li>• "Tznius makes exercise hard"</li> <li>• "Walking to shul helps!"</li> </ul>

**Q. Do you have any thoughts on whether and how your religious observance has a positive or negative effect on your health? [Open-Ended]**  
 (Summary above is based on 601 verbatim responses; responses from Modern Orthodox and Haredi were similar).

## Final Thoughts and Advice to the Community

# Final Thoughts and Advice to the Community – Summary & Representative Verbatim Responses *(Page 1 of 3)*

The following is a ranking of the main recurring themes. The ranking reflects frequency and emphasis – how often and how passionately each theme appeared. Each theme includes a brief summary and several verbatim examples.

## **1. Food Culture and Overeating on Shabbos and Yom Tov – Respondents repeatedly lament the communal emphasis on abundant, heavy food and sweets, especially at Shabbos meals, Kiddushes, and holidays. A few mention simchas. Many see this as the single greatest health obstacle.**

- *“No one needs 47 side dishes. No one is starving. Please calm down with the extra dips.”*
- *“Eating on Shabbos and holidays is excessive, far beyond what is needed for a seuda...”*
- *“We need to change the culture in our community surrounding Shabbos eating. Get rid of the shul kiddush, lower expectations on what a Shabbos meal looks like.”*
- *“Frum culture makes being healthy hard by normalizing eating a ton and eating unhealthy.”*
- *“Desserts are not necessary at each meal—pick one meal and serve a single dessert.”*

## **2. Reduce Sugar, Processed Food, and Meat – Dietary advice focuses on cutting sugar and processed foods, increasing fruits and vegetables, and moderating meat consumption.**

- *“Stop eating sugar and cut down on meat... read ingredients... protect your body—love yourself.”*
- *“Too much sugar and carb in frum diet.”*
- *“Even Jewish brand jarred pasta sauces contain added sugar while non-Jewish brands don’t.”*
- *“They eat too much meat in the yeshivish world.”*
- *“Try only to put natural things into your body! Things that do not have any chemicals or additives.”*

## **3. Exercise and Physical Activity – Calls for more physical activity, accessible gyms, and community sports opportunities appear throughout the responses, often linked to preventing chronic illness or improving mood.**

- *“People need to walk more.”*
- *“Can someone please start a Frum Machanayim group for women?”*
- *“Stay active, Walk, Exercise, swim or ride a bike.”*
- *“Start with the smallest thing, like a 5-minute walk around the block.”*
- *“Walking is not enough... do weight-bearing exercises, especially for one’s core.”*
- *“I think every shul and yeshiva should have a gym.”*

## Final Thoughts and Advice to the Community – Summary & Representative Verbatim Responses *(Page 2 of 3)*

### **4. Trust, Use, and Advocate for Evidence-Based Medicine – Many urge reliance on qualified medical professionals and evidence-based information rather than social media, gossip, or “alternative” cures — though a small number express skepticism toward vaccines and mainstream medicine. (See #9 on next page)**

- *“Follow the advice of reputable medical doctors.”*
- *“Move. Listen to the people who know what they’re talking about, not the ones saying big pharma is out to get you.”*
- *“Make sure to get your health information from reputable sources.”*
- *“There needs to be more education about the ineffectiveness and danger of non-regulated holistic cures.”*
- *“It was interesting that there were no questions about the politicization of attitudes toward vaccines in the US...”*

### **5. Preventive and Routine Health Care – Many participants emphasize seeing doctors regularly, getting screenings and tests (such as PSA, BRCA), and not delaying visits because of modesty, stigma, or cost.**

- *“Avoid pushing off important doctors visits or procedures especially for the older folks.”*
- *“Get yearly checkups and men need to have their PSA checked regularly.”*
- *“Get a checkup from your personal physician at least twice a year.”*
- *“Wear seatbelts. Bike helmets. Don’t drink or smoke or take drugs.”*
- *“Preventive care and healthy lifestyle and habits are crucial.”*

### **6. Education and Health Literacy – Respondents call for community-wide and school-based health education to build awareness and counter misinformation.**

- *“Should be taught more in schools (pre-K/elementary/high school).”*
- *“Healthy habits start at an early age.”*
- *“Encourage schools and shuls to increase healthy, natural, unprocessed foods.”*
- *“Organizations such as JOWMA are helping educate our community about health care.”*
- *“More community edu.”*

# Final Thoughts and Advice to the Community – Summary & Representative Verbatim Responses *(Page 3 of 3)*

## **7. Mental Health and Emotional Well-Being – Mental health is viewed as a rising priority, linked to stigma, access, and the pressures of communal life.**

- *“Prioritizing mental health not just for its mental effects but its effect on overall well-being.”*
- *“Access to high quality mental healthcare for children and adults is a major challenge.”*
- *“People use food for comfort or general emotional eating.”*
- *“My husband... feels better while there [at the beit midrash]. Providing these outlets for retired or older people is wonderful.”*

## **8. Community Norms and Leadership – Some call for rabbis and leaders to model healthier lifestyles, de-emphasize food-centric events, and integrate health into Torah values.**

- *“Rabbis should discourage smoking and vaping.”*
- *“Health is extremely important and would like to see religious leaders speak about it more.”*
- *“Your body is on loan to you from Hashem; you have a chiyuv to take proper care of it.”*
- *“The frum community should wake up about the health issues directly attributable to lifestyle behaviors.”*

## **9. Distrust or Debate Around Medicine and Vaccines – A small but vocal subset express skepticism of vaccines or pharma motives, showing intra-community polarization.**

- *“The pharmaceutical industry is totally corrupted and vaccine makers don’t test them properly.”*
- *“I am not an anti-vaxxer... strongly opposed to the Covid vaccine.”*

## **10. Practical Self-Care and Balance – Other messages focus on individual responsibility, moderation, sleep, stress management, and lifelong healthy habits.**

- *“Take care of yourself when you’re young and develop good habits.”*
- *“Try your best to sleep at least 7 hours nightly.”*
- *“Do not exaggerate in any direction & do not over indulge.”*
- *“Take small, gradual, doable steps to a goal.”*
- *“Try not to let stress get to you.”*

**Appendix 1 – Demographics**  
**Sample Considerations**  
**Statistical Significance Testing**  
**Selected Sub-Group Comparisons**

## Demographics – Jewish Self Identification, Age, Gender, Marital Status (Page 1 of 2)

Orthodox/Observant Jewish Self Identification	n	%
Modern/Centrist Orthodox/Observant; or leaning toward Modern/Centrist	596	53%
Other Jewish – Observant, traditional, etc.	83	7%
<b>Modern Orthodox Subtotal</b>	<b>679</b>	<b>61%</b>
Yeshivish/Agudah/Litvish; or leaning toward Yeshivish/Agudah/Litvish	307	27%
Chasidic, including Chabad; or leaning toward Chasidic, including Chabad	132	12%
<b>Haredi Subtotal</b>	<b>439</b>	<b>39%</b>
<b>Total</b>	<b>1,118</b>	<b>100%</b>

Age	M.O.	Haredi
18-29	7%	14%
30-44	23%	42%
45-59	25%	23%
60-69	20%	10%
70-79	21%	9%
80+	4%	1%
<b>Median</b>	<b>57</b>	<b>42</b>

Marital	M.O.	Haredi
Married	77%	82%
Divorced	8%	5%
Widowed	4%	2%
Single	11%	11%

Gender	M.O.	Haredi
Male	40%	41%
Female	60%	59%

**Q. Which of the following best describes how you identify Jewishly?** – Modern/Centrist Orthodox/Observant; or leaning toward Modern/Centrist / Yeshivish/Agudah/Litvish; or leaning toward Yeshivish/Agudah/Litvish / Chasidic, including Chabad; or leaning toward Chasidic, including Chabad / Other Jewish – Observant, traditional, etc. – Describe [Text Entry] / Other Jewish – Not observant – Describe [Text Entry] / Not Jewish [Terminate]. Non-observant and non-Jewish excluded from the analysis. Descriptions of “Other Jewish – Observant” indicated that they be merged into the M.O. total.

**Q. What is your age?** –18 to 29 / 30 to 44 / 45 to 59 / 60 to 69 / 70 to 79 / 80 or older. (n = Modern Orthodox 666, Haredi 437)

**Q. What is your gender?** – Male / Female / Prefer not to say. (n = Modern Orthodox 666, Haredi 437) 5 respondents (<1%) indicated “Prefer not to say”

**Q. What is your marital status?** – Married / Divorced or Separated / Widowed / Single. (n = Modern Orthodox 666, Haredi 437)

## Demographics – Residence and Occupation (Page 2 of 2)

Residence	M.O.	Haredi
United States	91%	90%
Israel	7%	8%
Canada	1%	1%
Other	1%	1%

U.S. Residences	M.O.	Haredi
New York	48%	56%
New Jersey	18%	21%
Maryland	18%	5%
Other	16%	18%
Other states with 3%+ are Massachusetts, Florida, Connecticut, California, Pennsylvania		

Employment	Modern Orthodox	Haredi
<b>Health Care Professional</b>	<b>22%</b> Physician 7%, Mental Health Professional 4%, Allied Health Professional 4%, Other 7%	<b>21%</b> Mental Health Professional 5%, Allied Health Professional 4%, Physician 4%, Other 8%
<b>Jewish Community Professional Position</b>	<b>14%</b> Jewish School Teacher 3%, Shul Staff 2%, Jewish School Administration 2%, Other Jewish Organization 7%	<b>21%</b> Jewish School Teacher 8%, Jewish School Administration 4%, Other Jewish Organization 9%

**Q. Where do you live?** – United States / Other Country - Please enter. [Open-Ended]. (n = Modern Orthodox 669, Haredi 437)

**Q. [If live in United States] Please enter the first three digits of your zip code. [Numeric Entry].** (n = Modern Orthodox 573, Haredi 440)

**Q. Are you employed in any of these fields? Please check one response on each row.** – Health care professional / Jewish community paid position. Response Scale: Yes / No. (n = Modern Orthodox 647, Haredi 419)

**Q. [Asked of Health care professionals] Please check the response that best describes your health care position.** – Physician / Mental and behavioral health professional (psychiatrist, psychologist, LCSW, etc.) / Nursing professional / Allied health professional (PT, OT, technician, audiologist, other therapy field, etc.) / Dental professional / Other – Please describe [Open-Ended]. (n = Modern Orthodox 146, Haredi 87)

**Q. [Asked of those with a Jewish community paid positions] Please check the response(s) that best describe your Jewish community paid position. You may check more than one response.** – [Ask if male] Shul rabbi / Shul staff or administration / Teacher in a Jewish school / Administration in a Jewish school / Work for other type of Jewish communal organization / Other – Please describe [Open-Ended]. (n = Modern Orthodox 91, Haredi 90)

# Sample Considerations & Statistical Significance Testing

## Sample Considerations

In Jewish communal research, we nearly always see all Orthodox Jews reported in a single combined category. By now, it is well known that the Modern (Centrist) Orthodox and the Haredi sectors are quite different and need to be reported separately; and that is something we aim for in our research. Nevertheless, we also want to report findings for the overall, combined Orthodox community, and we use stratified sample methodology to that end.

The 1,138 survey responses came from the Modern Orthodox sector (53%), the Haredi sector (39%), and other self-defined Orthodox Jews (8%). The Orthodox community is estimated to be 64% Haredi and 36% Modern Orthodox. So, when we present data for “All Orthodox,” the responses are weighted in proportion to the communal makeup. Additionally, the survey received more responses from women (60%) than from men (40%), perhaps because women are more inclined to discuss health issues. Here again we apply stratified sample weights to gender, so that each gender exerts representative weight on totals.

Finally, just an important point to note: Haredi respondents are, on average, much younger than the Modern Orthodox (median of 42 vs. 57, respectively). As health concerns change over time, this affects the responses.

## Statistical Significance Testing

**Margins of Sampling Error** – For data reported as “All Orthodox,” the margin of sampling error (sometimes referred to as the confidence interval) is  $\pm 3\%$  (at  $\alpha < .05$ , or a 95% level of confidence). The margins of sampling error for the Modern Orthodox and Haredi sectors are  $\pm 4\%$  and  $\pm 5\%$ , respectively.

**Differences Between Modern Orthodox and Haredi** – As noted above, these two sectors are quite different in many ways, and some of the differences uncovered in this report are self-explanatory and not surprising. Rather than cluttering up the report with asterisks everywhere there is a difference, we will simply note that differences between the Modern Orthodox and Haredi of 6% or more are statistically significant (by which we mean that there is a 5% or less chance that the difference is due to sampling error and not reflective of a true difference in the population).

## Selected Sub-Group Comparisons – Top Health Concerns by Age

Concerns shown are those mentioned by 10% or more of respondents

Top Health Concerns	%
<b>Ages 18-29</b>	
1. Women's Health (among women)	39%
2. Mental health	37%
3. Nutrition, diet, weight	33%
4. Physical activity	19%
5. Dental Health	11%
6. Gastro-Intestinal	10%
<b>Ages 30-44</b>	
1. Nutrition, diet, weight	43%
2. Mental Health	40%
3. Physical Activity	29%
4. Heart, Cardiovascular	22%
5. Women's Health (among women)	21%
6. Dental Health	16%
7. Gastro-Intestinal	15%
8. Arthritis, Chronic Pain	10%
9. Diabetes	10%

Top Health Concerns	%
<b>Ages 45-59</b>	
1. Nutrition, diet, weight	37%
2. Heart, Cardiovascular	30%
3. Mental Health	27%
4. Arthritis, Chronic Pain	21%
5. Women's Health (among women)	21%
6. Physical Activity	18%
7. Diabetes	18%
8. Gastro-Intestinal	17%
9. Dental	14%
10. Cancer	11%
11. Vision	10%

Top Health Concerns	%
<b>Ages 60+</b>	
1. Heart, Cardiovascular	47%
2. Arthritis, Chronic Pain	38%
3. Diabetes	27%
4. Nutrition, diet, weight	25%
5. Hearing	20%
6. Cancer	17%
7. Vision	16%
8. Mental Health	14%
9. Gastro-Intestinal	14%
10. Dental	12%
11. Physical Activity	12%

## Selected Sub-Group Comparisons – Health Care Professionals vs. Other Respondents

In general, there are more similarities than differences in the responses of health care professionals, compared to those of all other respondents.

### Periodic Care

- Had checkup/wellness visit in the past two years – Health Care Professionals 87%; Other Respondents 88%.
- Had flu shot in the past two years – Health Care Professionals 73%; Other Respondents 69%.
- COVID vaccine in the past two years – Health Care Professionals 32%; Other Respondents 38%.

### Self-Assessment: How would you rate your health, compared to others in your community of your age and gender?

- Health Care Professionals – Excellent 15%, Excellent + better than average 53%.
- Other Respondents – Excellent 15%, Excellent + better than average 46%.

### How much do you rely on these sources for health news and information? (% “very much” + 0.4 x “somewhat)

- Rely on health care providers – Health Care Professionals 71%; Other Respondents 68%.
- Rely on Internet sites – Health Care Professionals 38%; Other Respondents 35%.
- Rely on family and friends – Health Care Professionals 27%; Other Respondents 41%.
- Rely on social media – Health Care Professionals 9%; Other Respondents 8%.

### Top Five Personal Health Concerns

- Health Care Professionals – Nutrition, diet, weight 34%; Mental health 32%; Heart, cardio 29%; Physical activity 17%; Arthritis 16%.
- Other Respondents – Nutrition, diet, weight 34%; Heart, cardio 32%; Mental health 26%; Arthritis 24%; Physical activity 19%.

### How would you rate your current weight?

- Health Care Professionals – Quite overweight 10%, Quite overweight + somewhat overweight 53%.
- Other Respondents – Quite overweight 14%, Quite overweight + somewhat overweight 57%.

### How would you describe your overall eating habits?

- Health Care Professionals – Very healthy 17%, Very healthy + tends toward healthy 68%.
- Other Respondents – Very healthy 14%, Very healthy + tends toward healthy 61%.

### Do you take any “natural supplements” (for example, herbal products, botanicals and plant extracts, probiotics)?

- Health Care Professionals 29%; Other Respondents 28%.

### Do you feel you do enough exercise and physical activity?

- Health Care Professionals – All or almost all weeks 26%; At least most weeks 46%.
- Other Respondents – All or almost all weeks 19%; At least most weeks 39%.

The Health Care Professionals are comprised of physicians 26%, mental and behavioral health professionals 21%, nursing professionals 10%, allied health professionals 19%, dental professionals 2%, other 22%. Data are for all respondents combined and unweighted. Note that the health care professionals are a bit younger (median age 46 vs. 52). (n = Health Care Professionals 236, Other Respondents 861.)

## Appendix 2 – Survey Questionnaire

# Survey Questionnaire (Page 1 of 4)

## Orthodox Jewish Community Health Needs Assessment Survey

### INTRODUCTION

This survey is being conducted by Nishma Research in collaboration with JOWMA (The Jewish Orthodox Women's Medical Association). Your responses will help guide future health initiatives within the Orthodox Jewish community. Thank you!

The survey should take about 10-12 minutes to complete, and all responses are anonymous and confidential. The survey can be taken on a desktop, laptop or smartphone; it will take a few minutes longer on a smartphone. Some questions (denoted with an asterisk\*) require a response, but we ask you to please reply as fully as possible.

At the end of the survey, you will have the opportunity to enter a drawing to win one of five \$50 Gift Cards, as well as to sign up to receive the full report. If you have any questions, please contact Mark Trencher at [mark@nishmaresearch.com](mailto:mark@nishmaresearch.com).

### DEMOGRAPHICS

#### \*Q1. Which of the following best describes how you identify Jewishly?

- Modern/Centrist Orthodox/Observant; or leaning toward Modern/Centrist
- Yeshivish/Agudah/Litvish; or leaning toward Yeshivish/Agudah/Litvish
- Chasidic, including Chabad; or leaning toward Chasidic, including Chabad
- Other Jewish – Observant, traditional, etc. – Describe [Text Entry]
- Other Jewish – Not observant – Describe [Text Entry]
- Not Jewish [Terminate]

#### \*Q2. What is your age?

- 18 to 29
- 30 to 44
- 45 to 59
- 60 to 69
- 70 to 79
- 80 or older

#### \*Q3. What is your gender?

- Male
- Female
- Prefer not to say

#### \*Q4. What is your marital status?

- Married
- Divorced or Separated
- Widowed
- Single

#### \*Q5. Where do you live?

- United States
- Other Country - Please enter [Open-Ended]

[Ask if Q5 = United States]

\*Q6. Please enter the first three digits of your zip code. [Numeric Entry]

#### \*Q7. Are you employed in any of these fields? Please check one response on each row.

- Health care professional
  - Jewish community paid position
- Response Scale: Yes / No

[Ask if Q7 = Health care professional]

#### \*Q8. Please check the response that best describes your health care position.

- Physician
- Mental and behavioral health professional (psychiatrist, psychologist, LCSW, etc.)
- Nursing professional
- Allied health professional (PT, OT, technician, audiologist, other therapy field, etc.)
- Dental professional
- Other – Please describe [Open-Ended]

## Survey Questionnaire (Page 2 of 4)

[Ask if Q7 = Jewish community paid position]

**\*Q9. Please check the response(s) that best describe your Jewish community paid position. You may check more than one response.**

- [Ask if male] Shul rabbi
- Shul staff or administration
- Teacher in a Jewish school
- Administration in a Jewish school
- Work for other type of Jewish communal organization
- Other – Please describe [Open-Ended]

### HEALTH CARE ACCESS

**\*Q10. Do you have health insurance? Please check all that apply.**

- Employer or union-provided insurance
- Individual / private insurance (ACA / Obamacare, COBRA, short-term plan)
- Medicare, Medicaid / CHIP
- Other – Please describe [Open-Ended]
- None

**Q11. In general, how easy is it for you to get needed health care services?**

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

**Q12. When you need healthcare services, how often do you go to the following types of providers? Please check one response on each row.**

- A physician (MD or DO)
- A naturopathic doctor
- A functional medicine/ holistic doctor
- An acupuncturist or practitioner of Eastern Medicine
- A chiropractor or licensed massage therapist

Response Options: Often / Sometimes / Rarely or never

**Q13. Are there any barriers that make it hard for you at times to get needed health care services? Please check all that apply.**

- Cost
- Language
- Transportation
- Religious factors
- Not enough available doctors, providers, etc.
- Scheduling difficulties
- Other - Please describe [Open-Ended]
- None of the above

**Q14. In general, how comfortable are you in getting care from ...**

**Please check one response on each row.**

- A Jewish, but Non-Orthodox health care provider
- A Non-Jewish health care provider

Response scale: Very comfortable / Somewhat comfortable / Somewhat uncomfortable / Very uncomfortable

### HEALTH CARE ENGAGEMENT AND GENERAL KNOWLEDGE

**\*Q15. How would you rate your general knowledge of health matters, compared to others in your community?**

- Excellent
- Better than average
- About average
- Less than average
- Poor
- Don't know

**\*Q16. Have you had a ... Please check one response on each row.**

- Checkup/wellness visit in the past two years
- Flu shot in the past two years
- COVID vaccine in the past two years
- [Ask if woman 45+] Mammogram in the past two years
- [Ask if age 45-79] Colonoscopy or other test to diagnose colorectal cancer in the past ten years

Response scale: Yes / No / Not sure

## Survey Questionnaire (Page 3 of 4)

**Q17. How much do you rely on these sources for health news and information? Please check one response on each row.**

- Health care providers
- Family/friends
- Internet sites
- Social media (such as WhatsApp, Instagram, etc.)
- Programs in my shul or in the Jewish community
- Rabbis or other religious sources

Response options: Very much / Somewhat / A little bit / Not at all

**Q18. What other sources do you rely on, if any, for health news and information? [Open-Ended]**

### HEALTH CONCERNS

**\*Q19. How would you rate your personal health, compared to others in your community, of your age and gender?**

- Excellent
- Better than average
- About average
- Worse than average
- Poor
- Don't know

[Ask If Q19 Answered]

**Q20. Why do you say that? [Open-Ended]**

**\*Q21. Do you have concerns relating to your own health, in any of these areas? Check up to five.**

- Heart, cardiovascular, high blood pressure
- Cancer
- Diabetes
- Respiratory, asthma
- Arthritis, chronic pain, joints
- Mental health (stress, anxiety, depression, OCD, etc.)
- Substance abuse, addiction
- Neurological (headaches, Parkinson's, balance, seizures, etc.)

- Cognitive (Alzheimer's, memory)
- Kidneys
- Gastro-Intestinal
- Autoimmune conditions
- Infections
- [Ask of women] Women's health issues
- [Ask of men] Men's health issues
- Dental health
- Hearing loss
- Vision problems
- Nutrition, diet, weight
- Physical activity
- Other – Please specify [Open-Ended]
- None of the above

[Skip if Q21 = None of the above]

**Q22. Please describe concerns you currently have relating to your health. [Open-Ended]**

**Q23. What concerns do you have, if any, relating to the health of other people in your family (including parents, spouse, and any children)? [Open-Ended]**

**Q24. Do you have any concerns, either for yourself or a family member, relating to substance abuse or addictions (such as alcohol, smoking, drugs, gambling, inappropriate Internet sites, etc.)? [Open-Ended]**

### NUTRITION

**Q25. Do you follow a kosher diet?**

- Yes, always
- Most of the time
- Sometimes
- No

## Survey Questionnaire (Page 4 of 4)

### Q26. How would you rate your current weight?

- I am quite overweight
- I am somewhat overweight
- My weight is about right
- I am underweight

### Q27. Do you take any “natural supplements” (for example, herbal products, botanicals and plant extracts, probiotics)?

- Yes
- No

### \*Q28. How would you describe your overall eating habits?

- Very healthy
- Tends toward healthy
- Neither particularly healthy nor unhealthy
- Tends toward unhealthy
- Very unhealthy

[Ask if Q28 = Very or Tends toward healthy]

**Q29a. Why do you rate your overall eating habits as healthy?** [Open-Ended]

[Ask if Q28 = Very or Tends toward unhealthy]

**Q29b. Why do you rate your overall eating habits as unhealthy?** [Open-Ended]

### Q30. What are the main challenges you face relating to diet? Please check all that apply.

- Cost
- Availability of kosher healthy foods
- Lack of nutrition information, knowledge of healthy eating
- Time constraints to prepare meals
- Shabbat and Yom Tov meals, kiddush, etc.
- Simchas (weddings, etc.)
- Just bad habits
- Other – Please describe [Open-Ended]
- I don't have any challenges

### EXERCISE

### Q31. Do you feel you do enough exercise and physical activity (doctors generally recommend at least 150 minutes a week)?

- All or almost all weeks
- Most weeks
- Sometimes
- Rarely or never

**Q32. Any comments on exercise and physical activity?** [Open-Ended]

### FINAL THOUGHTS

**Q33. Do you have any thoughts on whether and how your religious observance has a positive or negative effect on your health?** [Open-Ended]

**Q34. Do you have any final thoughts or advice you would like to offer to people in your community relating to any aspect of the issue of health?** [Open-Ended]

### CLOSING

**Thank you for taking this survey. Please click on this LINK and you will be able to enter your email for the gift card raffle.** [Link to Raffle Sign-Up Screen]

**You may now close this window or tab to exit the survey.**



The study findings will be discussed  
on the Orthonomics Podcast

