The Amish
Cultural Influences on Health Care Beliefs and Practices
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Objectives
• Review the origins of the North American Amish population
• Review cultural beliefs and practices that may influence health care behaviors among Amish populations
• Review clinical best practices to maximize the effectiveness of health care provider relationships with Amish patients

Introduction
• European roots – Switzerland, Germany, Poland, Austria, the Netherlands
• Separation from Protestant and catholic faiths – “Anabaptists”
• A heritage of separatism from government – outlaw status in Europe
• Emigration to America in the 1700’s-1800’s
• Present day – 98% of Amish live in Eastern north America (30 US states and Ontario)
Cultural Characteristics

- Disclaimer – diversity exists in Amish culture!
- Overarching themes
  - Deliberate separation from the modern world
  - Avoidance of technology
    - English as a second language
    - Strong community support
    - Avoidance of higher education, abstract thinking, & competition
  - Tradition
    - Ordnung – unwritten rules defining forbidden behaviors
    - Rumspringa – Amish youth experience non-Amish culture, then choose to return to Amish or defect
    - Galassenheit – surrender to God’s will
    - Value good day’s work

Impact of Cultural Themes on Health

Theme 1: Separation from the modern world (“Plain”)

- Decreased access to health care services
  - Transportation and geographic distribution
    - Rural location – high patient-to-provider ratio
    - Drivers needed to access specialty services
  - Lack of technology
    - No phones for communication in emergencies
    - May need permission from church elders to use electricity for health care purposes
    - Decreased exposure to mass media
    - Decreased health literacy/knowledge
  - Health care financing with family cash or church “insurance”
    - Religious objections to receiving government assistance
Theme 2: Limited education

- Amish schools typically only go to 8th grade level
- Science and health education in Amish schools does not use current information

Theme 3: Tradition

- Large families are valued and average number of children per family is six, so birth control is not practiced
  - Lancaster County study – 84% married compared to 56% of general population, and 56% reported having ≥5 children
- Amish motto taught to school children sums up approach to life – JOY – may result in decreased prevention behaviors
  - Jesus first
  - Others second
  - You last
- Intermarriage and tight community may increase susceptibility to recessive genetic disorders
- Oral tradition – not as receptive to written protocols and documents
- Fastest growing religion in the US

Four Types Of Health Care Practices Found in Amish Communities
Folk Resources

- Used commonly for non-emergent conditions
  - Ointments and herbs for poison ivy and colds
  - Drawing pain
  - Sympathy healing
  - Amish “doctors” – unlicensed, untrained. May claim to be dentists, midwives, physical therapists, chiropractors. Accept donations

- Some have benefitted mainstream medicine (Burn salve B&W ointment covered by burdock leaf) invented by John Keim (“divine guidance” after his child was severely scalded approved for use in some hospitals)

Alternative Resources

- Reflexology (more infrequent due to cost)
- Nutritional supplements (“natural” remedies often favored because they are deemed to be closer to God)
- Acupuncture
- Mexican clinics – incorporate alternative approaches and save cost (total joint replacement and hysterectomy)
- Chiropractic – 40% of Amish report visiting a chiropractor regularly
- May fall victim to quackery

Standard Resources

- Mainstream medicine
  - Progressive sects use freely
  - Emergencies or serious injuries only in more traditional sects
  - Blood transfusions and blood donation are both acceptable
- Infrequent use of low-invasive fertility treatments

- Conflicts with medical community
  - Immunization
  - Birth
  - Treatment refusal in end-of-life situations, chemotherapy/radiation
Church/Community Resources

- Christian duty to bear each other’s burdens – 97% use family gathering activities to aid healing
  - Large groups of visitors
  - Prefer at home care whenever possible
  - Cards, circle letters, and monetary gifts common
- 97% of Amish use prayer for healing
- Anointing with oil to show acceptance of God’s will

Special Conditions/Populations

Cardiovascular Health

- Heart disease is the number one killer of the Amish, followed by accidents
- Peer pressure exists to eat high fat food items, and prevention is not a priority due to external locus of control
  - 82% in Lancaster PA reported consuming raw milk >4x/week
- May use chelation therapy for atherosclerosis – can lead to shock, acute renal failure, and sudden cardiac death
- Believe in keeping body alkaline by eating fresh fruits and vegetables, and may resist cardiac medications they believe will make the body acidic
  - Recent research found Amish and Mennonite populations in PA come much closer to recommended intake of fruits and vegetables than the general population
### Cancer
- Ohio Appalachia cancer rates Amish: 389.5/100,000 had cancer
  - Non-Amish: 646.9/100,000 had cancer
- Possible reasons
  - Lifestyle
  - Environment
  - Genetics
  - Low screening rates – usually late stage when detected
- Treatment – many would consent to chemo and radiation, but Swartzentruber would not

### Women’s Health
- Amish female BMI 24.5, non-Amish white 26.6
- Close intermarriage avoided due to awareness of genetic disorders
- May use birth control (uncommon)
- Generally take prenatal vitamins and get prenatal care, more likely to give birth at home, especially if Swartzentruber or Old Order Amish
- Infant mortality and pre-term birth rates are similar to non-Amish whites
  - Biggest barrier to newborn screening is lack of access
- Low birth weight rates are lower than non-Amish whites
- Other children in the family may not be included in peripartum care discussions – they are taught babies arrive directly from Heaven
- Domestic abuse may be kept secret if it occurs
- Guilt may be felt due to stillbirth or miscarriage
- Self-rated mental health much higher than non-Amish whites

### End of Life Care
- Generally comfort measures only
  - Heroic measures generally considered to be against God’s will
- Prefer to provide care at home
- Do not use nursing homes for elderly or the disabled
- May use hospice services
Trauma

- 2nd leading cause of death is accidents
  - PA study 2010-2013 – 89.4 crashes involving horse and buggy per 100,000 Amish population per year
- Hospital length of stay > 5 days
  - Amish – 2.7% despite more severe injury
  - Non-Amish – 4.8%
- Amish have 72% lower rates of dying from their injuries than non-Amish
- Illness/disability defined by the Amish as inability to function in work role
  - Disabled still work – do less physically-demanding jobs or home chores

Mental Health

- Historical barriers to accessing care
  - Fear that psychotherapists will suggest leaving the community and religion
  - Amish tradition of focus on the community, not the individual
  - Belief that excessive thought/reflection detracts from simple Christian life
- Increasing acceptance of drugs and therapy for anxiety and depression
  - Patient may want the caregiver to self-disclose and possibly to discuss patient care with church elders
- Community-based care
  - Group retreats focusing on marriage and parenting coping strategies
  - Care centers that are a hybrid of the Amish folk medicine and modern medicine in a low-technology setting

Pediatrics

- Kids drive horse teams by age 10; most 5 year olds have various chores that involve increased contact with large animals whose behavior is unpredictable
- Top 3 farm-related trauma in kids
  - Run over by wagon
  - Direct animal injury
  - Crush Injury
- Effective farm safety programs
  - Farm safety workshops and councils
  - Farm safety coloring books – religious sensitivity
  - Farm safety board games
  - Provision of slow moving vehicle placards
  - Culturally sensitive classes taught in Amish schools
- Care considerations include providing handmade, simple toys during hospitalizations and being aware that younger children may not have learned English yet
- May be exposed to tobacco during runspings and substance abuse may occur
- May lack immunization to diseases like polio due to low vaccination rates (Lancaster study – 52% immunized at some point, compared to 90% Mennonite)
  - Ohio Measles outbreak of 2014 – aggressive outbreak response credited with preventing spread to the larger population
**Pediatrics**

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<thead>
<tr>
<th></th>
<th>Obesity Rate</th>
<th>Overweight Rate</th>
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<tbody>
<tr>
<td>Amish children</td>
<td>1.4%</td>
<td>7%</td>
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<tr>
<td>Non-Amish children</td>
<td>8%</td>
<td>25%</td>
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- High rates of physical activity due to agrarian culture
- Amish children take 6,000 more steps per day than North American non-Amish; 3,000 more steps per day than European children

**Genetics**

- Good understanding of heritability due to breeding animals
- Some genetic risks, and some protections
- Participation in genetic research
  - Readily participate and express a desire to help all people by participating in research
  - Genetic testing labs have been started that contribute to the body of research
  - Generally do not allow recording of research interviews

**Asthma**

- The Lancaster study noted lower prevalence of asthma among the Amish compared to the general population
- A recent abstract noted a 2-3% incidence of asthma in Amish from Indiana, but ≥15% incidence in a similar community in South Dakota that uses more modern farm technology (implication: possible connection between asthma and farm chemical exposure in respiratory tract)
Case Study

• Five-year-old female (Sarah*) from Guernsey County, OH
• Kicked in abdomen by a horse
• Treated at pediatric specialty hospital nearly 2 hours from home for 2+ weeks
• Barriers/issues included decreased access to care, decreased health care literacy, technology limitations for aftercare

* Names used have been changed to protect privacy

Strategies for Providing Culturally Competent Care to the Amish

• Incorporate alternative health care practices into treatment plan
• Keep cost low
• Utilize culturally sensitive educational materials and advertisements
• Establish a long-term relationship with the community
• Don’t assume basic knowledge of human anatomy/physiology
• Negotiate change, do not force it because compliance with tradition is important to Amish people
• Keep language simple and honest
• Translation services may be needed
• Always ask about use of herbal remedies and dietary supplements
• Consider providing care in the community
• Injury prevention efforts should focus not just on Amish using roadways, but on motorists in the area

Conclusion

• Much can be learned from studying the Amish culture that can help health care providers modify their approach in a culturally competent way
• The Amish community’s willingness to participate in research can benefit people around the world
References

References


- Rogen, A., Hart, M., Rogen, F. E., Lee, J., & Kohut, M. (2013). From the barn to the operating room and back: The Amish way of death is improved throughout and outcomes following trauma. Journal of Trauma and Acute Care Surgery, 0(0), 1-4. doi: 10.1097/JTA.0b013e3182a886e4


