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Health Beliefs, Health Practices, and Health-Seeking Behaviors among Swartzentruber Amish in Clark County, Wisconsin

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Abstract: Although the literature contains valuable information about Amish culture, few qualitative studies have been conducted on the health beliefs, health practices, and health-seeking behaviors of the Swartzentruber Amish, the most conservative group of Old Order Amish. The purpose of this study was to describe these dynamics for the Swartzentruber Amish of Clark County, Wisconsin. Utilizing the grounded theory approach, 25 participants were interviewed and seven themes were identified: shared decision-making is common in families; causes of illness are believed to be etiological or the will of God; home remedies are the first choice; preventive medicine is an unfamiliar concept; health information is sought from within their settlement; and professional medical care is a last resort in treatment. These Amish identified several obstacles to seeking or using professional medical care: unfamiliarity with the English medical system; communication barriers; lack of trust in medical professionals; the high cost of medical care; belief of diminished or no say in a child’s healthcare; and concern about prescription drugs. An understanding of the Swartzentruber Amish is important if healthcare professionals are to provide them with culturally congruent care. Numerous recommendations based on the findings are included for healthcare providers. [Abstract by author.]

Keywords: Old Order Amish; boundary maintenance; grounded theory; powwow; dentures; Pennsylvania German; home remedies; community health

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INTRODUCTION

This study focused on the general health beliefs and practices of the Old Order Amish, specifically the Swartzentruber settlement in Loyal, Wisconsin. The Swartzentruber Amish are one of the largest and most conservative subgroups of Old Order Amish (Petrovich 2017). Members of the Loyal Amish focus their life within their settlement in order to keep themselves separated from the “English” world. It is important to study this distinct population for three primary reasons: the Amish population in the United States is increasing rapidly (Donnermeyer and Anderson 2015); their healthcare practices are culturally laden; and the availability of culturally congruent care is a critical aspect of public health.

The Amish consider good health to be a gift from God, with contributing factors being hard work, clean living, and a well-balanced diet. They define illness as a condition that makes them unable to work. Conservative Amish groups are mostly uninterested in preventive care such as cancer screenings and such but modern medical culture can alienate them if healthcare is not done in a culturally appropriate manner. To them, the concept of preventive medicine is not taken for granted (e.g., immunizations and dental care). They do not reject modern medicine or hospital care, but it is usually not their first choice (Anderson and Potts 2020).

Although the Amish access western and allopathic medicine, they also use an elaborate folk healthcare system. The Amish base many health-related decisions on prayer and faith in God, and a family may seek health advice from the church’s pastors or bishops. The Amish may also consult alternative health providers such as herbalists, reflexologists, lay midwives, or brauche practitioners (a variant of faith healers, who use words, charms, amulets and physical manipulations for healing; the practice is also known as powwowing) (Schaft 2020; Anderson and Potts 2020). The choice of a specific healthcare provider may be based mainly on suggestions from other community members (Banks and Benchot 2001) since the Amish prefer to be taken care of by someone who is understanding of their religious and cultural values, beliefs, and traditions (Schaft 2020).

The Amish seek an environment that supports and encourages their way of life and belief system; they are reluctant to disclose these lifestyle preferences to outsiders, a practice known as “boundary maintenance” (Reiling 2002).

Boundary maintenance can also be referred to as boundary consciousness, in which groups or communities bar the out-group and keep in-group members within culturally set “boundaries” of compliant behavior. Boundary maintenance protects traditions and promotes in-group cohesion. Amish individuals are conscious about their identity as a people and the threat of losing that identity via assimilation. Hence, they tend to be suspicious of new outside influences, particularly those of the state, perhaps more than any other ethnic or cultural group. One example, on a national level, is the Amish resistance to and exemptions from joining the military, compliance with the Social Security Act, and compulsory education for their children beyond the age of 16 (Reiling and Nusbaumer 2002).

An Amish family may wait until illness symptoms are severe before seeking service from the “English” healthcare system. Economics play a major role in the decision (Schaft 2020). Some Amish will not hesitate to seek medical care for obstetrical needs and traumatic injuries (Rohr, et al. 2019). But if hospitalization is necessary, Amish stay as short as possible (Schaft 2020).

Research about their choice of healthcare—whether folk or professional—shows that it has often been based on whether the condition needing attention was chronic or acute. As a result, many Amish have a tendency to wait until an illness is acute before seeking doctors and other medical specialists and care. Folk medicine costs less and allows the Amish family control that is firmly rooted in the family and the faith. When English healthcare is utilized, many Amish state they desire a payment plan system because it allows them to incrementally pay off the services as monies become available (Rohr, et al. 2019).

Transportation issues are also an identified barrier for Amish seeking health care, since their primary mode of transportation is horse and buggy. When horses cannot reasonably accomplish travel distances, many Amish either hire a driver to pro-

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1 “English” is a term used by Amish informants in this study to describe non-Amish individuals of European descent who live in mainstream society.
provide their transportation or rely on public transportation, which can be very difficult.

**Gaps in Research**

Although the literature contains valuable information about the Amish culture, few qualitative studies on Swartzentruber Amish healthcare have been conducted (Anderson and Potts 2021). Few studies focus on their health beliefs, practices, and health-seeking behaviors. Another gap in knowledge is information about the Amish in Wisconsin, a rural state with a large Amish population. The growth of the Amish population increases the likelihood of healthcare providers attending to Amish patients. Because some health beliefs of the Amish differ from those of the general population, there is a responsibility to understand the culture and provide culturally sensitive care. Research focusing on the health beliefs, practices, and health-seeking behaviors of the Swartzentruber Amish is needed as a resource to be used by healthcare providers who treat these populations.

**METHODS**

The purpose of this qualitative, exploratory study was to describe the general health beliefs, practices, and health-seeking behaviors of the Old Order Amish, specifically the Swartzentruber Amish, in Clark County, WI.

The target population for this study consisted of 100 Amish families from the Loyal settlement of Clark County, WI. A random sample of 30 Amish landowners was taken from the Clark County Plat Book. Plat books make use of the Public Land Survey System to represent land ownership patterns by county. To ensure that families who did not own property were included in the sampling, a random sample of renters was also used. A local Amish pastor provided a list of Amish families who rent property and are not listed in the Plat Book. Inclusion criteria for respondents included Amish adults from the Loyal Swartzentruber settlement, age 18 and above, who speak and understand English, and were willing to participate in the study. An initial 12 families were interviewed (nine homeowners and three renters), and the information was analyzed. When possible, both the husband and wife were interviewed together. For theoretical data saturation, three secondary interviews were conducted with different families (two homeowners and one renter) to uncover new data or concepts. Since no new concepts were gleaned from the secondary interviews, no further data was collected.

Several ethical considerations were made regarding this vulnerable population. Before data collection began, approval was obtained from the Medical University of South Carolina (MUSC) Institutional Review Board for the Protection of Human Participants. It is important to note that the interviewer established trust in the community, specifically with one Loyal settlement family prior to the research. To recruit participants, the researcher conducted “cold-call” visits to each randomly selected family to explain the study, answer questions, dispel concerns, and establish rapport. The families were also given a letter explaining the purpose of the study, methods of research, and contact information for the researcher. The participants were also given a choice of dates and times, with the intent of scheduling a meeting at the most convenient time for the participants. In addition, they were given a consent form at the initial home visit and a copy of the research questions to review before the interview.

To ensure confidentiality, a number was used to identify each interviewed household. One list was printed out with the names of the participants, some of whom were husband and wife, and was correlated with their assigned number. This list, along with the signed consent forms, was kept separate from the field notes and demographic forms, thus ensuring confidentiality of the participants.

The risk of physical or psychological harm to the participants was expected to be minimal, if any. All participants were informed that they were not required to participate in the study and would not be penalized for declining participation at any point. Participant requests for a recommendation for referral were referred to an appropriate professional. At the beginning of each interview the participants were asked nine demographic questions. See Table 1 for demographic data.

Using the Grounded Theory approach, eliciting theory from data, and moving from the specific to the more general perspective (Strauss and Corbin 1998), qualitative methods were used to gather data for this topic since little is known about the health beliefs, practices, and health-seeking behaviors of the Old Order Amish in Wisconsin.
Qualitative techniques are especially relevant in areas where there has been little previous research and there is a need for discovery, descriptive accounts, and an understanding of how people interpret and explain a social phenomenon or personal experience (Patton 2001).

Data were collected through semi-structured interviews and field notes from January 2014 to February 2014. A semi-structured interview guide (Appendix) was used to encourage the participants to respond to the questions. To ensure cultural appropriateness, a well-respected pastor in this Amish community reviewed all questions before use in the interview guide. As opportunities arose, probing questions were asked to help elicit information unique to experiences within families and answer the questions that asked about demographics, decision making, health care beliefs and practices, reasons to not seek medical care, and health seeking techniques.

It was assumed that participants answered the questions with complete honesty. The interview took as much time as necessary, allowing the participants adequate time to express their thoughts. Each interview lasted approximately one hour. Although audio recording is a common practice in ethnographic research, it was not used in this study out of respect for Amish culture. Thorough, accurate field notes were taken to reduce the chance of misunderstanding the participants and ensuring credibility. Each participant reviewed the data after they were transcribed to ensure accuracy of the themes, and some added additional information in areas they wanted to expound upon.

Semi-structured interviews were conducted and transcribed immediately. Data were systematically examined for emerging codes, themes, and patterns. The researcher categorized the quotes into codes and then the codes into categories and themes that study participants discussed. This allowed for the analysis of any relationships found in the data.

### RESULTS

#### Description of Sample

The sample for this study consisted of 25 individuals, 12 men and 13 women, who resided in the Loyal, Wisconsin, Old Order Amish settlement. Five individuals who were selected by random sample of households declined to participate. All participants were Caucasian and were from the Old Order Amish Swartzentruber settlement. The age of participants ranged from 24 years to 62 years. All of the participants were married except for one and all had children except for four. Each of those four participants who did not have children provided reasons: not married, currently pregnant, recently married, and having fertility issues. Eleven of the 15 families had a median number of 11 children. Of the 15 households, a mean of five people resided in each household. See Table 1.

Each participant attended school through the 8th grade. Several of the older participants mentioned completing the 9th grade (prior to 1972, when the Supreme Court of the United States granted Amish and other religious minorities the right to remove their children from schooling after the 8th grade for religious reasons) (Wisconsin v. Yoder, 406 U.S. 205 [1972]). Nine out of 12 men listed farming as their primary occupation and each operated a variety of at-home businesses, such as architecture and construction, basket and leather goods store, buggy and harness shops, engine repair shops, shoe stores, sawmills, organic produce or herbal medicine. Each female participant said her primary occupation was housewife; some operated a variety of at-home businesses such as dry goods, bulk foods, or fabric stores.
Healthcare among Swartzentruber Amish—Schoessow

Interviews

This research study focused on understanding the local health beliefs, practices, and health-seeking behaviors of the Old Order Amish of the Loyal settlement in Clark County, WI. Seven principal themes emerged from analysis of the interviews: (1) shared decision-making is common in families, (2) causes of illness can be etiological or the will of God, (3) health information is sought from within their boundary system, (4) home remedies are the first choice in treatment/prevention, (5) preventive medicine is an unfamiliar concept, (6) English medicine is a last resort in treatment, and (7) several major barriers discourage respondents from seeking or using professional medicine.

1. Shared Decision-Making

Shared decision-making between the husband and wife is common in the Loyal settlement. Both the husband and wife make decisions together regarding their family’s health and healthcare spending. While women take on the primary responsibility of the everyday health needs of the family, the husband becomes increasingly involved as the importance and cost of healthcare decisions increase. Similarly, when the husband or wife suffers a health crisis, grown children increasingly become involved in the healthcare decisions of their parents. When asked about decision-making responsibilities, a husband and wife stated,

[Husband:] We try and work together on making decisions. [Wife:] As the wife, I guess I take care of the minor, everyday things. When there are bigger issues, I will ask what my husband thinks. [Husband:] We help each other. We have a joint checking account and we each have a responsibility in spending the money.”

Similarly, another couple said

[Husband:] When we get married, we are one. This means we make decisions together. We help each other. [Wife:] It’s not just one person’s job but now that we are getting older, and my husband is having medical issues, we have the children involved to help us.

2. Causes of Illness Can Be Etiological or the Will of God

The Loyal settlement believes illness can be either caused by biomedical/etiological conditions or be the will of God. Those with a biomedical/etiological approach view illness as caused by germs, a poor immune system, and lack of or poor nutrition, among other things. Others in the settlement view illness as an effect of sin and a punishment from God. Several respondents were similar to this participant who reported,

Germs from other people can make someone sick, even having an unclean home or a rundown body can make you sick. God could definitely punish someone with an illness if they weren’t living right. It’s like if life was easy – we wouldn’t rely so much on God.

3. Health Information Is Sought from Within Their Boundary System

The Loyal Swartzentruber Amish seek health information from trusted sources within their trusted boundary system. Family members, elders in the community, and close friends are the primary sources of medical information. Other trusted sources of medical information are families within the settlement that have an interest in medicine, such as the local herbalist or their denture maker. Home-remedy books are also a common source of knowledge for participants and are commonly found in every Amish house. If medical attention is still required, respondents would seek medical advice from one of two local English physicians who have a long history of working with the local Amish settlements. They are well known and trusted English who promote herbal medicine and who will financially work with self-pay patients. Likewise, the Amish will seek out medical advice from a Mennonite herb store owner or an Amish community member who owns and operates an herb store for the settlement. One female participant respondent said,

We are not against seeking out English medical care. We will go if herbal medicine does not work. We will go to the doctor or take prescription medicine if need to. We have our way of living, based on the Bible, and they “the English”
have their ways. The two worlds can remain separate.

4. **Home Remedies are the First Choice in Treatment/Prevention**

Home remedies are the first choice for the treatment of common illnesses. The respondents have a high respect for traditional home remedies that are based on historical treatments from previous generations, which used herbal medicine as well as tinctures and essential oils. They will often try a traditional herbal concoction for ailments such as respiratory illnesses and even burns before turning to an English doctor. Many in the settlement also use two unique forms of folk medicine: brauche and drawing pain. Brauche, although not widely practiced in the settlement, is commonly used to cure colic in babies and can sometimes be used to treat other ailments such as burns. When asked to describe brauche, a male respondent said, “It’s a tradition of taking a string and an egg and it pulls the sickness from a child. You can only learn it from a female and you can only teach a female.” However, some Swartzentruber Amish in the settlement believe brauche to be similar to witchcraft and will not seek a braucher for help. One respondent said, “I don’t believe in brauche, I think it’s witchcraft and I don’t know if we have anyone in our community who does it.” Another respondent stated,

My mother used to powwow. I don’t have anything against it. She taught me how to do it. It’s commonly done on babies and you pray for the child when doing it. She used to powwow on Easter Sunday mornings during sunrise. It can be done for burns too. Only our family knows that I can do this.

The most commonly accepted form of folk medicine practiced by the Loyal settlement is known as “drawing pain.” Drawing pain is typically done to relieve pain in babies or from individuals suffering a major illness, such as cancer. The practitioner draws pain or electricity from the patient and then washes it off. One male respondent said,

We believe in the power of drawing pain. I’ve done it on our children when they were babies. After I do it, my arm hurts. Also, I will do it if someone is really sick, like with cancer. Many people can come and draw pain at one time on a person. When I’m done drawing pain, I wash my arm off with water and my pain goes away. It’s like washing off the electricity.

5. **Preventive Medicine Is an Unfamiliar Concept**

Preventive medicine is not commonly practiced by most Swartzentruber Amish in the Loyal settlement. Many were unsure of the concept. Upon explanation and examples, survey participants typically stated they use herbs, vitamins, or minerals as preventive medicine or to cure an illness in its beginning stages. Key preventive medicine topics such as vaccinations, dental care, exercise, and health screenings were discussed in depth:

(1) **Vaccinations** are historically not promoted or discussed within the settlement, causing many to assume the practice was not permitted. Vaccinations are viewed as unsafe with numerous harmful side effects. Additionally, the respondents believe God will protect them from diseases commonly vaccinated for in English populations. There is also a fear that vaccinations could be used by the government to place tracking devises in humans or as a way to manipulate mind control. One respondent said, “We’ve never thought about immunizations as a possibility before.” Another said, “We don’t do vaccinations. If we are supposed to get it [a disease], we will. Some people think that if they go for a vaccination, the doctors would put a chip in their brain.”

(2) Within the Loyal Amish settlement, it is not common for families to practice oral hygiene. **Dental care** (regular visits to a dentist for cleanings and brushing teeth) was not promoted during their childhood and therefore is not practiced today, although they desire better oral health care for their children. One respondent reported, “We were never taught about it; we brush our teeth maybe one or twice a week. It’s not routine for us, we are always busy.” It is common for the Loyal group to take their children, beginning at age 14, to a neighboring Amish dentist when their children begin to have tooth aches. The dentist will begin extracting teeth as necessary and by the time the child is 18 to 21 years of age (the age when Amish can become baptized and become adult members of the church, the child will be fitted for dentures
by a local denture maker. It is believed that having dentures is a less expensive route to dental care over daily brushing. Additionally, this population does not consume a lot of retail-based vitamin fortified dairy products such as milk, cheese, and yogurt, which have been demonstrated to be beneficial to oral health. Lack of consumption of consumer dairy products is due to no refrigeration techniques used in this conservative Amish group. Reasons for no oral care include: lack of education in proper technique, lack of desire for proper oral health care, high cost of seeing a dentist, and acceptance that everyone will eventually get false teeth. Therefore, with the lack of calcium in their diets and the lack of oral care, it is common practice for decayed teeth to be pulled and for Amish as young as their late teens to receive dentures, often made by someone in their settlement. One respondent said, “We just don’t get it done. There are better things to do. It’s just expected that we will get dentures.” While another participant said “We don’t get calcium like you English. We should take supplements because we don’t drink milk so that’s one benefit of being English.”

(3) The Loyal Swartzentruber settlement views physical exercise as important to their health and as something that should be practiced regularly. Men in the settlement who work on farms commonly report their daily chores provide enough exercise, while men whose jobs are outside farming feel they need extra exercise to maintain a healthy lifestyle. Additionally, Amish women who help with barn chores, in this study, were more likely to feel they receive enough exercise, while women who did not help with barn chores report feeling additional exercise (such as walking or stretching) would be beneficial to maintain a healthy lifestyle. A female respondent reported “More activity might be good. It feels like housework is enough exercise each day for me.” While a male respondent said, “The chores we do is usually enough exercise. It depends what’s bothering you. Sometimes I’ll try to do stretches in the mornings if I ache somewhere.”

(4) The practice of receiving health screenings is uncommon to the Old Order Amish of the Loyal settlement. Upon explanation of health screenings, those who agreed with the concept viewed the procedures as beneficial as long as they are not cost prohibitive. Those who were not supportive of the idea viewed health screenings as unnecessary and only to be used if there is suspicion of a disease. One respondent stated, “It sounds like a good idea but we Amish are self-sufficient. We got nothing to do with insurance. We would go if they were low-cost.” Another respondent said, “It’s not something I’ve ever heard talked about.”

6. English Medicine Is a Last Resort in Treatment

The Swartzentruber Amish will utilize professional or English medicine as a last resort for the prevention or treatment of a disease. Professional or English medicine is only used when traditional home remedies do not work or in cases of an emergency.

7. Barriers to Seeking or Using Professional Medicine

At least five barriers impact Swartzentrubers’ ability to access routine health care.

Unfamiliarity with the Professional Medical System: The Swartzentruber Amish view the professional medical system as unfamiliar and complex due to their lack of experience dealing with doctors and hospitals. They feel overwhelmed by the machines, procedures, and questions asked of them since many have never been to the doctor or have rarely sought professional medical care. Also, English is not the primary language for these Amish, and many find scientific jargon intimidating. One respondent said,

Our first language is Pennsylvania Dutch/German and just like how we are talking now, we need to think of what you are saying in English and try to figure out how to say what we need to in a different language from what we speak every day.

Distrust in, and Cost of, Professional Healthcare: Lack of trust in healthcare professionals is another major barrier faced by these Amish, along with the high costs of modern healthcare since no one in the settlement has private insurance. One respondent said,

The medical system, as it is now, is quite foreign to us. We don’t understand why you would go to the doctor when you are healthy. One time we went to the doctor and they asked us who our primary doctor was and we didn’t know who to
answer that question. We didn’t grow up going to the doctor regularly. We don’t see it as necessary.

Another respondent stated,

We have to weigh the costs of seeking English healthcare. We may think, the medical treatment may only give me so many years to live and that will cost me a certain amount of money. If I do this treatment, I could lose my farm and it may not be worth it. Seeking English medicine will depend on cost and a person’s age.

Transportation: Transportation problems also make it difficult for this group of Amish since their primary means of transportation is the horse and buggy. Multiple respondents reported that it is difficult to seek out English medical care because it would take several hours by horse and buggy to see the closest physicians. There are two hospitals in the area that offer discounts to the Amish but they would need to hire a driver to take them by car 1.5-3 hours away for services. It would be a costly trip and hard to make a return trip because they would need to use a telephone to communicate with drivers. Additionally, the Swartzentruber Amish in Loyal do not believe in taking a helicopter in the case of obtaining emergency services, unlike their neighboring Amish settlement. One respondent said, “We don’t believe in Life-Flight. We don’t believe in flying. It’s against our religion.”

Diminished or No-Say in a Child’s Care: Another barrier identified within the Swartzentruber settlement is the fear that parents will have a diminished or zero control in their children’s medical care. It can affect if or when a child is brought in for professional medical care. Multiple respondents voiced concern about the English medical system as it pertains to seeking healthcare for their children. One mother stated,

We are especially cautious about taking our children to the doctor because we may not have a say in their care. We have heard many times about families who had to fight to have a voice in their children’s care. Because of this, we work so much harder to keep our children out of the hospital.

Concerns about Prescription Drugs: Lastly, the Swartzentruber Amish have a concern that prescription drugs have too many harmful side effects. Multiple respondents echoed the same concern like this respondent said: “Drugs are wonderful in their place but too many are not good because of the side-effects.” Another respondent stated, “Anything natural doesn’t have side effects. God wouldn’t make an herb that could harm us. There is nothing better than what God made. There is nothing worse than man-made drugs.”

DISCUSSION

Study Limitations

This research study has several strengths: (1) all research interview paperwork was reviewed and approved for appropriateness by a trusted settlement minister; (2) households were randomly selected; (3) face-to-face interviews were conducted; (4) husband and wives were interviewed together; (5) participants varied in age and occupation; and (6) transcripts from the interviews were reviewed for accuracy. An additional strength of the research study was the high participation. Factors relating to a high response rate include the following: the interviewer established trust prior to the research with a Loyal settlement Amish family; in addition, severe cold weather at the time made it difficult for husbands to work outdoors on the farm, which provided time for the researcher to conduct the interviews.

It is important to note, this research study was conducted among one of the world’s most conservative groups of Amish. Even among the Swartzentruber Amish, there are varying degrees of conservatism. For example, a Swartzentruber settlement 45 miles north of the Loyal Amish is considered more liberal in some beliefs. Caution needs to be placed on generalizing the research from this study if used with a more liberal sub-sect of the Amish population. Yet, more research needs to be done with ultra-conservative Amish groups to guide practitioners in population-specific care.

Several limitations of this study should be noted. Although trust with one Amish family had been established, a response bias may have occurred with other respondents distorting their responses to present a favorable image. Additionally, there may have been reluctance to disclose personal information to an outsider. Furthermore, the men and women interviewed in this study may not
be representative of all Old Order Amish, which may limit the transferability of the study.

**Recommendations for Healthcare Providers**

**Cultural Sensitivity**

Because the Amish are growing rapidly, it is important for healthcare providers to remember that just as various communities have different views and cultural beliefs, so too does each Amish population. A Swartzentruber Amish community will hold different values and norms from other neighboring Old Order Amish. For example, Swartzentruber Amish have strict views on cell-phones and accepting rides from English drivers.

For healthcare providers, it is advantageous to know of the various cultures in the areas they provide care. Healthcare providers should take time to understand the different beliefs of the Amish to provide the best possible care. In addition, healthcare providers need to be acutely aware of their own cultural biases, especially when those may be at odds with the Amish orientation. Likewise, healthcare practitioners should incorporate culture into plans of care and recognize the health beliefs, values, and practices of their patients that can differ from their own. It is important to develop and sustain a helping-trusting, authentic, caring relationship with Amish patients.

**Spiritual Beliefs and Alternative Healthcare Practices**

The respondents often stated that they try home remedies before seeking a healthcare provider. Healthcare providers may feel ill equipped to address these complementary and alternative medicine approaches because of limited knowledge and experience using them. Universities with health discipline degrees might intentionally integrate concepts and information about spiritual beliefs and alternative healthcare practices in the curriculum to prepare healthcare providers more adequately to treat the whole person and provide for culturally competent care.

Respect for the Amish way of life could lead to a partnership between the patient and the practitioner in the delivery of person-centered care. The healthcare provider should initiate the discussion about spirituality and the use of alternative healthcare in a nonthreatening and nonjudgmental manner. Moreover, being a trusted healthcare practitioner to the Amish requires a solid knowledge base of the holistic benefits of these beliefs and treatments, reinforcing practices that are not adverse. A broader education about complementary and alternative healthcare measures and therapeutic interventions will assist the healthcare practitioner in understanding and appreciating patients’ decisions to use spiritual and alternative healthcare practices. In addition, an expanded knowledge base among healthcare providers will enable them to educate the Amish more productively on the use of effective, higher-quality remedies at a lower cost. Finally, better medical preparation on these points may also engender in patients a higher level of confidence and trust in the provider. Universities with health discipline degrees might embed interpersonal communication skills within their courses to prepare healthcare practitioners to be culturally sensitive, and the administration of health care facilities should require all personnel that could work with Amish patients (patient representatives, social workers, discharge planners, financial counselors and other key patient and family resources) receive specialized cultural sensitivity training to meet the specific needs of this population.

**Communication**

Because English is the second language for the Amish, their oral English communication may come across as stilted or awkward. It is important for healthcare providers to understand that this does not reflect their intelligence or literacy. Just as with other cultural groups, who would generally require a translator, healthcare providers should provide an Amish translator or advocate during their visits to ensure they understand the medical and legal terminology and feel like their concerns have been heard. Additionally, healthcare facilities could mail written communication about what to expect during a doctor’s visit or a hospital stay prior to the patients’ appointments. Core services of the hospital, such as food service, chaplaincy services, patient information and communication, should be attuned to meet the diversity of the patients they serve.
Healthcare providers need to remember that many Swartzentruber Amish do not have telephones to call ahead of time to let a healthcare provider know of delays. Telephones are prohibited in homes in the Loyal settlement and the use of an English neighbor’s phone can only be used in the case of an emergency.

The participants in this study indicated that the best approach that a healthcare provider can take with the Amish is to talk simply and honestly with them. The Amish are not impressed with education and are disinterested in arrogant or bossy individuals. The Loyal Amish appreciate healthcare providers who are friendly, smile, listen, and explain things. Additionally, my findings suggest healthcare providers should be mindful that the Amish tend not to show affection like their non-Amish patients. Hugs are reserved for spouses, and handshakes are the norm. Likewise, the Loyal Amish appreciate learning about English medical practices and options for treatment/prevention.

**Transportation**

Healthcare providers need to keep in mind the transportation barrier faced by the Amish when developing a plan of care. The horse and buggy can usually travel about 10 miles an hour, which may make travel to healthcare facilities and hospitals a difficult task. Healthcare facilities should also have a place for the Amish to park their horses and buggy and might consider a water source for the animals. Although the Amish can and do hire drivers to take them to medical appointments, they are prohibited by their ordnung when they can utilize the services of others for transportation. For example, the Loyal settlement prohibits their people from hiring drivers if they can make it to the establishment within a certain number of hours by horse and buggy. Likewise, traveling in bad weather is another obstacle faced by Amish who travel by horse and buggy.

**Low Cost and Accurate Information**

Successful healthcare programs for the Amish must build on low-cost options, accurate information, and methodologies that integrate natural remedies and spiritual perspectives. The healthcare provider who wants to care for Amish patients should compare costs of services from other healthcare offices and then determine their best possible price to charge for those services. It is also advisable to publish those prices since it is common for the Amish to also compare prices. They will utilize services that are most affordable. Additionally, providers should initiate the discussion about cost considerations during the exam and be up front about costs of additional procedures.

A positive experience from a healthcare professional, including providing culturally congruent care, may provide opportunities to educate the Amish on health-related topics. Information about health prevention strategies or the potential dangers of herbal products may promote the health of the Amish, yet providers should find a way to be supportive of their generic practices.

For example, the Amish often do not receive immunizations, and therefore diseases which are uncommon to the English may be more common among the Amish. Healthcare providers play a vital role in the providing an excellent source of care for this population because of the family and community needs in a rural setting. Healthcare providers can use education to combat differing medical ideas and promote disease prevention, and should be open to discussing their patients’ religious views. Education can be vital in helping the Amish learn about various forms of preventive medicine and other forms of treatment.

**Conclusion**

Amish families are making different choices about their health care and about how to be Amish in an increasingly technological world. As the Amish population becomes more diverse, not only from their non-Amish neighbors but from each other, the challenge will be to understand the new bonds that are being forged within and between communities and the new markers of Amish identity that are emerging. Likewise, the challenge to healthcare professionals will also be to adapt their understanding to changing health beliefs, values, and health-seeking behaviors among the Amish.

**References**


APPENDIX: INTERVIEW GUIDE FOR STUDY OF SWARTZENTRUBER AMISH

1. Obtain demographic information:
   a. Name
   b. Address
   c. Sex
   d. Age
   e. Occupation
   f. Education level
   g. Marital status
   h. Do you rent or own your house?

2. Tell me about your family.
   a. How many children do you have?
   b. How many people live in your house?
   c. Who makes the health decisions in your family?
   d. When it comes to spending money on healthcare, who makes those decisions?

3. I would like to shift now to discuss health care beliefs and practices.
   a. What do you believe causes illness?
   b. When you or a family member needs medical care, what do you typically do?
   c. What are your thoughts regarding folk medicine such as brauche or powwowing?
   d. Please tell me about your beliefs regarding professional or “English” medical care, like going to the doctor and taking prescription medication?
   e. What are your thoughts on practicing preventive medicine? (immunizations, dental care, exercise, health screenings)
   f. When do you seek out professional medical care?

4. What are some reasons you do not seek medical care?

5. When you don’t know what to do about a health problem, what do you do? Who do you talk to?

6. What types of health topics would you like to learn more about?