Culturally Sensitive…
Individually Responsive

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“...discussion with Amish parents/kids of anything remotely sexual is usually taboo. They seem to have a tendency to favor altmed services, often for ridiculous reasons (chiropractors offering treatment for inborn errors, etc) but that may be merely anecdotal. How effective is their community funding approach for paying for medical care, used in place of Medicaid, BCMH, etc. Do they reimburse at 10%? 5%? Less than 1%? Latter would be my guess.”
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“When you’ve seen one Amishman, You’ve seen one (Amish man)...!”
Objectives

• Consider the Amish understanding of life, suffering, and death and how this impacts their healthcare decisions at the beginning and end of life

• Account for the collective decision-making process of Amish communities and how this can impact healthcare

• Recognize the beliefs and practices of Amish patients that impact patient care and utilize strategies to better incorporate these into their care plan

• Provide a tool for exploring culture
Mad River Family Practice
Case in Point: A Psychosocial Screen

Does Pt Have Other Symptoms (Other than Pain)? No: X

Any Recent Major Life Changes? No: X

Special Religious, Ethnic, or Cultural Beliefs or Needs That We Need to Know About to Properly Care for the Patient? No: X

Does Patient want to see Chaplain During Hospital Stay? No: X

Alternative Therapies at this Time: No: X

Offer Chaplain Referral forExpressed Spiritual/Religious Needs

Safety Screen

Date of Last Tetanus? NA: X

(Complete for ages 17 and under)

Flu Vaccine? No: X
Who are the Amish and Mennonites?

- A culturally and genetically distinctive group of people of Swiss-German descent; a religious group arising out of the Protestant reformation - Anabaptists or “rebaptizers”
- 1693 - Jakob Amann, separated from the followers of Menno Simons (Mennonites) over the use of the “ban” and “shunning” in church discipline, a way of maintaining purity and an identity separate from the world
- As a result of this separateness, the Amish have remained distinctive in their dress and way of life
- Genetically distinct as well, including the amplification of recessive genetic disorders within a closed community
Amish in Ohio
Amish in Ohio
Who are the Amish and Mennonites?

- John Hochstetler, *Amish Society*
- Donald Kraybill, *The Riddle of Amish Culture*
- Elton Lehman, as told to Dorcas Sharp Hoover, *House Calls and Hitching Posts*
- Wayne Weaver, *Dust Between My Toes: An Amish Boy’s Journey*
- Penny Armstrong, *A Midwife’s Story*
- Third Way Café
  [www.thirdway.com/Menno/](http://www.thirdway.com/Menno/)
1. God determines life and is an active and present force in the lives of individuals

2. The Community responds to this belief in particular ways, including:
   a) A deferment of individual will to that of the authority of God and Community (\textit{Gelassenheit})
   b) Appreciation for a set of rules guiding behavior (\textit{Ordnung})
   c) [Stewardship]

Gelassenheit

• The calmness, coolness, composure, or contentment that comes from self-surrender and humility; the subjugation of my own will to that of God and the Community of faith

• Martin Heidegger, 20th century German philosopher - “the willingness or ability to let things be as they are, in their uncertainty and mystery”

• [Not to be confused with fatalism or passivity]
  – “Let this mind be in you, which was also in Christ Jesus: Who, being in the form of God, thought it not robbery to be equal with God: But made himself of no reputation, and took upon him the form of a servant, and was made in the likeness of men: And being found in fashion as a man, he humbled himself, and became obedient unto death, even the death of the cross.” (Phillipians 2:5-8)
Ordnung

- Order or orderliness; a shared understanding and framework for living
  - *The people just know it, that’s all. Rather than a packet of rules to memorize, the Ordnung is the understood behavior by which the Amish are expected to live.*” Donald Kraybill, *The Riddle of Amish Culture*
- Communal and local - a balance between tradition and change
- Not “groupthink,” but deliberate thinking as a group
  - *Thoughtful and not mindless in adoption of new rules*
  - *Respectful of authority and the opinion of others, but also respectful of the redemptive nature of community*
  - *Humble*
- No central church government; each assembly is autonomous and its own governing authority
- Largely unwritten, yet defines the very essence of Amish identity
Stewardship

• Life (money, land, health) is a gift I do not own alone, something with which I’ve been entrusted, to be appreciated and tended with respect
• With regard to finances, this is God’s money, the Community’s money, and I need to spend it wisely, as in the “parable of the good steward”
• A balance between individual responsibility and responsibility for each other and to each other
• Children, even those with profound disability, are also a gift, e.g. the “Clinic for Special Children” in Pennsylvania
• “Do you think it’s necessary?”
“Most Amish and Mennonite groups do not oppose modern medicine. Their readiness to seek health services varies from family to family. Nothing in the Amish understanding of the Bible forbids them from using modern medical services, including surgery, hospitalization, dental work, anesthesia, blood transfusions, etc. They do believe, however, that good health, both physical and mental, is a gift from God and requires careful stewardship on the part of the individual. With few exceptions, physicians rate the Amish as desirable patients: they are stable, appreciative, and their bills will be paid. They do not have hospitalization insurance, but they band together to help pay medical expenses for anyone of their group who needs financial assistance. A designated leader in the Amish community is given responsibility for their mutual aid fund.”

Amish FAQ

https://amishreligiousfreedom.org/amishfaq.htm

(Accessed 12-23-2016)
Who Provides Primary Care?

- Self
- Mother
- Wife
- Other relative
- Herbalist or lay midwife
- Bishop
- Chiropractor
- Family doctor - I am the “octenary care” provider and folks at the “tertiary” care centers are way beyond that!
  - I am one of many consultants
  - Although very respected, I am “not God” and neither is anyone else!
Suggested Reframes

Perception

- Skeptical of outsiders who may not share their values, world-view
- “Stingy” or overly frugal
- Patriarchal (men rule!)
- Anti-technology
- Committed to alternative medicine, non-compliant
- “Demanding” or insistent
- Don’t care about their health (e.g. prevention)

In Reality

- Critical thinkers - deliberate and thoughtful
- Pragmatic - when faced with limited resources, you learn to be judicious and creative
- Decisions around finances are made by the men, but the intention is not self-interest, but servant-leadership
- Not opposed to technology as such, only it’s cost – financial cost as well as it’s cost to their way of life
- Think of “alternative” medicine as simply one of many potentially “complimentary” methods
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In Reality

- The Amish definition of health is the ability to work and contribute to the community.
- Doesn’t hurt to ask!
What about Sex?

- A natural God-given part of life, reserved for a committed relationship in marriage
- An earthy, organic understanding of reproduction - for better or worse, derived from growing up on the farm
- Refreshingly candid - as compared with the dominant culture’s obsession with sex and sexualized body image
- Contraception is not (maybe not) an option - Children are a gift
- Periodic abstinence is an option
Transportation is a Challenge

- Amish life is circumscribed by the distance a horse can travel in a day
- Cost of transportation by other methods (e.g. hiring a driver) can easily exceed the cost of the visit itself
- It is important to make their trips to a city count (multiple specialists on the same day; advance access scheduling for immediate consultation)
King, M. Cultural Contexts of Health and Illness Among the Lancaster Amish. Found at https://cdr.lib.unc.edu/record/uuid:d7a73fed-1531-4397-8cff-1379cf64dfc0.
## Amish Healthcare Providers

Have you ever visited the types of providers (even only once in your lifetime) or participated in this form of healthcare?

<table>
<thead>
<tr>
<th>Provider Type</th>
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<tbody>
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<td>Chiropractor</td>
<td>Supplements &amp; Vitamins</td>
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<tr>
<td>Medical Doctor</td>
<td>Personal Prayer</td>
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<tr>
<td>Certified Midwife</td>
<td>Herbal Medicine</td>
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<td>Detox or Cleanse</td>
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<td>Reflexology</td>
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<td>Massage Therapist</td>
<td>Homeopathy</td>
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<td>Meditation</td>
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<tr>
<td></td>
<td>Medical Tourism</td>
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Amish Pleural Medicine Interface With Biomedicine

Amish Community

• Emphasis on Group
• Separation from Dominant Culture
• Negotiate Technology
• Plural Medicine

Biomedicine

• Autonomous Patients
• Advanced Technology
• One Model for All

King, M. Cultural Contexts of Health and Illness Among the Lancaster Amish. Found at https://cdr.lib.unc.edu/record/uuid:d7a73fed-1531-4397-8cff-1379cf64dfc0.
USING THE CULTURAL AWARENESS TOOL

The Cultural Awareness Tool (CAT) has been designed to enhance your understanding of the patient's perception of their problem. Such an assessment acknowledges the complexity of the interaction between cultural and idiosyncratic factors, and between dispositional and environmental factors, and will necessarily involve considerable subjectivity on your part. The tool is based on a series of questions developed by Kleinman, Eisenberg and Good (1978).

The Cultural Assessment Tool involves asking the patient the following questions:

1. What do you think caused your problem [use patient's words *]?
2. Why do you think it started when it did?
3. What do you think your [ * ] does to you? What are the chief problems it has caused for you?
4. How severe is your [ * ]? What do you fear most about it?
5. What kind of treatment/help do you think you should receive?
6. Within your own culture, how would your [ * ] be treated?
7. How is your community helping you with your [ * ]?
8. What have you been doing so far for your [ * ]?
9. What are the most important results you hope to get from treatment?

Questions should be asked gently, leaving the client plenty of time to consider their replies and to expand on them. It is important that sensitivity is applied.

Ultimately, a mutually interpretable explanation for the client’s presenting problems must be reached. Failure to do so will negatively affect both assessment and treatment (Riley, 1998).

Culturally Sensitive..., Individually Responsive
Engaging the Amish in Healthcare

John Boll, DO
Williamsport Family Medicine Residency
September 9, 2016
Amish population is growing rapidly –

May 2016 – 308,030 Amish (adults and children) in the US and increased by 8,030 from 2015

Amish communities are located in 31 states and 3 Canadian provinces.

63% of the Amish live in 3 states – Ohio, Pennsylvania, and Indiana.

Primary force driving the growth is the size of the nuclear families (5 or more children on average)

85% of Amish children will join the church as an adult

Amish settlements in North America, 1738–2014

The dip in communities in 1800 is because there is not solid data on the year some communities founded before this date went extinct -- though researchers believe they were gone by 1800.

AMISH POPULATION ON THE RISE

According to a comprehensive research study by Ohio State University, the Amish community population is expected to exceed 1 million around 2050, tripling their current numbers and doubling their settlements.

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
<th>Number of Settlements</th>
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<tbody>
<tr>
<td>2010</td>
<td>249,939</td>
<td>429</td>
</tr>
<tr>
<td>2020</td>
<td>345,475</td>
<td>557</td>
</tr>
<tr>
<td>2030</td>
<td>477,029</td>
<td>684</td>
</tr>
<tr>
<td>2040</td>
<td>660,058</td>
<td>812</td>
</tr>
<tr>
<td>2050</td>
<td>912,258</td>
<td>939</td>
</tr>
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Amish Culture

- **Continuity** –
  Family structure, home life, schooling, technologies, occupations, transportation

- **Separation** –
  From the dominant “English” culture in all realms – social security, insurance, technology, speech, manner of dress, and even spatial separation

- **Reduction of Individualism** –
  “Self-will” is kept under high influence and church and family structure takes precedent.

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**Influence of Amish Culture on Medical Care**

**Decision Making** -
Individual patient care becomes a group activity
Decision making is governed by “high” influence – church and God rather than individual preference
Biomedicine is one treatment option and often the treatment of last resort
Lack of continuity due to desire for separation from the biomedical model of care.

- **Education/Language** -
  English is not the primary language
  No scientific education and no education past 8th grade

- **Disease prevalence** - different from the mainstream community –
  Hereditary diseases such as inborn errors of metabolism, Bipolar, etc.
  Trauma and preventable diseases due to lack of preventative care
Biomedical Model of Care

- Traditional North American Healing System.
- Derived from Louis Pasteur’s germ theory of disease.
- Postulates that disease is a product of a biologic defect often initiated by a biologic pathogen.
- Slowly being replaced by the Biopsychosocial model introduced by George Engle in 1977.

“We call acupuncture complimentary or alternative. The Amish do not see these as complimentary.”

“In the US, the biomedical model is dominant. Amish society is more about ‘separation’ from the dominant structure.”

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Guidelines for Providing Care to the Amish

- Amish present to the biomedical model for our expertise in a transactional relationship.
- Be aware of potential bias, overconfidence, and change in base rates which may negate our diagnostic heuristics.
- The Amish will usually not accept care which is preventative in nature.
- The Amish definition of health is the ability to work and contribute to the community.
• Due to the transactional nature of the relationship the focus will inevitably be on the cost of the diagnostics and treatment.

• Always be comfortable being honest and direct in your communication. This is what they are familiar with in their communities.

• The Amish can understand most healthcare related conversations. Limitations are schooling only to 8th grade, English as second language, and no scientific education.
The Amish community is growing rapidly and have unique issues in their care.

The Amish have a mixture of health and healthcare disparities due to their cultural practices.

The interaction between Amish Plural Medicine and the Biomedical Model is intrinsically in conflict.

When caring for Amish avoid diagnostic pitfalls due to the unique aspects of their culture such as base rate changes.

Remember the Amish value personal relationships and appreciate open, honest communication.