

Amish and Mennonite Health Needs

*Highlights from WellSpan's 2022 Regional
Community Health Needs Assessment*

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In the next 55 minutes...

MY GOALS:

1. Help you understand the **purpose** of our research.
2. Describe how we **collected the data**.
3. Describe each group **demographically**.
4. Help you understand the **differences in health care behaviors and conditions** by group and from the broader population.

Methodology

The Center for Opinion Research at Franklin & Marshall College in collaboration with WellSpan Health designed a survey that assessed the health needs of adult **Old Order Amish and Old Order Mennonite individuals (18 years of age and older) living in central Pennsylvania between May and July, 2022**. The surveys were distributed via mail, in a paper-booklet format, and included an introduction letter and a pre-addressed, pre-paid return envelope. The survey sample used the Last Birthday Methodology (LBM), wherein the household member selected to take the survey would be the member whose birthday was most recent. The names and birthdates of all adult members of the household were asked, followed by the instructions on the LBM to determine who should take the survey.

The survey consisted of questions covering a range of topics including current **health status, health conditions, social support, physical and mental health status, access to and use of healthcare, and oral health**. The questions were compiled from sources including the Behavioral Risk Factor Surveillance Survey (BRFSS) and a study conducted by Miller et al.

The purpose of the study was to gain a more **comprehensive understanding of the current health and health needs** of these Plain communities.

Methodology: Sample and Population Composition

	No Response (n=2,572)	Responded (n=582)	Old-Order Households in SCPA (n=11,470)
Plain Community Group (%)			
Amish	1416 (55.0)	185 (31.8)	8026 (69.9)
Eastern	159 (6.2)	29 (5.0)	382 (3.3)
Groffdale	496 (19.3)	176 (31.4)	1403 (12.2)
Weaverland	501 (19.5)	191 (32.8)	1657 (14.4)
County (%)			
Adams	10 (0.4)	3 (0.5)	25 (0.2)
Franklin	152 (5.9)	49 (8.5)	589 (5.1)
Lancaster	2116 (82.3)	433 (74.8)	9672 (84.3)
Lebanon	247 (9.6)	86 (14.7)	986 (8.6)
York	47 (1.8)	10 (1.6)	198 (1.7)

Amish and Mennonites

Amish and Mennonite groups seeking religious freedom migrated to the United States beginning in the 1700's (Amish Origins, 2014; Klimuska, 1998, p. 42). While the Amish and Mennonites share a common European origin and Anabaptist heritage, the two exist as distinct groups, although they inhabit many of the same geographic regions (Amish Origins, 2014).

Mennonites in Lancaster County are a more diverse group than the Amish. Most are assimilated with the general population. Several Old Order Mennonite groups emerged in Lancaster County from disagreements over assimilation, the use of technology, higher education, and language. The Groffdale Conference Mennonites, or Wenger Mennonites, travel by horse and buggy, allow electricity and telephones into homes but no television, meet in church meeting houses rather than individual homes, and educate only through the 8th grade (Horse-and-Buggy Mennonites; Concise Encyclopedia). Weaverland Conference Old Order Mennonites split from the Groffdale Conference in 1927 over the use of automobiles. These three groups all identify as Old Order and because the members of these communities eschew many of the trappings of modern life they call themselves “plain.”

Health Care and the Amish

Health care use varies greatly across the Old Order communities. While some groups are comfortable with modern medical practice and the services it offers, other groups, only use modern medicine in emergencies. Within the **Plain community, the decision to seek out medical treatment is left up to the individual and the family.** The extended family, family traditions, and members of the church community often influence an individual's decision to obtain medical treatment (Kraybill, Johnson-Weiner, & Nolt, 2013, p. 337).

Health Care and the Amish

According to Kraybill et al. (2013), the Amish community uses resources from four systems of health care: folk, alternative, standard, and church-community (Kraybill et al., 2013, p. 339). **While all Plain members use standard health care resources when necessary, many are less likely to use them than their English counterparts.** A lack of trust towards modern medicine and doctors, impersonal patient-doctor relationships, as well as high-tech equipment used in a majority of health care settings, dissuades many members of the Plain community from seeing a doctor on a regular basis. Consequently, many Plain members frequently use folk or alternative treatments, such as home remedies and herbal supplements, before seeking treatment from a medical doctor (Kraybill et al., 2013, p. 337). While the Plain community will seek medical treatment when necessary, they often will not employ extraordinary measures because they believe it to obstruct God's will (Kraybill et al., 2013, p. 337).

Health Care and the Amish

The **vast majority of Amish and Mennonite community members do not carry commercial health insurance** and they reject government aid due to their religious beliefs. Instead, individuals pay cash out of pocket and as a result often pay for health services at a reduced price. Mutual aid programs have been established among the various communities, which help pay for costly medical bills if needed.

The Amish lifestyle requires robust health; **great value is placed on completing a good day's work**. According to Hostetler (1993), “the Amish emphasize hard work, and for them, **a healthy person is one who has a good appetite, looks physically well, and can do rigorous physical labor**. A poor appetite means poor health” (p. 15).

Health Care and the Amish

The Amish define illness “not in terms of symptoms, but by **the inability to function** in the work role one occupies” (Wiggins, 1983, p. 27).

The Amish use modern medicine and health services, although **they tend to rely on home remedies and folk medicine as a first resort** in treating illness (Hostettler, 1993; Kraybill, 2001).

Although the Amish seek medical attention almost immediately for acute illness or injuries such as stroke or farm accidents, they are **less likely to visit a doctor for minor illnesses, chronic conditions, or preventive care** (Hostettler, 1993).

Health Care Access

Indicator	Amish	Mennonite
Has not received COVID vaccine	0.98	0.88
Takes a multivitamin or supplement	0.88	0.72
No routine check-up with doctor in past 12 months	0.73	0.53
No dental exam in past year	0.72	0.34
Does not believe vaccines are generally safe and effective	0.68	0.18
Likely to seek medical help if had a medical problem	0.58	0.8
Had blood pressure tested	0.52	0.63
Takes a prescription medication	0.30	0.48
Does not have a personal physician	0.29	0.06
Had cholesterol tested	0.25	0.29
Pelvic exam (women)	0.08	0.14
Mammogram (women)	0.08	0.13
Did not receive health care in past year because of cost	0.06	0.08
Pap smear (women)	0.05	0.14
Did not receive health care because of a lack of transportation	0.04	0.02
PSA (men)	0.02	0.02
Experienced any unfair treatment b/c of race, ethnicity or cultural background	0.02	0.03

Behavioral Health Indicators

Indicator	Amish	Mennonite
Moving or speaking slowly or being restless more than usual*	0.89	0.96
Trouble concentrating on things, such as reading or working on a hobby*	0.87	0.87
Has three or more close friends or relatives to talk to	0.85	0.91
Little interest or pleasure in doing things*	0.83	0.84
Feeling down, depressed, or hopeless*	0.82	0.84
Poor appetite or overeating*	0.82	0.76
Feeling bad about yourself*	0.74	0.78
Trouble falling or staying asleep, or sleeping too much*	0.65	0.69
Feeling tired or having little energy*	0.44	0.49
Stressed about money worries	0.34	0.29
Stressed about recent loss of a loved one	0.28	0.26
One or more days mental health was not good	0.13	0.20
At least one day mental health was not good in past month	0.13	0.20
PHQ-8 current depression indicator-currently depressed	0.09	0.02
Often or always accomplished less than hoped because of emotional problems	0.02	0.02
Note: * = not at all in past two weeks		

Health Conditions

Indicator	Amish	Mennonite
Overweight or obese	0.58	0.73
High cholesterol	0.23	0.21
Vaginal yeast infection (women)	0.22	0.20
Hypertension	0.20	0.27
Thyroid problems	0.17	0.15
Anemia	0.16	0.25
Arthritis	0.15	0.17
Urinary tract infection	0.12	0.18
Anxiety or depression	0.09	0.21
Pregnancy complications (women)	0.09	0.13
Coronary artery disease	0.07	0.06
Blood clot	0.05	0.06
Asthma	0.05	0.04
COPD	0.03	0.02
Cancer	0.03	0.08
Stroke	0.02	0.02
Diabetes	0.02	0.06
Epilepsy	0.01	0.02
Endometriosis (women)	0.01	0.06
Bacterial vaginosis (women)		0.03

English, Amish, and Mennonite Comparisons

Indicator	General Population	Amish	Mennonite
Has not received COVID vaccine	0.32	0.98	0.88
No routine check-up with doctor in past 12 months	0.26	0.73	0.53
Does not believe vaccines are generally safe and effective	0.18	0.68	0.18
Did not participate in physical activities or exercise in past month	0.36	0.67	0.39
BMI: Overweight and Obese	0.72	0.58	0.73
Stressed about money worries	0.43	0.34	0.29
Does not have a personal physician	0.14	0.29	0.06
Stressed about recent loss of a loved one	0.36	0.28	0.26
Poor or fair health	0.15	0.20	0.08
At least one day mental health was not good in past month	0.42	0.13	0.20
PHQ-8 current depression indicator-currently depressed	0.09	0.09	0.02
Did not receive health care in past year because of cost	0.07	0.06	0.08
Did not receive health care because of a lack of transportation	0.03	0.04	0.02
Experienced any unfair treatment b/c of race, ethnicity or cultural background	0.10	0.02	0.03

Summary

Demographics

- More than nine in ten members of both groups get their water from a private well.
- Two in five (41%) Amish and half (52%) of Mennonites live in a home that was built prior to 1975.

Preventive Care

- Far fewer Plain respondents received a COVID vaccine compared to other central Pennsylvania residents, and the Amish in particular seem to doubt the efficacy of vaccines in general.
- Most adults in these Plain communities take multivitamins or supplements and few report physical or emotional problems limiting their daily activities.
- Most Amish (71%) and Mennonites (94%) adults say they have a regular health care provider.
- Those who needed healthcare in the past year did encounter difficulties, including costs and transportation issues.
- The use of preventive services tends to be low among Plain groups

Summary, continued

Health Conditions

- Generally speaking, members of the Plain community are much less likely to report stress and poor mental health days than are members of the general public.
- The most significant health issue among members of the Plain community is weight—nearly three in five (58%) Amish adults and three in four (73%) Mennonite adults are overweight or obese.
- Approximately one in four members of each group reports hypertension or high cholesterol.
- Few adults in these Plain communities report physical or emotional problems limiting their daily activities.

Reflections on Findings

There are **significant differences between Old-Order groups in terms of their background characteristics** (e.g., farm residency, age of housing stock, family size, age) **as well as their health behaviors and conditions. It is misleading to characterize all Old-Order groups similarly.**

Old-Order groups rarely use preventive health services, although the rates vary by group. Do low rates of preventive health services produce any negative burdens or positive benefits for these groups?

Old-Order groups seem to have fewer physical and mental health conditions than the general public (although rates for each group tend to vary). Is this a result of less health care access and use or do the Old-Order groups have lower rates for some conditions as has been documented with asthma?

Indicators for depressive symptoms suggests relatively **low rates of depression in these groups**. Does Old-Order culture support positive mental well being?

Most Old-Order groups **do not show significantly lower BMIs**. Why isn't the Old-Order lifestyle protective?

Questions?

Selected Research

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