Project Echo for Pediatric Care 2018-2020
Caring for the Plain Community: Focus on COVID-19 May 21, 2020
Emily Menting, RN, Mark Louden, PhD, and Katie Williams, Md, PhD
Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:
Pediatric emergency care professionals

Objectives:
As a result of this educational regularly scheduled series, learners will be able to:

1. Utilize new skills and guidelines determined to be safe for children when accessing pediatric trauma.
2. Identify proper tools and standardized practices in order to improve the diagnosis and treatment of pediatric patients.
3. Define roles and responsibilities of team members who triage pediatric emergencies in order to identify communication strategies that result in effective patient care.

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Emily Menting, RN, Presenter	No relevant financial relationships to disclose	No
Mark Louden, PhD, Presenter	No relevant financial relationships to disclose	No
Katie Williams, Md, PhD, Presenter	No relevant financial relationships to disclose	No

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Caring for the Plain Community: Focus on COVID-19

May 21, 2020

Outline

Review historical background of Plain communities

Describe special considerations for providing health care to Plain community members

Discuss initial impressions of COVID-19 among Plain community members

Review current approaches to minimizing COVID-19 spread among Plain communities


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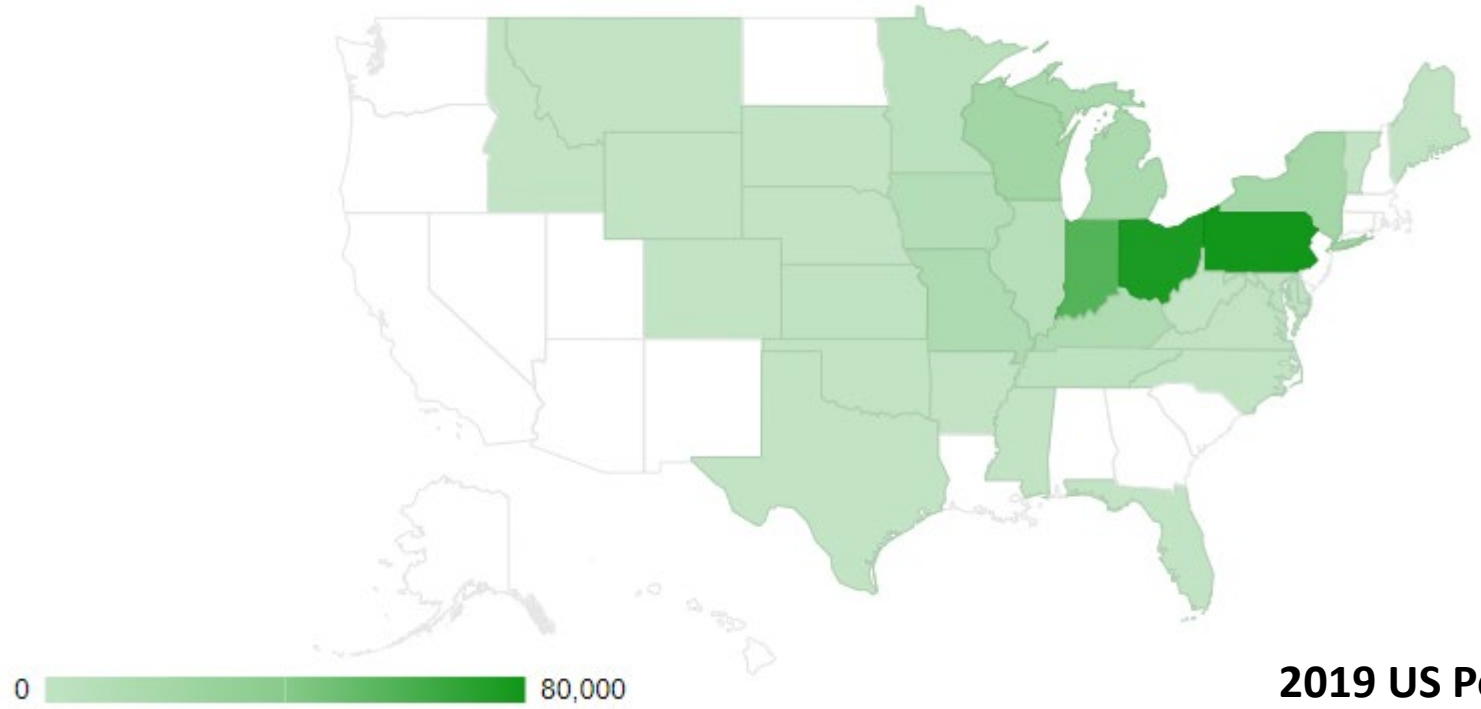
The Amish. Kraybill, Johnson-Weiner, and Nolt. 2013. The Johns Hopkins University Press.

Amish Community in the United States



2019 US Population: 336,235

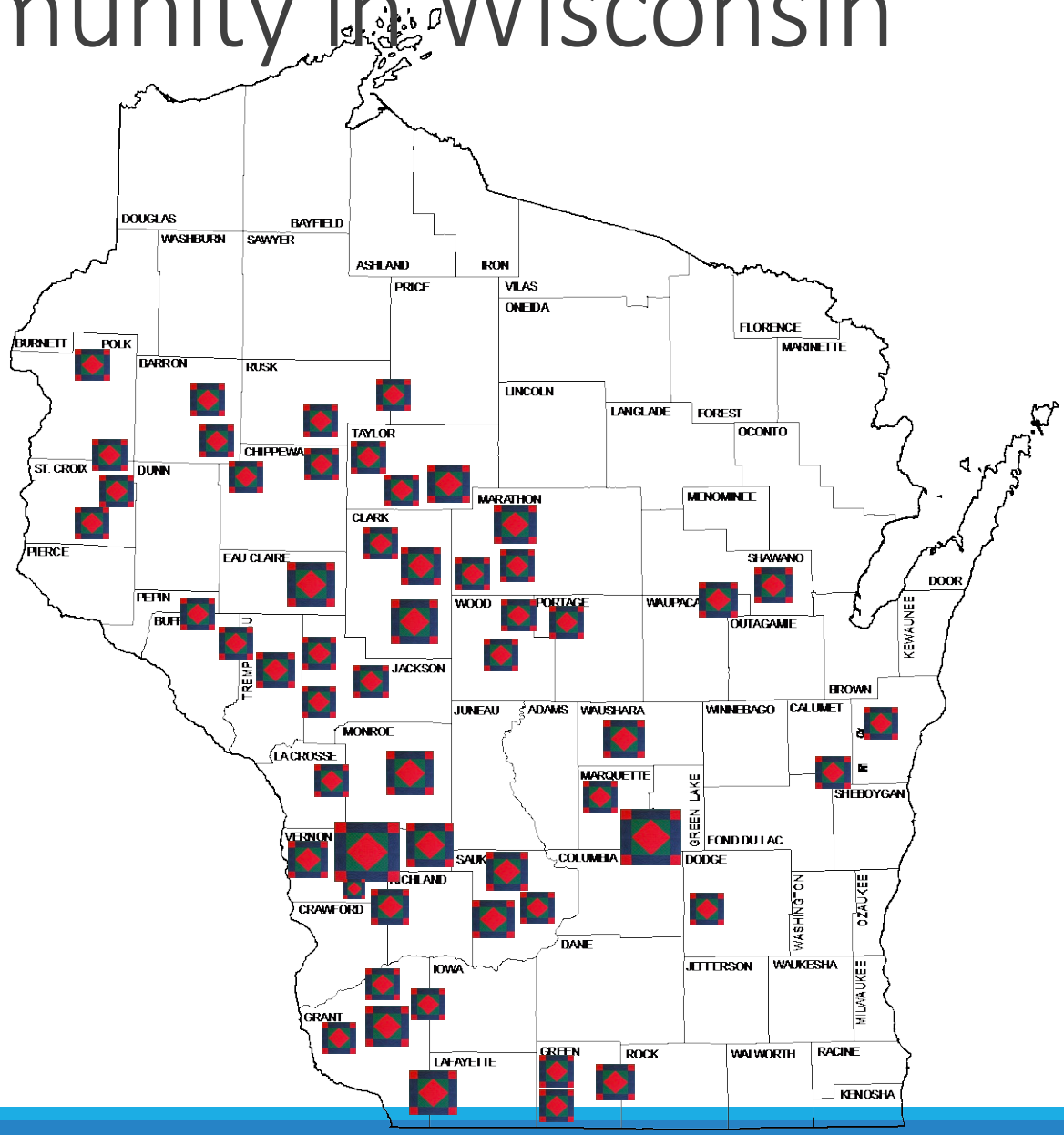
"Amish Population, 2019." Young Center for Anabaptist and Pietist Studies, Elizabethtown College. http://groups.etown.edu/amishstudies/statistics/population-2019/

Amish Community in the United States

State	Settlements	Districts	Estimated Population
Pennsylvania	58	537	79,200
Ohio	65	593	76,195
Indiana	25	405	57,430
Wisconsin	56	162	22,020
New York	57	155	20,595

“Amish Population, 2019.” Young Center for Anabaptist and Pietist Studies, Elizabethtown College. http://groups.etown.edu/amishstudies/statistics/population-2019/

Amish Community in Wisconsin



Slide courtesy of Mark Louden, PhD

Special Children

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New Leaf Center
Clinic for Special Children

DDC clinic
Center for Special Needs Children

Clinic for Special Children

Center for Special Children
A program of Vernon Memorial Healthcare

Central Pennsylvania Clinic
A Medical Home for Special Children and Adults

Nemours duPont Pediatrics
Kinder Clinic

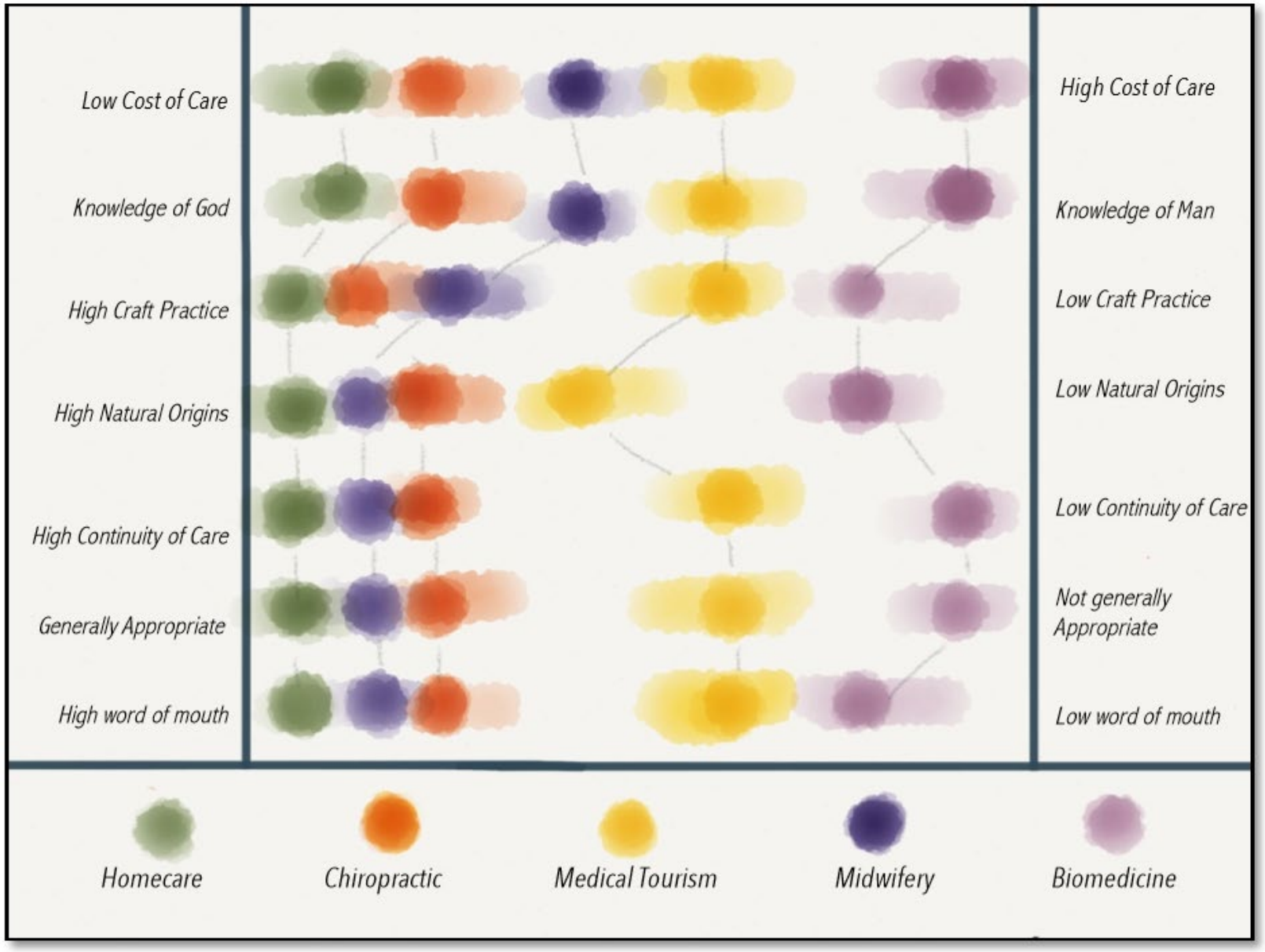
The Community Health Clinic

Amish and Mennonite Life

- Church
- Family
- Language
- Education
- Dress
- Transportation

Health Care for the Plain Community

- Insurance coverage
- Pregnancy and birth
- Preventative medical and dental care
- Illness and emergency care
- Death



King, 2014. *Cultural Contexts of the Health and Illness Among the Lancaster Amish*.

Immunizations

Underimmunization in Ohio's Amish: Parental Fears Are a Greater Obstacle Than Access to Care

AUTHORS: Olivia K. Wenger, MD,[a] Mark D. McManus, PhD, MSSW,[b] John R. Bower, MD,[c] and Diane L. Langkamp, MD, MPH[d]

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KEY WORDS
Amish, immunizations, immunization safety, attitudes, exemption

ABBREVIATION
DoH—Department of Health

www.pediatrics.org/cgi/doi/10.1542/peds.2009-2599

doi:10.1542/peds.2009-2599

WHAT'S KNOWN ON THIS SUBJECT: Underimmunized communities are reservoirs of preventable childhood diseases in the United States. Many Amish communities have low immunization rates. Previous research among the Amish has revealed that the major barrier to immunization is lack of access to health care.

WHAT THIS STUDY ADDS: Among the Amish in Holmes County, Ohio, the major barrier to immunization is parental concerns over adverse effects of vaccines. Decision-making about vaccination among Amish parents is complex; many Amish parents accept some vaccines for their children but refuse others.

Wenger *et al*., 2011. *Pediatrics*, 128(1):79-85.

TABLE 1 Reasons for Exemption From Immunization ($N = 49$)

Possible Responses[a]	*n* (%)
Shots have too many side effects to be worth the risk of getting[b]	48 (97)
Shots could have dangerous chemicals or preservatives in them[c]	14 (29)
Shots inject children with dangerous germs like whooping cough	6 (12)
The diseases shots prevent are not a problem in our community	4 (8)
Shots are too expensive	3 (6)
Other families in my district do not give shots	3 (6)
Giving shots means I'm not putting faith in God to take care of my children	3 (6)
I have heard some shots are manufactured from aborted babies	2 (4)
It is too hard to get to the clinic/office for shots	1 (2)
The ministers in my district disagree with giving shots	0 (0)

TABLE 2 Understanding of Risks and Benefits of Immunization ($N = 304$)

Possible Responses[a]	*n* (%)
Shots are safer overall than the diseases our children would get without them	188 (61)
Shots would save our community money by preventing illness if everyone got them	110 (36)
Shots can cause high fevers more than one week after they are given	97 (32)
Shots can cause brain damage	95 (31)
Shots can cause too much stress on the system if given at once	91 (30)
Shots can cause seizures more than one week after they are given	97 (32)

Wenger *et al*., 2011. *Pediatrics*, 128(1):79-85.

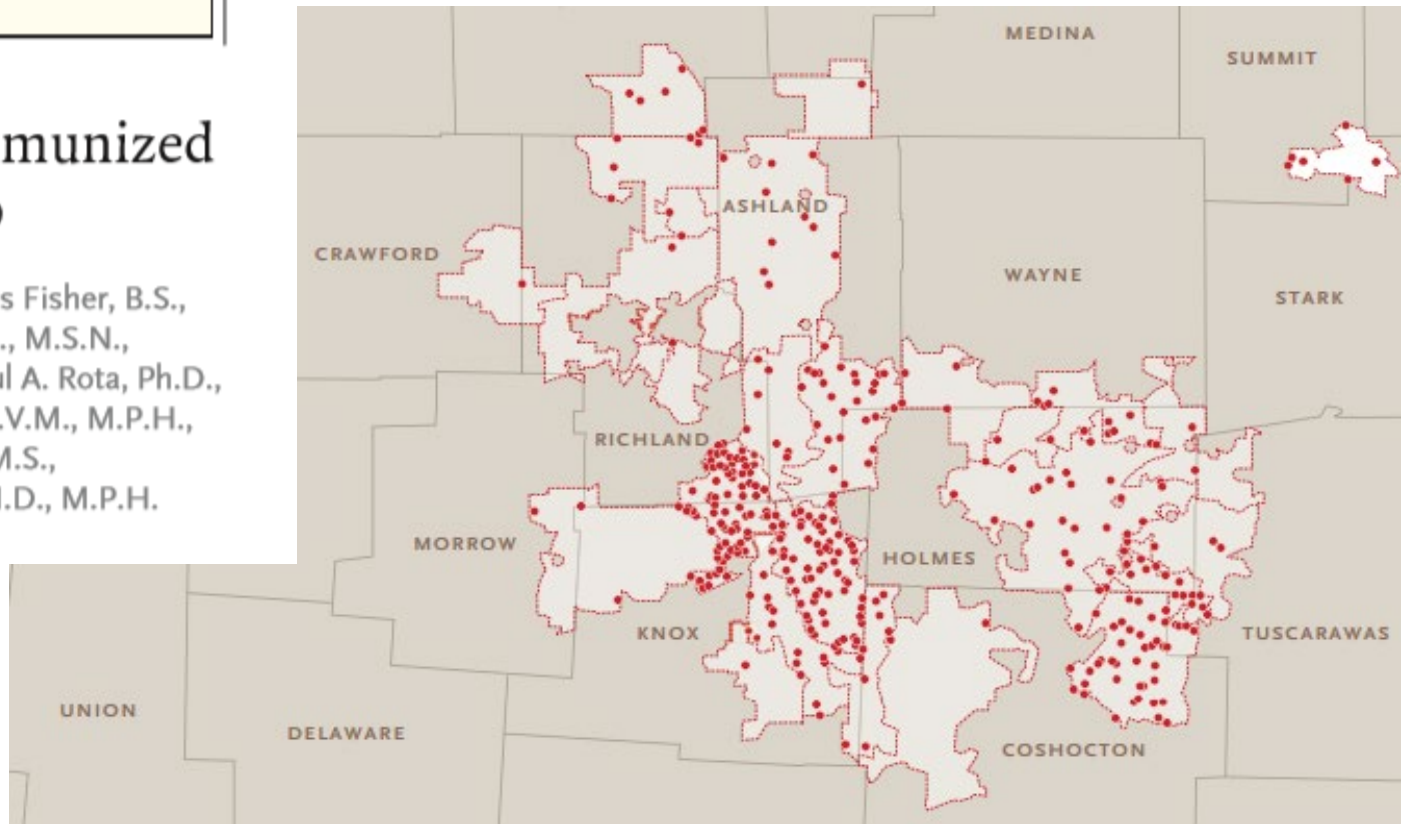
Measles Outbreaks in the Plain Community

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

A Measles Outbreak in an Underimmunized Amish Community in Ohio

Paul A. Gastañaduy, M.D., M.P.H., Jeremy Budd, B.S., Nicholas Fisher, B.S., Susan B. Redd, B.A., Jackie Fletcher, R.N., Julie Miller, R.N., M.S.N., Dwight J. McFadden III, M.D., M.P.H., Jennifer Rota, M.P.H., Paul A. Rota, Ph.D., Carole Hickman, Ph.D., Brian Fowler, M.P.H., Lilith Tatham, D.V.M., M.P.H., Gregory S. Wallace, M.D., M.P.H., Sietske de Fijter, M.S., Amy Parker Fiebelkorn, M.S.N., M.P.H., and Mary DiOrio, M.D., M.P.H.



Gastanaduy *et al.*, 2016. *New England Journal of Medicine*, 375:1343-1354.

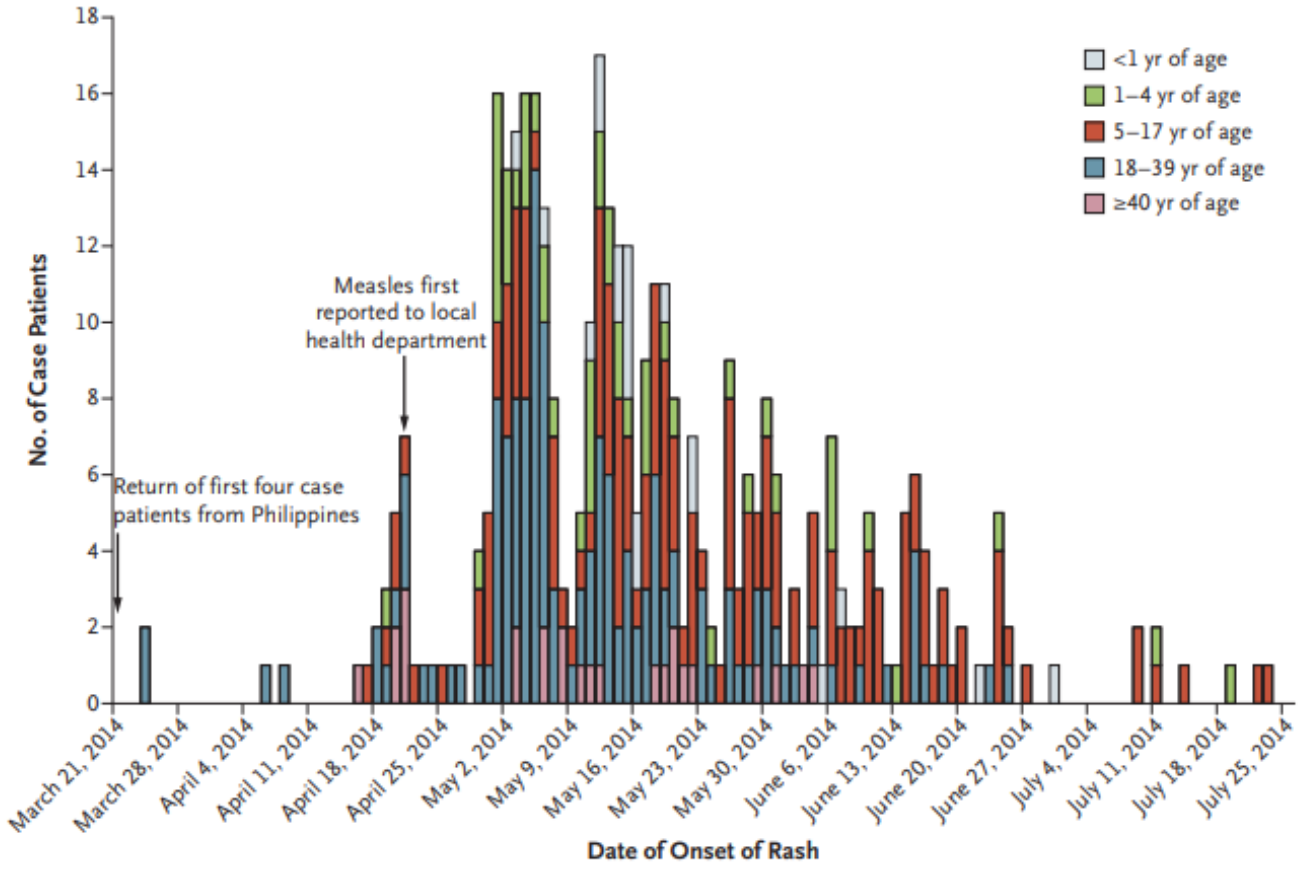


Figure 1. Epidemiologic Curve of 383 Case Patients with Confirmed Outbreak-Associated Measles in Ohio, March 24, 2014, through July 23, 2014.

Shown are the total numbers of case patients with measles according to age group and date of onset of rash. For three case patients with measles, the date of onset of rash could not be determined; therefore, the date of onset of illness plus 2 days (the median number of days between onset of illness and onset of rash for all other cases) is shown. In one case patient who had laboratory-confirmed measles, a rash did not develop; therefore, the date of onset of illness is shown. The first four case patients who returned from the Philippines on March 21, 2014, include the two patients from whom the measles outbreak originated.

Gastanaduy *et al*., 2016. *New England Journal of Medicine*, 375:1343-1354.

Table 2. Measles Vaccination Status of 383 Case Patients with Outbreak-Related Measles in Ohio, March through July 2014.*

Characteristic	Value
Vaccine-eligible — no. (%)†	363 (95)
Vaccination status — no. (%)‡	
Before start of outbreak§	
0 doses	340 (89)
1 dose	4 (1)
2 doses	1 (<1)
Unknown	38 (10)
Before exposure¶	
0 doses	324 (85)
1 dose	20 (5)
2 doses	1 (<1)
Unknown	38 (10)
By end of outbreak‖	
0 doses	234 (61)
1 dose	82 (21)
2 doses	29 (8)
Unknown	38 (10)
Reasons for not receiving measles vaccine — no./total no. (%)**	
Philosophical beliefs, religious beliefs, or both††	281/340 (83)
Ineligible‡‡	20/340 (6)
Other§§	39/340 (11)

Gastanaduy *et al*., 2016. *New England Journal of Medicine*, 375:1343-1354.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