DIFFERENCES AMONG THE OLD ORDER AMISH
OF WAYNE COUNTY, OHIO AND THEIR
USE OF HEALTH CARE SERVICES

A Thesis
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for the Degree Master of Science

by
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF TABLES</td>
<td>iv</td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Problem and Problem Setting</td>
<td>1</td>
</tr>
<tr>
<td>Significance of the Problem</td>
<td>4</td>
</tr>
<tr>
<td>Objectives of the Study</td>
<td>6</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>8</td>
</tr>
<tr>
<td>II. REVIEW OF LITERATURE</td>
<td>9</td>
</tr>
<tr>
<td>Beginnings and Movement of the Amish People</td>
<td>9</td>
</tr>
<tr>
<td>Beliefs and Practices of the Amish</td>
<td>13</td>
</tr>
<tr>
<td>Health Care of the Amish</td>
<td>16</td>
</tr>
<tr>
<td>Current Issues with the Amish</td>
<td>19</td>
</tr>
<tr>
<td>Wayne County Amish</td>
<td>22</td>
</tr>
<tr>
<td>III. THEORY</td>
<td>26</td>
</tr>
<tr>
<td>Amish Society from a Conflict Perspective</td>
<td>26</td>
</tr>
<tr>
<td>Hypotheses</td>
<td>31</td>
</tr>
<tr>
<td>IV. METHODOLOGY</td>
<td>35</td>
</tr>
<tr>
<td>The Survey</td>
<td>35</td>
</tr>
<tr>
<td>Key Informants</td>
<td>37</td>
</tr>
<tr>
<td>Description of Amish Groups</td>
<td>40</td>
</tr>
<tr>
<td>CHAPTER</td>
<td>PAGE</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Survey Data</td>
<td>48</td>
</tr>
<tr>
<td>Demographic Variables</td>
<td>48</td>
</tr>
<tr>
<td>V. FINDINGS</td>
<td>52</td>
</tr>
<tr>
<td>Summary</td>
<td>58</td>
</tr>
<tr>
<td>VI. SUMMARY AND CONCLUSIONS</td>
<td>60</td>
</tr>
<tr>
<td>Summary</td>
<td>60</td>
</tr>
<tr>
<td>Conclusions</td>
<td>61</td>
</tr>
<tr>
<td>Implications for Further Research</td>
<td>62</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>66</td>
</tr>
<tr>
<td>APPENDIX 1</td>
<td>71</td>
</tr>
<tr>
<td>APPENDIX 2</td>
<td>75</td>
</tr>
<tr>
<td>APPENDIX 3</td>
<td>78</td>
</tr>
<tr>
<td>APPENDIX 4</td>
<td>81</td>
</tr>
<tr>
<td>APPENDIX 5</td>
<td>87</td>
</tr>
</tbody>
</table>

iii
LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INDOOR PLUMBING BY AMISH GROUPING</td>
<td>48</td>
</tr>
<tr>
<td>2. SEX BY AMISH GROUPING</td>
<td>49</td>
</tr>
<tr>
<td>3. AGE BY AMISH GROUPING</td>
<td>50</td>
</tr>
<tr>
<td>4. NUMBER OF CHILDREN BY AMISH GROUPING</td>
<td>51</td>
</tr>
<tr>
<td>5. TIME SINCE LAST FAMILY VISIT TO DOCTOR BY AMISH GROUPING</td>
<td>53</td>
</tr>
<tr>
<td>6. TIME SINCE LAST VISIT TO DENTIST BY AMISH GROUPING</td>
<td>53</td>
</tr>
<tr>
<td>7. PERCENT OF HOSPITAL BIRTHS BY AMISH GROUPING</td>
<td>54</td>
</tr>
<tr>
<td>8. PERCENT OF BIRTHS AT MIDWIFE'S BY AMISH GROUPING</td>
<td>55</td>
</tr>
<tr>
<td>9. PERCENT OF BIRTHS AT HOME BY AMISH GROUPING</td>
<td>56</td>
</tr>
<tr>
<td>10. IMMUNIZATIONS BY AMISH GROUPING</td>
<td>57</td>
</tr>
<tr>
<td>11. IMPORTANT HEALTH CARE FACTOR BY AMISH GROUPING</td>
<td>58</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

Problem and Problem Setting

Over the past twenty years, there has been an increased interest in ethnic groups and the lifestyles of subcultures in the United States (Kephart, 1977). This especially holds true for the Amish, a religious group which maintains an eighteenth century agrarian lifestyle. Nearly every introductory rural sociology course contains a section on the Amish. The statement is often made that the Amish are interesting but unimportant in the larger social context. This attitude largely overlooks the fact that although the Amish maintain a "separate" community, they are entitled to the same services as other residents whether they accept the services or not. In addition, in certain areas Amish constitute a significant minority. The setting of this study, for example, is Wayne County, Ohio, which is part of a five-county area (Coshocton, Holmes, Stark, Tuscarawas and Wayne Counties) (see Figure 1) and contains the largest, and one of the most diverse, settlements of Amish within the United States (Gingerich, 1981).
FIGURE 1

Amish Settlement in
Central Ohio

WAYNE CO.

STARK CO.

HOLMES CO.

TUSCARAWAS CO.

COSHOCTON CO.
For those persons living in communities with Amish, confusion exists as to who they are, how they differ from other conservative religious groups in the area (particularly the Mennonites), and how they differ among themselves. This confusion is only exaggerated for social service agencies which are supposed to serve all the people but are uncertain how to approach the Amish subculture. One has only to visit downtown Wooster to see the Amish go shopping. Even the most unobservant viewer notices the subtle differences in their clothing. Some men have longer hair and beards than others, some brims on the hats are broader than others, and there is variability in the clothing color. The women's bonnets and prayer caps differ in the number of tucks and the width and length of the strings. Dresses also vary in color and styling.

As each church district has its own rules, these differences set members apart.

It is not easy to categorize clearly [the difference between the Amish] because there are variations within the group just as there are variations among different Mennonite groups. To complicate matters further, the lines separating Mennonites and Amish are not clear either. Both are Anabaptist in background, but neither group wishes to be called or given the wrong "label." (Lehman, 1969, 275)

But what implications do these differences have for those outside the Amish faith? What do these differences have to say about the Amish's interaction with the
"English" world? In particular, what implications do these differences have in the provision and acceptance of services, especially health care?

Significance of the Problem

As tax paying members of a community, the Amish have a right to use those services, such as health care, counseling and welfare assistance, which are provided to other citizens. The Amish, however, view themselves as a separate community making use of their informal helping system and "taking care of their own," using trained professionals such as doctors only when the need arises.

The diversity among the Amish also translates into different Amish groups utilizing services in a variety of ways. An individual Amish person's acceptance of outside ways is dependent on which church district he or she is a member and the rules of that district.

In the case of the delivery of health care, for example, the two case studies of Amish families, one representing the Main Body Old Order districts, and the other the Swartzentruber districts, are presented. These cases deal with Amish children diagnosed as having cystic fibrosis.

Main Body Old Order Amish

This Old Order family has three girls, the second, third and fourth daughters, who have cystic fibrosis. L., the eldest of the affected three, was diagnosed at
age 11 weeks when she was admitted to the hospital for cough and intermittent fever. R. and M. were diagnosed to have CF very early in their infancy, as Mrs. M. brought them in for sweat tests soon after birth. All three girls have done relatively well, owing, in part, to the compliance of both parents in administering medications and postural drainage. They have a gasoline powered generator to provide electricity for the girls' aerosol machines. On the few occasions the girls have had to be hospitalized, the family was in constant attendance and both parents and grandparents participated in their care (i.e., postural drainage). These girls are monitored by the Holmes County Cystic Fibrosis Clinic. If the mother needs medications for the children during the interim visitation periods, she contacts the CF nurse by letter or phone and the medication is sent to her. Medical expenses for all three of these girls are covered by Ohio's Bureau of Crippled Children's Services. The parents have also had younger siblings tested soon after birth and all were negative. The family is very friendly and invited the CF staff to their home on a number of occasions to observe a day in their school. They have, on occasion, hired a driver to transport the family to social functions for the Clinic.

Swartzentruber Old Order Amish

B.G. was a full-term home birth to an Amish woman of the Swartzentruber Order. She was admitted to our Neonatal Unit at 30 hours of age with abdominal distention and failure to pass meconium. She was taken to surgery on the day of admission at which time a meconium ileus was found. The father had three nieces and nephews, all of whom expired at a very young age from complications of cystic fibrosis. The baby's postoperative course was complicated by the parents' insistence that she be discharged early. They were extremely anxious to get the baby home. The family was helped to understand the medical needs of this baby and she was discharged on the 20th hospital day. Follow-up was arranged for six weeks post-discharge at the Holmes County Cystic Fibrosis Clinic. Prior to that appointment, however, word was received that the baby had become acutely ill and died at home three weeks post-discharge (Children's Hospital Medical Center of Akron, March 20, 1985).

Although both families were of the Amish faith, significant differences in the care their children having
cystic fibrosis received are noted. These differences can be related back to church teachings and rules. The Swartzentrubers, the most conservative Amish group, have no power machines on their property, are hesitant to use transportation other than their horses and buggies, and in general lead a more simple life. These religious restrictions had a great impact on their ability to treat their ill child.

It is important for professionals delivering health care services to the Amish to understand the differences between these groups, as what is a realistic expectation for one Amish family may not be so for another. In knowing how to work effectively with the most conservative and traditional Amish, expectations of the less traditional Amish will also be more realistic.

Objectives of the Study

The primary objective of this study is to describe the six groups of Amish who reside in Wayne County, Ohio on a continuum of "low" to "high" church through interviews with key informants. This continuum, developed by Hostetler (1980), classifies the church districts in regard from most traditional practices to less traditional practices. This study will provide information to planners and service providers who are responsible for services and care to the Amish. This
information will be helpful in determining the acceptance level of certain Amish districts to services being offered, and ways to offer services in the least obtrusive manner.

A second objective of this study is to show through analyses of data available from the Wayne County Amish Health Care Survey how these differences among the Amish are reflected in their use of health care services. The dependent variables of the analysis are: time since the last visit to a doctor, time since last visit to a dentist, percentage of births in a hospital, percentage of births at a midwife's, percentage of birth at home, use of childhood immunization, and the importance attributed to inexpensive health care which is close to home.

Within Wayne County, there are 6 distinct groups—the Swartzentruber districts, the Stutzman-Troyer district, the Tobe Hostetler districts, the Andy Weaver districts, the Main Body districts, and the Dan Miller districts. Three of these groups (Stutzman-Troyer, Hostetler, and Miller) consist of 1 to 2 districts and share much in common with the larger groups, and therefore have been included in these larger groups for statistical analysis. All of these groups are considered to be Old Order Amish. The New Order Amish found in
Holmes County are described so that the Old Order Amish may appear within context.

Limitations of the Study

The major limitation of this study is that it can only provide a "snapshot" of the current groups found in the Old Order Amish community in Wayne County. Even as this study was taking place, the Tobe Hostetler group merged with the Main Body Old Order. The Amish community is in a constant state of flux which, in many ways, allows for its overall stability. Smaller groups merge with larger groups and, therefore, survive. On the other hand, major disagreements cause groups to splinter which reduces the conflict within individual districts.

Although constant change occurs, the rankings of the major groups appear to be relatively stable. Most of the changes center on religious beliefs and the interpretation of how to maintain a separate community. Differences in how the ban (or shunning) is applied, or what types of modern technology is adopted are examples.

A limitation of the data analysis is the lack of key demographic data such as education and income levels that were not a part of the survey.
CHAPTER 2

REVIEW OF LITERATURE

Beginnings and Movement of the Amish People

Today's Amish are descendents of the Anabaptists of sixteenth century Europe. Much of their dress and agrarian lifestyle reflects this time period. There are essentially three groups having Anabaptist heritage which exist at present: the Mennonites of Dutch and Prussian origin, the Hutterite Brethren of Austria, and the Swiss Brethren, of which the Amish are a branch (Hostetler, 1980).

The early beginnings of the Amish stem from the Reformation by Martin Luther in 1517. As the people learned to read and the Bible became accessible to parishioners in addition to the priests of the Roman Catholic Church, Luther and his followers asserted that man could communicate directly with God. Thus the Lutheran Church originated. Further reforms, initiated by Ulrich Zwingli and John Calvin, gave birth to the Reformed Church. Although these churches differed in doctrine, they still were recognized by the state (Bainton, 1952).
The Anabaptist split from the Reformed Church occurred during the early 1500's when a group in Zurich, Switzerland believed that the term "Christian" should be applied only to those who truly practiced the teachings of Jesus, and publicly made a commitment to do so. As infants were seen as incapable of making such a commitment, adults freely choosing and acclaiming Jesus' teaching were rebaptized. Therefore, this group became known as "rebaptizers" or "Anabaptists." In addition to this major difference in Christian doctrine, the Anabaptists argued for the separation of Church and State. Even the Reformed and Lutheran churches were acknowledged by the governments, and were, therefore, part of the state hierarchy and authority. These Anabaptist beliefs became part of the Schleitheim Articles of February 1527 (Appendix 1), which is a major document of the Mennonite and Amish faiths (Hostetler, 1980; Smith, 1961; Schreiber, 1962; Wenger, 1937; Yoder, 1973).

In 1536, Menno Simmons, a priest in the Netherlands, began having doubts about whether the communion bread really turned into the body of Christ. Soon after, he questioned the correctness of infant baptism. Simmons joined the Swiss Anabaptists, and became one of their leaders. His leadership and impact is evidenced by the name "Mennonites," which was bestowed upon his followers.
The Amish branch of the Anabaptists originated in 1693 when Jacob Amman, an elder in Markirch, advocated that communion be taken twice a year, rather than the traditional once a year. Amman also advocated the practice of excommunication and shunning of members who failed to follow the community's rigid standards of living and belief. An impetus for Amman's position originated in the Dordrecht Confession of 1632 (Appendix 2) which had been adopted by the Swiss Anabaptist groups. Besides shunning, the other major difference included was the practice of foot washing (Hostetler, 1980).

From their origin, the Amish and other Anabaptist groups suffered persecution for their religious beliefs. Individuals were often killed or imprisoned. Children of Anabaptist parents were declared illegitimate if their parents had not been married by a Reformed or Lutheran minister. Life was hard, but the Amish persisted.

Though persecution sometimes took the form of prohibiting land ownership or rental, a strong agrarian lifestyle persisted. The Amish were forced to farm on the most hilly, unproductive ground. This moved them to discard their traditional farming practices and adopt new methods such as crop rotation, fertilization and feeding cattle fodder in order to survive. Through the persecution, the Amish maintained a tight community, and
individuals shared this new agricultural information with each other. As a result, these new farming practices developed throughout the Amish community, rather than on isolated plots (Schwieder & Schwieder, 1975).

To escape the ongoing persecution, the Amish immigrated to America as part of a much larger movement of Palatine German-speaking people. There were two peak immigration periods, one in the eighteenth century (1727-1770), and the other in the nineteenth (1815-1860). The first Amish settled in Berks, Chester, and Lancaster Counties in Pennsylvania. It is estimated that approximately 500 Amish came during this first period. The second wave of about 3000 immigrants formed communities in Ohio, Indiana, Illinois, Iowa, New York, Maryland and Ontario (Hostetler, 1980).

Today there are no Amish congregations in Europe that have retained the name and practices of the original group. Most of the descendents in Europe have merged with the Mennonites, or have otherwise lost their Amish identity. The Amish in America live in 20 different states of the U.S. and the province of Ontario, and number approximately 100,000 (John Hostetler, August 1984--speech in Wooster, Ohio).
Beliefs and Practices of the Amish

The Amish view themselves in a dualist world where they are "suspended in a tension field between obedience to an all-knowing and all-powerful Creator on one hand and the fear of disobedience on the other" (Hostetler, 1980, p. 21). The main goal for the Amish is to get to heaven, but one never knows until the final day whether that goal has been obtained. Thus, maintenance of a proper lifestyle is seen as important.

The Amish see themselves as God's chosen people who are called to be separate from the world, and not of the world. This separateness guides their interactions with the outside world. It explains why gas bottles to run gasoline operated machines are acceptable, while electricity with its ties and commitments to the outside are not. It also explains why riding in someone else's car or truck is permitted, while owning a car that requires insurance and a license is not.

The Amish strive to be a self-sufficient community. There is little reliance on government agencies or insurance companies to help the less fortunate. Instead, the community cares for its own.

One of the Anabaptist believers' baptismal vows was to promise to share goods with brethren in need. This is still somewhat in effect, to have neighbors, friends and brethren come in to share with people who have sickness, loss of loved ones, care of old people, fire or storm loss, or whatever may be the
need. It is not considered that we should receive governmental handouts. (Gingerich, 1981, ix)

Within this community, there is no room for disobedience and strife. Each Amish community is governed by the "Ordnung," an unwritten set of laws which upholds the tradition of the district. The "Ordnung" sets standards for dress, use of new technology: machines, and behavior. Church members vote on changes in the "Ordnung," but votes are heavily influenced by the district's bishop. Dress and customs vary from group to group because each district sets its own standards.

Should a member fail to follow the Ordnung, and subsequently fail to apologize to the church membership (if given the chance), he/she is excommunicated. The Amish follow the practice of shunning (or Meidung) a member who has been excommunicated. The ban means not talking with the person, or eating a meal at the same table, or doing any business with the person. The purpose of the ban is to show the member his error is costly and bring him back to the church where he will be received with welcome if he/she corrects the error of his/her ways. Spouses of an excommunicated member are expected to adhere to the shunning, too, but generally leave the Amish church with their spouse if reconciliation does not occur. Differences over how and
when the ban is to be applied are the source of numerous divisions.

The Amish make many uses of silence. Words are used sparingly, and not wasted over controversies. Conversations may be silent; prayers are silent; Sunday is silent. The Amish feel that the ultimate questions in life are demonstrable, not answerable. Their position of non-violence applies not only to refusing to fight during wartime, but also permeates their daily life. Children are taught to "turn the other cheek" (Hostetler, 1980).

The pervasive use of silence may be one reason that Smith (1958) found personality differences between between Amish and non-Amish children. In general, the Amish children were found to be more submissive, more introverted, and more withdrawn. For a culture where the community is part of the religious values, and self is deemphasized; where humility is the goal, and pride is looked down on; and where silence is a way of dealing with conflicts, such differences are not surprising.

For the Amish, soil has a spiritual quality. Their job is one of stewardship, to manage and protect the earth that was given to them by their creator. To damage the earth would mean to destroy one's offspring. This translates to a rural or semi-rural lifestyle with an agrarian base. Farming is the preferred occupation. In
maintaining an agrarian lifestyle, the joys of living have not been traded for progress (Hostetler, 1980).

Individual roles are clearly defined and there are strong familial relationships in the Amish community. The wife provides an important economic function for the family as she gardens and cans food for the family and sews the majority of their clothes. Children are taught the value of their work from an early age. Sometimes work becomes play, as when the entire community gathers to accomplish a larger task, such as a barn raising. These values are also taught at school. The emphasis is on practical education and skills that are useful and thorough. The values of simple living, humility, and respect for the creator reflect that for the Amish, religion is not just a worship service, but an entire way of life.

Health Care of the Amish

The Amish as a group are very health conscious and are quick to recognize when someone is ill. A healthy person is associated with a good appetite, looks physically well, and can do rigorous physical labor (Hostetler, 1980). A poor appetite means poor health.

The attitudes of the Amish towards sickness, health care, and disease prevention are conditioned by their worldview. The body was created by God and is not to be
unduly tampered with. Outsiders may view Amish life as stressful due to the hard physical work and lack of modern conveniences. However, life is integrated because of the strong religious values influencing daily activities. Most individuals cope well and remain functional and healthy. For those experiencing problems, the sick role is an approved form of being deviant (Hostetler, 1980).

Most Amish are not reluctant to seek medical attention when they think it is needed. Generally, home remedies are tried first. The Amish do not visit a doctor for minor illnesses. Thus many physicians fail to appreciate the urgency of a call from the Amish. Both the difficulty and time needed to get to the doctor's office, and the high cost of medical care are deterrents for the Amish (Hostetler, 1980).

Because of their general distrust of worldly knowledge, the Amish seek a doctor who is cooperative and trustworthy. This means that a doctor needs to be sensitive to their lifestyle and the difficulties they may have, such as making appointments within the regular office hours, and one who will spend time talking to them.

The Amish are slow to accept preventive medicine such as immunizations. This doesn't mean that they are necessarily against vaccinations. They are merely
cautious about anything new, especially if offered through a government program. Once the reasons are explained and the support of the leaders is gained, most of the Amish are cooperative and will participate in preventative programs.

The Amish will use the most modern technology available if it enhances life. They are not hesitant to seek the best medical care available, but do not wish to postpone death. They prefer to die at home. They are effective in using community networks available to them, such as the neighbor's telephone, to call the doctor (Presentations at Medical Care of the Amish Seminar, Children's Hospital Medical Center of Akron, March 1985).

Large medical bills present a problem for the family, church and community because the Amish have no social security, health, or life insurance. What the family, and then the church, can't pay for is requested in the form of money showers or free-will offerings from the rest of the Amish community.

Because of the relative inbreeding of the Amish, several hereditary diseases are found in isolated communities. Genetic studies of the Amish were begun in 1962 (McKusick, 1978). Some of the most noted have been two types of dwarfism, a rare blood-cell disease,
hemophilia, and a tendency to have certain blood types appear by geographic area.

Current Issues With the Amish

In 1977, Kephart reported that the Amish appeared to be growing in thriving numbers. Hostetler (1980) attributes the secret of Amish survival as four-fold: (1) the maintenance of the world view of a redemptive community, (2) moderate use of technology, (3) strong family ties, and (4) the pervasive use of silence. These traits were discussed in the previous section.

But, the larger society continues to push in on the Amish in the form of tourists, consolidated schools, high land prices, and even changing roles within the family. With these issues comes much speculation as to how the Amish will maintain their separateness and survive.

In the early 1950's, as schools began to consolidate and children were bused out of their immediate community for their education, the Amish began to push for their own schools. The major concern was not the contact with non-Amish children (in fact, limited contact to satisfy a child's curiosity is viewed as healthy), but that education took place out of the community (Ohio Legislative Service Commission, 1960). In 1972, the Supreme Court ruled that for the Amish there was no
separation of religion and lifestyle, and the Amish won the right to run their own schools.

Most Amish children attend school until the eighth grade, and after that, obtain a work permit that allows them to work on the family farm until they are beyond the mandatory school attendance age. The teacher is usually a young Amish woman who is particularly good at teaching. Schools generally serve several church districts and are operated by Amish members. No state support is used for the building or running of the Amish schools (Hostetler, 1980).

In recent years, much has been written about the fate of the Amish and the continuation of their agrarian lifestyle (Buck, 1978; Ericksen, et al., 1980; Foster, 1981 & 1984; Lee, 1984; Martineau & MacQueen, 1977; Schwieder & Schwieder, 1976; Stolzfus, 1973). Most of the concerns revolve around the issue of land unavailability and the need to seek non-farm work.

Stolzfus (1973) notes that tradition has helped the Amish maintain an agrarian lifestyle because it emphasized low energy technology, low fossil fuel consumption, and a respect for nature. But, he also notes a move towards farm specialization rather than the traditional diversification model. This move towards specialization makes the Amish more vulnerable to economic fluctuations. In addition to specialization,
more men work at non-traditional jobs (such as a factory) than in previous times. The Amish tend to accept change more readily when it is tied with economic gain, and non-farm work has become necessary to maintain families and to build up capital for the purchase of land (Martineau & MacQueen, 1977).

Although the Amish have met changes before, this is the first time their agrarian lifestyle has been threatened. Subtle changes are even occurring within the relationship between men and women (Ericksen & Klein, 1981). The Amish family is an economic unit, with the husband and wife performing separate but interlocking roles. Amish society is viewed as very patriarchal, but this is more the public presentation than the reality of homelife. An Amish man wouldn't think of buying a household item without first consulting his wife, as that is her domain. The Amish women perform important economic roles such as canning, making clothes, working around the house and farm, and childbearing. It is through this partnership that the Amish family becomes a strong economic unit (Hostetler, 1980). Wright (1977) hypothesizes that it is this lack of partnership, or modern women's loss of a productive economic function, that gave rise to the re-emergence of the women's movement.
When the man takes on a non-farm occupation, the woman's role in this economic partnership diminishes. The family, as an economic unit, becomes part of a larger distribution network, and since the men have more public power, the woman's power lessens (Ericksen & Klein, 1981). Amish women whose husbands have non-farm jobs can fewer quarts of produce and sew fewer of their family clothes than do women whose husbands farm.

How the Amish deal with these changes within their work varies from district to district and often times results in divisions and mergers as different paths are chosen.

Wayne County Amish

The German-speaking Mennonites, and their Amish relatives, were the largest single group to settle in central Ohio. They still form the largest outstanding ethnic and religious community within the state (Schreiber, 1962). The Old Order Amish came to this area from Somerset County, Pennsylvania in 1810. This was a party under the leadership of Jakob Miller who had left Pennsylvania in 1807 in search of land in the west. Not finding anything suitable in Iowa, they headed back home to Pennsylvania. On this return trip, they discovered the Killbuck Valley and decided to settle.
Today, in the five-county area (Holmes, Wayne, Coshocton, Stark, and Tuscarawas Counties), there are at least seventeen non-interconnecting groups which stem from the original Amish settlement (Gingerich, 1981) (see Figure 2). These 17 groups have developed over the past 175 years due to differences in opinion of what were the correct practices for the community. The first division occurred in the early 1830's when "spiritual breakdown was evidenced by harmful habits and practices" that came from intermarriage and close intermingling with those of other cultures (Gingerich, 1981). Numerous ministers' meetings could not put an end to these disagreements.

Both liberal and conservative ends of the Amish continuum have split over sometimes small issues. Those topics which caused departure include degrees of enforcement of the Meidung (ban and avoidance), use of farming implements, minute personal appearance and dress standards, culture affecting innovations, and Sunday School. The differences between the orders of Amish and some Mennonites usually lie in the interpretation of the application of the rule of separation (Schreiber, 1962). The most outward visible sign among the Wayne County groups is that Amish men tend to have beards, while the Mennonite men are clean-shaven.

Gingerich (1981) indicates in his Ohio Amish Directory chart eight divisions, or orders, of Amish in
existence within the Wayne/Holmes County area today. These include the Dan Miller, the New Order, the Old Order, the Andy Weaver, the Tobe Hostetler, the Roman Miller, the Stutzman-Troyer, and the Swartzentruber divisions. Of these eight orders, six are found in Wayne County. (For listing of districts by division, see Appendix 3.) The Roman Miller and New Order Amish are found only in Holmes County.
FIGURE 2

The family tree of the present churches in the Holmes County vicinity which originate from the original Amish congregation.

Source: Ohio Amish Directory (Gingerich, 1981)
CHAPTER 3
THEORY

Amish Society from a Conflict Perspective

Every day changes occur around us. All societies deal with those changes in some manner. We change as individuals, and we change as societies. For an individual, the loss of Old Order Amish group identity typically begins with increased verbalization of religious beliefs, interest in evangelism and Bible study, which in turn leads to Sunday Schools, automobiles, and nonfarming occupations (Hostetler, 1980). This study looks at the different groups or districts as opposed to individuals that represent the diversity of the Amish society.

Amish society appears remarkably uniform to the outsider. (After all, the Amish all wear eighteenth century dark-colored clothes and drive horses and buggies.) But not only are there differences among the different Amish settlements, there are differences within the same geographic area. Conflict theory will guide this study of differences between the Amish districts of Wayne County, Ohio.
From a conflict perspective, conflict between groups varying in power is seen as natural. Conflict serves a positive function in that through the analysis of social life that occurs, system change takes place. These changes help maintain the system as a whole. Conflict may, in fact, be indicative of a highly stable system (Coser, 1977, Haas & Drabek, 1973). The divisions within the Amish districts represent individual and group conflicts which maintain a stable Amish society as a whole.

Hostetler (1980) developed a model showing divisions within Mifflin County in central Pennsylvania. This region encompasses Kishacoquilles Valley or "Big Valley," which has twelve Amish-related groups. These groups are ranked on a continuum by degree of assimilation into the American culture with the terms "low" and "high" church. A low church has retained more old traditions, while a high church has adapted more traits of modern American culture.

For example, the "Nebraska Amish," who are the "lowest" order in Big Valley, drive buggies with white tops, presumably because the material was made of flax and was unbleached and undyed. The men wear their hair about shoulder length, the longest of any order in the area, and wear wide-brimmed hats. The women wear the longest dresses, in plain, dark colors. Modern farm
equipment is forbidden. The barns, and many of the houses, remain unpainted. Religious services are held in members' homes.

The Maple Grove Mennonite Church, the highest church on the continuum, grew out of a group of meeting-house Amish in 1868, and has the reputation of being the most progressive Mennonite group in Big Valley. There is no distinctive dress among its members, and professional men of the church belong to local civic and community organizations. Many of its members and ministers have attended college, and the church supports missionary endeavors.

The existence of these divisions, when viewed from a conflict perspective, enable the Amish community to avoid dying or being absorbed by other Anabaptist groups as happened with the European Amish. Kephart (1977) says that these hierarchic patterns of "high" to "low" churches give the Amish individual choice as to affiliation, and provides the Amish system flexibility. This flexibility is within the Amish society as a whole, as individual church districts, each with their own "Ordnung," are often quite rigid. An acceptable way of dealing with conflict within a district is to join another church when that stage of adult life comes, or to split a district into two, each with its own bishop.
In studying the Iowa Amish, Schwieder & Schwieder (1975) view the practice of creating new settlements at frequent intervals as a means of providing the Amish flexibility that aids them in accommodating individual differences.

As long as land remains available and they continue to move and establish new communities, the Amish will have a safety valve for their disoriented. Dissidents will be able to continue moving out of communities where they are dissatisfied, resettling in an area where they feel more in harmony with the membership. If, however, conditions arise that restrict this opportunity, Amish society will undergo significant change. (Schwieder & Schwieder, 1975, 92)

As stated previously, farming is the ideal occupation for the Amish. But with the decrease in the availability of farmland, many Amish have sought a means of living off of the farm. This has created a discrepancy between the ideal (farming) and the actual (non-farm jobs) structures. Levy (1966) states that this type of discrepancy between the ideal and actual provides a source of stability for a community. To survive, the Amish must find a way of adapting their environment without compromising their beliefs. This is reflected in their moderate adaptation of technology. Before each new practice is adopted, it is talked about and voted on by the church members. If an innovation has economic gains, it is more likely to be accepted.
The disparity between the ideal and the actual is a source of conflict, and those who can't find a farm, find it hard to remain Amish. Finding farmland for one's children is an important ingredient to them remaining Amish. It follows that those parents who own farms and have been more successful in accumulating capital to buy land for their offspring have children who in turn remain Amish (Ericksen, Ericksen & Hostetler, 1980). At other times, the problem of land availability is alleviated when persons leave the stricter Amish groups (to whom land is most vital) and join a Mennonite congregation. As long as this is done before membership in an Amish congregation, the parents are under no obligation to shun their children.

This stratified system of religious groups performs a number of functions associated with the maintenance of community boundaries. The boundaries of each religious group are preserved by expelling the deviant person through excommunication, or by the individual choosing to leave prior to membership. Each group respects the rights and customs of the others, and no effort is made to attract members from another group (Hostetler, 1980).

But through the stratification, individuals may move from a "lower" group to a more progressive one in a natural and voluntary manner. Though there is respect for other groups, a social distance is maintained. The
greater the social distance between groups, the less likely that members will drop out and affiliate with another similar in "Ordnung."

In summary, the Amish have survived in the past due to the maintenance of boundaries through their separatism and agrarian lifestyle. And although individual church districts are quite rigid, the Amish stratification of churches from "low" to "high" assimilation of traits of contemporary American culture, provides a means to deal with dissidents while still remaining within the total structure.

**Hypotheses**

This study is concerned with the divisions within the Amish community from low to high church and its effect on the use of health care. Dutton and Jorgensen (1984) have already noted the differences between non-Amish and Amish. The changes to a higher level generally reflect a more open acceptance of technology, particularly if there are economic gains to be made. It follows that this acceptance, particularly of farming technology, would influence the acceptance of medical technology.

The general hypothesis of this study is: that Old Order Amish groups in Wayne County, Ohio, will differ in their use of health care services. Gingerich (1981) has
already delineated the structure and groupings of the Holmes/Wayne Amish, but there is no comprehensive body of literature describing differences within those groups. The differences between the Amish districts will be validated through interviews with key informants, knowledgeable about the Amish community. Some informants are not active members of the Amish community, but rather former Amish or those in close contact with the community. The interviews dealt with the perceived rankings of the districts from "low" to "high" church with the use of examples such as farming practices, dress, and religious practices. Three groupings of Amish, Swartzentruber, Weaver, and Main Body Old Orders, are the independent variable for this study.

The dependent variable, utilization of health care services, will be measured through the amount of utilization of a variety of services. Data were collected through personal interviews conducted by the Wayne County Health Department (1984). The differences among the Amish in health care service utilization are reflected in the following operational hypotheses:

\[ H_1 \quad \text{The Amish groups will differ significantly in the time since their last visit to a doctor.} \]

The question asked the respondent was how long it had been since s/he or a member of the family had
been to a health care provider. This was understood by the Amish to mean a doctor (either M.D. or D.O.).

H₂ - The Amish groups will differ significantly in the time since the last visit to a dentist.
The question asked the time since the subject was last seen by a dentist.

H₃ - The Amish groups will differ significantly in the utilization of hospitals for the birth of children.

H₄ - The Amish groups will differ significantly in the utilization of a midwife for the birth of children.

H₅ - The Amish groups will differ significantly in the utilization of home childbirth deliveries.

These three hypotheses (H₃ - H₅) deal with the place of birth of Amish children. The questions were asked only of respondents who had children 10 years of age or younger. Limiting the response to what has taken place over the past 10 years is more representative of current utilization rates. The utilization rate is reflected in percent of total births, because some families may have had children born at home, at the midwife's or at the hospital. The midwife in this case refers to an Amish woman, Mrs. Barb Hostetler, who works closely with a doctor in the area and largely serves the Amish population.
H₆ - The Amish groups will differ significantly in their use of child immunizations.
This also reflects the response of only those with children of 10 years of age and younger. Respondents were asked to respond either "yes" or "no" to whether or not their children got baby shots. Answers of "some" were coded as "no."

H₇ - The Amish groups will differ significantly in the importance of health care being inexpensive and close to home.
Respondents were asked to choose the one most important thing about good health care. Possible responses included: modern equipment, trustworthy professionals, low cost, and being close to home.
CHAPTER 4

METHODOLOGY

The Survey

The data on health care utilization was obtained from 144 face-to-face surveys with Wayne County Amish, completed in 1984 by Health Care Associates of Wooster, Ohio, under a contract with the Wayne County Health Department. (For a copy of the survey, see Appendix 4.) The author of this thesis was not involved in the planning, format, or analysis stages of the survey research, but did assist by conducting personal interviews with members of the Swartzentruber Amish. The purpose of the Health Department study was to determine health care needs of the Amish, and how they differ from the non-Amish or "English." For a referent point, Amish-English analysis is presented in Appendix 5, but the main concern of this thesis is differences among the Old Order Amish.

The sample was randomly selected from a list of Amish households generated from the Ohio Amish Directory (Gingerich, 1981). The directory lists Amish by name, address and church district. The Swartzentruber and
Stutzman-Troyer districts refused to be included in the Ohio directory. As a consequence, a list of Swartzentruber households was generated from doctors in the area. Of the 144 Amish families interviewed in this study, 121 surveys were randomly selected from the directory, while 23 participants (Swartzentrubers) were randomly selected from a list provided by local doctors. The selection of the later group was conducted in the same manner as the former and in the same proportions. Interviewers were hired and trained to conduct the personal interviews. All interviewers, three women and one man, had previous experience. Interviewers attempted to interview the male head of household. If he was unavailable, they interviewed the female head.

There were no refusals. Although the interviewers were instructed to interview one adult in the household, the families answered the questions as a consensus unity. In all cases the interviewers easily established rapport and were in turn often asked about their background and family.

Since this study utilizes only one independent variable, the researcher found it mandatory to validate the difference between Old Order Amish groups. This was done in two ways: 1) by use of key informants and 2) by utilization of some of the survey data.
Key Informants

There are major groups of Amish in Wayne County. These groups, although not different to the casual observer, differ in religious practices, use of farming technology, and dress. The major hypothesis is that there will be significant differences between the Old Order Amish groups which will be reflected in their varied utilization of health care services. Since little is written on the differences between orders, the first step of this research includes gaining information about the groups from key informants.

Key informants were members of the Wayne/Holmes community who were knowledgeable about the groups within the Old Order Amish (Hunter, 1953; Rossi, et al., 1979).

The individuals were:

1) A Mennonite minister from Holmes County who grew up Amish in Big Valley, Pennsylvania. He was unfamiliar with the Amish groups in Wayne County, but differentiated between the Old Order and New Order in Holmes County, and the Amish and conservative Mennonite churches.

2) The author of the Ohio Amish Directory and his wife, who are members of the New Order Amish, were interviewed by the author and my mother-in-law, a conservative Mennonite, who was raised in Big Valley, Pennsylvania. Both Hostetler and McKusick, who have conducted national studies of the Amish, consider the
couple as experts. During the initial contacts the husband was not at home, but an appointment was made for the next week. Then my mother-in-law and the author's wife exchanged information concerning friends, relatives, and the latest church divisions. This initial contact established a rapport for me as an insider with family ties to the Amish community.

A week later, my husband and I returned to the key informant's home and discussed the differences between the Amish groups. In addition to district ranking, suggestions were given as to which of the larger groups and smaller groups were ideologically similar.

3) The third informant was a doctor from southeastern Wayne County who has many of the Amish as patients and has a reputation in both the Amish and non-Amish communities as being culturally sensitive. Although he was aware of the differences between the Swartzentrubers and the other Old Order Amish, the doctor could not rank the group or district or provide descriptive differences. The doctor, however, explained medical techniques which were culturally sensitive and those which were not.

4) The doctor arranged an interview with an Amish midwife, who performs most of the Amish deliveries, and also with her husband, a bishop in the Hostetler group.
The wife was reluctant to talk and generally deferred to her husband. When asked about the difference between districts and any ordering, the husband was quite hesitant and emphasized the commonalities. The Hostetler group originally broke from the Swartzentrubers over the issue of when to apply the ban. They have just recently merged with the Old Order Main Body districts, and the bishop was most probably the "peacemaker." When I backed off and asked only for verification of a ranking order, he did not object. The bishop proceeded to give details on the power structure within the various Amish districts. It's been suggested that this is typical and a way of seeing if the person really knows what they're talking about (Hostetler, 1984). In addition, since I could speak some German and was able to understand some of the "Dutch" conversation, this helped establish rapport.

5) The fifth key informant, a man who resides in Lancaster County, Pennsylvania, who was instrumental in developing the original districts chart in the Ohio Amish Directory, provided ranks similar to the other key informants. This interview was conducted by telephone because of the distance involved.
Description of Amish Groups

The following information is a summary of information obtained from the key informants regarding differences between the Amish districts in Wayne County, Ohio. (For a complete listing of districts and bishops, see Appendix 3.)

1. Swartzentruber Districts

There are currently 12 Swartzentruber districts within the Wayne/Holmes County area, eight in Wayne County. The Swartzentrubers broke from the main body of Old Order Amish in 1913 under the leadership of Sam Yoder. They felt that the other Amish were practicing too many "worldly" deeds. This group tends to be the most traditional and conservative of Amish groups.

One might recognize a Swartzentruber farmstead first by the mud or dirt lanes. Gravel is prohibited from being hauled and spread by trucks, so must be transported by Amish horses and wagons and spread by hand. This also serves to keep the non-Amish influence to a minimum. The red paint used to paint the barns is mixed with black paint so as to control the brightness of the color. The most-traditional horse-drawn farm equipment is used on Swartzentruber farms. Animals are transported to market by horses and wagons. Other Amish often hire non-Amish vehicles to transport livestock. The Swartzentruber houses are neat, but very plain with few embellishments.
found among other Amish homes. Indoor plumbing and gasoline operated engines are not used in their houses or on their farms.

The Swartzentruber buggies have a narrow dashboard, no windows, mirrors, electric battery operated lights, or slow-moving vehicle sign. White reflector tape is used to outline the back of the buggy for protection and safety at night.

Swartzentruber men can be distinguished by their longer, "Dutch boy" haircut (as opposed to bowl-shaped cuts on other Amish men) and their long, untrimmed beards. The black dress hats have a wider 4" brim. The straw hats are homemade with braided strips of straw sewn together by machine. Like all Amish, most of their clothes are dark. Shirts are only permitted to have two buttons, and only open part-way down. Vests must be worn in public at all times. Swartzentruber men are more likely to go barefoot than other Amish men.

The women wear longer, dark dresses with matching or white capes and aprons and black stockings. In the wintertime, they wear high top shoes. They wear a bonnet of a wire screen base, covered with black cloth (quilted material in winter) in public. Their head coverings are larger than other Amish women's and the strings are
always tied. They use no buttons, but use straight pins to close openings.

Among the Swartzentrubers a ban (or Meidung) of any other Amish group is honored. Church is held in members' homes every other Sunday. To adopt any new practice, 100% consensus must be had. There is much influence by the bishop in these instances, and at times those disagreeing are asked to leave the room before the vote is taken. This enables the group to receive the 100% consensus of those present. The use of tobacco is permitted by the church.

2. Stutzman-Troyer District

The Stutzman-Troyer group broke from the Swartzentrubers in 1931. The majority of the members have since moved to Minnesota and presently only one group remains in Wayne County. Their dress and practices are very similar to the Swartzentrubers. Two noted exceptions are that their straw hats are store bought, and the Y-suspenders have two buttons in back, rather than one as do the Swartzentrubers. It is felt that through their strong group discipline, they have been able to maintain their memberships. For the data analysis proposed in this thesis, the Stutzman-Troyer district was included with the Swartzentruber district.
3. Tobe Hostetler Districts

The Tobe Hostetler district broke from the Stutzman-Troyers in 1940, and many practices reflect their Swartzentruber background. This is most evident in the men's shirts which only open halfway down and have two buttons, but have turn-down collars. If suspenders are worn, they are Y-shaped with two buttons in back.

The Hostetler group consists of two districts which have just recently merged with the Main Body Old Order Amish districts. They have in common a more liberal application of the ban. If another church has accepted a banned member, the ban is lifted. If someone is unhappy, they are free to join another church without the ban being applied. The ban is also lifted if someone admits their wrongdoing. The Hostetler group emphasizes the need for true 100% consensus of members before changes are made.

Although some of the Hostetler practices are more traditional, reflecting their Swartzentruber background, the similarity in religious practices is the root of the merger with the Main Body Old Order Amish. Whether they will retain their individual practices, or follow the main body, remains to be seen. For statistical purposes of this thesis they are combined with the Main Body Old Order districts.
4. Weaver Districts

The Weaver districts broke from the Main Body Old Order in the mid-1950's with leader, Andy Weaver. They tend to be more conservative and traditional than the Main Body. There are eight districts of Weaver Amish in Wayne County.

Their more traditional ways are reflected in the refusal to use power motors, and making hay in loose form, rather than bales. Water heaters burn coal for heating water. They prefer lanterns, rather than battery powered electric lights on their buggies, and there is no mud-splash dash (windshield).

The dress is similar to the Main Body Old Order districts, although more consistent among members and slightly more conservative. Their glasses have wire frames, while Main Body Old Order Amish may have plastic frames.

They differ from the Main Body Old Order Amish in their application of the Meidung. A banned person is subject to the ban until restitution is made. The bishops' power within the district is similar to that of the Swartzentrubers. This group was treated as its own entity for statistical purposes.

5. Main Body Old Order Amish Districts

There are ten districts of Main Body Old Order Amish in Wayne County. This group constitutes the largest
group within the Old Order Amish, and are most generally those referred to as "the Amish."

These Amish have more progressive farming practices, such as baling hay with a stationary gas-powered baler mounted on a wagon pulled by horses. Houses generally have indoor plumbing and running water.

In addition to the Meidung practices mentioned under the Tobe Hostetler group, Old Orders have evening singing for the young people on Sunday evenings. Use of tobacco (cigars) is permitted.

Their buggies have storm fronts, roll-up side curtains, windows, and electric lights. The men's shirts open all the way down, and most beards are trimmed. The women wear bonnets in public, but not capes.

6. Dan Miller Districts

The Dan Miller group evolved from a 1967 split from the Hostetler group. There are no known significant differences in dress or practices from the Main Body group. They do not follow a strict enforcement of the Meidung, and are more like the New Order Amish. As there are no New Order districts in Wayne County, the two Miller districts were included with the Main Body group for statistical purposes.
7. New Order Amish

Although there are no New Order districts within Wayne County, because of the close proximity in other counties, a discussion of their characteristics is included as a benchmark. The basic difference between Old and New Orders is the New Order's belief in a spiritual rebirth. Besides church services every other Sunday in members' homes, Sunday School is held on the alternate Sundays. Instructions in the Bible and German language are provided to children.

The New Order still use horse and buggies for transportation, but the buggies have hard rubber tires and sliding doors. Power motors and equipment such as milkers, bulk tanks, and lawn mowers are acceptable. Although there is no use of electricity, some districts permit telephones.

In regards to dress, the men's hats have narrower brims. The women wear cape dresses (the cape is part of the dress), and no bonnets, but coverings. The use of tobacco in any form is not permitted.

There was general agreement among the key informants that the more traditional the district, the less likely members would be to use available health care. This statement does have some qualifying points.

1) All Amish use the doctor without hesitation when a family member is seriously ill. The idea of preventive
medicine such as inoculation, annual physicals and check-ups (including the dentist) is generally not within their framework.

2) The Amish do not expect to receive free services, and are angered by such provisions. They believe their duty is to pay for the services received, but are angered when costs of medical services included "padded luxuries." For example, a local hospital offers free bus service to the Amish to relieve their transportation problems, but the Amish are skeptical. If the bus is free, they were being charged for it in their medical fees.

In summary, four of the five key informants were able to rank the Wayne County Amish from low to high church as follows: 1) Swartzentruber districts, 2) Stutzman-Troyer district, 3) Tobe Hostetler districts, 4) Weaver districts, 5) Main Body Old Order districts, 6) Dan Miller districts. All five did, however, report differences among the Old Order church. The smaller groups composed of only one or two districts were reported not to have many cultural differences from the three larger groups (Swartzentruber, Weaver, and Main Body), and were thus collapsed with a larger group with similar ideology for purposes of the data analysis.
Survey Data

To further examine the differences between Old Order Amish groups the survey data on indoor plumbing was used. Table 1 shows a significant difference (.000) between Amish groups in the use of indoor plumbing, which was defined as running water and indoor toilets. Seventy-three percent of the Swartzentruber Amish, the most traditional group, do not have indoor plumbing, while only 11% of the Weavers and 16% of the Main Body Amish did not possess such conveniences. Since the Swartzentrubers are the most traditional group and utilize less technology, this provides further validity for group differences.

<table>
<thead>
<tr>
<th>TABLE 1. INDOOR PLUMBING BY AMISH GROUPING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Chi Sq. 36.07 with 2 degrees of Freedom  Sig = .000
Missing Observations = 2

Demographic Variables

The survey questionnaire contained little demographic information. Only sex, age, church district
and the number of children were included in the questionnaire. Data on education and income levels were not asked. (See Appendix 4.)

The demographic characteristics of the interviewed population were 65% women, 34% men (see Table 2). As anticipated by the researchers, male respondents were more difficult to contact than female. The exception was the Swartzentruber districts where 59% of the respondents were men and 41% were women. The explanation for this difference is that the Swartzentruber districts, the most traditional group, tend to have fewer males employed in off-farm occupations.

<table>
<thead>
<tr>
<th></th>
<th>Main Body</th>
<th>Weaver</th>
<th>Swartzentruber</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td>Female</td>
<td>59</td>
<td>70.2</td>
<td>25 69.4</td>
<td>9 40.9</td>
</tr>
<tr>
<td>Male</td>
<td>25</td>
<td>29.8</td>
<td>11 30.6</td>
<td>13 59.1</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100</td>
<td>36 100</td>
<td>22 15.5</td>
</tr>
</tbody>
</table>

Chi Sq. 6.96 with 2 degrees of Freedom Sig = .03
Missing Observations = 2
Table 3 shows the age distribution of the sample. There were no significant differences between the three Amish groups with regard to age of respondents. Amish couples tend to have large families (see Table 4), and a tendency for Swartzentrubers to have ten children or more is noted, but the difference is not significant.

Thus on the few demographic variables included in the study, there appears not to be significant differences between the Old Order Amish groups. As a consequence if differences are noted in health care practices, one may assume that they are not related to demographic factors such as age of household head or stage of family cycle.

<table>
<thead>
<tr>
<th>TABLE 3. AGE BY AMISH GROUPING</th>
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<tbody>
<tr>
<td>Main Body</td>
</tr>
<tr>
<td>N</td>
</tr>
<tr>
<td>Under 36</td>
</tr>
<tr>
<td>36-55</td>
</tr>
<tr>
<td>56 &amp; over</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Chi Sq. 4.36 with 4 degrees of Freedom Sig = .359
Missing Observations = 0
### TABLE 4. NUMBER OF CHILDREN BY AMISH GROUPING

<table>
<thead>
<tr>
<th>No. of Children</th>
<th>Main Body</th>
<th>Weaver</th>
<th>Swartzentruber</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
</tr>
<tr>
<td>Under 3</td>
<td>11 13.1</td>
<td>9  24.3</td>
<td>3  13.0</td>
<td>23 16.0</td>
</tr>
<tr>
<td>3-5</td>
<td>28 33.3</td>
<td>11  29.7</td>
<td>7  30.4</td>
<td>46 31.9</td>
</tr>
<tr>
<td>6-9</td>
<td>32 38.1</td>
<td>11  29.7</td>
<td>6  26.1</td>
<td>49 34.0</td>
</tr>
<tr>
<td>10 &amp; Above</td>
<td>13 15.5</td>
<td>6  16.2</td>
<td>7  30.4</td>
<td>26 18.1</td>
</tr>
<tr>
<td>Total</td>
<td>84 58.3</td>
<td>37 25.7</td>
<td>23 16.0</td>
<td>144 100</td>
</tr>
</tbody>
</table>

Chi Sq. 5.66 with 6 degrees of Freedom  Sig = .461
Missing Observations = 0
CHAPTER 5
FINDINGS

Each of the operational hypotheses presented in the theory section were tested and are explained in this chapter.

H₁ - The Amish groups will differ significantly in the time since their last visit to a doctor.

As the data in Table 5 shows, this hypothesis was rejected. No significant difference between groups in the amount of time since a family member had last seen a doctor (Table 5) was evident. Seventy-two percent of all Amish had had a family member seen within the last six months. The range between groups was 65.2 - 74.4%.

H₂ - The Amish groups will differ significantly in the time since the last visit to a dentist.

This hypothesis was rejected as there was not shown to be a significant difference between groups in the amount of time since the respondent last visited a dentist (Table 6). Overall, 40% of the Amish had seen a dentist in less than one year's time. The range was between 40-42%.

52
### TABLE 5. TIME SINCE LAST FAMILY VISIT TO DOCTOR BY AMISH GROUPING

<table>
<thead>
<tr>
<th></th>
<th>Main Body</th>
<th>Weaver</th>
<th>Swartzentruber</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
</tr>
<tr>
<td>Less than 6 months</td>
<td>61 74.4</td>
<td>26 70.3</td>
<td>15 65.2</td>
<td>102 71.8</td>
</tr>
<tr>
<td>6 months &amp; above</td>
<td>21 25.6</td>
<td>11 29.7</td>
<td>8 34.8</td>
<td>40 28.2</td>
</tr>
<tr>
<td>Total</td>
<td>82 57.7</td>
<td>37 26.1</td>
<td>23 16.2</td>
<td>142 100</td>
</tr>
</tbody>
</table>

Chi Sq. .807 with 2 degrees of Freedom Sig = .667
Missing Observations = 2

### TABLE 6. TIME SINCE LAST VISIT TO DENTIST BY AMISH GROUPING

<table>
<thead>
<tr>
<th></th>
<th>Main Body</th>
<th>Weaver</th>
<th>Swartzentruber</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>35 41.7</td>
<td>14 37.8</td>
<td>8 34.8</td>
<td>57 39.6</td>
</tr>
<tr>
<td>1 year or more</td>
<td>49 58.3</td>
<td>23 62.2</td>
<td>15 65.2</td>
<td>87 60.4</td>
</tr>
<tr>
<td>Total</td>
<td>84 58.3</td>
<td>37 25.7</td>
<td>23 16.0</td>
<td>144 100</td>
</tr>
</tbody>
</table>

Chi Sq. .421 with 2 degrees of Freedom Sig = .81
Missing Observations = 0
H₃ - The Amish groups will differ significantly in the utilization of hospitals for the birth of children.

This hypothesis was accepted at the .001 level of significance (Table 7). Fifty percent of the Main Body Amish and 41% of Weaver Amish had all of their children delivered in a hospital, while none of the Swartzentrubers had their children born in hospitals. Ninety-six percent of the Swartzentrubers had some (less than 25%) of their children born in a hospital, so opposition to hospital births is not universal for this group. First deliveries and those with predictable medical complications were the childbirths most likely to occur in a hospital.

| TABLE 7. PERCENT OF HOSPITAL BIRTHS BY AMISH GROUPING |
|---------------------------------|-------------------|----------------|------------------|-----------------|
| Main Body                      | Weaver            | Swartzentruber  | Total            |
|--------------------------------|-------------------|----------------|------------------|-----------------|
| N %                            | N %               | N %            | N %              | N %             |
| Less than 25%                  | 23 60.3           | 5 18.5         | 22 95.7          | 50 39.7         |
| 25-99%                         | 15 19.7           | 11 40.7        | 1 4.3            | 27 21.4         |
| 100%                           | 38 50.0           | 11 40.7        | 0 0.0            | 49 38.9         |
| Total                          | 76 60.3           | 27 21.4        | 23 18.3          | 126             |

Chi Sq. 42.21 with 2 degrees of Freedom  Sig = .000
Missing Observations = *18

*Not asked to those with children over 10
H₄ - The Amish groups will differ significantly in the utilization of a midwife for the birth of children.

This hypothesis was accepted at the 0.001 level of significance. Overall, the Swartzentruber Amish utilized Mrs. Barb Hostetler, a local midwife, to deliver more of their children than the Weaver and Main Body Amish (Table 8). Seventy-eight percent of the Main Body and 67% of the Weaver Amish had not used Mrs. Barb Hostetler's services, while only 22% of the Swartzentruber Amish had no deliveries performed by Mrs. Barb.

<table>
<thead>
<tr>
<th></th>
<th>Main Body</th>
<th>Weaver</th>
<th>Swartzentruber</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>None</td>
<td>59</td>
<td>77.6</td>
<td>18</td>
<td>66.7</td>
</tr>
<tr>
<td>1-89%</td>
<td>9</td>
<td>11.8</td>
<td>8</td>
<td>29.6</td>
</tr>
<tr>
<td>90-100%</td>
<td>8</td>
<td>10.5</td>
<td>1</td>
<td>3.7</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>60.3</td>
<td>27</td>
<td>21.4</td>
</tr>
</tbody>
</table>

Chi Sq. 29.014 with 4 degrees of Freedom Sig = .000
Missing Observations = *18

*Not asked to those with children over 10
$H_5$ - The Amish groups will differ significantly in the utilization of home childbirth deliveries.

The hypothesis was significant at the .01 level of significance (Table 9). As a group, the Weaver Amish had the lowest percentage of home births with 74% having had no home births. No Weaver Amish had all home births. The Main Body Amish were next with 68% having no home births and 14% having 90-100% home births. The Swartzentrubers had 43% with no home deliveries and 13% with 90-100% home deliveries.

<table>
<thead>
<tr>
<th>TABLE 9. PERCENT OF BIRTHS AT HOME BY AMISH GROUPING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>1-89%</td>
</tr>
<tr>
<td>90-100%</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Chi Sq. 11.188 with 4 degrees of Freedom Sig = .024
Missing Observations = *18

*Not asked to those with children over 10
Tables 7, 8, and 9 reflect data only from those respondents with children of ten years of age and younger. This limits the respondent, but patterns reflect a more current utilization pattern $H_0$ - The Amish groups will differ significantly in their use of child immunizations.

This hypothesis is significant at the .001 significance level (Table 10). Again these data are for those families with children of ten years of age and younger. The other missing responses include those respondents (particularly Main Body and Weaver Amish men) who could not remember. The major finding is that 100% of the Swartzentrubers, compared to 42% of the Main Body and 52% of the Weaver Amish did not receive immunizations for their children.

<table>
<thead>
<tr>
<th></th>
<th>Main Body</th>
<th>Weaver</th>
<th>Swartzentruber</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>29</td>
<td>58.7</td>
<td>10</td>
<td>47.6</td>
</tr>
<tr>
<td>No</td>
<td>21</td>
<td>42.1</td>
<td>11</td>
<td>52.4</td>
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<tr>
<td>Total</td>
<td>50</td>
<td>54.9</td>
<td>21</td>
<td>23.1</td>
</tr>
</tbody>
</table>

Chi Sq. 19.876 with 2 degrees of Freedom Sig = .000
Missing Observations = 53*

*Not asked to those with children over 10
H7 - The Amish groups will differ significantly in the importance of health care being inexpensive and close to home.

This hypothesis was rejected as there was a difference, but not significant (Table 11). As the group became more traditional, modern equipment and a trustworthy professional became less important as low cost and being close to home became more important.

<table>
<thead>
<tr>
<th></th>
<th>Main Body</th>
<th>Weaver</th>
<th>Swartzentruber</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
</tr>
<tr>
<td>Modern Equip.</td>
<td>1  1.4</td>
<td>1  3.0</td>
<td>0  0</td>
<td>2  1.7</td>
</tr>
<tr>
<td>Trustworthy Prof.</td>
<td>40 57.1</td>
<td>15 45.5</td>
<td>7  38.9</td>
<td>62 51.2</td>
</tr>
<tr>
<td>Low Cost</td>
<td>12 17.1</td>
<td>4  12.1</td>
<td>3  16.7</td>
<td>19 15.7</td>
</tr>
<tr>
<td>Close to Home</td>
<td>17 20.3</td>
<td>13 39.4</td>
<td>8  44.4</td>
<td>38 31.4</td>
</tr>
<tr>
<td>Total</td>
<td>70 57.9</td>
<td>33 27.3</td>
<td>18 14.9</td>
<td>121</td>
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</tbody>
</table>

Chi Sq. 5.07 with 6 degrees of Freedom Sig = .534
Missing Observations = 23

Summary

In summary, four of the six operational hypotheses regarding the differences among the Amish groups and
their utilization of health care services were accepted. The seventh hypothesis could not be tested because of the small sample size but is presented for informational purposes only. These findings indicate that ideological differences among the Amish influence their health care utilization patterns. The findings are even more remarkable in that no New Order Amish, the most liberal, were included in the sample because none resided in the area. In addition, the sample of Swartzentruber districts was obtained from local doctors, and obviously was biased in favor of those Amish accepting medical services. Despite this, the Swartzentrubers still demonstrated the most conservative patterns in health service utilization. Implications of this will be discussed in the next chapter.
CHAPTER 6
SUMMARY AND CONCLUSION

Summary

The Old Order Amish represent a significant minority group within Wayne County. The Amish within the five-county area of Wayne, Holmes, Tuscarawas, Coshocton, and Stark counties represent the largest settlement within the United States, and one of the most diverse. Of the eight types of districts in the area, six are found within Wayne County.

Through the use of key informant methodology, it was ascertained that the six groups could be reduced to three major groups, which had significant differences in lifestyles and religious practices. These three groups include: (1) The Swartzentruber Districts (including the Stutzman-Troyster district), (2) The Andy Weaver Districts, and (3) The Main Body Old Order Amish Districts (including the Tobe Hostetler and Dan Miller districts). The Swartzentrubers are the most traditional group, practicing more conservative farming methods utilizing more traditional technologies. They have a stricter interpretation of the ban (or Meidung). The Weaver
districts fall midway between the Swartzentrubers and the Main Body districts. The Main Body districts use more modern technologies on their farms, such as gasoline-powered engines on horse-drawn wagons and have a more liberal interpretation of the ban.

Conclusions

1) There are distinctive groups within the Old Order Amish of Wayne County. These differences can only be delineated by persons familiar and close to the Amish culture. These differences do have implications for service provision as shown in the operational hypotheses.

2) The Wayne County Amish make use of alternatives to hospitalization for childbirths shown by the number of births at the midwife's and at home. This may be in part due to the support of the local doctors who agree to provide medical care if such circumstances arise. As the midwife, Mrs. Barb Hostetler, wishes to retire, the Amish community is building a birthing center in Mt. Eaton to fill her place. It is being built according to hospital standards and has approval from the Ohio Department of Health. This is the first type of facility of its kind in the United States.

3) The more traditional the Amish group, the less tendency there is to accept modern technology. This has implications regarding the type of medical technology
acceptable in the home. Sometimes exceptions to the
curch districts' Ordnung are made, but involves
consultation outside of the family with the bishop and
elders. Rather than viewing this as a nuisance, it
should be viewed as an extended support system involved
in the care of the patient.

4) The more traditional the group, the less access
groups have to transportation and telephones needed to
facilitate health care services. Exceptions to a church
district's rules may be made only in severe medical
cases.

Implications for Further Research

During the key informant research several
observations regarding the Amish health care services
utilization were made. Since the survey data had already
been collected, there was no opportunity to address some
of these concerns. They include:

1) All Amish must rely on people outside their own
faith for treatment of more serious medical problems,
because the higher level of education needed to become a
doctor is not part of the Amish culture. The Amish are
not hesitant to contact a doctor if the need should
arise. Some minor differences among the Amish in regards
to when they would contact a doctor include:
a) The failure of home remedies to cure a chronic, but nondebilitating, illness such as arthritis, ulcers, etc.

b) The presence of severe symptoms that are known to need medical attention such as broken bones, extremely high fevers, the persistence of vomiting.

c) Doctors are not generally consulted on a preventative basis, such as check-ups, but when the need arises.

2) The Amish expect to pay for the services they receive, but dislike paying high costs for unnecessary frills. "Free" services are looked upon with skepticism, as they feel that the cost of these services is included elsewhere.

3) Prevention of illnesses through regular check-ups and immunizations, etc. are understood at different levels through the Amish groups. Some of this comes from their lack of understanding of how illnesses work and their tendency to view the world more in concrete terms (i.e. why do something if no problem exists).

4) The importance of health care professionals understanding the Amish and taking time to build relationships with them affects their quality of health care. Because of their general mistrust of knowledge, it's important that they be able to relate to the person and trust the person, if not the knowledge.
5) As church districts financially help out those families who can't afford large medical bills, the smaller the group, the more burden high medical costs are. High costs may be a deterrent to health care for members of smaller groups.

These areas of concerns need to be addressed, with the following questions being addressed.

A major issue in health services for the Amish is educational and preventive health services. What are the guidelines for acceptance of these ideas within the Amish community? What have been successful means of introducing new preventative health measures? What training and understanding is needed for the medical personnel?

Another area is what do the Amish perceive as their health care needs, including mental health services? At what point do traditional services break down the separateness and community support system of the Amish? Are some of the services counterproductive to successful reintegration into the Amish community?

As planners within the health services and social service fields, what accommodations can be made to the Amish lifestyle? A trip to the hospital is not a ten-minute drive in the car, but possibly a whole day trip in horse and buggy or a trip made by a group of people who
hire a driver. Does the limit of 1-2 visitors between 2-4 p.m. allow sufficient time for a large family to visit a patient?
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BIBLIOGRAPHY


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Ohio Legislative Service Commission. (December 1960). *Amish Sectarian Education in Ohio*, Research Report #44.


Wittmer, Joe. (1971). Old Order Amish and Non-Amish youth: A personality comparison utilizing the 16PF. *Personality,* 2(4), 305-313.


APPENDIX 1

THE SCHLEITHEIM ARTICLES (Yoder, 1973)

1. Adult baptism

Baptism shall be given to all who have been taught repentance and the amendment of life, who believe that their sins are taken away through Christ, and who desire to walk in the resurrection of Jesus Christ. This excludes all infant baptism.

2. The ban

After taking baptism as a sign of commitment to the fellowship, if any inadvertently slip and fall into error and sin, the ban shall be employed. First they shall be warned twice privately, and the third time publicly before the congregation (according to Matthew 18). This shall be done before the breaking of bread, so that all may in one spirit and in one love, break and eat from one loaf and drink from one cup.

3. Concerning the breaking of bread

Those who partake of the bread (the Lord's Supper) must beforehand be united in the one baptism and one body of Christ. Those who desire to drink in remembrance of the shed blood of Christ, cannot be partakers at the same time of the table of the Lord and the table of devils.
All who have fellowship with the dead works of darkness have no part in the light. We cannot be made one loaf together with them.

4. Separation

We have been united concerning the separation that shall take place from the evil and wickedness which the devil has planned in the world, simply in this; that we have no fellowship with them, and do not run with them in the confusion of their abominations...

Thereby shall also fall away from us the diabolical weapons of violence—such as sword, armor, and the like, and all of their use to protect friends or against enemies—by virtue of the words of Christ: "You shall not resist evil."

5. Shepherds

The shepherd in the church shall be a person of good rapport according to the rule of Paul, who can read, exhort, teach, warn, admonish and properly preside in prayer and in the breaking of bread. If he has need, he shall be supported. If he is driven away or martyred, another shall be installed immediately.

6. The Sword

The sword (government) is an ordering of God outside the perfection of Christ. It punishes and kills the wicked, and guards and protects the good...
Within the perfection of Christ only the ban is used for the admonition and exclusion of the one who has sinned—without the death of the flesh—simply the warning and the command to sin no more.

The rule of government is according to the flesh; that of Christians, according to the spirit.

7. **Rejection of oaths**

The oath is a confirmation among those who are quarreling or making promises. In the old law it was permitted in the name of God. Christ, who taught the perfection of the law, forbids all swearing. One's speech shall be yea or nay. Anything more is evil.
APPENDIX 2
APPENDIX 2
FOUNDATIONS

Article 11. of the Washing of the Saints' Feet

We also confess a washing of the feet of the saints as the Lord Jesus did not only institute and command the same, but did also Himself wash the feet of the apostles, although He was their Lord and Master; thereby giving an example that they also should wash one another's feet, and thus do to one another as He did to them; which they also afterwards taught believers to observe, and all this is a sign of true humiliation; but yet more particularly as a sign to remind us of the true washing—the washing and purification of the soul in the blood of Christ. John 13:4-17; I Tim. 5:9, 10.

Article 17. Of the Shunning of Those Who Are Expelled

As regards the withdrawing from, or the shunning of, those who are expelled, we believe and confess, that if any one, whether it be through a wicked life or perverse doctrine—is so far fallen as to be separated from God, and consequently rebuked by, and expelled from the church, he must also, according to the doctrine of Christ and His apostles, be shunned and avoided by all the members of the church particularly by those to whom his
misdeeds are known, whether it be in eating or drinking, or other such like social matters. In short, that we are to having nothing to do with him; so that we may not become defiled by intercourse with him, and partakers of his sins; but that he may be made ashamed, be affected in his ways. I Cor. 5:9-11; Rom. 16:17; II Thess. 3:14; Titus 3:10, 11.

That nevertheless, as well in shunning as in reproving such offender, such moderation and Christian discretion be used, that such shunning and reproof may not be conducive to his ruin, but be serviceable to his amendment. For should he be in need, hungry, thirsty, naked, sick or visited by some other affliction, we are in duty bound, according to the doctrine and practice of Christ and His apostles, to render him aid and assistance, as necessity may require; otherwise the shunning of him might be rather conducive to his ruin than to his amendment. I Thess. 5:14.

Therefore, we must not treat such offenders as enemies, but exhort them as brethren, in order thereby to bring them to a knowledge of their sins and to repentance; so that they may again become reconciled to God and the church, and be received and admitted into the same—thus exercising love towards them, as is becoming. II Thess. 3:15.
APPENDIX 3

Wayne County Old Order Amish Districts and Bishops
(Total Population: Approximately 5100)

Swartzentruber Districts and Bishops
(Population: Approximately 1500)

1. Maysville (Harvey Miller)
2. Maysville West (Jacob J. Swartzentruber)
3. Northwest (Abraham D. Yoder)
4. Fountain Nook (Joe D. Yoder)
5. Mt. Eaton (Abraham D. Troyer)
6. Kidron (Henry M. Hershberger)
7. South Middle (John A. Miller)
8. Southwest (Emanuel L. Shetler)

Stutzman-Troyer District and Bishop
(Population: Approximately 125)

1. Stutzman-Troyer (Sam Hershberger)

Andy Weaver Districts and Bishops
(Population: Approximately 1405)

1. Ashey West (Roy E. H. Miller)
2. Ashey East (Melvin E. Mullet)
3. Calmoutier West (Sol L. Weaver)
4. Fredericksburg West (Henry J. Miller)
5. Maysville East (Roman D. Troyer)
6. Maysville West (Aden M. Troyer)
7. Orrville East (Atlee J. Miller)
8. Orrville West (David S. Troyer)

Tobe Hostetler Districts and Bishops
(Population: Approximately 314)

1. Hostetler East (Eli J. Hershberger)
2. Hostetler West (William T. Hostetler)

Main Body Districts and Bishops
(Population: Approximately 1476)

1. Apple Creek West (Amos S. Miller)
2. Apple Creek East (Andy E. Troyer)
3. Apple Creek Southwest (Jacob R. Troyer)
4. Apple Creek Southeast (Atlee J. Troyer)
5. Kidron (Harry E. Weaver)
6. Mt. Eaton South (Isaac S. Miller)
7. Mt. Eaton North (Ervin A. Weaver)
8. Orrville Northeast (Roman S. Gingerich)
9. Orrville Northwest (Christian D. Schlabach)
10. Holmesville Northeast (David J. C. Yoder)

Dan Miller Districts and Bishops
(Population: Approximately 263)

1. Salt Creek East (Eli L. Miller)
2. Salt Creek West (Dan L. Miller)

Source: Ohio Amish Directory,* Gingerich, 1981.

* With known revisions.
AMISH HEALTH CARE
SURVEY INSTRUMENT

Length ________  M ________  Church District ________
Start ________  F ________  Researcher ________
Stop ________  Date ________ ________

Hello, my name is ________ from the Wayne County Health
Department in Wooster. We would like to know how you feel about health care. I am
going to ask you some questions about your health. There are no right or wrong answers.
Your responses will be completely anonymous. May I come in?.....

3. Who provides your health care?

<table>
<thead>
<tr>
<th>Provider</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>1</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>2</td>
</tr>
<tr>
<td>Health Department</td>
<td>3</td>
</tr>
<tr>
<td>Healer</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
</tbody>
</table>

4. How long has it been since you or a member of your family have been to a
health care provider?

(Don't read responses)

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>1</td>
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<tr>
<td>6 months to 1 year</td>
<td>2</td>
</tr>
<tr>
<td>1 year to 2 years</td>
<td>3</td>
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<tr>
<td>2 years to 3 years</td>
<td>4</td>
</tr>
<tr>
<td>3 years or more</td>
<td>5</td>
</tr>
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4. What was the reason for the last visit?

(Don't read responses)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care of sick child</td>
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</tr>
<tr>
<td>A pregnancy</td>
<td>2</td>
</tr>
<tr>
<td>Care of you or your (Husband/wife)</td>
<td>3</td>
</tr>
<tr>
<td>Care of another adult in your household</td>
<td>4</td>
</tr>
</tbody>
</table>

5. How long has it been since you have been to a dentist?

(Don't read responses)

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Less than 6 months</td>
<td>2</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>3</td>
</tr>
<tr>
<td>1 year to 2 years</td>
<td>4</td>
</tr>
<tr>
<td>2 years to 3 years</td>
<td>5</td>
</tr>
<tr>
<td>over 3 years</td>
<td>6</td>
</tr>
</tbody>
</table>

6. to an eye doctor?

(Don't read responses)

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Less than 6 months</td>
<td>2</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>3</td>
</tr>
<tr>
<td>1 year to 2 years</td>
<td>4</td>
</tr>
<tr>
<td>2 years to 3 years</td>
<td>5</td>
</tr>
<tr>
<td>over 3 years</td>
<td>6</td>
</tr>
</tbody>
</table>

7. How many people live in your house

<table>
<thead>
<tr>
<th>Number of People</th>
<th>Code</th>
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<tr>
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8. How many children do you have?

Circle answer

<table>
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<tr>
<th>Number of Children</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>
Where were your children born?
- a hospital # 9
- at home # 10
- Mrs. Barb's # 11
- doctor's office # 12
- other # 13

14. How old is your youngest child? Age _______
(If over 10 years, skip to question 12)

15. At what month in your (your wife's) last pregnancy was the doctor seen?
(Don't read responses)

The first 3 months ______
The second 3 months ______
The third 3 months ______
N.A. ______

16. Was this generally true of your (your wife's) other pregnancies?

Yes ______
No - went earlier in previous ______
No - went later in previous ______
N.A. - didn't see doctor ______

17. On the average, how many times did your children see the doctor during the first 2 years of life?

Zero ______
1 - 2 ______
3 - 4 ______
5 - 6 ______
7 - 8 ______
9 or more ______

18. Do your children get their baby shots? Yes ______

No ______

If there were more of the following, would you or a member of your family use them?

Child:
Child Immunization/shot clinics 1 2 3 19.
Child Vision Screening 1 2 3 20.

Adult:
Blood Pressure Screening 1 2 3 21.
Glaucoma Screening 1 2 3 22.
Sugar Diabetes screening 1 2 3 23.
Breast & Pap exams 1 2 3 24.
Help for emotional problems 1 2 3 25.
Help for alcohol problems 1 2 3 26.

For you, what would be the best location for these services?

(Prompt if necessary)
- in Wooster ______
- in Applecreek ______
- in Millersburg ______
- in Frederickburg ______
- in Mt. Eaton ______
- in someone's home ______
- at Kidron Auction ______
- other - specify ______

Please respond:
Would you or a member of your family utilize one or more of these services if:

Yes No Don't Know

- transportation was provided ______ ______ ______ 35.
- it wasn't too expensive ______ ______ ______ 36.
- the hours open were flexible so that it did not take away from any work ______ ______ ______ 37.
- are there other things that would encourage you to use them - if yes, what are they? ______ ______ ______ 38.
When you need the following health care services, where do you go?

<table>
<thead>
<tr>
<th>Service</th>
<th>Physician</th>
<th>Health</th>
<th>Hospital</th>
<th>Chiropractor</th>
<th>Dentist</th>
<th>Other</th>
<th>Don't Know</th>
<th>Don't Use</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Vision Screening</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Dental Screening</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Baby check-ups</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Blood Pressure screening</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Breast &amp; Pap exam (Women only)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

45. Have you or a member of your family ever used the services of the Wayne County Health Department?
   Yes _________ 1.
   No _________ 2.

46. Did you like the services you received?
   Yes _________ 1.
   No _________ 2.

47. Would you use the Wayne County Health Department again?
   Yes _________ 1.
   No _________ 2.

48. Thinking back on your last visit to the Health Department: What services did you receive?
   (Prompt if necessary)
   - Immunizations _________ 1.
   - Vision screening _________ 2.
   - Baby check-up _________ 3.
   - Blood pressure screening _________ 4.
   - Breast & Pap exam _________ 5.
   - Physical _________ 6.
   - Other _________ 7.

49. Would you tell other people to use the Health Department?
   Yes _________ 1.
   No _________ 2.

50. Have you or a family member ever used the home health nurse?
   Yes _________ 1.
   No _________ 2.

PLEASE COMPLETE THE SENTENCE FOR THE NEXT GROUP OF QUESTIONS

51. The most important thing about good health care is:
   (Only one response)
   - Modern equipment _________ 1.
   - Trustworthy professionals _________ 2.
   - Low cost _________ 3.
   - Close to home _________ 4.
   - None _________ 5.

52. If you were sick where would you turn for help?
   (Prompt if necessary)
   - Herbs _________ 2.
   - Friend/family _________ 3.
   - Chiropractor _________ 4.
   - Health department _________ 5.
   - God _________ 6.
   - Hospital _________ 7.
   - Physician _________ 8.
   - Other _________ 9.
53. What would you do if you had rheumatism?
(Prompt if necessary)
- do nothing
- go to a doctor
- wear a rheumatic health ring
- heal through anointment
- go to a chiropractor
- other
- don't know

54. If you know someone who had a heart condition, would you help them to:
(Prompt if necessary)
- see a doctor
- use an oil or sauce
- heal through anointment
- do nothing
- other

55. Have you changed your diet to reduce the risk of heart disease/high blood pressure?
Yes
No

56. How many cups of coffee, tea, or cola do you drink a day?
0
1-3
4-6
7-9
10 or more

57. Does anyone in your family drink too much alcohol?
Yes
No

58. Does anyone in your family take pills for their nerves?
Yes
No

59. Does anyone in your family take sleeping pills?
Yes
No

60. How many cigarettes do you smoke a day?
0
less than a pack
a pack
more than a pack

I AM GOING TO READ YOU A SERIES OF QUESTIONS - PLEASE RESPOND WITH AGREE OR DISAGREE

64. I think it is important to make sure my family gets their regular shots.
agree
disagree
don't know
no answer

65. I think it is important for my family to wash their hands before fixing or eating food:
agree
disagree
don't know
no answer

Please respond: Where did your children learn about:

<table>
<thead>
<tr>
<th>Home</th>
<th>Newspaper</th>
<th>Church</th>
<th>School</th>
<th>Other</th>
<th>Didn't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>65. Swimming</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>66. Tractor Safety</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>67. Animal Safety</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>68. Chainsaw</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>69. Food preparation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>70. Food canning, freezing, salting, smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>71. Watch out for cats</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>72. Cross the street</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
73. Have you or your family been seriously burned while cooking food?
   Yes _____ 1.
   No _____ 2.

74. Have you ever had a chimney fire in your home?
   Yes _____ 1.
   No _____ 2.

75. Do your parents or aunts and uncles live with you?
   Yes _____ 1.
   No _____ 2.

What church district are you a member of?

62. How old are you?

76. What is your main source of drinking water?
   Well _____ 1.
   Spring _____ 2.
   Other _____ 3.

77. When was the last time you had your water checked?

63. Do you have indoor plumbing?
   Yes _____ 1.
   No _____ 2.

78. Do you rely on a septic system or privy to dispose of waste?
   Septic _____ 1.
   Privy _____ 2.

79. What magazines do you read?

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
APPENDIX 5
ENGLISH/AMISH COMPARISON DATA

### TABLE A. SEX BY ENGLISH/AMISH

<table>
<thead>
<tr>
<th></th>
<th>English</th>
<th>Main Body</th>
<th>Weaver</th>
<th>Swartzentruber</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>76</td>
<td>59</td>
<td>70.2</td>
<td>25</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>24</td>
<td>25</td>
<td>29.8</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>15</td>
<td>84</td>
<td>50.3</td>
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Chi Sq. = 8.19 with 3 degrees of freedom  Sig = .042
Missing = 2

### TABLE B. AGE BY ENGLISH/AMISH

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<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Under 36</td>
<td>4</td>
<td>16</td>
<td>24</td>
<td>28.6</td>
<td>13</td>
</tr>
<tr>
<td>36-55</td>
<td>5</td>
<td>20</td>
<td>35</td>
<td>41.7</td>
<td>16</td>
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<tr>
<td>56 &amp; over</td>
<td>16</td>
<td>64</td>
<td>25</td>
<td>29.8</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>14.8</td>
<td>84</td>
<td>49.7</td>
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</table>

Chi Sq. = 19.32 with 6 degrees of freedom  Sig = .003
Missing = 0
### TABLE C. NUMBER OF CHILDREN BY AMISH GROUPING

<table>
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</tr>
</thead>
<tbody>
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<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
</tr>
<tr>
<td>Under 3</td>
<td>11 44</td>
<td>11 13.1</td>
<td>9 24.3</td>
<td>3 13.0</td>
<td>34 20.1</td>
</tr>
<tr>
<td>3-5</td>
<td>14 56</td>
<td>28 33.3</td>
<td>11 29.7</td>
<td>7 30.4</td>
<td>60 35.5</td>
</tr>
<tr>
<td>6-9</td>
<td>0 0</td>
<td>32 38.1</td>
<td>11 29.7</td>
<td>6 26.1</td>
<td>49 29.0</td>
</tr>
<tr>
<td>10 &amp; above</td>
<td>0 0</td>
<td>13 15.5</td>
<td>6 16.2</td>
<td>7 30.4</td>
<td>26 15.4</td>
</tr>
<tr>
<td>Total</td>
<td>25 14.8</td>
<td>84 49.7</td>
<td>37 21.9</td>
<td>23 13.6</td>
<td>169</td>
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</table>

Chi Sq. = 30.599 with 9 degrees of freedom  Sig = .0003

### TABLE D. INDOOR PLUMBING BY ENGLISH/AMISH

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</thead>
<tbody>
<tr>
<td></td>
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<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
</tr>
<tr>
<td>Yes</td>
<td>25 100</td>
<td>70 84.3</td>
<td>33 89.2</td>
<td>6 27.3</td>
<td>134 80.2</td>
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<tr>
<td>No</td>
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<td>13 15.7</td>
<td>4 10.8</td>
<td>16 72.7</td>
<td>33 19.8</td>
</tr>
<tr>
<td>Total</td>
<td>25 15.0</td>
<td>83 49.7</td>
<td>37 22.2</td>
<td>33 13.2</td>
<td>167</td>
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</table>

Chi Sq. = 47.83 with 3 degrees of freedom  Sig = .000

Missing = 2
### TABLE E. TIME SINCE LAST FAMILY VISIT TO DOCTOR
BY ENGLISH/AMISH

<table>
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<th>Swartzentruber</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td>Less than 6 mo.</td>
<td>21 84</td>
<td>61 74.4</td>
<td>26 70.3</td>
<td>15 16.2</td>
<td>123 73.7</td>
</tr>
<tr>
<td>6 mo. &amp; above</td>
<td>4 16</td>
<td>21 25.6</td>
<td>11 29.7</td>
<td>8 34.8</td>
<td>44 26.3</td>
</tr>
<tr>
<td>Total</td>
<td>25 15</td>
<td>82 49.1</td>
<td>37 22.2</td>
<td>23 13.8</td>
<td>167</td>
</tr>
</tbody>
</table>

Chi Sq. = 2.46 with 3 degrees of freedom  Sig = .481
Missing = 2

### TABLE F. TIME SINCE LAST FAMILY VISIT TO DENTIST
BY ENGLISH/AMISH

<table>
<thead>
<tr>
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<th>Swartzentruber</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td>Less than 1 yr.</td>
<td>13 52</td>
<td>35 41.7</td>
<td>14 37.8</td>
<td>8 34.8</td>
<td>70 41.4</td>
</tr>
<tr>
<td>1 yr. or more</td>
<td>12 48</td>
<td>49 58.3</td>
<td>23 62.2</td>
<td>15 65.8</td>
<td>99 58.6</td>
</tr>
<tr>
<td>Total</td>
<td>25 14.8</td>
<td>84 49.7</td>
<td>37 21.9</td>
<td>23 13.6</td>
<td>169</td>
</tr>
</tbody>
</table>

Chi Sq. = 1.76 with 3 degrees of freedom  Sig = .621
### TABLE G. PERCENT OF HOSPITAL BIRTHS BY ENGLISH/AMISH

<table>
<thead>
<tr>
<th></th>
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<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Less than 25%</td>
<td>1</td>
<td>4.5</td>
<td>23</td>
<td>30.3</td>
<td>5</td>
</tr>
<tr>
<td>25-99%</td>
<td>3</td>
<td>13.6</td>
<td>15</td>
<td>19.7</td>
<td>11</td>
</tr>
<tr>
<td>100%</td>
<td>18</td>
<td>81.8</td>
<td>38</td>
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<td>11</td>
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<td>Total</td>
<td>22</td>
<td>14.9</td>
<td>76</td>
<td>51.4</td>
<td>27</td>
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</table>

Chi Sq. = 59.43 with 6 degrees of freedom  
Sig = .000  
Missing = 21

### TABLE H. PERCENT OF BIRTHS AT MIDWIFE'S BY ENGLISH/AMISH

<table>
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<th>Total</th>
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<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>None</td>
<td>22</td>
<td>100</td>
<td>59</td>
<td>77.6</td>
<td>18</td>
</tr>
<tr>
<td>1-89%</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>11.8</td>
<td>8</td>
</tr>
<tr>
<td>90-100%</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>10.5</td>
<td>1</td>
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<td>Total</td>
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<td>14.9</td>
<td>76</td>
<td>71.4</td>
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Chi Sq. = 42.903 with 3 degrees of freedom  
Sig = .000  
Missing = 18
### TABLE I. PERCENT OF BIRTHS AT HOME BY ENGLISH/AMISH

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<th>Total</th>
</tr>
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<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
</tr>
<tr>
<td>None</td>
<td>18 18.8</td>
<td>52 68.4</td>
<td>20 74.1</td>
<td>10 43.5</td>
<td>100 67.6</td>
</tr>
<tr>
<td>1-89%</td>
<td>3 13.3</td>
<td>13 17.1</td>
<td>7 25.9</td>
<td>10 43.5</td>
<td>33 22.3</td>
</tr>
<tr>
<td>90-100%</td>
<td>1  4.5</td>
<td>11 14.5</td>
<td>0  0</td>
<td>3  13.0</td>
<td>15 10.1</td>
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<tr>
<td>Total</td>
<td>22 14.9</td>
<td>76 45.4</td>
<td>27 18.2</td>
<td>23 15.5</td>
<td>148</td>
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Chi Sq. = 14.27 with 6 degrees of freedom  Sig = .026
Missing = 21

### TABLE J. IMMUNIZATIONS BY ENGLISH/AMISH

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<th>Total</th>
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<td></td>
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<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
</tr>
<tr>
<td>Yes</td>
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<td>10 47.6</td>
<td>0  0</td>
<td>45 45.9</td>
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<tr>
<td>No</td>
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<td>21 42</td>
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<td>50 51</td>
<td>21 21.4</td>
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Chi Sq. = 24.408 with 3 degrees of freedom  Sig = .000
Missing = 71
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<th>Main Body</th>
<th>Weaver</th>
<th>Swartzentrub</th>
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Chi Sq. = 13.81 with 9 degrees of freedom  Sig = .291
Missing = 25