

Changing Dental Practices Amongst the Amish

Establishment of Dental Clinics to Treat Rather than Yank Out Teeth

Tag Words: Amish, oral health knowledge, teeth, dental care

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Summary: The Amish typically have their teeth pulled out by unlicensed dentists instead of incurring the high cost of dentistry. They perceive dentures as more cost effective and easier to maintain oral health. To address this practice, the Amish Dental Intervention project was initiated in Indiana to provide dental services to the dentally underserved or neglected population of Amish children. Dental clinics are currently being established to deliver direct dental services to Amish population. We propose to initiate a similar program to service the Amish in Pennsylvania and to incorporate timebanking as a method to build, operate, and receive free dental services.

Video Link: <http://www.youtube.com/watch?v=75sNWWVsi6c>

The Issue: Improper Dental Treatment of the Amish

Who are the Amish?

The Amish are a group of people who came to the United States in search of religious freedom. They are members of an Anabaptist Christian denomination who chose to exclude themselves from present society (AmishAmerica, 2010). They have formed their own communities, most of which are located in Pennsylvania, Ohio, and Indiana. Their traditions and ways of living are all governed by a set of guidelines called the Ordnung. It lists the basics of their beliefs and proposes what it means to be an Amish (ReligionFacts, 2007). Within each community, the most important social unit is the family. Men, women, and children all work hard to contribute to their community. It is acceptable that they use some limited forms of electricity and other machinery but they decline the use of elements from mainstream society, such as telephones, internet, and automobiles, which are thought to distract the Amish from living according to the Ordnung. They believe strongly in education; however, the Amish children are permitted to receive formal education only through eighth grade (Powell, 2013). While the world has advanced in technology and quality of living, the Amish communities have rooted themselves in its traditional, rural cultures. They pick their health service providers based on their kindheartedness and folksiness. Modern healthcare systems have displaced the family doctors with the medical and dental specialists. Thus, the Amish are struggling to choose either to receive modernized health treatment or to fulfill their fundamental needs. However, today's medical system is very different from the Amish lifestyle, which leads the Amish to reject participating in the modern healthcare system. The Amish tend to grab onto the values that have shaped and maintained their lifestyle.

Oral Health Status, Knowledge, and Practices in an Amish Population

In 1985, Bagramian et al (1988) conducted a study to gain insight into the oral health condition of the Amish communities in Michigan. The subjects consisted of 121 Amish individuals from 21 families. They collected the data by using common dental procedures, such as decayed, missing, and filled surfaces (DMFS), periodontal index (PI), and simplified oral hygiene index (OHI-S). Their knowledge and practices toward dental health were obtained through interviews involving questionnaires. Surprisingly, results displayed that these subjects had low levels of oral diseases. The researchers reasoned that they were able to maintain their oral health due to their low/lack of sugar in their diets. However, in other portions of the study related to their oral health knowledge and practices, respondents displayed insufficient knowledge related to oral disease preventive methods. According to the data, 73% of subjects were not aware of these means to prevent oral diseases. About 50% knew about the beneficial role that fluoride in toothpaste plays in tooth decay prevention, suggesting the other half of subjects are not even aware of the benefits of fluoride. The majority 61% perceived themselves as possessing healthy teeth; moreover, approximately half of respondents made visits to dental office almost every two years. These indicate that the Amish are irregular attenders of dental care. The high levels of inadequate oral health care, insufficient knowledge, and financial shortages to oral care emphasized the prompt need for the establishment of oral health education programs for the Amish population.

Amish “Dentistry”

In her blog, Brenda Nixon (2013, July 03) shared stories from her Amish runaways. She is an English (non-Amish) parent to Amish runaways and to an ex-Amish son-in-law. Brenda’s son-in-law Harvey had his tooth pulled out by Amish dentists. However, the dentist pulled his tooth out without using Novocaine. Harvey claimed that he was not allowed to cry. She has heard that the Amish have their own self-taught doctors and dentists, especially among Old and Swartzentruber Orders.

She shared a story of her “daughter” Sarah’s conversation with her hygienist about her Amish dentist pulling out all her bottom teeth. Her hygienist asked Sarah whether her “dentist” gave her Novocaine, a pain reliever, and Sarah told her that he did. However, this begged the question if he knew where to inject it. When the hygienist asked if the dentist had any letters after his name, Sarah said that everyone in her community did not know his last name. He also treated only Amish, not any Englishman. Sarah told her hygienist that he pulled all her bottom teeth out because of cavities, which indicated inadequate knowledge of modernized preventive treatment. Sarah’s brother, Monroe, said that the dentist had two jobs, owning a furniture store and pulling teeth. These so-called “dentists” in Amish communities have been self-taught on an 8th grade Amish education, thus unlicensed. She concluded her blog by saying “self-sufficiency is great... but, not when it comes to critical dental and medical fixes” (Nixon, 2013).

The most recent issue that caught the public’s attention was about an Amish girl named Rebecca whose teeth were yanked by an unauthorized dentist in her hometown. This incidence occurred when she was only 19 years old. She revealed to the public that he had no dental license and took

all her teeth out only using pliers/drills. It is told that some Amish dentists use lidocaine as pain reliever, but not all of them do.

According to the report, an Amish man named Joseph J. Hershberger was arrested and sentenced for illegally possessing lidocaine, which requires a license to use. Prior to arrest, he performed the removal of a 14 year old girl's entire teeth. However, he did so only because she wished to possess dentures like her sister and her parents approved of it. This indicates that there are some Amish communities that advocate removing their children's entire teeth, thereby permitting unlicensed practices of dentistry (Breaking Amish, 2012).

Help is on the Way: The Amish Dental Intervention Project

The Indiana Hemophilia Comprehensive Center (IHCC) is located at the James Whitcomb Riley Hospital for Children in Indianapolis. It is a federally recognized comprehensive hemophilia center in Indiana that serves approximately 700 individuals with disorders of coagulation. In order to reach out to more diverse population, the IHCC has developed extensive outreach programs to bring medical services to into patients' communities.

There is a large, medically discriminated number of Amish children in Indiana with significant untreated dental disease due to financial barriers, limited access to dental care, and lack of dental health knowledge. The IHCC has faced specific challenges to get in contact with the Amish, who were reluctant to accept outside influence into their community. Over the past several years, the IHCC has developed a privileged affiliation with the Amish individuals who received treatments in the hemophilic center. Through the trust that has been established, a model hemophilia program was developed that provided hemophilia services that were cost-effective for the Amish. The IHCC was able to identify, train, and pay a Mennonite nurse through a grant from the Indiana State Department of Health (ISDH) and she was able to provide local support and follow-up for these patients. A patient who received hemophilic treatment through this program was a prominent member of the Amish community, serving as a minister and a member of the Amish school board. Through this individual, the IHCC was able to get in contact with Bishops of the Amish community, who are the heads of the church districts and are responsible, to a degree, for regulating the pace of change in his church district.

During its annual comprehensive evaluations of the patients, the IHCC has repeatedly detected Amish hemophilic children with dental diseases that have been left untreated. Despite the IHCC's attempts to recommend local dentists for care, it did not have much effect on treating dental diseases, which could potentially cause complications in hemophilic care. In order to solve this issue, the IHCC started an outreach dental clinic to provide these patients with dental services at no cost. A dental facility was donated by a local dentist and supplies were donated from dental supply companies and the ISDH. The dentist and hygienist of the hemophilia center contributed their time to provide free oral care for the patients. However, it became evident that these Amish hemophilic children were not the only ones who were suffering from dental diseases and there were numerous Amish individuals out there with the same issue.

The IHCC approached an Amish Bishop to develop an outreach program that is suitable for the community. The Amish Bishop approved of conducting several dental outreach clinics in his community, in which participating members would pay a set fee of thirty dollars per child, regardless of the service that each child received. These collected fees were then used to for operation expenses. Also, an advertisement was put in a local Amish paper to spread the word. The IHCC organized the clinics and provided the staffs for each clinic. The IHCC ran four clinics between August 1994 and August 1995, and served total of 83 children from financially disadvantaged families and children with special health care needs. However, the amount of time to maintain this program and the number of patients seeking care exceeded the IHCC's scope of funding.

The IHCC proposed to start a new, wider-ranging innovation called the Amish Dental Intervention Project. It is a three-year, multifaceted dental intervention project in the Amish community to provide dental treatment, testing of fluoride content of water, provision of fluoride supplements, and dental health education. This project was carried out in collaboration with the Indiana University School of Dentistry, the South Bend Memorial Health Foundation, the Indiana State Department of Health (ISDH), the sections of Oral Health Services, and, most importantly, the Amish community. The members of the Amish community were actively involved in planning and implementing this project. It aims to provide a solution to an existing gap in health care services to a culturally diverse community and improve the oral health of Amish children, especially those from financially disadvantaged families and those with special health care needs.

The project delivered direct dental services to a minimum of 480 patients during the three year project via 24 dental clinics provided by the staff. A large number of the Amish are residing in Fort Wayne. The IHCC used presently existing Amish hemophilic contacts in the Fort Wayne area to implement the program. The Bishops from north central Indiana, where large Amish population also resides, were arranged to meetings with Bishops in the Fort Wayne area to discuss about this project, paving the way for initiation of the program. Local ministers were contacted about this program via an expanded network of Bishops and delivered announcements of upcoming clinics in church meetings.

The Amish Dental Intervention Project also added a water fluoride content testing program, in collaboration with the ISDH, to the dental clinics. Participating Amish families provided a water sample and answered survey questions regarding water source, diet, medical history, etc. Using the information collected, the project provided fluoride supplements to those with inadequate water fluoride content. The water fluoride testing program provided free testing services to a minimum of 250 families during the funding period.

The project developed, in collaboration with the Oral Health Research Institute (a division of the Indiana University School of Dentistry), a non-systemic oral fluoride rinse supplement programs for Amish children. Since non-systemic rinses are a convenient way of increasing oral fluoride,

children were asked to rinse daily. This supplement program were instituted in 25 Amish schools and served approximately 1000 children.

An Amish school dental health education program was launched to increase dental health education and awareness. A total of 47 school education programs were developed, 12 provided by the project team and the rest provided by Amish school teachers. Approximately 2120 Amish children (1640 children through the school program and 480 sessions provided to dental clinic (Mulherin 2013).

Community Action: Propose to initiate a similar program to the one in Indiana to service the Amish in Pennsylvania

My service project is to propose the establishment of dental facilities to provide dental care to the Amish population residing in Pennsylvania, as it recently occurred in Indiana. Prior to taking any action, Ms. Janet Mulherin was contacted, who is a project coordinator of the Amish Dental Intervention Project and a dental hygienist at Indiana Hemophilia & Thrombosis Center, Inc. She is also on the Board of Directors of the clinic. She was nice enough to send the project narrative document that included a detailed explanation regarding the Amish Dental Intervention Project. Also, the bishops of the Amish community will be contacted via the letter in order to get approval and discuss about the implementation of Amish dental programs in Pennsylvania.

The letter below was sent to a representative from the The Indiana Hemophilia Comprehensive Center (IHCC) : The Amish Dental Intervention Project – 11/05/13

Dear Ms. Mulherin,

Briefly introducing myself, my name is Inkoo Kang and I am an undergraduate student at Rutgers, The State University of New Jersey. I am currently working on a community service project, under the guidance of Dr. Julie M. Fagan, regarding the dental health of the Amish. I have read your works on establishing student volunteer service at a northern Indiana clinic serving primarily the Amish community. I am fascinated by how Indiana University was able to successfully start such great program to help out those in need of dental care. I am aware that it was not easy to get in contact with Amish Bishops, who eventually allowed and supported the establishment of the Community Dental Clinic. I consider this service project very remarkable in a sense that it reached out to those who were known for reluctance to adopt many conveniences of modern technology and simple living within their community. I am particularly interested in how this dental clinic was initiated.

The focus of my service project is to make an impact on Amish population residing in Pennsylvania, where great portions of Amish population live. One of my ideas is to make a proposal to establish a similar program in Pennsylvania. In order to do so, I want to gather as much as information I can obtain. I am very curious how this program was started, how it was funded, how you got into contact with Amish Bishops, etc. As an aspiring dentist, I am fully committed to helping Amish to receive proper oral care. However, as mere Rutgers University undergraduate, I alone cannot accomplish this goal. By provide me with history and information

regarding the establishment of the dental clinic in Pennsylvania, you can contribute to resolving this issue.

Will you help me reach my goal in providing dental services to under-served and neglected Amish children?

Thank you for your time and consideration in advance.

Sincerely,
Inkoo Kang

***Response from Ms. Mulherin – 11/08/13

Hello Inkoo!

I was very pleased to get your email. We don't have enough people involved in good will. I am happy to help! If you will give me your mailing address I will send you information on your Robert Wood Johnson grant. The grant tells the whole story. The Amish in northern Indiana have their own dental clinic and just opened their first medical clinic. Let me know when you get your dental degree.. maybe you will need a job! Keep up the good work! J□

The letter below was sent to faculty members of Pennsylvania Dental School, University of Pittsburgh, School of Dental Medicine, and Temple University, Kornberg School of Dentistry to suggest that a similar program be initiated in Pennsylvania.

Dr. Joan Gluch (Pennsylvania Dental School)

- Director of Community Oral Health and Interim Chief, Division of Community Oral Health
- studies the effectiveness of educational programs in increasing access to care for underserved populations and is an active participant in the School of Dental Medicine's community outreach community

Dr. Robert J. Weyant (University of Pittsburgh, School of Dental Medicine)

- Associate Dean, Dental Public Health and Community Outreach
- Serves on many committees aimed at reducing oral health disparities, increasing the dental workforce, and improving access to oral care
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Dr. Jon Suzuki (Temple University, Kornberg School of Dentistry)

- Professor, Department Chairman, Program Director

Sent to Dr. Joan Gluch (Pennsylvania Dental School) on 12/04/13, Dr. Robert J. Weyant (University of Pittsburgh, School of Dental Medicine) on 12/08/13 and Dr. Jon Suzuki (Temple University, Kornberg School of Dentistry) on 12/08/13

Dear Dr. Gluch (and separately to Drs. Weyant and Suzuki),

Briefly introducing myself, my name is Daniel Kang and I am an undergraduate student at Rutgers, The State University of New Jersey. I am currently working on a community service project, under the guidance of Dr. Julie M. Fagan, regarding the dental health of the Amish. I have researched regarding the School of Dental Medicine's Minority Oral Health Outreach Initiative Program, Pennsmiles, in which I was fascinated by. The reason why I am writing to you is to present an issue that you may have particular interest in.

There exists a large, medically underserved and uninsured population of Amish children in Indiana with significant untreated dental disease. Factors contributing to this problem include limited access to care, financial shortages, sub-optimal fluoridation, and lack of dental health education within the Amish community. It is now not uncommon in some Amish groups to have inadequate oral health knowledge and have the teeth pulled out by unlicensed dentists to get dentures since this is more cost effective than tending to each. This Amish dental practice is still currently going on without being enforced by any regulations because members of the Amish community do not wish to have their lifestyle threatened by contact with the outside world. A study published in PubMed.gov provided statistics showing that nearly half of the 121 Amish subjects in Michigan were made up of irregular goers of dental care. The high levels of unmet need for prosthodontics care, limited oral health knowledge, and financial shortages to oral care emphasized the immediate need for the oral health education programs to be established.

In northern Indiana, where large Amish populations reside, there have been efforts to expand access to dental care for Amish children. The Indiana Hemophilia Comprehensive Center is currently carrying out the Amish Dental Intervention Project in collaboration with the Indiana State Department of Health, the Indiana University School of Dentistry, the Memorial Health Foundation of South Bend, and the Amish community. The project aims to build community dental clinics to provide dental services, testing of fluoride content of water, delivery of fluoride supplements, and dental health education. It is designed to meet the needs of a specific community and will be cost effective and efficient in the delivery of dental services to the target population.

A statistics of Amish population, according to the 2010 U.S. Religion Census, showed about 80% are located in Pennsylvania, Ohio, and Indiana, with Pennsylvania accommodating about 58,000, representing the second largest number of Amish population. Considering a significantly large population residing in Pennsylvania, it is essential to build dental facilities for the Amish who are reluctant to accept either financial assistance or intrusion into their community from outside agencies.

As an aspiring dentist, I am fully committed to helping Amish to receive adequate and proper dental care. However, as mere Rutgers University undergraduate, I alone cannot accomplish this goal. I am writing this to propose to initiate a similar program to service the Amish in Pennsylvania. Timebanking can be incorporated as a method to build, operate, and receive free dental services. In timebanking, members share services using time credits instead of money. For every hour that a member invests doing work for someone, they can get an hour in their "time account." Members can spend that hour on any service, such as dentistry, offered by any other member. The dentists of the dental clinic could be members of the time bank, and receive service from the patients that received their dental services. This would not cost the Amish any money and would perhaps, be enough to change the way they take care of their teeth.

To join, go to lanasterpastrong.timebanks.org and/or email countystatestrong@gmail.com. I am also putting a link that directs to my video that encourages the establishment of Amish Dental Intervention Project in Pennsylvania, which is <http://www.youtube.com/watch?v=75sNWWVsi6c>.

I really appreciate the great work that you do for those who are underserved or neglected from receiving dental care. I am fully committed to help them out with my best ability by promoting this project. For further information, you can email me dan628k@gmail.com and/or call (832)466-3489.

Thank you for your time and consideration in advance.

Sincerely,

Inkoo (Daniel) Kang

***Response from Dr. Gluch – 12/06/13

Thanks for your note and the interesting background information regarding the dental health needs of the Amish in Indiana, and your creative solutions to addressing dental needs of Amish in Pennsylvania.

Our work here at Penn Dental Medicine focuses on increasing access to oral health care for children, elderly and those with medically complex conditions, especially in West and Southwest Philadelphia.

Best wishes as you continue in your pathway to dentistry!

*** Response from Dr. Weyant – 12/09/13

Thank you for your message. However, at this time there are no faculty in my department who have interest in participating in this proposed activity.

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Best regards,
Robert J. Weyant, DMD, DrPH
Professor and Chair
Department of Dental Public Health
346 Salk, School of Dental Medicine
University of Pittsburgh

*** No Response from Dr. Suzuki yet

About the TimeBanking Aspect of the Proposal

Timebanking could be incorporated as a method to build, operate, and receive free dental services. In timebanking, members could share services using time credits instead of money. For

every hour that a member invests doing work for someone, they can get an hour in their “time account.” Members can spend that hour on any service, such as dentistry, offered by any other member. The dentists of the dental clinic could be members of the time bank, and receive service from the patients that received their dental services. This would not cost the Amish any money and would perhaps, be enough to change the way they take care of their teeth. A time bank has been set up in Lancaster County PA, called Lancaster County PA Strong and can be accessed on the internet lanasterpastrong.timebanks.org and/or by email countystatestrong@gmail.com. Although the Amish would not likely go on the internet, the services that individuals gave or provided could be logged in by a member coordinator of the time bank associated with the dental clinic.

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Letter to editor

*Sent to Philadelphia Daily News, Pennsylvania (11/14/13)

Dear Editor,

It is not uncommon in some Amish groups to have inadequate oral health knowledge and have the teeth pulled out by unlicensed and uneducated “dentists” to get dentures since this is more cost effective than tending to each. This Amish dental practice is still currently going on without being enforced by regulations because Amish individuals do not want to have their customs

interfered by modern technology and worldly matters. A study published in PubMed.gov provided statistics showing that approximately 50% of the 121 Amish subjects in Michigan were comprised of irregular goers of dental care. The high levels of unmet need for prosthodontics care, limited oral health knowledge, and financial shortages to oral care emphasized the immediate need for the oral health education programs to be established.

In northern Indiana, where large Amish populations reside, there have been efforts to expand access to dental care for Amish children. The Indiana Hemophilia Comprehensive Center is currently carrying out the Amish Dental Intervention Project in collaboration with the Indiana State Department of Health, the Indiana University School of Dentistry, the Memorial Health Foundation of South Bend, and the Amish community. The project aims to build community dental clinics to provide dental services, testing of fluoride content of water, delivery of fluoride supplements, and dental health education. A statistics of Amish population, according to the 2010 U.S. Religion Census, showed about 80% are located in Pennsylvania, Ohio, and Indiana, with Pennsylvania accommodating about 58,000, representing the second largest number of Amish population. Considering a significantly large population residing in Pennsylvania, establishing a similar dental facility, as is in Indiana, is essential to abolish illegal dental practices occurring within Amish communities.

As an aspiring dentist, I am fully committed to helping Amish to receive proper oral care. However, as mere Rutgers University undergraduate, I alone cannot accomplish this goal. By simply writing to your senators to grant funds to establish a dental facility for Amish population in the state of Pennsylvania, you can help to get this issue resolved. Will you help me reach my goal in providing dental services to underserved and neglected Amish children?

Thank you for your time and consideration in advance.

Sincerely,
Inkoo Kang