IOWA | Health and Human Services

What Works in the Field

Measles Response Field Notes from Local Public Health

Local public health partners have shared approaches they use when working with Amish and Mennonite families during measles outbreak response. These field-tested practices can be adapted to the relationships, resources, and communication channels within each community.

1. **Build the relationship before the outbreak**
   - Relationships established during earlier public health responses made it easier for families to reach out with questions and concerns when measles cases emerged.
   - Participate in existing community activities, such as safety meetings, seasonal events or faith-based gatherings, to build familiarity and trust.
   - Include Amish and Mennonite residents in routine public health efforts, such as distributing paper surveys or resource sheets through local businesses and community hubs.
2. **Bring services and information directly to families**
   - When travel is challenging, meet families where they are. Home visits can support case investigation, testing, vaccination, symptom monitoring, and care recommendations.
   - Use home visits, clinics and office appointments to answer questions and provide written materials on symptoms, transmission, exposure timelines and recommended steps for those who may have been exposed.
   - Respect decisions about how much information or follow-up someone is ready to engage with while continuing to explain key public health guidance clearly and calmly.
3. **Use trusted community communication channels**
   - Identify deacons, bishops, and other respected community members who can share information quickly and credibly.
   - Use established community systems—such as voicemail networks, locally distributed newsletters or community newspapers—to announce clinics, share exposure notifications and provide timely updates.
   - Place printed materials where people naturally gather, including local businesses, event sites and homes. Mail information when families call or when addresses are available.
4. **Help accurate information move through family networks**
   - Provide confirmed cases and their families with clear, concise information they can share with relatives and others who may have been exposed.
   - Offer extra copies of fliers and written guidance at clinics, home visits and public health offices.
   - Use mailings to reach identified contacts when direct communication is limited or contact information is incomplete.

5. **Be a dependable source of clear information**
    - Families may reach out because they are hearing conflicting or inaccurate information about measles, transmission or recommended steps after exposure. Answer questions directly and honestly.
    - Use plain language, short sentences and familiar terms. Address one concept at a time and check for understanding.
    - Welcome repeated calls and reassure people that their questions are not a burden. Support individuals outside the area who are considering traveling to local gatherings and are seeking guidance on current conditions.
6. **Follow up consistently without creating pressure**
    - Provide gentle follow-up when monitoring symptoms or checking in on exposed contacts. A single reminder or outreach touchpoint can be enough.
    - Remain available even when a family is not yet ready to engage fully with public health recommendations. Respectful interactions keep the door open for future conversations and cooperation.

Key Insights and Reflections

- Trust built before an outbreak becomes response infrastructure during an outbreak.
- When transportation is a barrier, bring services and information directly to the family.
- Trusted community messengers in leadership roles, such as deacons and bishops, play a key role in sharing clear and credible public health information.
- Repeated questions are opportunities to clarify information and strengthen trust.
- Respectful follow-up preserves the relationship, even when the answer is not yet “yes.”

Additional Background Resources

The Amish Health Culture and Culturally Sensitive Health Services, National Library of Medicine

Amish Population Health Resources, Cory Anderson, PhD, MPH