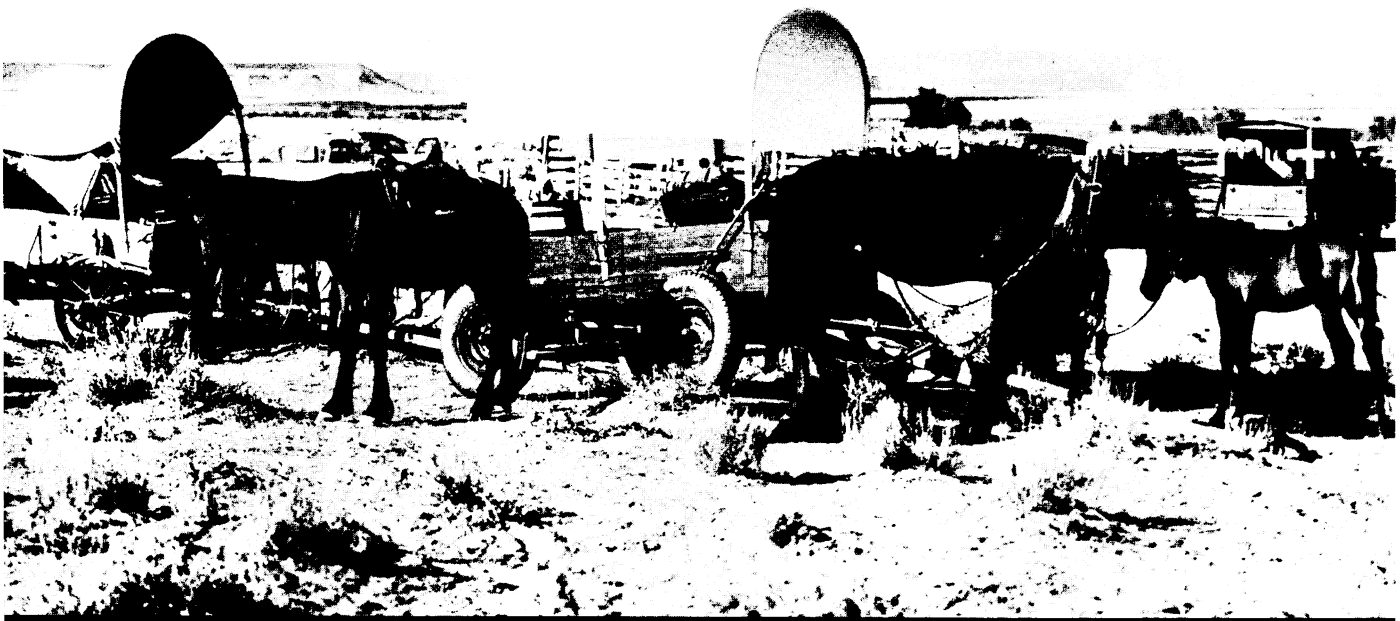

PHR SYNOPSES

DEUSCHLE, KURT W. (University of Kentucky): *Training and use of medical auxiliaries in a Navajo community. Public Health Reports, Vol. 78, June 1963, pp. 461–469.*

Since 1955 the department of public health of Cornell University Medical College has been engaged in a field health research program in a community of approximately 2,000 Navajo Indians scattered throughout 600 square miles of semidesert in the middle of the Navajo Reservation in northern Arizona. Significant medical responsibility was delegated to trained Navajo assistants who served as medical interpreters and technical aides to public health nurses and physicians.

Eight bilingual Navajos who had 4 to 12 years of formal education were selected for training. Special emphasis was placed on the interpretation of modern medical concepts in the Navajo language. The students were trained to obtain pertinent medical information and record medical observations that could help the medical staff in diagnosis and treatment. Classroom teaching included lectures, demonstrations, and discussions of medical material and procedures. A major part of the training, however, was accomplished on the job in clinics and in the field.

Careful evaluation of the performance of the auxiliaries led to the conclusion that these workers were capable of a high level of performance in both medical interpretation and simple clinic and field nursing procedures. They made possible a medical service more comprehensive than that which could be carried out with the traditional subprofessional workers, such as the driver-interpreters and aides then being used in the Public Health Service program for Indian health services. The medical auxiliary was able to fulfill his role as a language and cultural bridge between the Navajo patient on one side and the public health nurse and physician on the other; the people of the area consequently had a better understanding of what modern medicine is and what they must do to best utilize it.

LIPKIND, JASON B. (Iowa State Department of Health): *Evaluation of continuous diabetes screening in a hospital outpatient department. Public Health Reports, Vol. 78, June 1963, pp. 471–476.*

Over a 34½-month period 7,164 hospital outpatients and blood donors were tested for diabetes using a blood sugar screening method. Originally it was intended to screen only outpatients in a county hospital having 51,000 outpatient visits a year. The exclusion of people under age 20 and the number of multiple visits reduced the number of patients eligible to be screened so that blood donors from a community blood bank were also screened to keep the technician and equipment working full time. A total of 93 diabetics were diagnosed; 77 initially, 10 after retesting at 6-month intervals those who initially screened positive and rescreened negative, and 6 on retesting at yearly intervals those who initially screened negative. An increased yield was observed in females, relatives of diabetics, and in the older age group. A review of 54 hospital records of the 93 diabetics showed that a significant number had rediagnosed cases and not new cases, that a part of the group would have been diagnosed without having been screened, and the fact that a diagnosis was made did not mean that a patient received hypoglycemic therapy or was subsequently followed for the disease.

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PUBLIC HEALTH SERVICE
LUTHER L. TERRY, *Surgeon General*

PHR

SYNOPSES

CHASE, HELEN C. (New York State Department of Health): *Variations in heart disease mortality among counties of New York State. Public Health Reports, Vol. 78, June 1963, pp. 525–534.*

A study was undertaken to determine geographic variations in mortality due to arteriosclerotic heart disease within New York State. Age-adjusted, sex-specific rates for this cause (ISC 420) for New York City and the remaining 57 counties were examined, and demographic characteristics were studied for correlation with the mortality rates. Part of the analysis covered, in addition to cause 420, three other cause groups: vascular lesions affecting the central nervous system (ISC 330–334); hypertension with heart disease (ISC 440–443), and hypertension without mention of heart disease (ISC 444–447).

Among the causes examined, only arteriosclerotic heart disease showed a clustering of counties with major industrial centers among the counties with high rates. This was true for both males and females.

Statistically significant positive rank correlation coefficients were found between mortality due to arteriosclerotic heart disease and several indices of urbanization: percentage of population which is urban, percentage of population which is nonwhite, and average number of physicians.

Examination of medical certification practices yielded no evidence to substantiate a hypothesis that high rates were associated with "better" certification.

The nature of a paper, not its importance or significance, determines whether a synopsis is printed. See "Information for Contributors" on last page of issue.

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