

HIRA History Files Combined

This document includes the following documents already submitted to MHSLA Archives:

1. HIRA History: The Concept of the Three-Way Marriage: Librarians, Media Specialists and Educators, Closurdo, Janette S.; Dery, Mary A. (1973-03)
2. HIRA History: Cooperation ...The Story of Health Instructional Resources Associated (H.I.R.A.). HIRA (1974)
3. HIRA History: HIRA and TEL-MED. HIRA (1976-01-20)
4. HIRA History: 1977 HIRA Evolution Letter to Membership. Closurdo, Janette S. (1977)
5. HIRAglyphics: Volume 2, No. 1, July 1977 . HIRA; Closurdo, Jan (1977-07)
6. HIRA History: Brief History with Questionnaire of MHSLA needs for AV Catalog. Fox, Janis (1979)
7. HIRA History: Brief Overview of HIRA and CHIRP. HIRA (1985)
8. HIRA History: HIRA PowerPoint Notes. HIRA (1985)
9. HIRA History: HIRA 1985 Letter to Library Directors. Durivage, Mary Jo; Brennan, Jeanne (1985-07-02)
10. HIRA History: Spotlight on HIRA: MDMLG News 12(2), November 1985. Blauet, Doris M. (1985-11)
11. HIRA History: HIRA Executive Board Meeting Notice for Dissolution Process. Winfield, Candy (1987-10-29)
12. HIRA History: HIRA Dissolvment. HIRA (1987-12)
13. HIRA History: Notice of Dissolution of HIRA with Survey for Asset Allocation. Winfield, Candy; Shackelford, Daria; Sahyoun, Naim; Alexander, Mary (1987-12-16)
14. HIRA History: HIRA Final Meeting Notice. HIRA (1988)
15. HIRA History: Executive Board Meeting April 14 1988 to Finalize HIRA Dissolvment. HIRA (1988-04-14)

THE CONCEPT OF THE THREE-WAY MARRIAGE:

LIBRARIANS, MEDIA SPECIALISTS

AND EDUCATORS

by

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The librarians, media specialists, and educators specializing in any field, whether that is medicine, engineering, industry, or any other, must maintain a constant interaction in order to best meet the needs of their users. In the health field, this interaction has been only loosely defined. Librarians have cooperated with each other in networks, on a regulated inter-institutional basis for years. Media specialists in health care institutions are relatively new, and therefore have not yet established regulated channels for cooperation, but operate through personal contact, and more recently, through professional organizations. Educators in the health sciences have traditionally limited themselves to one aspect of medical education; with a single institution housing an educator for each educational program they offer. The concept of an educational coordinator to oversee and aid in the interaction of all the programs in a single institution is also relatively new. All of these things combine to make interaction between the three professions slightly less than organized. If such interaction exists, it exists because of individuals, not through the leadership of professional organizations with well defined systems or concepts. That it does exist on this basis in some health care or health educational institutions, there is no doubt. That it can greatly increase the scope of services available in those institutions, there is also no doubt. Single, scattered, institutions have proven that intra-institutional cooperation, the interaction and cooperation of professionals from different disciplines within the institution, does better the flow of health science information, bettering the delivery of medical education, leading to the betterment of health care. Until now, there have been no efforts to provide this type of intra-institutional cooperation on an inter-institutional basis. The Health Instructional Resources Associated (H.I.R.A.) is an organization which fosters this concept of inter-intra-institutional cooperation.

Health Instructional Resources Associated is an ambitious name. So is the group. It is attempting to tap the wealth of knowledge, talents, and skills found in media technology, librarianship and education in the health sciences in order to form a central pool which all health care and health educational institutions can draw on.

H.I.R.A. is the second generation of an example of intra-institutional cooperation. It began at St. Joseph Mercy Hospital in Pontiac, Michigan, when the Director of Biomedical Photography and the Chief Medical Librarian of that institution joined forces to meet the needs of the various and numerous educational directors. As the scope of their cooperation began to increase, it was obvious that the success of their independent services was also increasing. They were meeting more needs through their cooperation than had been met through separate efforts. Shortly the idea of spreading the wealth further evolved, until it seemed only natural to contact personnel from neighboring institutions. As a result, late in 1971, St. Joseph Mercy Hospital

Invited representatives from eight surrounding institutions to a meeting in which the possibility of a larger cooperative effort would be discussed. The response was nearly overwhelming. Every invited institution sent at least one representative, most sent several. The meeting culminated in unanimous agreement to form a formal organization with three major objectives.

The first objective of the still nameless group was to actively share all available materials: the traditional printed materials of course, but also software and possibly hardware. It was determined that a defined loan system would have to be outlined, based on proven interlibrary loan methods. The second objective included the active sharing of talents, knowledge and skills of representatives, through the creation of a forum for discussion and consultation. It was agreed that expertise should be made available on a basis similar to loan of materials: each individual would make his time and expertise available only after primary responsibilities to his institution were completed. Specific questions such as discussion of particular types or brands of equipment, evaluations of commercial software, or mention of new materials and hardware would be handled at regular meetings of the organization. The third objective was to produce whatever software was necessary to meet local needs that were not being met through commercial software. This, too, was to be carried out on a cooperative basis.

By December, 1971, the representatives from the nine institutions had met three times. Since all the institutions were in or near the city of Pontiac, and since there was a conviction that a local group would be much easier to organize than a more comprehensive one, it was agreed to limit, geographically, the proposed membership. The name "Pontiac Area Instructional Resources" or P.A.I.R., was chosen for the limitations inherent in the title, and for the appropriateness of its acronym. It was agreed that after some organization had been accomplished, the membership would be opened to all interested institutions, and the name would be changed as necessary.

As P.A.I.R., the group quickly reached a stage of notable progress. Within the first year of its existence, it not only maintained its philosophy, purpose, and interest, it gained new interest at a very rapid rate. By late 1972 it had already reached the point where expansion was necessary. The name Health Instructional Resources Associated was chosen for its lack of limiting factors and its descriptiveness. The membership had grown from those first nine institutions to a whopping thirty-one institutions. H.I.R.A. is no longer just an experiment, it is proof of the power of cooperation.

The current H.I.R.A. mailing list still includes thirty-one institutions, with sixty-two representatives. Recently, H.I.R.A. requested all member institutions to submit commitment letters from their respective administrations, as a requirement of membership. To date, twelve of these letters have been received, with the remainder in varying stages of preparation. Member institutions may send as many representatives to H.I.R.A. meetings as they wish. Each institution is given two votes with which to voice their opinion. General membership meetings are held bi-monthly, rotating from member institution to member institution.

H.I.R.A. is governed by an Executive Committee, half of which is elected, and half of which is appointed. Members include the three major officers: the Chairman, Vice-Chairman, and Secretary-Treasurer. The other members are the chairmen of all standing committees. Presently, these number four: a Nominating Committee, to nominate candidates for office as necessary; a Loan/Procedures Committee, to regulate loan procedures; a Catalog Committee, to revise the group's union catalog; and a Funding Committee, to seek sources of funding for H.I.R.A. projects. The H.I.R.A. officers are elected for two year terms, with the Vice Chairman serving as Chairman-elect for the following term. Committee chairmen are elected by the members of the respective committee annually.

In the eighteen months of its formal existence, H.I.R.A. has accomplished many things. It has continued to gain interest and cause excitement wherever it has been mentioned. It has produced a Union List of Software, Hardware, and Serials. It has created an open forum where expertise is available on a discussion or consultant basis. It produced a sound/slide program on hospital infection control, one of the areas in which it was determined none of the commercially available materials were satisfying the group's needs. It has written a Constitution and By-Laws, and has begun requesting formal commitments from members. Loan procedures are being written, and loans are being transacted. A revision of the Union List is underway. A grant application has been submitted for funding to set up a permanent resource office to handle H.I.R.A. actions, projects, and finances. A strong Executive Committee has emerged, and an interested potential membership has continued to grow.

It is impossible to foresee a future for medical education that does not include extensive use of cooperative efforts and regionalization. No single institution, whether it is primarily a care facility or an educational facility can embody all the materials and expertise its staffs will need to provide complete medical education. The key to any cooperative effort is finding a workable combination of people, knowledge and skills. The three disciplines of librarianship, media technology, and education all have something to offer each other in a cooperative organization. Education sees the needs of its students and teachers, media technology provides the resources for meeting these needs through the production of new materials, and librarianship provides the expertise to organize these materials and coordinate them with existing materials. The cooperation between these professions leads naturally to a cooperation between the specializations of these professions, such as the health sciences. It's a natural progression for medical librarians, medical illustrators, biomedical photographers, nurses, doctors, and paramedical educators to cooperate inter-intra-institutionally. The growth of the organization H.I.R.A. from the P.A.I.R. experiment proves the workability of this type of interaction.

1974

COOPERATION...The Story of Health Instructional Resources
Associated (H.I.R.A.)

The ever increasing cost and complexity of medical communication is today proving a dilemma for many health care institutions. One effort toward a solution is Health Instructional Resources Associated (H.I.R.A.), a group that has found a remedy in cooperation. And COOPERATION is the story of H.I.R.A.

It began at Saint Joseph Mercy Hospital in Pontiac, Michigan. Here a medical librarian and an audiovisual specialist jointly nurtured the idea of sharing expertise and resources within and among local health care institutions. When nine institutions endorsed the idea, the effort became reality and in 1971 Pontiac Area Instructional Resources (P.A.I.R.) was born. Member representatives to P.A.I.R. included administrators, educators, librarians and media specialists. Together they set about their cooperative efforts. In their first year, they compiled a union list of member owned materials; established a loan procedure for those materials, and produced a sound/slide program on infection control. The joint effort and cooperation that made these achievements possible established the viability and value of P.A.I.R.

The organization soon outgrew its name as institutions outside the Pontiac area joined its ranks. With 20 members on board, P.A.I.R. became H.I.R.A.--Health Instructional Resources Associated. Like P.A.I.R. before it, H.I.R.A. is organized under a Constitution and By-Laws with elected officers, and executive board and functional committees. To handle its new size and demands H.I.R.A., through its finance committee, sought support from the National Library of Medicine (N.L.M.). After careful consideration N.L.M. responded in 1974 with a two year project grant administered under the Community Health Instructional Resources Program (C.H.I.R.P.). CHIRP provides H.I.R.A. with a full time director, resource office and staff. These operate under the control of H.I.R.A.'s Executive Board. Located at Shiffman Medical Library on the Wayne State University campus in Detroit, the H.I.R.A. Resource Office has direct access to the Kentucky, Ohio, Michigan Regional Medical Library offices at Shiffman.

During 1974, the Michigan Hospital Audio Visual Cooperative, a Detroit area group with similar objectives merged with H.I.R.A. Originally called the Michigan Hospital Videotape Cooperative, the group helped increase the ranks of H.I.R.A. Today, thirty-three members strong, H.I.R.A. organizes workshops, conferences, and seminars; provide consultation and reference services; maintains a file of commercially available materials and a union list of member-held materials; coordinates the exchange of materials among members; and stands ready to produce any necessary material not commercially available. To facilitate communication among its members and provide for their continuing education in the varied aspects of medical communications, H.I.R.A. publishes HIRAGLYPHICS, a newsletter and invites guest speakers to its bi-monthly meetings.

From its start H.I.R.A. has depended on the cooperative effort of its members. That cooperation is now enabling its member to enhance the support they render in the provision of quality health care. To join the effort contact:

Health Instructional Resources Associated (H.I.R.A.)
c/o Community Health Instructional Resource Program
Shiffman Medical Library
4325 Brush
Detroit, Michigan 48201
Telephone: (313) 577-1246

Health Instructional Resources
Associated
Membership List

American Lung Association
Art Centre Osteopathic Hospital
Bon Secours Hospital
Crittenton Hospital
Detroit General Hospital
Detroit-Macomb Hospital Association
Detroit Maternity and Infant Care-PRESCAD Project
Detroit Osteopathic Hospital
Flint Osteopathic Hospital
Grace Hospital
Harper Hospital
Holland City Hospital
Little Traverse Hospital, Petoskey, Michigan
Marygrove College
Metropolitan Hospital
Michigan Cancer Foundation
Model Neighborhood Total Health Care, Inc.
Mt. Clemens General Hospital
Oakland County Community College, Highland Lakes Campus
Oakland County Health Department
Oakland University, Kresge Library
Oakwood Hospital
Pontiac General Hospital
Pontiac Osteopathic Hospital
St. John's Hospital
St. Joseph Hospital, Mt. Clemens
St. Joseph Mercy Hospital, Pontiac
St. Mary's Hospital, Saginaw
Wayne County General Hospital
Wayne State University, Department of Pharmacy
Wayne State University, School of Medicine
William Beaumont Hospital
Wyandotte General Hospital

This communication is to give you a brief history of the HIRA organization and to conduct a survey to determine the interest and needs of the Detroit Metropolitan Health Institutions in producing and supporting a new audio-visual catalogue for interlibrary loan purposes.

Attached is a questionnaire which we would appreciate your completion of. Please return by

History

PAIR, Pontiac Area Instructional Resources Group, held its first formulating meeting at St. Joseph Mercy Hospital in Pontiac, Michigan in October 1971, with representatives from Pontiac-St. Joseph Mercy Hospital, Pontiac General Hospital, Pontiac Osteopathic Hospital, Crittenton Hospital-Rochester, Oakland Community College and the Oakland County Health Department.

The purpose of the meeting was to determine need for exchange of audio-visual materials and equipment and to determine need and interest in such an organization.

During 1972, By-Laws, Rules and Regulations and the formal name of PAIR was adopted, and the first catalogue came out in 1973.

*(Revisions to By-Laws 3-5-74
and 12-17-74)*

The group merged with

In 1974, the group was renamed HIRA, Health Instructional Resources Group, and a quarterly newsletter titled "Hiraglyphics" was published. The second edition of the catalogue in ^{June} 1975 included the holdings of fifteen health related institutions in the Metropolitan Detroit Area, and was supported in part by a National Library of Medicine Project Grant awarded to HIRA. This catalogue contained audio-visual software listed by subject and audio-visual hardware listed alphabetically by type of equipment.

1. Would you be interested in a catalogue for audio-visual software and hardware? _____
2. Would you use the catalogue for borrowing? _____
3. Would you be willing to submit your holdings for use by other institutions? _____
4. Would you be willing to support the publication of a catalogue? _____
(purchase of) _____
5. Which format would you prefer? Print _____ Microfilm _____ Microfiche _____
6. Would you be willing to loan your hardware? _____
7. Would you be interested in an audio-visual workshop? _____
8. Suggested subjects for workshops? _____

TEL-MED

Tel Med - A tentative budget for installing the Tel-Med program based in Detroit. Two options are presented. One contains Watts lines (Option 2) the other doesn't (Option I).

OPTION I

- Audience:** Designed for all Detroit (Local) callers; available to Metro Detroit and outstate callers who absorb the cost of zone charges assessed by the telephone company.
- Design:** Use Teletronix 15 15 system featuring fifteen telephone lines connected to fifteen high quality cartridge players.

BUDGET:

I. Personnel:

A. Telephone Operator	40 hours	\$ 7,000.00
B. Fringe Benefits	20%	1,400.00
		<hr/> 8,400.00

II. Equipment:

1. 15 Channel Unit	15,575.00
2. Operator Headset	35.00
3. Installation Checkout & Operator Training	400.00
4. Travel for Installation Engineer Det/L.A.	600.00
	<hr/> 16,610.00

III. Tape Library:

1. Renovation of tapes to apply to local needs	700.00
2. Night time or after hours tape	20.00
3. Replacement of tapes due to medical updates	200.00
4. Replacement of tapes due to malfunction	200.00
5. Multiple copies of regular tapes	300.00
6. Service on equipment	500.00
7. Master Library (220 x \$15.00)	3,375.00
	<hr/> 5,295.00

IV. Telephone Expense:

1. Installation (Michigan Bell) - 15 lines - one line cost ..	360.00
2. Maintenance and Monthly charges	1,980.00
	<hr/> 2,340.00

V.	<u>Publicity:</u>	
A.	Flyers, etc.	\$ 8,000.00
VI.	<u>Postage</u>	400.00
VII.	Office Equipment	300.00
VIII.	Supplies	150.00
IX.	Malpractice Insurance	200.00
X.	Travel	200.00
XI.	Space (10'x 10')	600.00
	Grand Total	<u>42,495.00</u>

Note: In this set-up when all the lines are busy, the caller receives a regular busy signal.

OPTION II

Audience: Designed for all Detroit (Local) callers; also designed to absorb the cost of Detroit Metro calls identified by such cities as Port Huron and the Thumb area, Pontiac, Fling and Ann Arbor.

Design: Use Teletronix 15 15 system (15 lines) as in Option I.

Equipment Cost:

Same as in Option I except that the Michigan Bell monthly charges and installation costs are higher due to the use of Watts lines to cover long distance calls in the 313 zone. Other calls from 616, 517 & 906 areas will be charged to the caller.

Approximate Cost:

Option I	\$42,495.00	
Less Monthly Charges	<u>1,980.00</u>	
	40,515.00	
Add 3 Watts Lines	4,484.00	(measured watts service of
Add maintenance of 3 Watts	180.00	15 hours per month)
Add maintenance of 12 regular lines	<u>1,584.00</u>	
Grand Total	45,763.00	

THE TEL-MED STORY . . .

Introduction

Despite an annual U. S. expenditure of \$80 billion for health care delivery, the average person does not know how to take care of his health. Tel-Med, a bold and innovative program, was created to alleviate a portion of this deficiency. This program, developed by the 650 physician-members of the San Bernardino County Medical Society in California, provides telephone access to an excellent library of concise, accurate, physician-approved 5-minute tape recordings on many health care topics.

How Does Tel-Med Operate?

To obtain information, the concerned person dials a toll-free number and asks to have a given tape played. The young man concerned about venereal disease, the mother concerned about rheumatic fever, the middle-aged person concerned about cancer and diabetes, the person who finds himself in immediate need of first aid information--each can obtain relevant health information easily, instantly, and at no cost to himself.

Program Growth

Tel-Med was installed initially in the San Bernardino-Riverside, California greater metropolitan area in April of 1972. It has since expanded to thirty-four cities in the United States, with an additional ten programs scheduled for implementation during the first six months of 1975.

Public Response to Program

Response to Tel-Med has been overwhelming. The staggering sum of over 1,600,000 telephone calls has been received during the first thirty-two months of program operation. Present monthly utilization on a national basis is between 125,000 and 150,000 phone calls. The numerous unsolicited comments of appreciation for the medical information provided give positive indication of wide-spread acceptance. There is a growing awareness of the medical society's role of sponsorship and of the significant contributions that physicians have made to bring this concept to fruition.

Specifics:

- There have been many requests for additional tapes. Based upon these requests, it has been possible to continuously update the library to reflect consumer needs and interests accurately.

- A number of individual callers have listened to multiple (10 or more) tapes in the library.

-- The aged have expressed particular appreciation for the service because of their high interest in health matters, their reduced mobility, and limited economic resources.

-- Translation of portions of the library into Spanish has elicited considerable interest in heavily populated Mexican-American communities throughout the United States.

-- Ever increasing numbers of children have responded, leading us to consider a separate set of mini-health tapes geared to their comprehension.

-- Numerous high school teachers have assigned entire health classes to listen to the tapes on syphilis and gonorrhea.

-- Requests for brochures listing the available tapes have begun to pour in not only from individuals, but also from factories, department stores, health care service agencies, welfare agencies, etc.

-- One of the more encouraging aspects, to-date, is that increasing numbers of callers have been introduced to the program upon the recommendation of friends or neighbors.

Physician Response

Evaluation by physicians of program concept and informational content has also been favorable. Numerous physicians are referring their patients to the program, particularly to the birth control series. An orthopedic group has referred a large number of patients to the tape on backaches. Doctors have requested brochures on the program to distribute to their patients. Every major hospital in the area has expressed encouragement and has requested tape listings to distribute to its patients.

Numerous inquiries have been received from health care service organizations expressing strong interest in the concept. The regional society of the American Dental Association has submitted twenty scripts on dental care and is preparing five more scripts for the library. Special interest groups, i.e., nutritional/dietary groups, ophthalmological groups, emergency first aid care committees, muscular dystrophy, diabetic, alcoholic and anti-smoking agencies, family planning groups, etc., have requested permission to submit scripts relevant to their special areas of interest.

The importance of this aspect lies in the fact that organized medicine, in concert with public and private health care agencies, is willing to donate hundreds of thousands of dollars of knowledge, experience, and effort to create

a truly comprehensive and meaningful library of tapes . Once the library is created, its duplication and distribution to any urban area in the nation is simply and economically accomplished.

Conclusion:

The potential Tel-Med offers for a totally new health care communication media . . . the promise this media holds for reaching and helping vast numbers of peoples . . . the opportunity it provides to apply the one-time contribution of a single doctor's knowledge and experience to the needs of countless numbers of people countless numbers of times staggers the imagination.

This program crosses virtually every socio-economic strata in today's society--ranging from the needs of the disadvantaged person facing a medical crisis to those of the wealthy parent whose child is involved in drug abuse. Not only has it uncovered a vast area of interest and concern for basic health information, but it appears to have demonstrated a channel of communication of extraordinarily effective, inexpensive, and acceptable dimensions.

Tel-Med stands at the threshold of national awareness and acceptance.

AGENCIES IN FULL OPERATION BY FEBRUARY 1, 1975

1. San Bernardino County Medical Society, San Bernardino, California
2. Indiana State Medical Association, Indianapolis, Indiana (Indianapolis Only)
3. San Diego County Medical Society, San Diego, California
4. Orange County Medical Association, Santa Ana, California
5. Kern County Medical Society, Bakersfield, California
6. Mid-West Health Education Center, Wichita, Kansas
7. Memorial Hospital Medical Center, Long Beach, California
8. Centre Area Health Council, Inc., State College, Pennsylvania
9. Fresno County Medical Society, Fresno, California
10. Sonoma County Medical Association, Santa Rosa, California
11. Multnomah County Medical Association, Portland, Oregon
12. Medical Society of the County of Erie, Buffalo, New York
13. King County Medical Society, Seattle, Washington
14. Indiana State Medical Association, Indianapolis, Indiana, Wats (State of Indiana)
15. Dekalb County Medical Society, Decatur (Atlanta) Georgia
16. The Albany Medical College of Union University, Albany, New York
17. West Oakland Health Center, Oakland, California
18. Family Services Association of Hemet-San Jacinto, Inc., Hemet, California
19. United Fund Health Foundation, Canton, Ohio
20. Walter Reed Army Hospital, Washington, DC
21. West Texas Health Systems, Lubbock, Texas
22. Santa Barbara County Medical Society, Santa Barbara, California
23. St. Paul Ramsey Hospital, St. Paul, Minnesota

Agencies in Full Operation by February 1, 1975

Continued

24. Student Health Center - U.C. Irvine, Irvine, California
25. Victor Valley Community Services, Victorville, California
26. Lutheran Deaconess Hospital, Minneapolis, Minnesota
27. Sparks Regional Medical Center, Fort Smith, Arkansas
28. Knoxville Academy of Medicine, Knoxville, Tennessee
29. Nashville Academy of Medicine, Nashville, Tennessee
30. AT & T, New York City, New York
31. Department of Health and Hospitals, Boston, Massachusetts
32. Mendocino - Lake County, Ukiah, California
33. Jackson County Medical Society, Kansas City, Missouri
34. Pacific Hospital Association, Eugene, Oregon

CUMULATIVE NUMBER OF HEALTH MESSAGES PLAYED

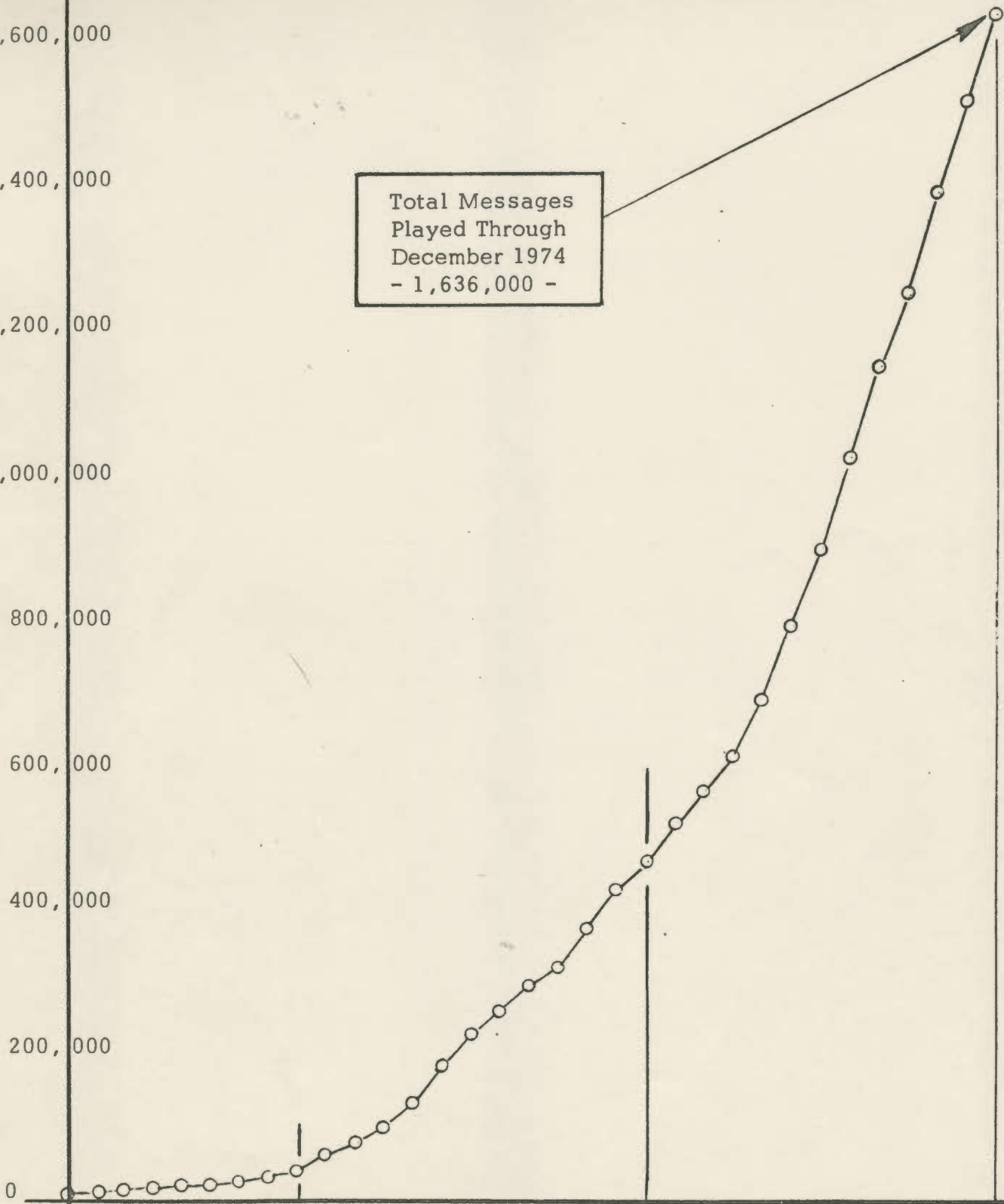
1,800,000
1,600,000
1,400,000
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0

Total Messages
Played Through
December 1974
- 1,636,000 -

M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D

April
1972
(Program
Start)

TEL-MED
PROGRAM UTILIZATION
(Figure 1)



What Tel-Med Is

Tel-Med is a collection of tape-recorded health messages which have been carefully selected:

- help you remain healthy by giving preventive health information
- help you recognize early signs of illness
- help you adjust to a serious illness

What Tel-Med Is Not

The Tel-Med tapes are not to be used:

- in any emergency,
- to find out what your illness is
- to replace your family doctor.

How Does Tel-Med Work?

It's easy! Just call 521-7120 and give the operator the number of the tape you wish to hear. (This brochure has a list of tapes.) The operator will discuss the illness or problem you are interested in and will give the steps you can take to recognize and prevent it. If you wish to hear the same tape again, or any other tape, call back and the operator will be happy to play it for you.

The Tapes Are

- 3 to 7 minutes long
- narrated in easy-to-understand language
- carefully screened by a panel of physicians

Tel-Med 521-7120

HOURS

Monday - Friday	10AM - 8PM
Saturday	9AM - 3PM
Sunday & Holidays	Closed

A PUBLIC SERVICE OF:

The Rhode Island Department of Health

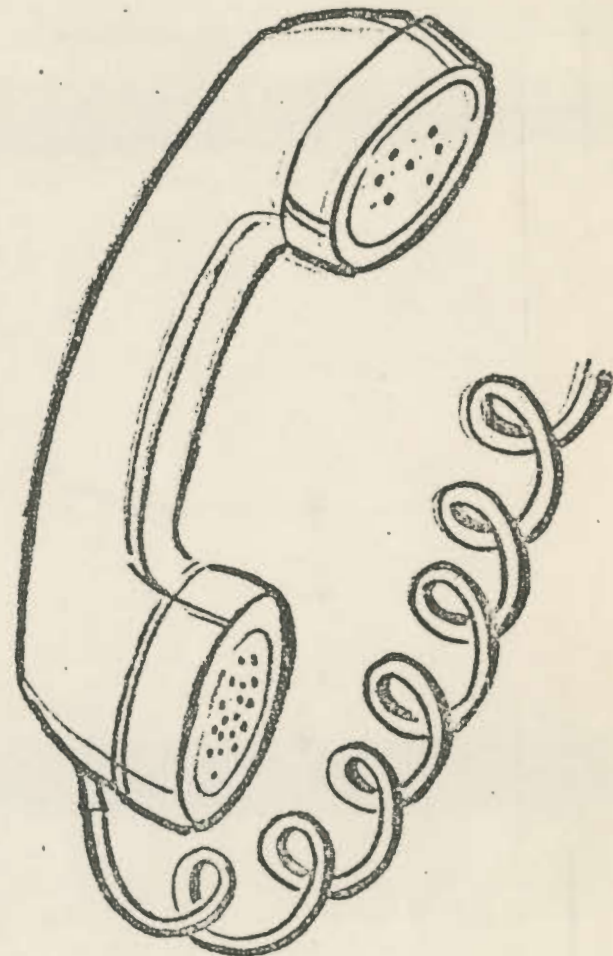
The Rhode Island Medical Society

Blue Cross and Blue Shield of Rhode Island

Your local physicians have prepared a library of taped telephone messages about your health. You can listen to them in the privacy of your own home. The service is free of charge.

For your comments, write or call:

Tel-Med
Council for Community Service, Inc.
229 Waterman Street
Providence, RI 02906
351-6500



Tel-Med 521-7120

A PUBLIC SERVICE HEALTH AND
MEDICAL INFORMATION LIBRARY
AS CLOSE AS YOUR TELEPHONE

Medicines in the home poison your child?	3	How smoking affects your health	696	What is Tel-Med?	429
Measles	18	Do you want to quit smoking?	697	Psychosomatic illness—it's not all in your head	726
Measles epidemic	20	What do you get out of smoking?	698	Multiple sclerosis	825
Measles—what does it mean to the toddler?	49	Gimmicks to help you quit smoking	699	Infectious mononucleosis	969
Measles—age of rebellion	50	Effects of cigarette smoke on non-smokers	700	Health hints for campers	1081
Measles for children	71			Exercising—warm up slowly	1101
Measles in children	73	Home care for the bedridden patient	165	Homosexuality	1180
Measles-to-mouth resuscitation		Medical supplies for the home	166	Masturbation	174
Measles (small children and babies)	102	How to take temperature, pulse and respiration	168		
Measles	225			What about wisdom teeth?	306
Measles—should I keep my child home from school?	226	Tension	33	Canker sores and fever blisters	309
Measles in children	233	Emotional experiences of the dying	144	What not to do for a toothache	311
Measles of the newborn	261	Upset emotionally? Help is available	432	Which toothpaste?	321
Measles and infant death	262	When should I see a psychiatrist?	728	Effective toothbrushing	302
Measles—prevention	263			What you don't know about dentures can hurt you	313
Measles—personal hygiene for a child	401	Why the mystery about psoriasis?	82		
Measles—advice for parents of teenagers	133			Hemorrhoids	4
Measles—tips for youngsters	1082	Rehabilitation of the breast cancer patient	178	Ulcers	44
		Lung cancer	179	Indigestion	45
Measles	6	Cancer of the colon and rectum	180	Kidney stones	77
Measles—what is a pap test?	182	Cancer—the curable disease	181	Appendicitis	78
Measles—personal hygiene	39	Cancer—seven warning signals	183	Gout	126
Measles—rectomy	889			Peptic ulcers	196
Measles—what is a "D & C"?	74	Cigarettes and heart disease	21	Colitis and bowel disorders	199
Measles—postpone	173	Diet and heart disease	23	Laxatives	219
		Hypertension and blood pressure	25	Diverticulosis—Diverticulitis	662
Measles—family planning	14	Stroke and apoplexy	26		
Measles—legal litigation	53	How to decrease risk of heart attack	28	Pulmonary emphysema	13
Measles—control	54	Early warning of heart attack	63	Hay fever	90
Measles—pill	55	Heart failure	72	Bronchial asthma	576
Measles—uterine devices	56	Varicose veins	191	Chronic cough	581
Measles—rectomy	1	Sickle cell anemia	566		
				Severe bleeding	91
Measles—really pregnant?	12	You may have diabetes and not know it	11	Head injuries	98
Measles—emotional feelings after childbirth	882	Understanding headaches	35	Sprains	99
Measles—wanted pregnancy	32	Hiccups	36	Mouth-to-mouth resuscitation (adults)	103
Measles—Disease		Backaches	37	Fainting	108
Measles—dereal disease	8	What are viruses?	40	Epileptic convulsions	109
Measles—diarrhea	15	Are you ready for the skiing season?	41	When you find someone unconscious	110
Measles—diarrhea	16	I'm just tired, Doctor	42	Choking	111
Measles—Drugs and Alcohol		Lumps and bumps of arms and legs	46	Bee stings	121
	134	Leg cramps and aches	47	First aid for chemical burns	123
Measles—Amphetamines and Barbiturates		Power lawn mower—dangerous tool	60	Poisoning by mouth	96
Measles—Appetizers and Downers)	136	The meaning of fever	61		
Measles—Marijuana	137	Chest pains	65	Vision and Hearing	
Measles—Drugs	138	Dizziness	84	Glaucoma	9
Measles—Alcoholism—the scope of the problem	942	Epilepsy	125	Muscles and Joints	
Measles—Thinking a problem?	943	Hypnosis	159	Bursitis	129
Measles—Think or not to drink	944	Hepatitis	162	Arthritis and quackery	131
Measles—Do you love an alcoholic	945	What happens when a disc slips?	194	Consumer Information	
Measles—A.A. can help the problem drinker	946	Hiatal hernia	198	Nine ways to cut your medical costs	19
		Cystic fibrosis	236	Medicare	155
		The flu—1975	300	How to select a dentist	319
				Medical insurance information	430

THE TEL-MED STORY . . .

Introduction

Despite an annual U. S. expenditure of \$80 billion for health care delivery, the average person does not know how to take care of his health. Tel-Med, a bold and innovative program, was created to alleviate a portion of this deficiency. This program, developed by the 650 physician-members of the San Bernardino County Medical Society in California, provides telephone access to an excellent library of concise, accurate, physician-approved 5-minute tape recordings on many health care topics.

How Does Tel-Med Operate?

To obtain information, the concerned person dials a toll-free number and asks to have a given tape played. The young man concerned about venereal disease, the mother concerned about rheumatic fever, the middle-aged person concerned about cancer and diabetes, the person who finds himself in immediate need of first aid information--each can obtain relevant health information easily, instantly, and at no cost to himself.

Program Growth

Tel-Med was installed initially in the San Bernardino-Riverside, California greater metropolitan area in April of 1972. It has since expanded to thirty-four cities in the United States, with an additional ten programs scheduled for implementation during the first six months of 1975.

Public Response to Program

Response to Tel-Med has been overwhelming. The staggering sum of over 1,600,000 telephone calls has been received during the first thirty-two months of program operation. Present monthly utilization on a national basis is between 125,000 and 150,000 phone calls. The numerous unsolicited comments of appreciation for the medical information provided give positive indication of wide-spread acceptance. There is a growing awareness of the medical society's role of sponsorship and of the significant contributions that physicians have made to bring this concept to fruition.

Specifics:

- There have been many requests for additional tapes. Based upon these requests, it has been possible to continuously update the library to reflect consumer needs and interests accurately.
- A number of individual callers have listened to multiple (10 or more) tapes in the library.

-- The aged have expressed particular appreciation for the service because of their high interest in health matters, their reduced mobility, and limited economic resources.

-- Translation of portions of the library into Spanish has elicited considerable interest in heavily populated Mexican-American communities throughout the United States.

-- Ever increasing numbers of children have responded, leading us to consider a separate set of mini-health tapes geared to their comprehension.

-- Numerous high school teachers have assigned entire health classes to listen to the tapes on syphilis and gonorrhea.

-- Requests for brochures listing the available tapes have begun to pour in not only from individuals, but also from factories, department stores, health care service agencies, welfare agencies, etc.

-- One of the more encouraging aspects, to-date, is that increasing numbers of callers have been introduced to the program upon the recommendation of friends or neighbors.

Physician Response

Evaluation by physicians of program concept and informational content has also been favorable. Numerous physicians are referring their patients to the program, particularly to the birth control series. An orthopedic group has referred a large number of patients to the tape on backaches. Doctors have requested brochures on the program to distribute to their patients. Every major hospital in the area has expressed encouragement and has requested tape listings to distribute to its patients.

Numerous inquiries have been received from health care service organizations expressing strong interest in the concept. The regional society of the American Dental Association has submitted twenty scripts on dental care and is preparing five more scripts for the library. Special interest groups, i.e., nutritional/dietary groups, ophthalmological groups, emergency first aid care committees, muscular dystrophy, diabetic, alcoholic and anti-smoking agencies, family planning groups, etc., have requested permission to submit scripts relevant to their special areas of interest.

The importance of this aspect lies in the fact that organized medicine, in concert with public and private health care agencies, is willing to donate hundreds of thousands of dollars of knowledge, experience, and effort to create

a truly comprehensive and meaningful library of tapes. Once the library is created, its duplication and distribution to any urban area in the nation is simply and economically accomplished.

Conclusion:

The potential Tel-Med offers for a totally new health care communication media . . . the promise this media holds for reaching and helping vast numbers of peoples . . . the opportunity it provides to apply the one-time contribution of a single doctor's knowledge and experience to the needs of countless numbers of people countless numbers of times staggers the imagination.

This program crosses virtually every socio-economic strata in today's society--ranging from the needs of the disadvantaged person facing a medical crisis to those of the wealthy parent whose child is involved in drug abuse. Not only has it uncovered a vast area of interest and concern for basic health information, but it appears to have demonstrated a channel of communication of extraordinarily effective, inexpensive, and acceptable dimensions.

Tel-Med stands at the threshold of national awareness and acceptance.

TEL-MED tape library CALL Indianapolis Calling area 924-6301 Outside Indianapolis 1-800-382-5681

CHILDREN

- TAPE NO.
- 3 Can Medicines in the Home Poison Your Child?
 - 10 Poisons in the Home
 - 17 Lockjaw
 - 18 Tonsillectomy
 - 20 Rheumatic Fever
 - 43 Stuttering and Other Speech Defects
 - 48 Thumb Sucking
 - 49 No - No - What Does it Mean to the Toddler?
 - 71 Aspirin for Children—When, Why, How Much?
 - 73 Earache in Children
 - 75 Pinworms
 - 80 Ringworm
 - 81 Tics: A Child's Outlet for Anxiety
 - 83 Impetigo
 - 85 Pesky Pinkeys
 - 102 Mouth to Mouth Resuscitation (Small Child or Baby)
 - 200 Normal Feet in Children
 - 220 Limping and Children
 - 224 Mumps
 - 226 Should I Keep My Child Home From School?
 - 227 Measles
 - 229 Chickenpox
 - 230 Cleft Palate
 - 260 Supplies for the Newborn
 - 261 Care of the Newborn
 - 262 Sudden Infant Death
 - 263 Teething
 - 381 Muscular Dystrophy in Children
 - 400 Tommy Gets His Tonsils Out
 - 401 Personal Hygiene for a Child

PARENTS

- 50 Teen Years—The Age of Rebellion
- 51 When a New Baby Creates Jealousy
- 133 Advice for Parents of Teenagers
- 172 Acne

WOMEN

- 6 Breast Cancer
- 31 Vaginitis
- 39 Feminine Hygiene Products—Can They Harm Me?
- 42 I'm Just Tired, Doctor
- 74 Why a "D&C"
- 173 Menopause
- 182 What is a "Pap" Test?
- 694 Why a Woman Should Quit Smoking

BIRTH CONTROL

- Vasectomy
- 53 Tubal Ligation
- 54 Birth Control
- 55 The Pill
- 56 Intrauterine Devices
- 57 The Rhythm Method
- 58 Diaphragm, Foam and Condom

PREGNANCY

- 5 Early Prenatal Care
- 12 Am I Really Pregnant?
- 32 Unwanted Pregnancy
- 62 The Premature Baby
- 66 What Causes Miscarriages?
- 67 Warning Signals in Pregnancy

MEN

- TAPE NO.
- 1 Vasectomy
 - 58 Diaphragm, Foam and Condom
 - 175 Fear of the After-40 Man
 - 193 Baldness and Falling Hair
 - 1101 Exercising—Warm Up Slowly

VENEREAL DISEASE

- 8 Venereal Disease
- 15 Syphilis
- 16 Gonorrhoea

DRUG ABUSE

- 134 LSD
- 136 Amphetamines and Barbiturates (Up and Down Drugs)
- 137 Marijuana
- 138 Narcotics

HEART

- 21 Cigarettes and Heart Disease
- 23 Diet and Heart Disease
- 25 Hypertension and Blood Pressure
- 26 Stroke and Apoplexy
- 27 Health and Heart Check-up
- 28 How to Decrease Risk of Heart Attack
- 29 Atherosclerosis and High Blood Pressure
- 30 Angina Pectoris
- 63 Early Warning of a Heart Attack
- 65 Chest Pains
- 72 Heart Failure

CARE OF YOUR TEETH

- 311 What Not to Do for toothaches
- 312 Abscessed Teeth Can Be Saved
- 313 What You Don't Know (About Dentures) Can Hurt You!
- 314 We Know What Causes Bad Breath. Do You?
- 315 Dental X-Rays—Really Necessary?
- 318 Reducing Dental Costs
- 319 How to Select a Dentist
- 321 Which Toothpaste?
- 323 Are You Afraid of the Dentist?

FIRST AID

- 91 Severe Bleeding
- 93 Electrical Shock
- 94 Shack
- 96 Poisoning by Mouth
- 98 Head Injuries
- 99 Sprains
- 101 Thermal Burns
- 102 Mouth to Mouth Resuscitation (Small Children or Babies)
- 103 Mouth to Mouth Resuscitation (Adults)
- 108 Fainting
- 109 Epileptic Convulsions
- 110 When You Find Someone Unconscious
- 111 Choking
- 118 Animal Bites
- 121 Bee Stings
- 123 Chemical Burns

CARE OF THE PATIENT IN THE HOME

- TAPE NO.
- 164 Your Family Health
 - 165 Home Care for the Bedridden Patient
 - 166 Medical Supplies for the Home
 - 167 Exercise for the Bedridden Patient
 - 168 How to Take Temperature, Pulse, and Respiration

SAFETY

- 41 Are You Ready for the Skiing Season?
- 60 Power Lawn Mowers—Dangerous Tools
- 147 The Lady Living Alone
- 148 Muggings & Purse Snatching
- 150 Seat Belts for Safety

PUBLIC INFORMATION SERIES

- 19 Nine Ways to Cut Your Medical Costs
- 1040 Plastic Surgery

CANCER

- 6 Breast Cancer
- 179 Lung Cancer
- 180 Cancer of the Colon and Rectum
- 181 Cancer—The Curable Disease
- 183 Cancer's 7 Warning Signals

RESPIRATORY

- 7 What a Case of Pneumonia Means
- 13 Pulmonary Emphysema
- 38 Influenza
- 90 Hay Fever
- 179 Lung Cancer
- 576 Bronchial Asthma
- 577 Histoplasmosis
- 580 Dust Diseases
- 581 Chronic Cough
- 582 Shortness of Breath

SKIN DISORDERS

- 79 Dandruff
- 80 How to Check Ringworm
- 82 Why the Mystery About Psoriasis?
- 83 Impetigo
- 86 Are Old Age Freckles Dangerous?
- 172 Acne
- 193 Baldness and Falling Hair
- 518 Itching Skin

DIGESTIVE SYSTEM

- 2 What is a Normal Bowel?
- 4 Hemorrhoids
- 44 Ulcers
- 45 Indigestion
- 78 Appendicitis
- 180 Cancer of the Colon and Rectum
- 196 Peptic Ulcer
- 199 Colitis and Bowel Disorders
- 219 Laxatives—Use Them Rarely if at All
- 309 Canker Sores and Fever Blisters
- 662 Diverticulosis—Diverticulitis

GENERAL

- TAPE NO.
- 7 What a Case of Pneumonia Means
 - 9 Glaucoma
 - 11 You May Have Diabetes and Not Know It
 - 13 Pulmonary Emphysema
 - 17 Lockjaw
 - 19 9 Ways to Cut Your Medical Costs
 - 33 Tension
 - 34 Anemia
 - 35 Understanding Headaches
 - 36 Hiccups
 - 37 Backaches
 - 38 Influenza
 - 40 What are Viruses?
 - 46 Lumps and Bumps of Arms and Legs
 - 47 Leg Cramps and Aches
 - 52 Lice—Pubic, Head and Body
 - 59 Blood Transfusion—Blood Bank
 - 61 The Meaning of Fever
 - 64 Flies: Dirty and Dangerous
 - 76 Otosclerosis: One Cause of Hearing Loss
 - 77 What Can Be Done About Kidney Stones?
 - 79 Dandruff
 - 80 How to Check Ringworm
 - 82 Why the Mystery About Psoriasis?
 - 84 Dizziness
 - 86 Are Old Age Freckles Dangerous?
 - 89 Treatment Using Cold
 - 90 Hay Fever
 - 122 Sleep is Kind
 - 125 Epilepsy
 - 144 Emotional Experiences of the Dying Person
 - 151 The Dangerous Driver
 - 159 Hypnosis
 - 160 Cockroaches: Menace or Nuisance?
 - 162 Hepatitis
 - 171 Prescription Medicines—Proper Use
 - 174 Masturbation
 - 175 Fear of the After-40 Man
 - 191 Varicose Veins
 - 193 Baldness and Falling Hair
 - 194 What Happens When A Disc Slips
 - 195 Bee Sting—It Can Cause Death
 - 198 Hiatal Hernia
 - 201 Neck Pains
 - 565 Hypoglycemia
 - 566 Sickle Cell Anemia
 - 693 Weight Control While Quitting Smoking
 - 695 Reducing the Risks of Smoking
 - 696 How Smoking Affects your Health
 - 697 Do You Want to Stop Smoking?
 - 698 What Do You Get Out of Smoking?
 - 725 Brain Damage
 - 945 So You Love An Alcohol?
 - 969 Infectious Mononucleosis
 - 1101 Exercising—Warm Up Slowly
 - 5000 Cystic Fibrosis

ARTHRITIS - RHEUMATISM

- 126 Gout
- 127 Arthritis-Rheumatism
- 128 Rheumatoid Arthritis
- 129 Bursitis
- 131 Arthritis and Quackery



THE TELETRONIX INFORMATION SYSTEM

More raw information has become available to society in the last twenty years than in the previous two thousand. Your profession or business has much to communicate and utilizes too much professional time doing so . . . and the demand for information keeps increasing.

TELETRONIX INFORMATION SYSTEMS has the answer to this modern problem.

The key is *the existing telephone system*, the greatest communications network in history, with outlets in every home, office, and institution. The TELETRONIX concept takes this incredibly complex 25 billion dollar communication system and combines it with a multi-channel tape play-back system.

The result is a simple, yet effective way to disseminate information to the public, to families, to students, to employees . . . a service as close as the telephone.

First, all of the information you would like to make available is prerecorded on numbered cartridges. A list of your tape library is then distributed, along with one telephone number, to the general public or to a specified group in the total population.

Now, when a person phones to request information, your operator selects the appropriate cartridge and inserts it into the play-back unit. Automatically, it plays, stops itself, disconnects the telephone line at the end of the message and signals the operator that the cartridge can be removed.

- Simple? Very.
- Effective? Yes.

One operator using a Teletronix Information System can fill up to 1800 different requests a day. One person can "speak" to more people in one day than fifteen people normally can in a week.

The system frees your key personnel from answering repetitive questions by using skillfully prepared, informative messages. You will save time, money, your staff's creative energies, and you will inform your public in a warm and effective manner. The TELETRONIX INFORMATION SYSTEM response is pleasant, professional, and to the point . . . everytime.

HEALTH INSTRUCTIONAL RESOURCES ASSOCIATED

hira

Dear Member,

As 1977 begins, H.I.R.A. is evolving. A number of factors have led your Executive Committee to believe that a reorganization is vital to the health and well-being of our group. First, the two years of grant funds which provided us with the CHIRP program are now at an end. Second, the tremendous success of the CHIRP workshops can be seen in the documented results from each program. At the same time, the lack of a quorum at nearly every business meeting shows that the business meetings are less successful in creating interest for members. Finally, HIRA has grown to include members from Wyandotte to Petoskey, a large geographical area to try to cover. For these reasons, the Executive Committee unanimously agreed to recommend that the format of HIRA meetings be changed.

We want to plan four major program meetings for you, similar to the CHIRP workshops. At these meetings, notices of the organization's business transactions will be distributed or posted. The business meeting, if any, will be limited to 15 minutes. Throughout the year, the Executive Committee will hold regular meetings and transact the organization's business. We would plan one annual general membership business meeting as well. This recommendation will be brought to you at our next regular meeting. Please keep it in mind as you read the remainder of this letter.

Unusual circumstances have prompted a number of Executive Committee resignations. In October, George Jenkins of Wayne County General Hospital assumed new duties as Hemodialysis Administrator for that institution, and resigned as H.I.R.A. Program Chairman. In November, Michael Kroll resigned as Treasurer when he left Harper Hospital to accept a new position in Chicago. In December, Bob Smitka resigned as Chairperson-Elect due to increased responsibilities in his position at St. Joseph Mercy Hospital. To date, I have appointed Hildegard Joseph of the Oakland County Health Department as Treasurer. I have also asked Sharon Buczkowski (Wyandotte General Hospital), Mitzi Pawlowski (Mt. Clemens General Hospital), and Doo Yee (Bon Secours Hospital) to serve as a nominating committee for the other newly vacant positions and the previously vacant position of Co-Secretary. Our present Constitution does not have a mechanism for officer replacement.

In light of the recommendation for re-organization and the need for officer replacement, the Executive Committee has charged the Constitution Committee with revising the current Constitution and By-laws. Specifically, the committee was asked to:

- 1) revise the format for meetings
- 2) create a dues structure
- 3) create a mechanism for officer replacement
- 4) revise the documents to reflect changed member needs due to organization growth

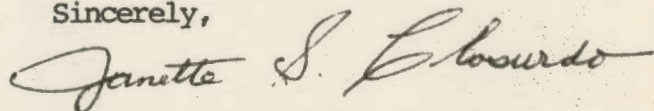
The Constitution Committee met several times and brought its recommendations to the Executive Committee on December 15th. After discussion, the Executive Committee unanimously accepted the enclosed proposed changes and will bring them to you for a vote at the next general meeting. Please review them carefully.

The H.I.R.A. Catalog will soon be processed through the Wayne State University Data Processing Center. In addition, the Finance Committee is preparing a budget and reviewing possible grant applications.

As you can see, H.I.R.A. is not static but is a fluid, changing and still developing organization. Our next general membership meeting, which will be open to members and non-members, is being planned for March. The program will be a "Program of Programs" with speakers presenting programs they created in, or because of, the CHIRP workshops. Of necessity, there will also be a short business meeting. In order to make this meeting most convenient for you, please mark your preferences on the enclosed form and return them to me.

In closing, I would like to ask each of you to read this letter carefully, re-reading it if necessary. Please plan to attend the next meeting, and don't hesitate to call me if you have any questions.

Sincerely,



Janette S. Closurdo, Ph.D.
Chairperson, H.I.R.A.

hiraglyphics

HEALTH INSTRUCTIONAL RESOURCES ASSOCIATED

VOLUME 2, NUMBER 1, JULY, 1977

EDITOR: Jan Closurdo

CONSTITUTION AND BY-LAWS APPROVED

The revised constitution and by-laws mailed to all H.I.R.A. members last month have been approved. Thirty-five ballots were received. The documents were approved 34 to 1. The new constitution and by-laws will be officially in effect at the next general membership meeting.

77-78 MEMBERSHIP DUES DUE SOON

The 1977-78 membership dues will be requested soon. The proposed 77-78 budget does NOT require any dues increase to support proposed activities. Institutional dues at \$25.00 per year and individual dues at \$12.50 per year will be available for 1977-78. In addition, pro-rated dues for partial year memberships will be allowed under the new constitution. Representatives of member institutions may hold office and vote. Individual members may vote but not hold office. Individuals may serve on committees, however.

END OF C.H.I.R.P. GRANT

June 30, 1977 marked the end of the three year project grant from the National Library of Medicine which created Community Health Instructional Resources Program (C.H.I.R.P.), the H.I.R.A. grant program. Throughout the years of the grant, the C.H.I.R.P. program served as a liason between the H.I.R.A. Executive Committee and all working committees of the organization. With C.H.I.R.P. input, talent, hard work, experience, and financial resources, the young H.I.R.A. committees were able to produce an updated Union List, an interlibrary loan AV form, a sound/slide promotion package, a consultant clearinghouse, some cooperative acquisitions, several social meetings, and many excellent workshops. Real appreciation and the Executive Committee's full complement of gratitude go to the C.H.I.R.P. staff: Program Director Helen Dimanin, Associate Director Mary McNamara, and their invaluable Secretary, Yolanda. Special thanks also go to Jim Williams, who was named as Project Director for the grant.

The workshops made possible by the C.H.I.R.P. grant more than doubled the H.I.R.A. membership, as they drew large numbers of people from member and non-member institutions. Evaluations of the programs were, without exception, rated excellent. H.I.R.A. has developed a list of participants for future programs and a cadre of speakers from which to draw on for program meetings.

Although the C.H.I.R.P. grant funds will have ended, the possibility of utilizing some of the C.H.I.R.P. staff experiences and talents through a consultant service from Shiffman and Jim Williams is being discussed. A good use of H.I.R.A. funds could be to continue workshops on a fee for service arrangement.

EXECUTIVE COMMITTEE LOSSES

Executive Committee losses in the past year have cut deeply. As you may recall, career moves prompted the resignations of H.I.R.A.'s Vice-President, Treasurer, and Program Chairman in three consecutive months. The offices of the Vice-President and Program Chairman remain vacant to date. Hilde Joseph was appointed Treasurer.

The Executive Committee is again facing losses due to career moves. Hilde Joseph and President Jan Closurdo will be moving into new positions soon. Helen Dimanin, who was an ex officio member of the Executive Committee as C.H.I.R.P. Director, will be leaving the committee with the demise of the grant. New ACTIVE officers are needed immediately.

Jan, Hilde, and Helen have all agreed to be as available as possible to new Executive Committee officers. In addition, the Executive Committee still boasts Tom Lyons (O.U.), Bayard Lawes (Beaumont), and Mary Dery (Grace). Jim Williams and Mary McNamara, also ex officio members from C.H.I.R.P. will be formally leaving the committee but retain an active interest.

OPEN EXECUTIVE COMMITTEE MEETING FOR ALL INTERESTED

There will be an open meeting of the Executive Committee. Anyone who is interested in becoming more actively involved in H.I.R.A. is welcome to attend. The meeting will be held MONDAY, JULY 18, at 7:00 p.m. at St. Joseph Mercy Hospital, Pontiac (in the four south conference room).

Current Executive Committee members (and that includes Jan and Hilde, who are delaying resignations for a short time) will be on hand to welcome all who attend and to describe proposed and current activities.

Note the date and time and WE'LL SEE YOU THERE.

KODAK WORKSHOPS

The H.I.R.A./KODAK co-sponsored workshop on super-8 was a resounding success. With a limitation of thirty participants, some registrants had to be turned down. The KODAK Corporation has asked H.I.R.A. to co-sponsor another workshop in the fall. This workshop, tentatively scheduled for October, will be a three-day session on sound/slide. KODAK will provide all equipment and all speakers. H.I.R.A. will provide a place, food, publicity, and the registration mechanism. H.I.R.A. members will get a 20% discount on the registration fee.

ANNUAL DINNER

The H.I.R.A. Annual Dinner is coming soon. The Executive Committee is currently considering locations for the gala event. If you have any suggestions, or any favorite places you'd like considered, call Tom Lyons at 377-2463. Our annual dinners have been grand fun in the past--we're expecting another good time this year.

BUAC REPRESENTATIVES

Jim Williams, as Librarian of the Shiffman Medical Library, which is a Participating Library in the Kentucky-Ohio-Michigan Regional Medical Library Program, has asked H.I.R.A. to provide two representatives to serve on a "Basic Unit Advisory Committee" at Shiffman. In order to provide and encourage communication between the Regional Medical Library and the basic unit libraries (like hospitals and agencies) providing library services to health care practitioners, each Participating Library in the three state region has been encouraged to develop a Basic Unit Advisory Committee. The BUAC is to consist of representatives of organized groups of basic unit librarians and/or other professionals. It will meet two or more times a year at Shiffman to discuss community and regional activities. Activities of all groups will be discussed in terms of how each groups activities will affect the others, how joint projects can be developed, and how goals interrelate. H.I.R.A., as an organized group in the Shiffman Medical Library service area, has been asked to name two representatives to the BUAC for Shiffman. If you are interested in serving the organization and the community in this way, please call Jan Closurdo at 858-3000, ext. 289.

NEW EDITOR FOR HIRAGLYPHICS

When a new President is elected for H.I.R.A., the publications committee will be re-activated with Jan Closurdo serving as chairperson and editor of HIRAGLYPHICS. This newsletter will serve as your basic source of business information. The new H.I.R.A. format for meetings will de-emphasize business discussions and actively promote educational programs. If you have an interest in writing for the newsletter, or if you have suggestions as to what you'd like to see in it, please let Jan know.

This communication is to give you a brief history of the HIRA Organization and to conduct a survey to determine the interests and needs of the "Michigan Health-Sciences Librarians" in producing and supporting a new audio-visual catalogue for inter-library loan purposes.

Attached is a questionnaire which we would appreciate you completing and returning by May 1st to:

JANIS FOX, LIBRARIAN
PONTIAC OSTEOPATHIC HOSPITAL
50 NORTH PERRY STREET
PONTIAC, MICHIGAN 48058

HISTORY:

PAIR, Pontiac Area Instructional Resources Group, held its first formulating meeting at St. Joseph Mercy Hospital in Pontiac, Michigan in October of 1971. At this meeting were representatives from local Pontiac area hospitals which included, St. Joseph Mercy Hospital, Pontiac General Hospital, Pontiac Osteopathic Hospital, Pontiac State Hospital and the Oakland County Health Department. Representatives were also present from William Beaumont Hospital, Crittenton Hospital, Oakland Community College, and Mercy School of Nursing.

The purpose of this meeting was to determine need for exchange of audio-visual materials and equipment and to determine need and interest in such an organization.

During 1972, By-Laws, Rules and Regulations and the formal name of PAIR was adopted, and the first catalogue came out in 1973. Revisions to the By-laws were dated 3-5-74 and 12-17-74.

The group later merged with a similiar group called "Michigan Hospitals Audio-Visual Co-Op.

In 1974, the group was renamed HIRA, Health Instructional Resources Associated, and a quarterly newsletter titled "Hiraglyphics" was published. The second edition of the catalogue was published in June of 1975 which included the holdings of fifteen health related institutions in the Metropolitan Detroit Area. This edition of the catalogue was supported in part by a National Library of Medicine Project Grant awarded to HIRA. The contents of this catalogue included audio-visual software holdings listed by subject and audio-visual hardware listed alphabetically by type of equipment.

OBJECTIVES:

In the past HIRA was geared towards the production and technical aspects of audio-visual services, aimed at hospital-based audio-visual producers, educators, and librarians. Today, our objectives would be geared towards the "Library-Setting" and demands for new resources of audio-visual materials aimed at health agency librarians.

1. Would you be interested in joining HIRA? Yes No
2. What would you be willing to pay for membership? \$ _____ /year
3. Should there be institutional memberships? Yes No
4. Should there be personal memberships? Yes No
5. Would you be interested in a catalogue for audio-visual software? Yes No
6. Would you be interested in a catalogue for audio-visual hardware? Yes No
7. Would you use the catalogue for borrowing? Yes No
8. Would you be willing to submit your holdings for use by other institutions? Yes No
9. Would you be willing to support the publications of a catalogue via purchase? Yes No
10. Which format would you prefer? Print Microfilm Microfiche
11. Do you own a microfiche or microfilm reader? (Circle one) No
12. Would you be willing to loan your hardware? Yes No
13. Would you be interested in an audio-visual workshop? Yes No
14. Suggested topics for workshops? _____

****You are invited to attend the next meeting of HIRA on 5/10/79 at Flint Osteopathic Hospital. The meeting will be in Dining Room A at 2 P.M.

- OBJECTIVES:**
- to promote communication between related professionals from health care institutions in order to collectively pursue common goals
 - to create a central information service to provide media information and instructional technology consultations to health care institutions, and to community health professionals
 - to provide a mechanism to share media resources in the health care field on a cooperative basis
- MEMBERSHIP:** members include health science librarians, media specialists, instructional technologists, educators in any health program, and administrators
- ADDITIONAL INFORMATION:** if additional information is desired, please contact:
- Janette S. Closurdo
Director of Libraries
St. Joseph Mercy Hospital
900 Woodward
Pontiac, Michigan 48053
313-858-3000 ext.289

HEALTH INSTRUCTIONAL RESOURCES ASSOCIATED (H.I.R.A.), a consortium of health care institutions involved in the cooperative use and development of audiovisual materials on an area-wide basis, received federal funding from the National Library of Medicine to establish a community oriented program:

COMMUNITY HEALTH INSTRUCTIONAL RESOURCES PROGRAM

SERVICES OFFERED INCLUDE:

CONSULTATION PROGRAM

to share the abilities and expertise of print and non print media specialists with institutions interested in the application of audiovisual resources and methods

CONTINUING EDUCATION SEMINARS

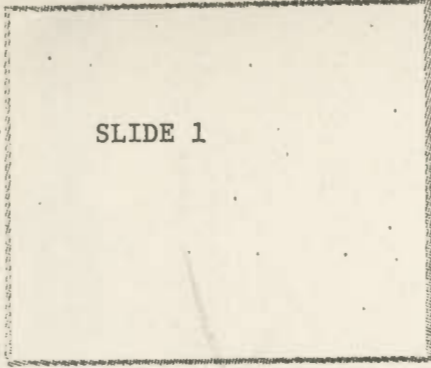
to provide a forum for the advancement of knowledge, and whereby the ideas of media specialists can be shared

IF YOU HAVE NEED OF ANY OF THE ABOVE SERVICES OR REQUIRE ADDITIONAL INFORMATION, PLEASE CONTACT:

COMMUNITY HEALTH INSTRUCTIONAL RESOURCES PROGRAM

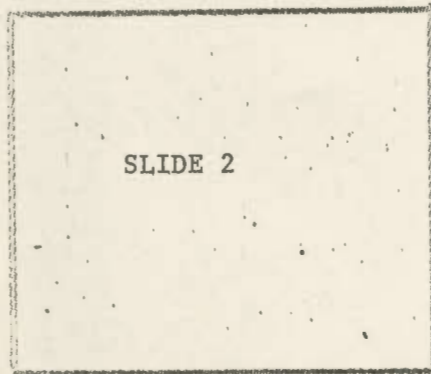
c/o WAYNE STATE UNIVERSITY
SHIFFMAN MEDICAL LIBRARY
4325 BRUSH STREET
DETROIT, MICHIGAN 48201

(313) 577-1246



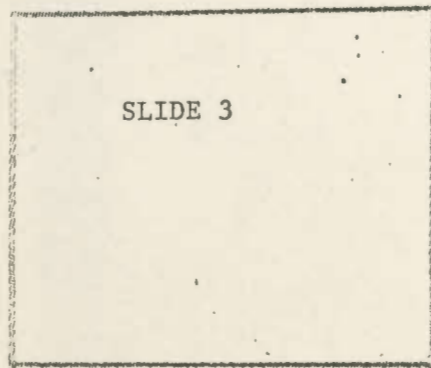
SLIDE 1

H.I.R.A



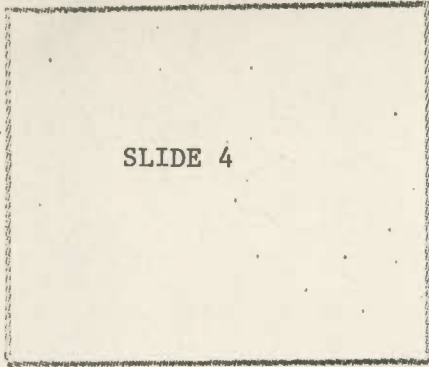
SLIDE 2

The Health Instructional Resources Associated

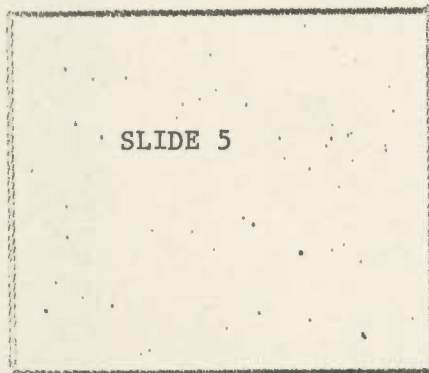


SLIDE 3

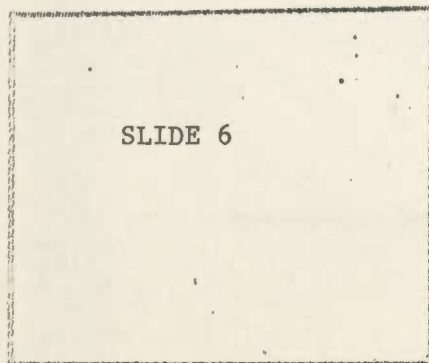
H.I.R.A. is many things, but first and foremost, it is COOPERATION.



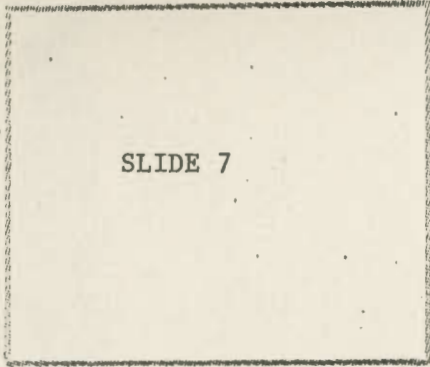
It is INTER-institutional cooperation.
Cooperation among professionals of different
institutions.



It is also INTRA-institutional cooperation.
Cooperation of professionals with varying
expertise within the same institution.



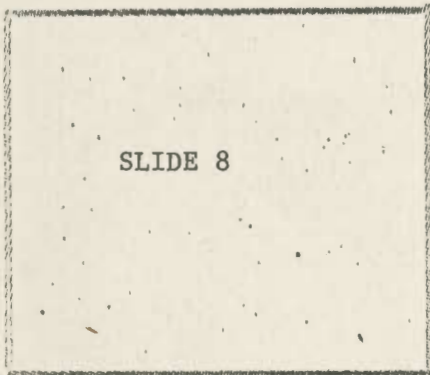
And finally, it is INTER-INTRA-institutional
cooperation. Cooperative efforts of pro-
fessionals involved in education from a
multitude of institutions.



SLIDE 7

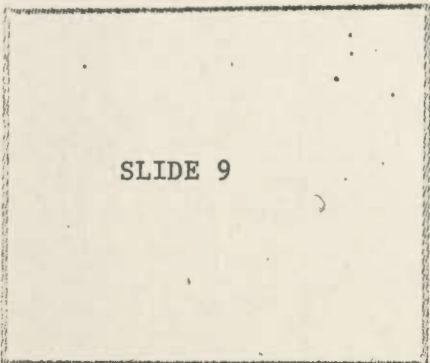
Today, H.I.R.A. is helping to foster communications and shared resources among the librarians, media specialists, educators and administrators of health related institutions in Michigan.

PAUSE



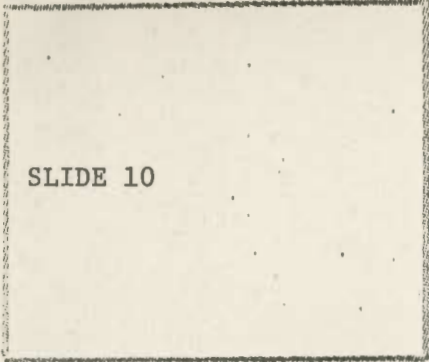
SLIDE 8

H.I.R.A. grew from a very simple case of INTRA-institutional cooperation founded at St. Joseph Mercy Hospital in Pontiac. It was nurtured by an area history of INTER-institutional cooperation among Health Science libraries, the Metropolitan Detroit Medical Library Group.



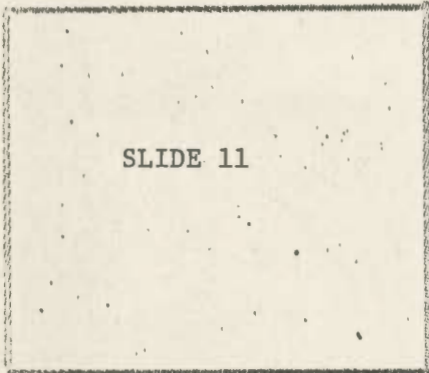
SLIDE 9

At St. Joseph Mercy Hospital, there was a fun loving but hard working media specialist.



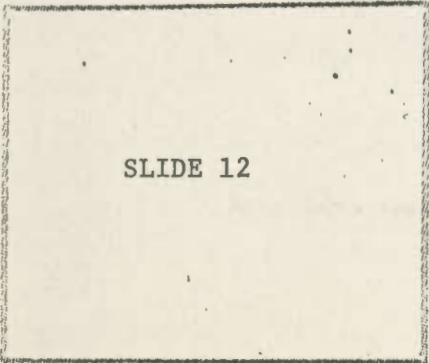
SLIDE 10

Also at St. Joseph Mercy Hospital there was a hard working but fun loving librarian.



SLIDE 11

One day, the media specialist called the librarian with a bright idea for COOPERATION between their respective departments, gleaned from a visit to the 1970 HEMA conference in Houston.



SLIDE 12

Working together, the media specialist and the librarian set up guidelines and implemented a system of inter-departmental cooperation.

SLIDE 13

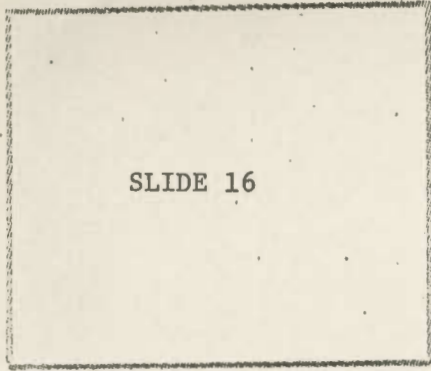
In the following weeks, the librarian described the local library network, the Metropolitan Detroit Medical Library Group, to the media specialist.

SLIDE 14

Together, they formulated an idea to plan an area wide meeting of health science librarians, media specialists and educators.

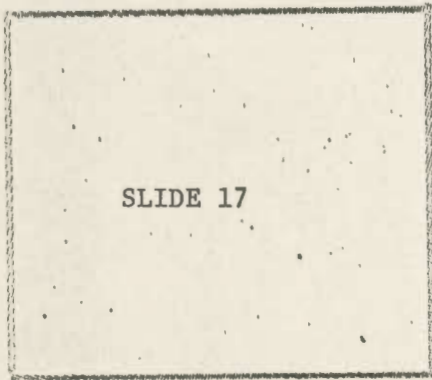
SLIDE 15

And their administration said "Let there be light"...



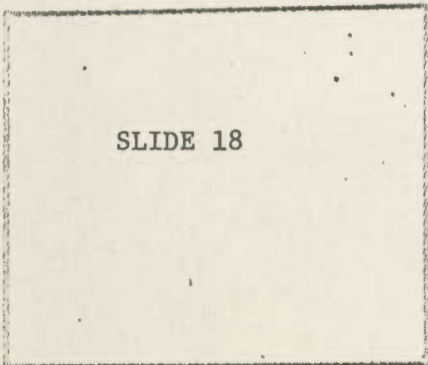
SLIDE 16

An idea became a reality.



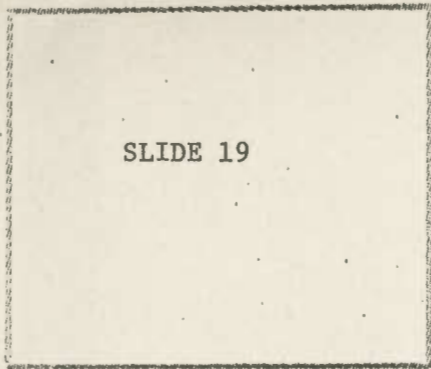
SLIDE 17

At first, the idea of a group was limited geographically so that its organization would not be too complex. Nine institutions in the Pontiac area were contacted and nine responded favorably.

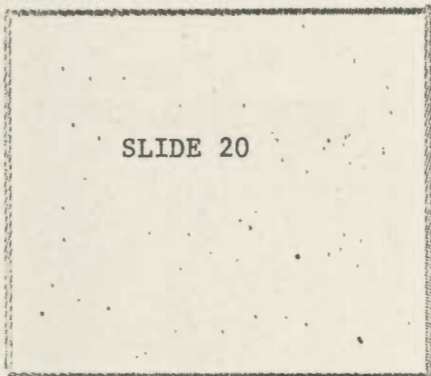


SLIDE 18

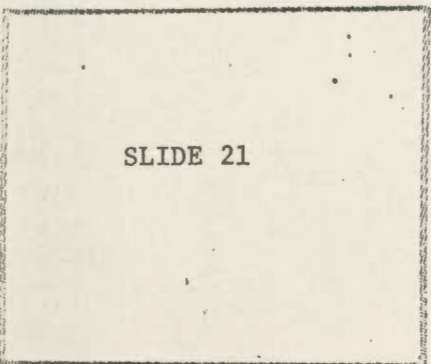
A preliminary meeting of representatives from the nine institutions was held October 7, 1971. Goals were discussed and voluntary commitments to the idea of a cooperative effort were made.



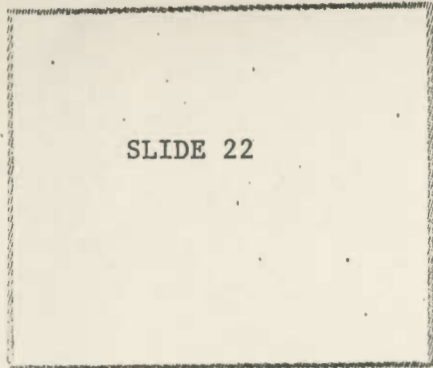
The representatives chose to call their group the Pontiac Area Instructional Resources, with the very descriptive acronym of P.A.I.R.



During it's first year of operation, P.A.I.R. accomplished several of the major goals outlined at that first meeting. First, it created a mechanism for regular communication among the educators, librarians and media specialists of the area health institutions.

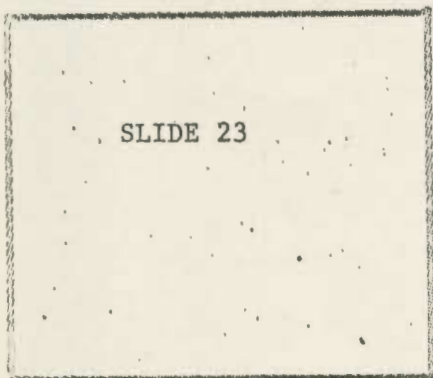


Second, it organized itself with a formal constitution and by-laws. It also requested and received letters of commitment to P.A.I.R. from the administrators of the member institutions.



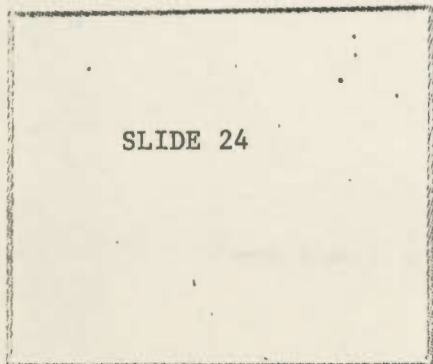
SLIDE 22

Third, it produced a union list of software owned by the members. This union list was used for the fourth project, which concerned the actual sharing of materials.



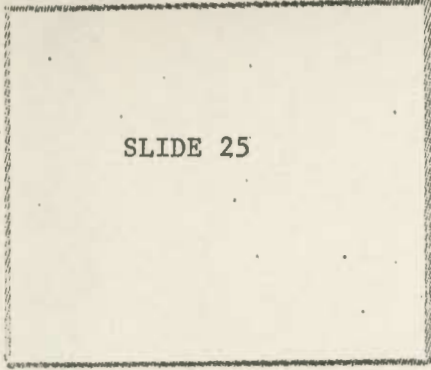
SLIDE 23

An inter-institutional loan agreement was formulated to maximize the efficiency of the loan system, to protect the lending institutions and to provide a basis for documentation about the sharing process.

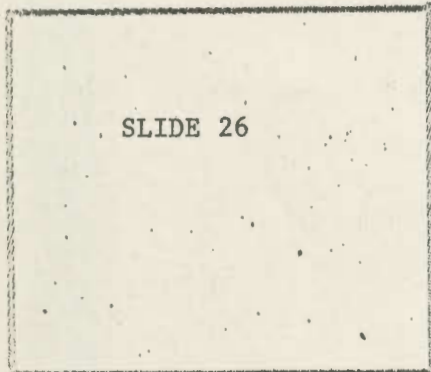


SLIDE 24

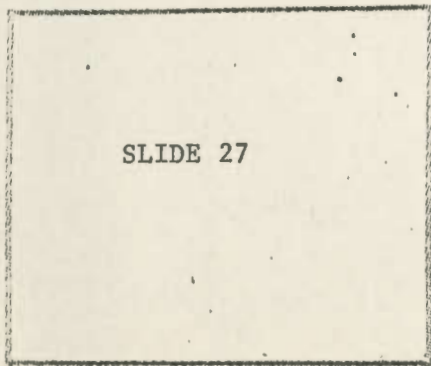
The fifth and final project was the cooperative production of materials that were not available commercially. This, too, was accomplished in the first year, and was truly a shared effort. The educators of P.A.I.R. suggested a need for a learning package on infection control which could be used with support personnel such as the maintenance, dietary and housekeeping staffs.



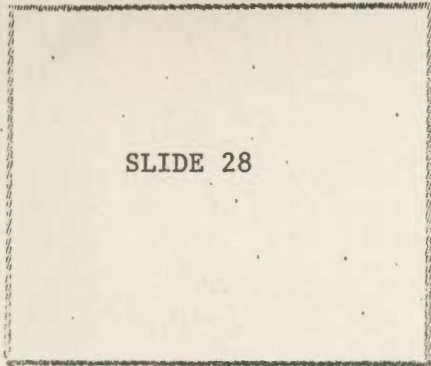
A pathologist educator from one of the member institutions volunteered to write the script for a sound/slide package.



The librarian of another member institution edited and revised the script into a storyboard format for production.

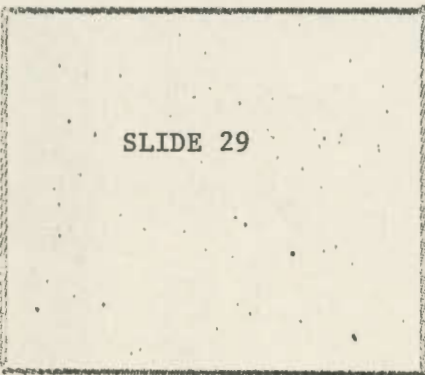


Two of the group's media specialists produced the slides, while one of the nurse educators taped the audio portion of the program.



SLIDE 28

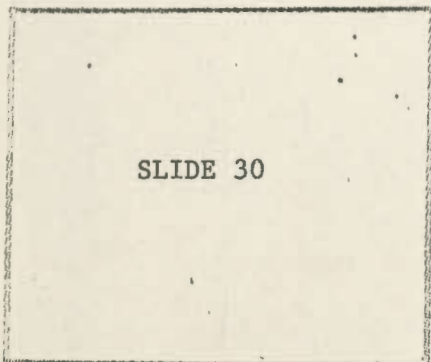
At one of their next meetings, the whole group reviewed and evaluated the program it had produced.



SLIDE 29

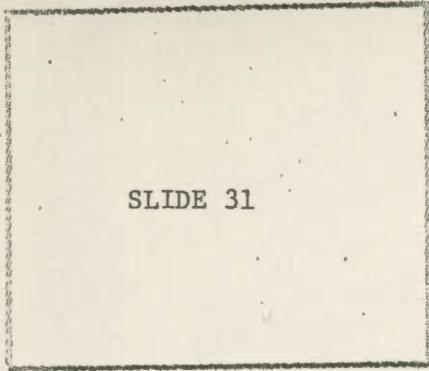
After a final revision, the completed package was made available to each member institution.

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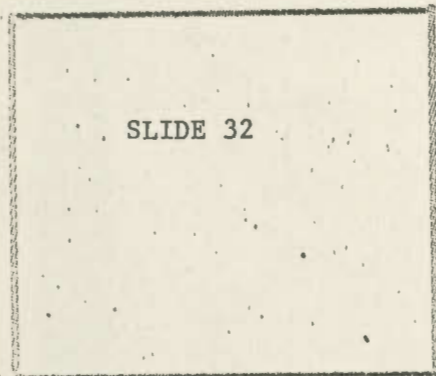
SLIDE 30

By the beginning of it's second year, P.A.I.R. had grown to include institutions well outside the Pontiac area and a name change was necessary.



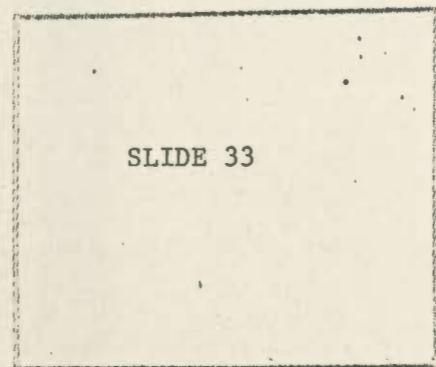
SLIDE 31

P.A.I.R. with twenty member institutions became H.I.R.A. (Health Instructional Resources Associated).



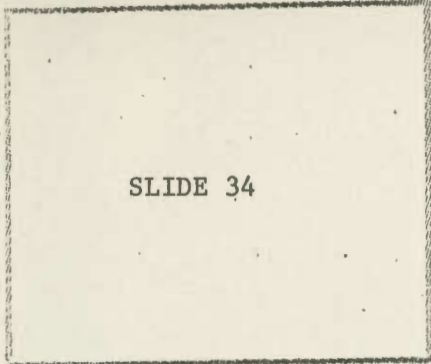
SLIDE 32

During this time, a similar group with similar objectives was also expanding from the downriver Detroit area. This group, originally known as the Michigan Hospital Videotape Cooperative was later named the Michigan Hospital Audio Visual Cooperative (M.H.A.V.C.).



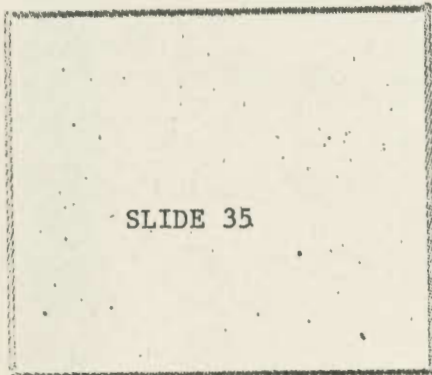
SLIDE 33

After joint discussion reviewing the many similarities and few differences between H.I.R.A. and the M.H.A.V.C. a merger of the two organizations was proposed. Several meetings of the executive boards of both groups were held and without much difficulty a merger was effected. H.I.R.A. continued to expand.



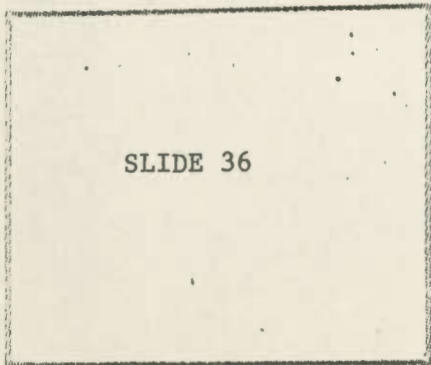
SLIDE 34

Throughout it's first two years of existence H.I.R.A. relied totally on the volunteered services of it's active members to hold office, chair committees, write reports, organize activities, represent the group at other meetings, answer questions from the community, and provide reference and consultation services for non-member institutions.



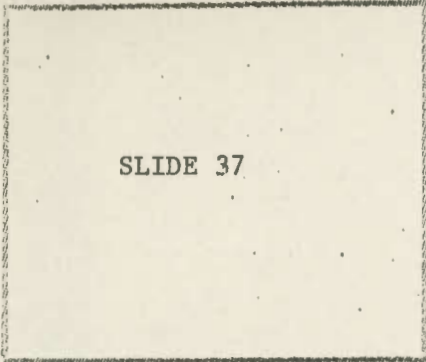
SLIDE 35

As might be expected, these services made such increasing demands on the membership that they began to conflict with the priorities of the members' primary occupations.



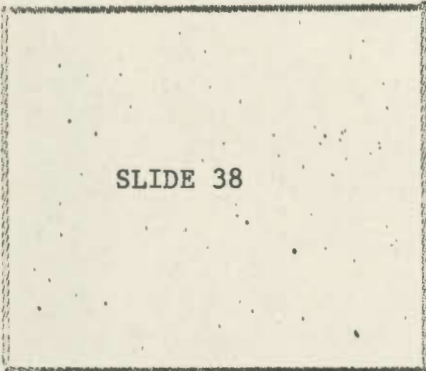
SLIDE 36

A funding committee was created to investigate various means of funding the organization in order to hire one or more persons to coordinate the group's activities.



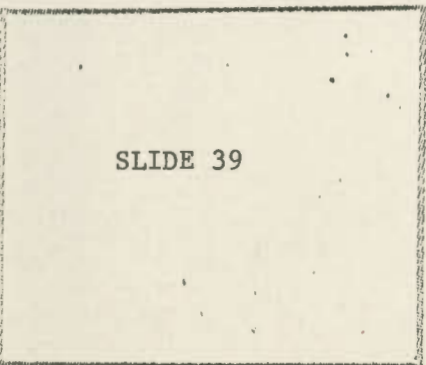
SLIDE 37

In 1974, the National Library of Medicine funded a two year project grant for H.I.R.A. This enabled them to create the Community Health Instructional Resources Program, C.H.I.R.P.



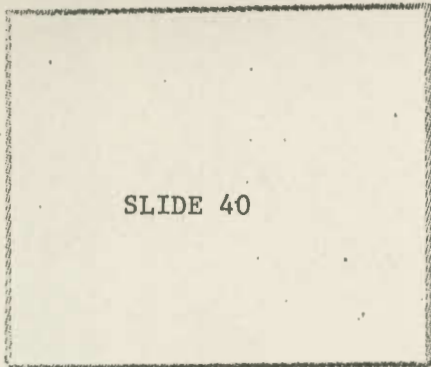
SLIDE 38

This N.L.M. grant enabled H.I.R.A. to staff a Resource Office with professional library and media personnel supported by clerical personnel.



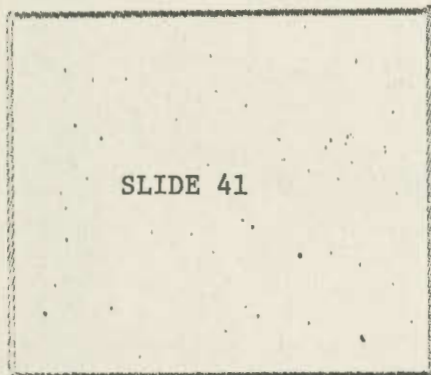
SLIDE 39

In order to act in consonance with the on-going programs and activities of the area Regional Medical Library, H.I.R.A.'s Resource Office was placed adjacent to the Kentucky-Ohio-Michigan Regional Medical Library Central Office. Both Offices are housed within the Shiffman Medical Library of Wayne State University.



SLIDE 40

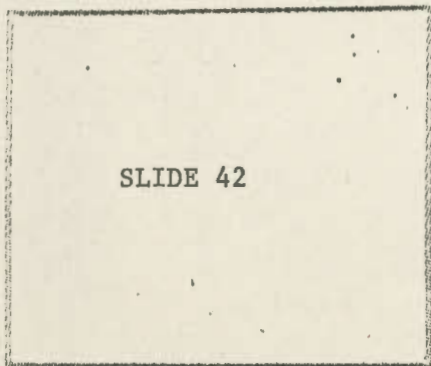
C.H.I.R.P. acts under the direction of and at the authority of the H.I.R.A. Executive Committee.



SLIDE 41

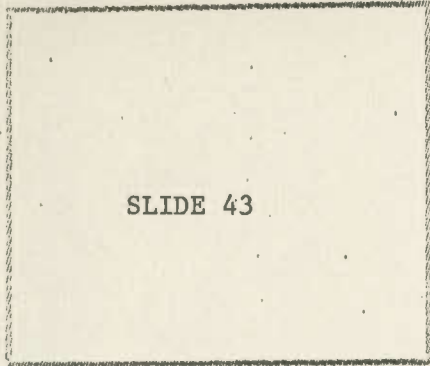
C.H.I.R.P.'s accomplishments to date include:

- 1--active participation in all H.I.R.A. meetings
- 2--Coordination of a consultation program
- 3--Design of educational programs
- 4--Assistance in the production of a second Union list of Software
- 5--Documentation of H.I.R.A. activity
- 6--Increased community contacts
- 7--Reference services



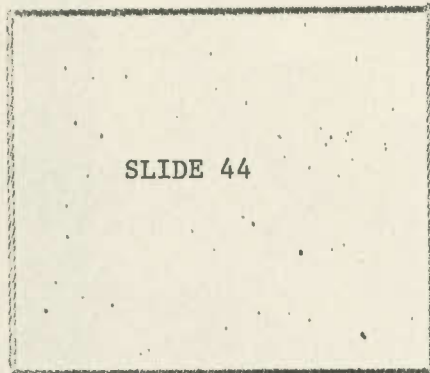
SLIDE 42

1--active participation in all H.I.R.A. meetings. The professional staff members of the Resource Office meet regularly with the H.I.R.A. Executive Committee. They are also ex officio members of all other H.I.R.A. committees.



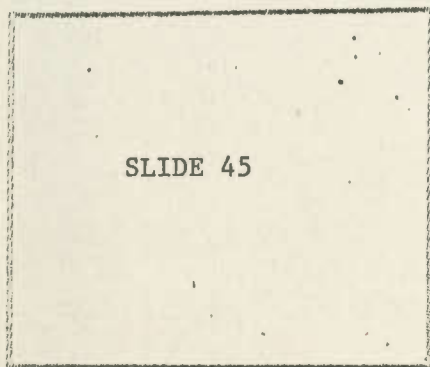
SLIDE 43

2--coordination of a consultation program
The Resource Office encourages calls for assistance with any instructional technology problems. If the need for help requires more than a telephone reply, the Office utilizes the expertise of the H.I.R.A. membership to provide one day personal consultation services, at no charge to the requestor. Each consultant completes a detailed report on the problem, the institution, the recommendations made, and the final conclusion, if any.



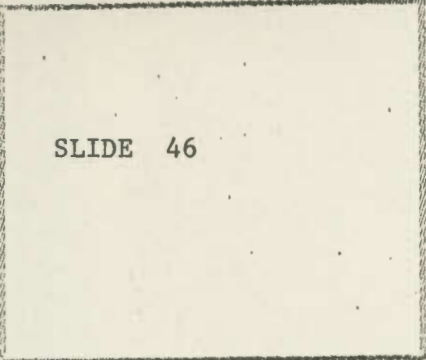
SLIDE 44

3--the design of educational programs.
The Resource Office is responsible for setting up regular educational programs which are open to the entire community as well as to H.I.R.A. members. These include workshops, conferences, and seminars on instructional technology problems of current interest.



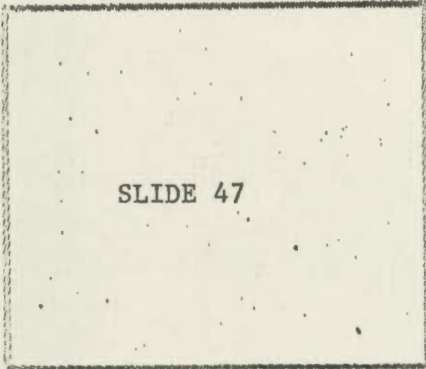
SLIDE 45

Recent programs have concerned such topics as a conference on cataloging media, a seminar on Audio-visuals and the Library, and a workshop on Preventive and Corrective Care of film, tape, and audiovisual equipment.

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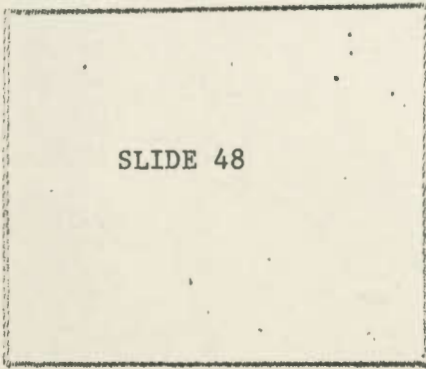
SLIDE 46

Additional programs such as seminars and conferences on instructional technology, medical education, the use of video in the hospital, and a workshop on scientific photography are part of H.I.R.A.'s continuing education efforts.

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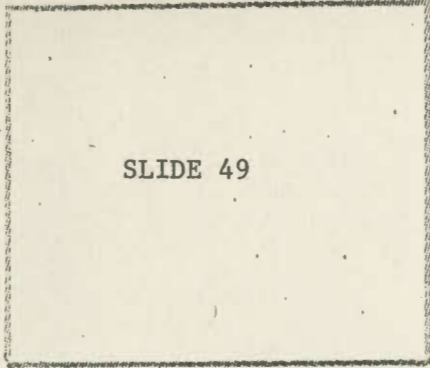
SLIDE 47

Other organizations are encouraged to co-sponsor these programs or to plan them jointly with H.I.R.A. In addition, C.H.I.R.P. works closely with the H.I.R.A. Program Committee to help plan a meaningful educational program for each H.I.R.A. bimonthly general membership meeting.

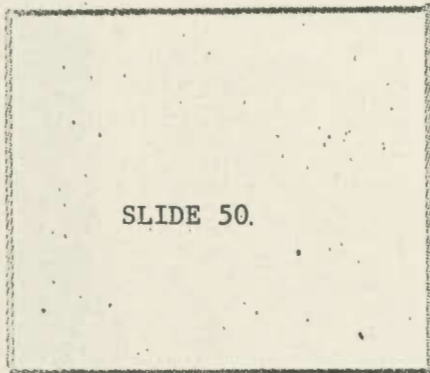
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SLIDE 48

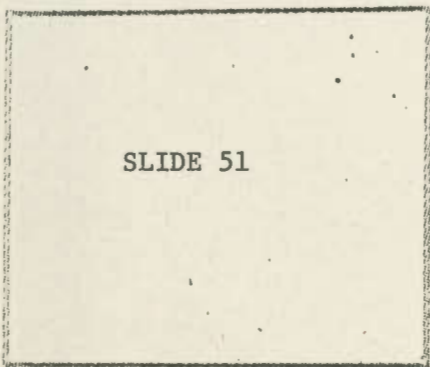
4--assistance in the production of a second Union List of Software. The first edition of this catalog proved to be such a useful tool that H.I.R.A. unanimously decided to update and expand it. This is obviously a demanding task and the C.H.I.R.P. Office has been tremendously helpful in supplying the Catalog and Loan Committee with clerical



5--Documentation of H.I.R.A. activity.
The C.H.I.R.P. Office, as a central location for H.I.R.A. has provided the group with an excellent mechanism for the collection and maintenance of statistics on it's activities. These statistics provide a means of evaluation of H.I.R.A.'s efforts.

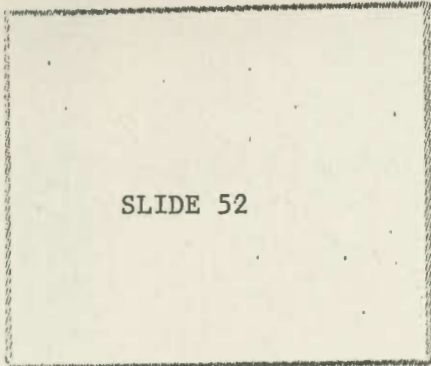


6--increased community contacts.
The C.H.I.R.P. Office has dramatically increased the reliability of H.I.R.A.'s community contacts by providing a central location for information about H.I.R.A.. In addition, it has investigated the existence of other professional organizations and programs with similar or complementary objectives in order to establish communications and/or liasons with them.

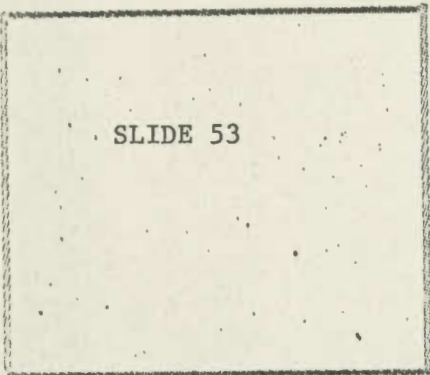


7--reference services.
C.H.I.R.P. maintains a large file of software and hardware catalogs which are used to answer reference questions by telephone. Answers to media questions were not formerly available in the community.

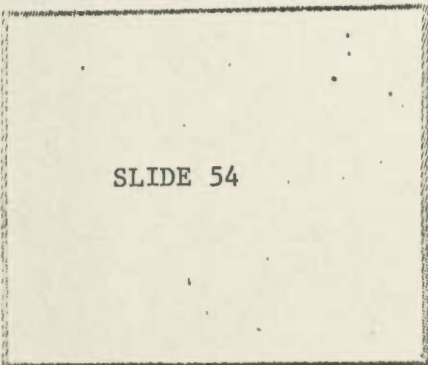
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H.I.R.A. produces a newsletter, HIRAGLYPHICS published regularly for members and others on the the H.I.R.A. mailing list. It includes articles of professional interest, notices of local and national meetings and educational programs and notes about new materials or equipment.



Today, H.I.R.A. has representatives from more than 28 institutions. As never before, health professionals are recognizing the necessity for increased cooperation and shared resources to provide adequate educational support for the provision of quality health care.



H.I.R.A. is one way to collectively realize this major goal.

HEALTH INSTRUCTIONAL RESOURCES ASSOCIATED

hira

July 2, 1985

Dear Library Director,

Have you or other librarians on your staff ever had difficulty in locating audiovisual materials for use by the employees of your health care facility? If so, you may be interested in learning about, or rediscovering, the existence of the Michigan-based Health Instructional Resources Associated or HIRA.

HIRA is a "cooperative, non-profit association of institutions and individuals" whose purpose is to "share informational resources in the health sciences in order to achieve quality health care through education". This purpose is achieved by:

1. Promoting the exchange and interloan of audiovisual materials and books and journal articles related to audiovisuals
2. Sharing information about in-house production and encouraging joint efforts with other departments and hospitals
3. Providing consultation services for joint use of talent and expertise
4. Conducting educational seminars and workshops.

General membership meetings, which are of an educational nature, are held at least four times per year. Recent program topics include: electronic mail, AV maintenance, patient education cable television, and free or inexpensive audiovisual services. Generally, one or two workshops are sponsored during the year.

The most concrete achievement and continuing project of HIRA is the production of an Audiovisuals Software Catalog. Arranged by title and subject, the HIRA catalog facilitates the interloan of audiovisual programs. The holdings contained in this catalog are supplied by HIRA members which submit bibliographic information about the audiovisuals that they own and are willing to lend to other institutions. HIRA membership does not mandate that holdings information be submitted by its members but it is highly encouraged so that the Catalog is as useful a locator tool as possible. Membership in HIRA automatically entitles an institution to a copy of the current edition of this catalog, the 4th edition of which is due shortly. (This catalog sells for \$25.00 to non-HIRA members.)

If providing audiovisual resources is an important part of your library's services, or if you would like it to be, then HIRA is the organization for you. A membership application is enclosed for your convenience. Won't you join us?

Questions concerning HIRA membership can be directed to:

Mary Jo Durivage, HIRA Secretary
Medical Library (142D)
VA Medical Center
Allen Park MI 48101
(313) 562-6000 x380-381

Jeanne Brennan, HIRA President
Library Services
Hutzel Hospital
4707 St. Antoine
Detroit MI 48201
(313) 494-7179

Mary Jo Durivage
Mary Jo Durivage, HIRA Secretary

Spotlight on HIRA

When asked about the history of HIRA current president, Jeanne Brennan replied "It used to be CHIRP, a million years ago." Actually it wasn't quite that bad. NLM funded HIRA (Health Instructional Resources Associated) to establish CHIRP in the spring of 1974. CHIRP was the Community Health Instructional Resources Program, an audiovisual project for the Detroit area health related institutions. Its objectives were to provide audio-visual consultation services, to conduct continuing educational seminars and workshops, and to review and assess commercially available media. Helen Dimanin was the first Director-President of HIRA. The grant was for a two year period. During this time, the first HIRA catalog was produced, various workshops were sponsored, CHIRP was dropped as the name and the group became known as just HIRA.

After a dormant spell, HIRA was reborn in the fall of 1979. Since then the original 20 hospital membership has grown to 38 institutions from health care facilities, health care associations and health related educational institutions. HIRA also has a few individual members — health professionals with an interest in audiovisuals.

The scope of HIRA is changing. Where it once concerned itself with the production and interloan of commercially produced AVs, it now covers computer software, in-house productions, satellite and teleconferencing, related books and journals, and more. The 'Good Ole' HIRA catalog will soon be available on computer disks.

Where is HIRA heading now? With much more competition for our time and money, HIRA has been looking very closely at ways to make itself more important to its members. Currently HIRA has 5 or 6 meetings a year, there is a proposal to the Executive Board to have fewer meetings, and possibly have the meetings in conjunction with other groups in order to reach more people. There is the possibility that HIRA will sponsor a Continuing Education course on on-line audio-visual searching in the spring. There is also the possibility that HIRA will affiliate with MHSLA and so become a statewide group.

The HIRA catalog will continue to be a valuable resource to our community. A new edition is already on the computer at St. Joseph Mercy Hospital Educational Resources Center in Pontiac and will be out in November. The catalog has grown to over 300 pages. As mentioned before, the catalog will also be available on computer disk. The catalog is free to HIRA members and at a small fee to others.

The current officers of HIRA are: Jeanne Brennan — President, Daria Shackleford — Vice-President, MaryJo Durivage — Secretary, and Kathleen Carmichael — Treasurer.

... Doris M. Blauet

OCT 29 1987

HEALTH INSTRUCTIONAL RESOURCES ASSOCIATED
hira

To: HIRA Executive Board Members

From: Candy Winfield, President *CW*

RE: Executive Board Meeting

There will be a convening of the HIRA Executive Board on Monday, November 2, at 6PM at the Golden Mushroom Restaurant. The restaurant is located at Southfield Road at 10 Mile. The address is 18100 West 10 Mile Road. Dinner will be served.

AGENDA

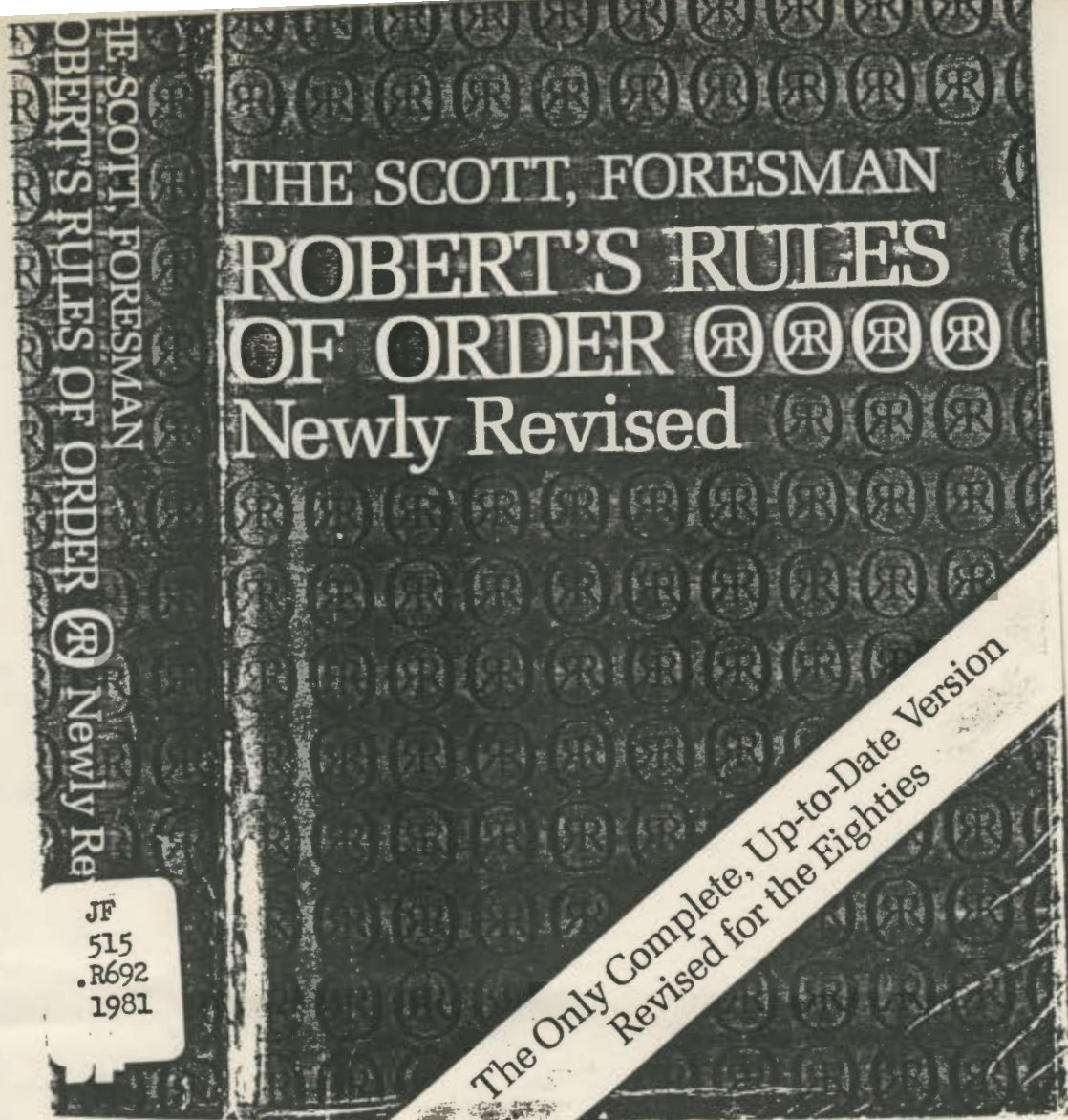
- 1) Legal consultation report on disbanding
- 2) Treasury decision
- 3) Membership notification letter
- 4) Survey report
- 5) Copyright report

*ask Sandra
re: tapes for
Dodie
1/6*

MHSCA -

Special Interest groups

Wayne Cty. medical society



Dissolution of a Society

It may sometimes happen over a period of time that the needs which led to the formation of a society have largely disappeared, and the organization may wish formally to disband or dissolve.

DISSOLUTION OF AN INCORPORATED SOCIETY. If a society is incorporated, the laws of the state in which it is incorporated provide in some detail the legal requirements for the dissolution of the corporation. An attorney should be consulted to draw up the necessary papers and advise the society as to the procedure to be followed.

DISSOLUTION OF AN UNINCORPORATED SOCIETY. In the case of an unincorporated society, a resolution should be prepared, such as: "*Resolved*, That the X Society be dissolved as of March 31, 19—." This resolution may be preceded by a preamble setting forth the reasons for the dissolution. It is in effect a motion to rescind the bylaws, and therefore requires for its adoption the same notice and vote as to amend them (see p. 487). The required notice should be sent by mail to all members of record.

Such a resolution can be coupled with other resolutions stating the manner in which the society's assets shall be disposed of, and other administrative details, or these can be adopted separately. In certain tax-exempt organizations of a charitable or educational character, federal and state tax laws must be adhered to in the disposal of the organization's assets. Often such assets are distributed to societies with similar objectives, or to a superior body.

HEALTH INSTRUCTIONAL RESOURCES ASSOCIATED

hira

HIRA Resolution
12/87

RESOLVED, That HIRA be dissolved as of June 30, 1988 for reasons already stated. The division of HIRA assets should be brought to HIRA's voting body to be divided between at least two of the following options:

1. Wayne County Medical Society's newly established Metropolitan Detroit Foundation for Health Education (see attached copy for description).

2. United Foundation - A volunteer organization that provides financial support to over 136 charitable agencies who then offer a variety of programs and services for the residents of 112 communities in Wayne, Oakland and Macomb counties.

3. Metropolitan Detroit Health Education Council (MDHEC) - A non-profit group whose purpose is to maintain a network of communication among organizations and individuals interested in providing health education. They currently have on-line data bases of worksite health promotion programs and community health programs. Future data bases include a professional education calendar, ethnic health education materials, audiovisual software and a speakers bureau.

4. Michigan Health Science Library Association (MHSLSA) SPECIAL PROJECT - To sponsor the production of an audiovisual instructional program (format undertermined) on Interlibrary Loan and DOCLINE activities in the state of Michigan.

5. Other

HEALTH INSTRUCTIONAL RESOURCES ASSOCIATED

hira

December 16, 1987

TO: All HIRA Members

FROM: HIRA Executive Board

This is official notification that, after much deliberation, the Executive Board has resolved to disband HIRA. The primary factors that led to this decision include the lack of participation as evidenced by the low attendance rate at meetings and the lack of committee involvement by the members. While both of these problems may be due in part to the current climate in healthcare institutions limiting time available, the fact remains that not enough members are willing or able to take part in the various functions of the group.

Another, more complex argument for disbanding is the uncertain direction of HIRA. Originally, the group was formed to share informational resources with each other. This was done primarily through meetings, which frequently seemed to lack focus, and through the HIRA catalog, which has not been updated in three years and likely would not be updated again for awhile. Also, as new directions and objectives were proposed, little interest or enthusiasm was generated.

Therefore, after evaluating all of these factors, we concluded that the only practical action to take is to disband. A legal consultation was then sought to determine the appropriate procedures for doing so, with our primary concern being the distribution of financial assets. The legal recommendation stated that because none of the current balance in assets represented this year's membership dues, none had to be returned to members. It should, however, be distributed to a group whose activities are substantially similar to our own or at least consistent with what HIRA did.

The Executive Board then passed the attached resolution which proposed four options for the distribution of assets. We ask that you please read them, then select at least two options on the enclosed ballot and return it to Mary Alexander at Botsford by January 6.

If you have any questions or concerns, feel free to call on any member of the Executive Board as listed below.

Candy Winfield
966-3277

Daria Shackelford
745-9860

Naim Sahyoun
857-7412

Mary Alexander
471-8513

HEALTH INSTRUCTIONAL RESOURCES ASSOCIATED hira

HIRA Resolution
12/87

RESOLVED, That HIRA be dissolved as of June 30, 1988 for reasons already stated. The division of HIRA assets should be brought to HIRA's voting body to be divided between at least two of the following options:

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4. Michigan Health Science Library Association (MHSLSA) SPECIAL PROJECT - To sponsor the production of an audiovisual instructional program (format undertermined) on Interlibrary Loan and DOCLINE activities in the state of Michigan.
5. Other

BALLOT

Please select at least two of the following options for distribution of HIRA's assets. Return this ballot in the enclosed envelope to Mary Alexander by January 6.

_____ 1. Metropolitan Detroit Foundation for Health Education

_____ 2. United Foundation

_____ 3. Metropolitan Detroit Health Ed. Council (MDHEC)

_____ 4. Michigan Health Science Library Assoc. (MHSLA)

_____ 5. Other (please specify) _____



Operating Harper and Grace Hospitals

Corporate Headquarters
3990 John R
Detroit, Michigan 48201

26 October 1986

MEMORANUDM

TO: Candy Winfield
Grace, Audiovisual

FROM: Frank Helminski
Legal Affairs

RE: Dissolution of HIRA

FH

I understand that HIRA is an unincorporated association, which has about \$5,687.36 in assets, and that none of those assets represents dues for the current fiscal year or other monies that must be returned to the sender.

There are no specific laws governing the dissolution of unincorporated associations, but on the whole we can follow the laws for dissolving nonprofit corporations. Here is what you should do.

1. Hold a meeting of the Executive Board. Pass resolutions that the association should be dissolved, and that a plan for distribution of assets should be adopted. Design such a plan and have the Board approve it.
2. Remember, any creditors of the association must be paid first from these assets.
3. At that point, I think it would be wise to notify the members by mail that the resolutions have been adopted, and ask them to vote on the proposed plan for distribution of assets.
4. If a majority of voting members disapproves the plan, then adopt a plan that they will approve. Otherwise, go ahead and make distributions after the election. The funds should go to a group whose activities are substantially similar to yours, or at least consistent with what HIRA did.

Please call me (59054) if you have any questions now or later.

0/87-571

HEALTH INSTRUCTIONAL RESOURCES ASSOCIATED

hira

February 23, 1988

TO: All HIRA Members

FROM: HIRA Executive Board*

This is to inform you of two items of interest for all HIRA members. First, listed below are the results of balloting conducted in January for the distribution of HIRA assets upon its dissolution.

MHSLA (Michigan Health Sciences Libraries Assoc.)	--	44 votes
MDHEC (Metropolitan Detroit Health Ed. Council)	--	25 votes
MDFHE (Metropolitan Detroit Foundation for Health Education)	--	15 votes
MDMLG (Metropolitan Detroit Medical Library Group)	--	10 votes
United Foundation	--	9 votes
Divide assets among members	--	6 votes
Sponsor an AV program	--	3 votes
Scholarship fund for AV activities	--	1 vote
donate to Abused Children of Michigan	--	1 vote

The final determination of distribution will be announced and awarded at a meeting to be held in April.

Second, it was decided at the Executive Board Meeting that this April gathering, which will be the FINAL HIRA MEETING, should be a luncheon provided for all members. We have thus arranged for this farewell luncheon to be held on Wed., April 20 at the Botsford Inn from 12-4 pm. At this time, not only will we award the donation of funds from HIRA, but a special program will also be provided. Further details will be forwarded to you soon.

Be sure to mark your calendar for the above date. We hope to see all of you at this good-bye gathering, "HIRA's Last Hoorah!".

* The Executive Board welcomes any questions or comments. You may reach any of us at the following numbers.

Candy Winfield
548-2500

Daria Shackelford
745-9860

Naim Sahyoun
857-7412

Mary Alexander
471-8515

HEALTH INSTRUCTIONAL RESOURCES ASSOCIATED
hira

March 29, 1988

TO: All HIRA Members

FROM: HIRA Executive Board*

To follow up on our last letter informing you of a final HIRA meeting, please note that the date has been changed to the following:

Wed., April 27, 1988
12-4:00 pm
Botsford Inn, Founders Room (map enclosed)

We ask that you return the enclosed reply form by April 15 to Mary Alexander at Botsford Hospital (mailing label also enclosed). There will be no charge to you for this luncheon.

Please accept our apologies for any inconvenience this change may cause. We sincerely hope that you can still attend this special gathering.

* The Executive Board welcomes any questions or comments. You may reach any of us at the following numbers.

Candy Winfield
548-2500

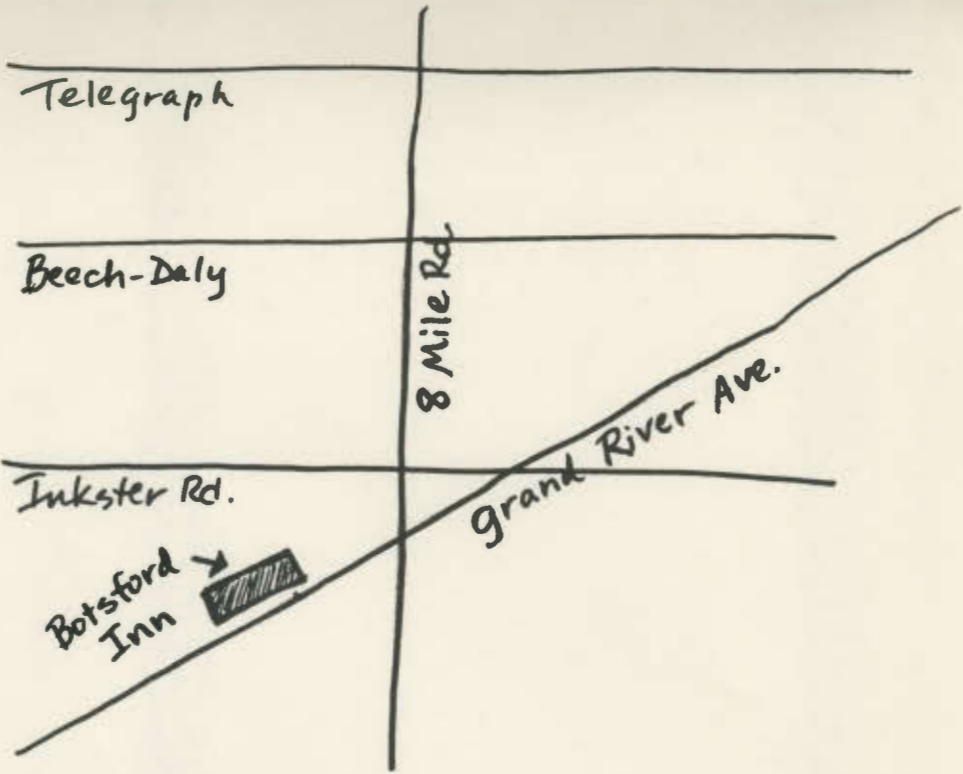
Daria Shackelford
745-9860

Naim Sahyoun
857-7412

Mary Alexander
471-8515

The Botsford Inn
28000 Grand River
Farmington Hills, MI

Luncheon in the
Founders Room
Apr. 27
12-4 pm



HEALTH INSTRUCTIONAL RESOURCES ASSOCIATED

hira

23 no
22 yfo

HIRA Executive Board Meeting

4-14-88

Agenda

- I. Discuss reply forms responses
- II. Finances/Budget
 - A. Pay outstanding debts (i.e. printing, mailing, etc.)
 - B. Write honorarium check for program presentation
 - C. Write checks for presentation to the top two organizations
- III. Discuss program presentation
- IV. Set up agenda for final HIRA meeting/luncheon
- V. Discuss any other requirements to close-out account and disband HIRA
- VI. New business

11.20
-04

44 80

11.65
-20

23 300

checks to:
MDHEC -
MHS LA -

23 yfo 30 max

13.95
30 approx
40 8.50 total

7.95 pot pie
1.00 desert

8.95
2.25

11.20
.45 tax

11.65
2.30 gratuity

13.95