

MHSLA

NEWS

No. 73

FALL 2003

THE NEWSLETTER OF THE MICHIGAN HEALTH SCIENCES LIBRARIES ASSOCIATION

President's Column

As I sit here by my keyboard, poised to type my last president's column, I am reflecting over the last two years and wondering how I managed to survive. In all seriousness, though, this is an experience I will never forget and am grateful I had the opportunity to serve MHSLA in this capacity. My hat goes off to all who came before me, and to all that will follow.

It takes more than one person to run an organization and I was fortunate to have many people whose help is greatly appreciated. I would like to first thank Mike Simmons; he helped me and gave me advice when it was needed. I would also like to thank Judy Barnes for her work as secretary, Janet Zimmerman for her work as treasurer, Maureen Watson for her work as Archivist, and Patty Scholl for her work as Auditor.

The education conference this year looks like it will be another excellent one and this is due to the hard work of Joanie Emahiser (President-Elect), Cheryl Putnam (Local Arrangements Chair) and Preet Rana (Education Committee Chair). Their dedication and hard work is paying off, and I thank them for their commitment.

In closing, I would like to encourage each and every member of MHSLA to become more involved.

Consider serving on a committee or running for an office.

Mary Hanson had the "honor" of thoroughly reviewing, at my request, the bylaws of the organization. With the help of her committee and the board Mary did an excellent job of updating the bylaws, which we will be voting on at the Annual Business Meeting. Kudos to her and her committee.

Many thanks to Sandy Swanson and the Resource Sharing Committee. They did an excellent job choosing electronic books for the NetLibrary. I would also like to thank Harvey Brenneise for his hard work on both the STATRef! group purchasing project as well as the NLM grant that was funded and the NLM grant that we hope will soon be funded. I would like to wish Harvey well in future endeavors.



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President's Column

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Barbara Platts deserves our thanks for putting together an excellent slate for the upcoming year, and for being diligent in documenting the Nominating Committee procedures for future committees. Many thanks go to Susan Kendall for her tireless work as Membership Chair, and to Arlene Weismantel for her excellent work as Publications Chair and Association Web Mistress. I think we can all agree the Association Web site looks wonderful and is both functional and an excellent source for Association information.

Lastly I would like to thank the Regional Representatives. Without their input MHSLA would have a difficult time serving the needs of the entire associations. The regional representatives are Cheryl Putnam (ERHSLA), Diana Balint (MDMLG), Sheila Bryant (M-MHSL), Susan Wischman (NMHSLA), Linda Winslow (UPHSLC) and Maureen Watson (WMHSLA).

In closing, I would like to encourage each and every member of MHSLA to become more involved on any level. Please consider running for office when contacted by the Nominating Committee, or serving on a Committee or as a Regional Representative. As I have stated in the past, MHSLA is only successful because of the hard work of individual members.

Alexia Estabrook
2002-2003 MHSLA President

MHSLA 30th Annual Educational Conference Information

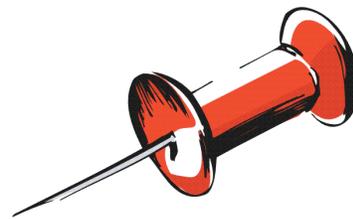
By Diane Gardner

Watch your mail for information on the 30th Annual Educational Conference. Be sure to pack your swimsuit since our location has five indoor pools! If you happen to be strolling on the Holz Brucke when you hear a five-bell chime, look toward the Glockenspiel. Mark your calendars for October 15-17 and a trip to "Little Bavaria" in Frankenmuth, Michigan. Check www.mhsla.org for more conference information.

Bylaws Revisions Come to a Vote at the Annual Business Meeting

By Mary Hanson, MSL, AHIP

This year the Bylaws Committee, at the direction of the Executive Board, undertook (and we probably now need undertakers) a complete review of the MHSLA Bylaws. Numerous suggestions for revision were received from various Board members. The committee reviewed, rewrote and submitted several versions of possible changes to the Board for preliminary approval.



Now that the Board has approved the revisions, the general membership of the association is required to approve them as well.

By now each of you should have received a copy of the proposed Bylaws changes in the mail. This document has the suggested additions and deletions marked. We will discuss and vote on these at the Annual Business Meeting on Thursday, October 16. To allow for adequate discussion, we will present these revisions in the following six motions:

1. **Giving the Immediate Past President a vote on the Executive Board;**
2. **Confirming the practice of the President appointing a GMR State Representative;**
3. **Clarifying the duties of the Nominating Committee;**
4. **Establishing a quorum to conduct a Business Meeting;**
5. **Confirming the practice of rotating conference invitations/sites;**
6. **All other changes, mostly substituting one word for another.**

NEJM 2004 Site-License Pricing

By Mike Simmons
Sparrow Health System, simmon11@msu.edu

Has anyone seriously looked at the new site-license pricing model from the New England Journal of Medicine? If you are not concerned with providing electronic access to this journal you may want to stop reading, but pricing models like this one may have an impact on your future ability to “go digital”. Whenever possible provided that publishers and journal vendors meet certain criteria, I’ve chosen to select the online format over print. The goal is to provide information where it can have the greatest effect at the point of need.

NEJM’s new site-license is so expensive that it will make the electronic version inaccessible to a large number of libraries, particularly hospital libraries. The only affordable option offered by NEJM includes 5 concurrent workstations with fixed IP (Internet protocol) addresses. If this is possible from behind a firewall, do drop me a line. Aside from the firewall issues, why provide electronic access if you have to come to the library to use it?

There are other options for providing universal access to NEJM, one of these being OVID. The OVID solution is the most reasonably priced and offers a price per concurrent-user, the model that most hospital libraries require. Although not cheap by any means, the OVID model also lacks a few amenities such as PDF files. There is also the “extra content” that many publishers hold back from aggregators making the OVID full-text of NEJM simply utilitarian. Having dozens of users accessing NEJM simultaneously is not as important as having site-wide access with one concurrent user. NEJM must not have thought to ask any librarians what impact their new pricing might have. So, it’s back to print only for NEJM. If they have to come to the library to read it, they might as well read it on paper!

Thirty Years Ago: Do You Remember?

By Joan A. Emahiser
MHSLA President Elect

It’s hard to believe that MHSLA has been around for only 30 years, it seems like it’s been part of the Michigan health sciences libraries scene forever. At the same time it has the feel of a new organization, changing, adapting and developing new ways to serve the membership. I thought it would be fun to look at some the changes we have experienced over the past thirty years.



Do you remember...?

- When floppies were actually floppy
- DOS
- When files were kept in manila folders
- When bookmarks were made of paper
- AACR1
- Dumb terminals
- Rolled thermal paper
- 300 baud modems
- Medlars, BRS and Dialog searching languages
- Dot dot (..) commands
- String searching in Medlars
- ALA ILL forms
- When union catalogs were made of cards and updated by hand
- Filing catalog cards above the rod, checking for accuracy, and then dropping them
- When Shiffman Medical Library at Wayne State University was the regional medical library for the KOM (Kentucky-Ohio-Michigan) region
- ULOSSOM (Union List of Selected Serials of Michigan)
- TAMIC (Thumb Area Medical Information Consortia)
- Tangled typewriter ribbon and correction tape
- 3/4” and Beta videocassette formats
- When there were no barcodes
- When space under desks was for feet, not wires and connections

Card catalog paper cuts
 Buff colored correction fluid for making changes to catalog cards
 Answering patron questions with books and CIM
 When the hospital library's entire collection was on site & in print
 Directionally challenged book carts
 Year Book Medical, Raven Press, Little, Brown & Company publishers
 Login Brothers Book Company
 When there were no PCs, Internet, e-mail, voice mail, listservs, e-journals or fax machines
 When post-it notes, Franklin Planners or PDAs hadn't been invented?

MLA Satellite Teleconference: Health Information Literacy

By Arlene Weismantel

On Wednesday, September 10, the Medical Library Association sponsored a teleconference on health information literacy. I hope that many of you had an opportunity to see this program. It gave me a fresh perspective on the provision of information services to laypeople.

According to a 1993 survey of adult literacy, 48% of Americans are "marginally literate", that is, they read at the 8th grade level or below. Most consumer health information is written at the 10th grade level or above. Seventeen percent of Americans are adequately literate, but may have trouble deciphering informed consent forms and understanding quantitative information in the health care setting. Informed consent information is generally written at the 15th grade level or above. Even highly educated adults find health terms and concepts a struggle.



Populations at higher risk as a result of poor health literacy include the elderly (65+), immigrants, minorities, welfare recipients, and those with chronic physical and mental conditions. Consequences include misread prescriptions and appointment slips, more hospitalizations and longer hospital stays.

MHSLA NEWS

MHSLA News, ISSN 1543-0359, is published three times each year by the Michigan Health Sciences Libraries Association, <http://www.mhsla.org>.

Please send contributions or suggestions to:
 MHSLA News Editor
 Arlene Weismantel
 Michigan State University Libraries
 100 Library
 East Lansing, MI 48824-1048
 or
weisman1@mail.lib.msu.edu

Why are literacy skills so poor? Aside from the obvious reasons, adults must consistently use literacy skills to retain them. The average adult reads three to five grade levels below the highest grade completed. This information gave me a new perspective on some of my elderly family members. Since their retirement they've spent too much time in front of the tube, and the novels they choose to read can't be called challenging. Any formal science education they may have had is now woefully inadequate. Newspapers, newsmagazines and TV have been their only source of information about virtually every scientific discovery since 1950. This includes the basic processes of cellular respiration that everyone learns in high school biology, DNA and computing. Dentists didn't even know what caused tooth decay until 1968 (<http://www.timelinescience.org/years/1975.htm>). Now I have a better understanding about why the veritable mountain of patent education handouts on carotid endarterectomy, congestive heart failure and Coumadin remain either unread or hopelessly misunderstood. I also understand why my family gravitates to the traditional paternalistic physician, someone who will tell them what to do without mentioning those confusing complications or treatment alternatives.

So what's a librarian to do? The point that came through with clarity is that print is only marginally useful. The at-risk populations-- the elderly, immigrants, minorities, welfare recipients, and the chronically ill-- need to be reached through the medium most familiar to them-- television. Videos are the format of choice. My beloved MEDLINEplus is useless to the majority of those at-risk, including my elderly relatives.