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President's Message: Growing Our Influence?

his Summer I attended the MHA (Michigan Health & Hospitals Association) Annual Meeting at the Grand Hotel on Mackinaw Island. MHSLA is an affiliated organization of MHA. I attended to promote MHSLA and medical libraries to hospital administrators and came away with a greater understanding of the issues that affect the thinking and decision-making processes of those who hold the purse strings to most of our medical libraries. Issues such as Medicare and the Tobacco Settlement monies dominated much of the business proceedings. Attendance at the MHA meeting enlightened my thinking in another regard as well. I began to think of ways that might strengthen the relationship between MHSLA and MHA.

In a follow-up letter to MHA I suggested that greater collaboration between our two associations might be to our mutual benefit. This is based on the premise that if you want to implement a new library service or acquire a new resource, you best accom-

The ability to support appropriate initiatives can have a positive affect on hospital library budgets, increase the influence of library professionals and promote the importance of our goal: to provide quality information for improved health.

plish your goals by gaining physician support. Can we also encourage support for our libraries by collaborating with MHA, our administrators' primary professional association? An opportunity for collaboration came in the form of a letter from MHA. It was a request to join the Healthy Michigan Coalition. The issue is not whether MHSLA joins this Coalition, but the absence of policy that permits the MHSLA Board to act. The Healthy Michigan Coalition is the driving force behind a November 5th ballot proposal that will amend the Michigan Constitution to dedicate Tobacco Settlement monies to health care research and education. Non-profit hospitals in Michigan stand to receive \$84 million per year for the next 25 years. Medi-

cal libraries may also benefit should this proposal pass. Becoming a Coalition partner may not only facilitate greater collaboration with MHA but also encourage other organizations to seek our support. At present, the purpose of MHSLA is, "To further health sciences librarianship by demonstrating a positive impact on health care within the community through sharing library resources; providing educational opportunities for health science library personnel; encouraging, coordinating, and



CONTENTS

	CONTENTO	
	President's Column	1
r two f you	Technology Commit	tee
com- Can	Report: Visit to OhioLink	2
col- mary col-	Get Ready for the 2002 MHSLA Conference!	3
IHA. Coali- joins	Membership Update	3
per- althy ind a d the	Michigan Health Sciences Libraries Featured in <i>E-Sources</i>	a- 3
ettle- ation. ceive	October is National Medical Librarians Month!	3
Лedi- part- urage	Web Site: Dream Anomy, A NLM Exhibit	
, "To ealth	Recipe From Our Esteemed President	4

Member News

President's Message

(continued from page 1)

conducting research in health science libraries; and providing a professional support system for Association members." (MHSLA Bylaws, rev. 2000). I suggest that this statement be modified to include wording that gives the MHSLA Board the ability to act upon requests such as that received from MHA. The ability to support appropriate initiatives can have a positive affect on hospital library budgets, increase the influence of library professionals, and promote the importance of our goal: to provide quality information for improved health. MHSLA needs to grow beyond traditional thinking by supporting our libraries through external affiliations, increased marketing and, where necessary, support of pertinent legislation. Opportunities for this type of collaboration do not come along frequently, but when they do, the MHSLA Board requires the authority to make decisions that are in the best interest of the Association as a whole.

Respectfully, Michael Simmons MHSLA President, 2002

Technology Committee Report: Visit to OhioLink

By Harvey Brenneise

In August, Sandy Swanson and I visited OhioLink. Our discussion was limited to e-journals.

- Almost the entire e-journal project (outside of staff time) is self-funded by the participating libraries, who pool their present journal expenditures into a common pool. Thus current subscriptions become the cost basis for future participation in the project.
- All participating libraries are part of everything, even those parts that are of limited interest to their library, HOWEVER, for those items of limited interest there is likely a history of limited expenditures, so there is little if any cost either. Some libraries (e.g. community colleges) have no money in a particular "deal", and yet receive full access to the package. Libraries have to decide ahead of time if they are "in" or "out" to simplify negotiations. Additional libraries can join at a later time.

- Each journal publisher makes its entire set of e-journals available to all participating libraries. The cost for these "journal suites" varies from 100% to 110% of the present aggregated journal subscriptions of the member libraries to that publisher. Thus complete sets of journals (including back files) are available to all libraries for a very modest increase over what each is currently paying for only part of them. Use statistics have shown that the largest institu tions are among the largest beneficiaries because of the insatiable desire for information by their users, including for information they don't presently subscribe to.
- There are no limits on usage.
- Contracts limit cost growth to 2-5% a year (which is less than many are paying now), but canceling titles is also limited.
- Libraries that choose to cancel delivery of print receive and extra cost savings (although they continue to contribute to the pool on the basis of having an electronic subscription to that journal.
- In the print+ model, it does not matter where or how libraries get their subscriptions (it could be a serials jobber or a subscription aggregator such as OVID). Doing this does create an additional record-keeping burden on the central office. OhioLink is moving toward an electronic+ model which leaves out the jobber, and all money flows through the central office.
- They use Ingenta for some of the smaller publishers.
- The concept of a single buying unit (the larger the better) is very attractive to publishers. Some large participants will make the project more attractive to publishers.
- Start with where the money is (probably Elsevier).
- A large academic institution (such as U Michigan) could, if it chose to, become an electronic archival site.
- This should not need a lot of external funding, although some start-up funding could be sought from LSTA, NLM, Kellogg Foundation, etc.
- Canadian National Site License Program is another model
- 1 or 2 organizations (MHSLA and AICUM, for example) could lead the way for the state.

MHSLA NEWS, NO. 70, PAGE 2

OhioLink

(continued from page 2)

- Project needs to be "sold" to IT people and higher management.
- In Ohio some hospitals participate in OhioLink. Some of these were teaching hospitals in places like Dayton and Northwest Ohio that were associated at the founding of OhioLink with academic institutions. No for-profits are allowed. Some individual hospitals have joined, and the Cleveland Clinic plans to.

Get Ready for the 2002 MHSLA Conference!

By Alexia Estabrook

From the Conference Planning Chair:

Planning for the 29th Annual MHSLA Fall Education Conference is almost complete, with just the finishing details left. It has been a challenging year for us all. Everyone involved in planning this conference worked hard and the result is a conference with something for everyone. I look forward to seeing everyone in Ann Arbor.

From the Education Committee Chair:

This year's keynote speaker is Dr. Robert Schumacher, a neonatologist at University of Michigan Health System. Dr. Schumacher recognizes that as technology fuels advancements in health care, it is also changing the way that library resources and services are viewed by clinicians at the point of care. He will examine the needs of clinicians and how librarians can actively contribute to fill those needs.

A suggestion on an evaluation from last year's conference was the inspiration for this year's poster theme, MHSLA committees and executive board officers. The posters will highlight the responsibilities of various officers and committees and the benefits of serving.

From the Local Arrangements Chairs:

Two new complimentary lunch presentations added: After the Palm class on Wednesday morning, come learn more about OVID's Palm product, OVID@Hand, during lunch. A representative from OVID will demonstrate the resources available for OVID@Hand and will be available to answer any questions you may have. Following the town hall meeting on Friday, a representative from EBSCO will give a presentation featuring their new electronic resources and be available to answer questions.

Membership Update

To date there are 153 current members of MHSLA: 94 Personal 46 Institutional 13 Institutional + Personal

Respectfully submitted, John Coffey 2001-02 MHSLA Membership Chair

Michigan Health Sciences Libraries Featured in *E-Sources*

he NN/LM Greater Midwest Region's newsletter, *E-Sources*, features Michigan health sciences libraries in the most recent issue. See http://nnlm.gov/gmr/newsletter/5/greatstates.html to view this article. Your library was included if you submitted an entry to the GMR. If you sent an entry into the GMR, but do not see your library listed in *E-Sources*, this can be corrected by contacting Beth Carlin at bethgc@uic.edu.

October is National Medical Librarians Month!

he National Medical Librarians Month observance is now in its 6th year! Check out the MLA Web

site at www.mlanet.org for ideas on how to "take advantage of this special time by increasing awareness of the profession and the impact that medical librarians have on patient care. During the month, make an extra effort to welcome fellow health professionals and consumers to your library and don't forget to have a little fun in the process."



Use this year's theme, "Take a Byte out of Medical Misinformation," and your colleagues' examples as inspiration for celebrating NMLM at your institution.

MHSLA NEWS, NO. 70, PAGE 3

Web Site: *Dream Anat-omy*, A NLM Exhibit.

Submitted By Arlene Weismantel

ream Anatomy (www.nlm.nih.gov/exhibition/dreamanatomy/index.html) is an exhibit of human anatomical illustrations primarily from



the National Library of Medicine collections. "Who we are beneath the skin amazes and scares us, entertains, repels, fascinates, inspires. Since around 1500 A.D., when illustrations of human anatomy first appeared in print, artists have employed fantastic settings, bizarre juxtapositions, antic poses, intense

colors and fanciful metaphors to display scientific knowledge of the body and its interior-- a dream anatomy that reveals as much about the outer world as it does the inner self."

Recipe From Our Esteemed President

Mike's Not Green Fried Tomatoes (Because it's that time of year!)

Ingredients:

Medium-sized "meaty" ripe or nearly-ripe tomatoes (not green)

1 egg or more depending on how many tomatoes

1 tbsp sesame seed oil

3/4 cup Progresso Italian bread crumbs

2 tbsp sesame seeds

1 tsp corn starch

minced garlic (can you have too much?)

chopped fresh basil and/or cilantro

grated parmesan/romano cheese (goat cheese is also very good!)

_1:___ _:1

olive oil

Slice tomatoes thick, 3/4" min., put into egg/sesame seed oil mixture. Remove and dredge in bread crumb/sesame seed/corn starch mixture. Fry at low-med heat in olive oil until nicely browned, turn carefully, brown other side. Add garlic towards end, being careful not to burn the garlic. Remove, place on platter and drizzle garlic over tomatoes and garnish with remaining ingredients. Enjoy with a multi-grain carbohydrate of your choice.



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Member News

Sarah Kienitz has joined the Information Resources staff at **Saginaw Cooperative Hospitals, Inc.** as a part-time librarian. Sarah comes to us from the education field and is looking forward to new experiences in the health sciences.

Saginaw Cooperative Hospitals, Inc's HRSA grant for information resources has been renewed for the coming year for a total of \$98,000. Stephanie John, Director of Information Resources, says that the funds will be used to support the growing information demands of SCHI, including a new Family Practice site to open January 2003 at I-675 and Tittabawassee.

Joan C. Walsh of the MidMichigan Medical Center Library in Midland, MI, successfully completed the Level II Consumer Health Credential program from the Medical Library Association. The Level II requirements consist of 24 hours of approved CHC courses. Patricia Wolfgram, AHIP, also from the MidMichigan Medical Center Library, has successfully completed the CHC Level I requirements which require 12 hours of approved coursework. For further information see http://mlanet.org/education/chc.

MHSLA NEWS, NO. 70, PAGE 4