# NER'eastah

## Newsletter of the New England Regional Medical Library

*In This Issue:*

# IN THIS ISSUE

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## Newsletter of the New England Regional Medical Library

# Director's Corner

On October 21st, I was asked to talk to the attendees of the Federal Depository Library Conference about the National Network of Libraries of Medicine as a model for distributing government information. One of the reasons I was asked was because our library also happens to be one of the select few stand-alone medical libraries left in the country who have retained their federal depository status in addition to being an RML. As many of the librarians in the room, we too had been questioning the viability of remaining a depository library and for the meantime, continue to do so. Much of the conference was devoted to discussing a possible redefinition of federal depository library status and looking at other models for distributing government information.

I'd like to take this opportunity to summarize my remarks at this conference. The premise of my presentation was that the NN/LM offers one model of free and convenient access to government health-related information. Perhaps some of these characteristics would translate over into any possible redesign of the federal depository library program.

Characteristics of the NN/LM include:

- 8 regional centers or libraries based on geography
- An active formal network of member institutions/libraries helping the regional centers do the work
- A defined mission and goals
- A clear set of services and products from the NLM that the centers and member libraries can offer
- Funding opportunities in the form of subcontracts and awards for member libraries who wish to take on special outreach projects
- A reassessment and re-design of the program every five years

Other important aspects about the network are:

- The RML network is a partnership between the NLM and more than 5000 member institutions
- Emphasis is on resource sharing not resource building
- There is an increased emphasis on outreach and facilitation of equal access to health information to both health professionals and consumers.
- There is continued emphasis on serving the underserved and minority populations
- There is an increased emphasis on expanding partnerships with state libraries, public libraries

and community based organizations
- Providing access to information, offering training opportunities, and marketing and promoting NLM's services and products are ways in which we carry out the NN/LM mission and goals.

The best thing about the conference-although many of the attendees were not that familiar with the RML network, there was one gentleman from the Oklahoma State Library that got up at the end of my talk and urged his colleagues to contact their local RML and gave a testimonial about the benefits of network membership. I couldn't have planned for a better ending.

**Elaine Martin, Director**

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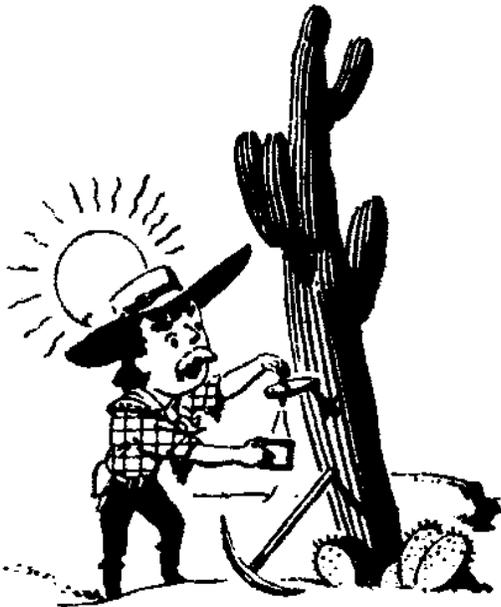222 Maple Avenue Shrewsbury, MA 01545
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# ILL Advised

## NETWORK NUGGETS

*A selection of "resource sharing" questions received by the NER office, prospected and reprinted for the benefit of the entire regional membership.*

**Q:** One of our patrons is having problems with ISI ResearchSoft's Endnote® application: it seems that their desktop computer keeps freezing up whenever they're in Endnote® while trying to conduct a PubMed® search. Unfortunately, when this happens, only one or two references gets displayed. Could this problem be caused by our firewall -or- are other members experiencing the same problem?

**R:** Endnote® is a software package that provides instant subject bibliographies with an easy interface. NLM (National Library of Medicine) is aware that ..."system infrastructure enhancements ... have caused the PubMed® connection to fail in older versions of Endnote®." At this time, the latest versions, Endnote® 7 (Windows only) and Endnote® 6.0.2 (Windows and Mac), are successfully able to search PubMed®.

**Please click on the link below for an update from NLM:**

http://www.endnote.com/enpmalert.asp

Please click on the link below to learn more about Endnote:

http://www.endnote.com/

**Q: Is it possible to order documents from CINAHL through DOCLINE®?**

R: Yes, you can still place document orders through DOCLINE to be filled by CINAHL. Here'e the CINAHL contact information:
Rosie Sevan PH-1: 800-959-7167 x4716
PH-2: 818-545-1852
FAX: 818-546-5633
EMAIL: rsevan@cinahl.com

**Q: Why does a DOCLINE member continue to receive NLM updates in SERHOLD long after the record has been modified to indicate that the library is no longer acquiring the journal? Is this because the publisher has reissued the serial under a new title?**

**R:** The Title Change program only adds holdings for the new title when either one of two conditions is met:
**CONDITION #1:**
IF: the old title has open holdings; AND
IF: the library has indicated "open-ended" holdings for that title at the time the new title is added to LOCATORplus,
THEN: a new title would be added to the library's record holdings.

**CONDITION #2:**
IF: the library has indicated "close-ended" holdings for that title at
the time the new title is added to LOCATORplus,
THEN: no new title would be added to the library's record holdings.

**For additional information, please refer to the FAQ on the NLM web site:**
**http://www.nlm.nih.gov/services/doc_titlechange.html**

*Please send your questions to Mark Goldstein at:*
*mark.goldstein@umassmed.edu  508-856-5964*
*Who knows? -- It might be that "nugget" of information everyone's be prospecting for!*

**DOCLINE Updates**

**Latest TECHNICAL BULLETIN (posted July 10, 2003)**
**Click:** http://www.nlm.nih.gov/pubs/techbull/ja03/ja03_docline.html

**DOCLINE® RELEASE NOTES (posted July 1, 2003)**
**Click:** http://www.nlm.nih.gov/docline/docline_rel_info_current.html

**DOCLINE® INTERFACE REDESIGN**
**Click:** http://www.nlm.nih.gov/docline/newdocline.html, then click on the link for the MLA 2003 PowerPoint Presentation; slides #16-29 are of particular interest, providing a "look and feel" for some of the system's redesign.

When NLM announces a release date for the system redesign, member libraries will have the opportunity to "test drive" the new system prior to its release.

A number of member libraries have been contacted in recent weeks to assist in the clean-up of data stored in their SERHOLD records. "Bad" or "inaccurate" pieces of data were identified as a result of error reports generated from the SERHOLD-to-OCLC batch authorization program run in July. We'd like to thank all of the members contacted for their prompt response in updating their records.


**LinkOut Updates**

# Three new updates to the LinkOut program:

### 1. ADDING A LINK TO THE LOCATION FIELD:
It is now possible to add a link to the "Print Holdings Location" field.

For example, to view library holdings you would add:

"<a href="http://www.medlib.org">Click here>" Click here

Your users will then see the link for "http://www.medlib.org" on "Click here" when they view your print holdings in PubMed.

## 2. ENHANCING "LOCATION" OR "LIBRARY CATALOG URL" FIELDS:

You can also enhance either the "Location" or "Library Catalog URL" field by passing the MEDLINE abbreviation or ISSN from PubMed to your catalog. To do this, add any of the following terms to your URL:

- &lo.issn; - ISSN with a hyp
- hen.
&lo.issnl; - ISSN without a hyphen
- &lo.jtit; - MEDLINE abbreviation of the title.

**Example of what you could enter in the "Location" field:**

View this title in the Medical Library catalog

**Example of what you could enter in the "Library Catalog URL" field:**

http://www.medlib.org?MedAbbr=&lo.jtit;+&lo.issnl;

## 3. LINKOUT PRINT HOLDINGS PROGRAM OFFERRED TO NON-SERHOLD PARTICIPATING LIBRARIES.

NCBI/NLM is at the final stage of development of a new function to allow libraries that do not participate in SERHOLD to upload their print holdings information with a text file. Beta testing will occur during September and October, 2003.

Two prerequisites for the program:

(a.) Participating libraries must be LinkOut participants already, (i.e., using the Library Submission utility to inform their users about their electronic full-text subscription.)

(b.) Participants are NOT using the LinkOut-SERHOLD interface to display their print holdings in LinkOut.

If your library is interested, please send an e-mail to: lib-linkout@ncbi.nlm.nih.gov.

Please include your Submission Utility username (that is, ending with "lib".)

- Courtesy of NCBI

# A L→→K TO THE FUTURE
## 🟥 NAHSL '03 IN OLDE STURBRIDGE

The 2003 NAHSL Conference Planning Committee looks forward to your participation at their next annual conference "Lighting the Future," **October 26-28, 2003,** to be held at the Sturbridge Host Hotel **and Conference Center on Cedar Lake, Sturbridge, MA.**

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## 🟥 WOULD YOU LIKE TO HOST AN UPCOMING DOCLINE or LINKOUT PRESENTATION?

If you would like to host a DOCLINE or LinkOut presentation in your local area, please contact:
Mark Goldstein at 508-856-5964 -or- mark.goldstein@umassmed.edu.

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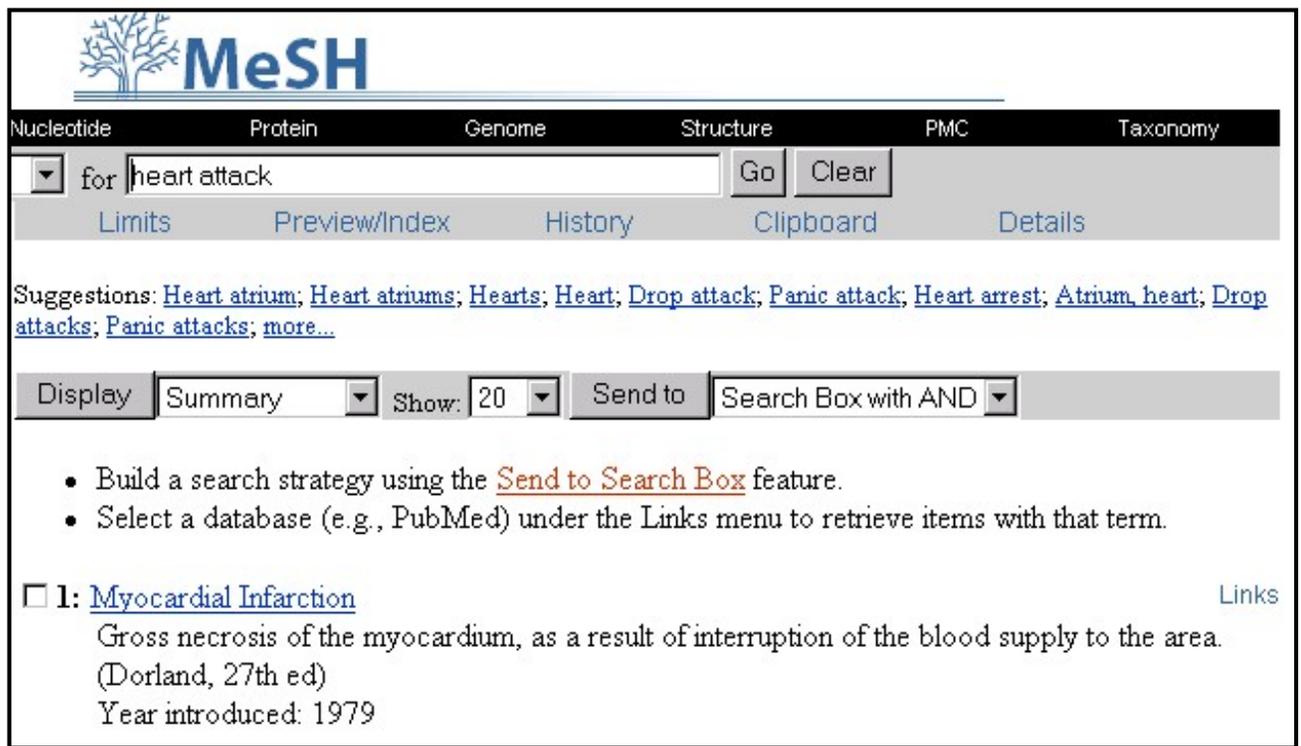- *Announcements*

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## Pubmed Particulars

### The MeSH Database

The newest Entrez Database is the MeSH Database. It has a new look, some new functionality, and has sparked some questions and confusion. Personally, I think it is a huge improvement over the old PubMed MeSH Browser, so this column will address some of the questions that have come up about the MeSH Database.

Since it is an Entrez database, it has some familiar features: Limits, Preview/Index, History, Clipboard, and Details. It also has Send to, Display, and Show options similar to those in PubMed (another Entrez database).

As always, the MeSH Database is designed to point users to MeSH terms including Headings, Subheadings, and Publication Types.

Users type a word or words into the search box and either click on Go or hit Enter on their keyboard. Here's where things start getting a bit confused. For example, if we look for a MeSH term for "heart attack", the results page looks like this:

The first thing many notice is the list of **Suggestions** that appear under the search box toward the top of the page. What the heck are these? This part of the MeSH Database has prompted more questions than any other feature to date, so here are some explanations. The Suggestions are MeSH terms or Entry terms that have been generated by an algorithm. For our purposes, it is helpful to understand that part of the algorithm involves looking for similar 3-letter groups. (For a detailed description of the algorithm, please see http://www.ncbi.nlm.nih.gov/entrez/query/static/trigram_explanation.html.) This explains why, for example, "Bird" is one of the Suggestions for "Birth Control." Doesn't seem particularly related to the idea being searched, but has been generated by the algorithm.

The Suggestions can be particularly helpful if the user has misspelled a word. They can also be helpful simply as suggestions - perhaps you didn't know that there were also these other terms available in the MeSH vocabulary. So, they have their uses.

Some of these suggested terms are **Entry** terms. What, exactly, does that mean? In any controlled vocabulary, a single term is designated as the preferred term for a certain concept. In PubMed, certain other (non-preferred, if you will) terms will map directly to the one preferred term. The terms that map to the preferred term are the Entry terms. Entry terms are synonyms, or near synonyms, abbreviations, alternate spellings, and other alternate forms of the MeSH term (the preferred term).

Accessing the Full Record for "Myocardial Infarction" in the MeSH Database will give you a list of the Entry terms for this MeSH Heading. They are:

If any of the Entry terms listed above are used in the MeSH Database or in the PubMed search box, they will automatically map to the appropriate MeSH term (Myocardial Infarction).

The astute among you will notice that "heart attack" is NOT an Entry Term for Myocardial Infarction. So, how did the MeSH Database know how to map this correctly? That has to do with something called UMLS: the Unified Medical Language System. But, that's another subject altogether. Suffice it to say for now that UMLS is working behind the scenes to help make the Entrez Databases as good as they are.

So, the suggestions are MeSH terms or Entry terms. Clicking on any of these hyperlinked terms will bring up the appropriate records.

And this is where additional confusion seems to be generated. For example, if "dog" is typed into the search box in the MeSH Database, one of the suggested terms is "Dogbane." Click on "Dogbane," the following screen appears:



In the search box, it says "Dogbane[MeSH]" and yet the MeSH term given is "Apocynum." What's going on here?

Entry terms. Dogbane is an Entry term. In fact, it is the only Entry term for the MeSH Heading Apocynum.

The information in the search box seems to give the impression that Dogbane is a MeSH term. I'm not sure why the designers of this database decided to have the [MeSH] designation appear in the search box when a suggested term is clicked, but they did. Don't let it throw you.

What's most important here? While the suggestions have been causing some confusion, they can be helpful at times. For the most part, however, what we are really interested in are the search results, not the suggestions.

**Results** in the MeSH Database are returned in relevance-ranked order. If the search term(s) exactly match a MeSH term, that MeSH term will be the first result.

Results are displayed in summary format. Clicking on any hyperlinked result will display the full record for the chosen term. The full record includes subheadings, entry terms, the MeSH tree structure, the option to restrict the search to Major Topic heading only, and the do not explode option.

The **Links** menu in the MeSH Database offers additional functionality. Two options are presented:



Selecting the **PubMed** option from the Links list will automatically do a PubMed search for that term.

Selecting the **NLM MeSH Browser** option will pull up the term's record from the MeSH section's browser located at http://www.nlm.nih.gov/mesh/MBrowser.html. While the two records (the MeSH Database and the NLM MeSH section's browser) contain much of the same information, the MeSH section's browser contains a bit more information and may be useful.

Using the **Send** to option allows users to build a PubMed search in the MeSH Database. Select a term and click on **Send to: Search Box with AND**. A box will appear showing the search term chosen. Additional terms may be added. Here, one search term has been chosen (hypertension) and appears in the query box while another has been searched in the MeSH Database (fish oils). The fish oils term may be added to the hypertension search by selecting it and then clicking on Send to: **Search Box with AND**.



While the language in the **Send** to option may seem a bit clumsy, it is basically allowing users to build a search using AND, OR, or NOT as the combining terms.

**Send to** also includes some familiar options: text, file, Clipboard. These are similar to the PubMed options.

**Clipboard** and **History** function the same way they do in PubMed. Please note, however, that the MeSH Database has its own Clipboard and History. They function the same way but they are separate. In other words, when you search MeSH terms in the MeSH Database, those terms will not show up in PubMed's History. They will show up in the MeSH Database's History.

This has been an overview of the new MeSH Database. Use it. Explore it. It's an incredibly powerful tool for PubMed searchers.

And, if you're in the mood for even more information about the MeSH Database, please see the *NLM Technical Journal* article: http://www.nlm.nih.gov/pubs/techbull/ma03/ma03_mesh.html

**Donna Berryman, Outreach Coordinator**

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## *CHIC CHAT*

# Greetings From The New Consumer Health Information Coordinator!

Dear RML Members,

I am thrilled to be the new Consumer Health Information Coordinator for the National Network of Libraries of Medicine/ New England Region. The focus of my role at the NNLM/NER is serving the consumer health needs of librarians, health practitioners and consumers. Education and outreach are my top priorities. I plan to create innovative classes and workshops on consumer health for librarians, health professionals and consumers to increase awareness of the National Library of Medicine's outstanding resources including MEDLINEplus, Clinical Trials, Dirline, Gateway, Haz-Map, Pubmed and Toxtown. I have already scheduled several workshops for librarians in Massachusetts, New Hampshire and Vermont at the regional library systems.

If you would like me to present a workshop on consumer health for your consortium or institution, please contact me at [michelle.eberle@umassmed.edu](mailto:michelle.eberle@umassmed.edu) or 508-856-2435. I am looking forward to creative collaborations with librarians, health professionals and consumers all throughout the New England region.

Yours Truly,

**Michelle Eberle, Counsumer Health Coordinator**

# Reading Between the Lines – An MLA Satellite Teleconference Program

On September 10, 2003, the New England Regional Medical Library (RML), along with several other sites throughout New England Region, hosted the MLA satellite teleconference "Reading Between the Lines: Focusing on Health Information Literacy".

The goals of the teleconference were:

"To enhance the knowledge of information professionals about the concepts of health information literacy and to highlight opportunities for using these principles in the provision of quality health care."

For those of you who did not have an opportunity to attend the teleconference, below is an overview of the session. In addition, the RML has a videotape of the two-hour conference available for short-term loan.

Please feel free to contact [Rebecca.Chlapowski@umassmed.edu](mailto:Rebecca.Chlapowski@umassmed.edu) if you are interested in borrowing the videotape. You will also receive the Participants Manual, which includes many of the slides from the presentations, along with a detailed bibliography.

## Overview of the Satellite Teleconference

The panel for the teleconference included:

- **Sandy Cornett, R.N., Ph.D.**, Director, OSU/AHEC Literacy Program, Ohio State University, Columbus, OH
- **Liz Gordon**, Executive Director, Libraries for the Future, New York, NY
- **Neil Rambo**, Associate Director, National Network of Libraries of Medicine–Pacific Northwest Region, University of Washington, Seattle, WA
- **Eris Weaver**, AHIP, Director, Redwood Health Library, Petaluma Health Care District, Petaluma, CA
- **Michele Spatz**, Director, Planetree Health Resource Center, Mid-Columbia Medical Center, The Dalles, OR

The [Agenda](#) and [Goals and Objectives](#) for the teleconference are available on the MLA Web site.

The session began with a discussion about the definition of health literacy and health information literacy. Sandy Cornett began with some definitions of health literacy:

1. The ability to read, understand, and act upon health care information.
2. The ability to obtain, process, and understand health information and services to make appropriate health decisions. (Healthy People 2010)
3. Skills needed to be health literate and make informed choices about health care: reading, listening, reasoning or problem solving, and decision-making.

Sandy presented some astounding statistics concerning adult literacy levels. The 1993 National Adult Literacy Survey measured functional literacy and scored the results into five levels.

Please refer to the [National Center for Educational Statistics](), web site, which includes detailed information about the 1993 report and plans for publishing an updated report in 2003/2004.

According to the 1993 National Adult Literacy Survey (NALS):

| NALS Level | Percent of Population | Definition |
| --- | --- | --- |
| Level 1 | 21% | Functionally illiterate (low literacy below the 5th grade) |
| Level 2 | 27% | Marginally literate (below the 8th grade) |
| Level 3 | 32% | Usually can do everyday tasks, but may have problems when sick |
| Level 4 | 17% | Adequate health literacy, but may have problems with informed consent and quantitative skills |
| Level 5 | 3% | Proficient readers |

According to a [National Academy on an Aging Society]() estimate, there is a significant cost related to poor health literacy:

- More Hospitalizations
- Longer Hospital Stays
- At Least One More Doctor Visit
- More Medication and Treatment Errors
- Lack of Needed Skills to Negotiate the Health Care System

As health science librarians, we need to take literacy levels into consideration, whether we are dealing directly with patients and families in a consumer health setting, or training health care professionals who deal directly with these populations. Low literacy can be missed. Sometimes people don't fit the stereotypes. Often they are embarrassed and therefore do not volunteer the information, or may even hide their literacy level.

Several strategies were mentioned if we suspect a user may have difficulty with the printed word:

- Select several pieces of material at different reading levels. This will enable the person to select the item(s) they are most comfortable reading.

- Offer information in another media, for example audio or videotape.

- Interactive tutorials, like the ones available on MEDLINEplus, are a great source of information. Make sure public computers have speakers and sound cards installed, so the individual may listen to the program. Also consider having headphones available for patient privacy and to reduce noise levels.

- Keep printed material at a minimum. Focus on "need to know" information rather than "nice to know".

- Use plain language and simple phrases, such as "high blood pressure" rather than "hypertension" and "heart attack" rather than "myocardial infarction".

Several videotaped interviews highlighted health literacy projects throughout the country:

- **David Boilard, Director, Raymon H. Mulford Library, Medical College of Ohio, Toledo, OH.**
  Spoke about Health Literacy Sessions offered at the Medical College of Ohio. The program objective is to make students aware of the importance of health literacy in producing positive patient outcomes, of how to recognize patients having low literacy levels, and how to provide effective communications with them.

- **Jane Fisher, Coordinator, Office of Information Services, New York Public Library, New York, NY**
  Spoke about the role of public libraries in disseminating health and public health information.

- **Kerry Harwood, Director, Cancer Patient Education Program, Duke University Medical Center, Durham, NC**
  Spoke on setting standards for written patient education materials.

- **Janet Petty, Associate Librarian, Craig Memorial Library, Miami Valley Hospital, Dayton, OH**
  Spoke about the Ohio Health Literacy Initiative. This is collaboration between the Ohio State University School of Public Health, the Ohio Statewide AHEC Program, and the Ohio Department of Health, which created an ongoing training Institute on Health Literacy.

## Partnerships

There was a discussion about the importance of building partnerships for outreach projects. Examples include partnerships between different types of libraries (e.g. academic medical libraries, hospital libraries, public libraries, etc.) and between health science libraries and other departments within the same organization. (e.g. continuing education, clinical staff, clinical faculty, etc.)

When targeting populations with low literacy levels, librarians should consider partnerships between health science libraries and community organizations:

- County Health Departments
- Adult Schools
- Literacy Programs
- English as a Second Language Programs

- School Districts
- Community Colleges
- Child Care Providers
- Non-Profit Organizations
- Media Outlets

Many of these community groups already offer programs, training sessions, and classes to low literacy level populations. Building upon the resources already available in the community is a great way to develop outreach programs that have a significant and positive impact on the participants.

## Funding Opportunities

The NN/LM NER offers a variety of funding opportunities for people interested in developing outreach programs, whether geared directly towards low literacy level populations, or to health care professions who come in contact with this group.

Express Outreach Awards are for short-term projects that improve access to health information and promote awareness and the use of National Library of Medicine (NLM) resources. Target audiences include health care and public health professionals, (including personnel at a health care facility or community agency), members of the public, populations with poor health status, and geographic areas (rural, inner city, etc.) without adequate access to information resources.

Later this fall, the NER will announce the availability of Requests for Proposals for Health Information for the Public Outreach Subcontracts and Health Information and Outreach for Public Health Professionals Subcontracts. These are excellent funding opportunities for larger outreach projects.

## Start thinking about possible collaborative projects between your library and other organizations!

Go to Funding Opportunities to learn more about our awards and subcontracts.

Email Javier Crespo, the Associate Director of the NER, or call him at 508-856-2223 to discuss your outreach project.

*Guest Chic Chat Columnist*
Penny Glassman
Technology Coordinator

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# Rhode Island Health Science Libraries Join Academic Consortium

It is with great pleasure that the Association of Rhode Island Health Sciences Libraries (ARIHSL) announces the recent receipt of a one-year grant in support of the further development of the "Library of Rhode Island." Funding for this project was awarded by the RI Office of Library and Information Services, using funds provided by the Institute of Museum and Library Services, under the federal Library Services and Technology Act.

The award-winning proposal, "The Heart of the Matter: Improving Health Information Access in Rhode Island," expresses ARIHSL's intention to improve the public's access to medical books residing in the libraries of hospitals and the Department of Health. The 15,000 titles, valued at over $1.5M, reflect a concentration in health related fields, including pre-clinical sciences, surgery, nursing, allied health medicine, health care administration, public health, bio-terrorism, consumer health, and behavioral health. Participants include the libraries of Butler, Eleanor Slater, Kent, Memorial, Naval, Newport, Lifespan, St. Joseph, and South County hospitals; Landmark, Roger Williams, and the Veterans' Administration medical centers, and the RI Department of Health.

A cornerstone of the project is the partnership being formed with the current nine academic members of Rhode Island's Higher Education Library Network (HELIN), including Brown University. The $36,100 award provides funding for ARIHSL libraries to join HELIN as Associate Members (a newly-created category of HELIN membership), and for the technical processing of monographic MARC record holdings required for integration into the HELIN library catalog. Using only the OPAC portion of the Innovative Interfaces, Inc. integrated library system will provide a web-based catalog for the ARIHSL libraries' holdings.

Access to such a state-of-the-art information technology would ordinarily be out of the question for individual small medical libraries. Treating the thirteen libraries as one entity and the flexibility demonstrated by the HELIN leadership in accommodating ARIHSL's limited OPAC needs were keys to the project's appeal. Soon all Rhode Islanders will benefit from easier access to these up-to-date and comprehensive health sciences collections thanks to the new collaboration.

### WEBSITES:

- **ARIHSL:**  http://library.umassmed.edu/arihsl/
- **OLIS:**  http://www.lori.ri.gov/
- **HELIN:**  http://helin.uri.edu/screens/helininfo.html

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## AD-Perspective

**Javier Crespo, Associate Director**

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