

# MDMLG NEWS

Spring 2016



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## President's Message from Nancy Bulgarelli

Three newsletter articles down, one to go. I simply cannot believe how quickly this year is flying by.

I just want to take a quick moment to catch you up on one of the topics we've discussed a lot in recent meetings – MDMLG's relationship with the WSU School of Library and Information Science Program. We have made some progress with this - you may remember that Misa Mi and Stephanie Swanberg represented MDMLG at the program's strategic planning session for their 2016 accreditation survey. Recently, Deborah Charbonneau asked Misa to present in her course, LIS 7620 Health Informatics, E-Science, and Data Management. Misa is creating an online 15-minute presentation titled "Librarian Contribution to Research Endeavors of Faculty and Students." And soon, you'll be asked to complete a brief questionnaire about your willingness and ability to host practicum students, offer observerships, etc. This will be turned into a document that we will keep updated on the MDMLG website, that students will be able to refer to when looking for these types of educational experiences. I hope you all take a few moments to fill this out and think about how you can help to develop the next generation of librarians/information professionals.

I also hope to see you all at our upcoming meeting on March 3<sup>rd</sup> at the Beaumont Hospital, Royal Oak Campus. The Program Committee has planned a wonderful day around the theme of patient education. At the Lunch & Learn session Tom Hartle, from Coherent Rx, and Janet Zimmerman, Director of the Beaumont Royal Oak Medical Library, will discuss some of the innovative ways patient education is being delivered at the Beaumont Royal Oak and Troy hospitals. Then, at the meeting program, Celeste Farr PhD, MPH, from the OUWB School of Medicine, will present on the topic, "Health Literacy Research and the Role of the Librarian as Advocate."

Hope to see you all soon. Stay warm!

Nancy Bulgarelli  
[bulgarel@oakland.edu](mailto:bulgarel@oakland.edu)

## MDMLG Business meeting Thursday March 3, 2016

**\*\*\* PLEASE REGISTER BY FEBRUARY 25 \*\*\***

Location: Beaumont Hospital Royal Oak  
Administration Building, 1st Floor, OUWB Classroom 1 and 2  
3601 W. 13 Mile  
Royal Oak, MI 48073

Map & directions: [http://www.beaumont.edu/Global/royal\\_oak\\_campus\\_050515.pdf](http://www.beaumont.edu/Global/royal_oak_campus_050515.pdf)

Parking: Free parking is available at the Beaumont South Entrance Parking Structure

### Agenda:

12:00p –12:30p Lunch and Networking  
12:30p – 1:00p Lunch & Learn – “Coherent Rx at Beaumont: A New Way to Deliver Patient Education  
1:00p – 1:15p Break  
1:15p – 1:45p Business Meeting  
1:45p – 2p Refreshment Break  
2p – 3p Program: “Health Literacy Research and the Role of the Librarian as Advocate”  
3p – 315p Questions and Answers Session and Wrap-up

### Lunch and Learn Session

Tom Hartle, Coherent Rx founder and CEO and Janet Zimmerman, Director of Beaumont Library Information Services will present an overview of Coherent Rx and the innovative ways that patient education is being delivered by nurses and physicians at the Beaumont Royal Oak and Troy hospitals.

### Program

Celeste Farr, Ph.D., MPH is an Assistant professor in the Department of Biomedical Sciences, Oakland University William Beaumont School of Medicine. Dr. Farr’s research expertise is in health communication, health behavior and education. she will be discussing the role of health literacy and how it impacts the health consumer and librarians.

Box lunches will be available from Potbelly for \$7.85 per person.

### PayPal:

<http://www.mdmlg.org/paypal-march-2016.htm>

### Check:

Make check out to MDMLG and mail to:

Laurie Arrick  
Henry Ford Health System – Wyandotte Medical Library  
2333 Biddle Avenue  
Wyandotte, MI 48192

### Register for the meeting:

[https://docs.google.com/forms/d/18svRMeARMIQyHHXjEetHXO81rgI5PvxKJO5I8J4hXW4/viewform?usp=send\\_form](https://docs.google.com/forms/d/18svRMeARMIQyHHXjEetHXO81rgI5PvxKJO5I8J4hXW4/viewform?usp=send_form)

## The History of Health Literacy or When Did This Become a Thing by Jill Turner

### Medical fails

Many of us have heard stories or even experienced first-hand situations as a result of a breakdown in physician-patient communication. Here are a few examples: The woman who mistakenly took her oral contraceptive vaginally and wound up pregnant. The new diabetic, who while in the hospital, practiced injecting his insulin shots into an orange; a short time after discharge, he was readmitted with life-threateningly elevated blood sugar levels. The doctors discovered that, at home, he was injecting his insulin into an orange, then eating it (Boodman, 2011). Or how about the patient who was told to take her antibiotic until it was gone? She took the antibiotic until "it" was gone, the fever not the medication. Consequently, her infection returned and she was required to take a second course of medication. If you are thinking that these types of situations only happen to the uneducated, elderly, or non-English speaking patients, think again. Rudy Giuliani, cum laude graduate of NYU School of Law and former mayor of New York City, thought he had dodged a bullet when his physicians told him that his prostate biopsy was positive. Giuliani did not realize a positive biopsy indicated cancer (Boodman, 2011). These stories fall under the hot issue known as health literacy.

### What is Health Literacy and how do you know if you have it?

There is no consensus on exactly what skills are needed to be considered literate in matters of health. More specifically, there is no one definition of health literacy. In fact, there are at least thirteen of them (Berkman, Davis, & McCormack, 2010). Healthy People 2010, the National Network of Libraries of Medicine, the Institute of Medicine, and the American Medical Association Ad Hoc Committee on Health Literacy each have their own. Individual researchers and subject experts have proposed several more. The following is one example: "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Ratzan & Parker, 2000). Other definitions include statements about "numerical tasks", "social skills", "quantitative literacy" or "media literacy" (Berkman et al., 2010). Ensuring health literacy is a tall order to fulfill when you cannot even agree on its components.

Although there has not been agreement about the specifics concerning health literacy, there are over 51 instruments used to measure the construct (Haun, Valerio, McCormack, Sørensen, & Paasche-Orlow, 2014). Some of the tools are more general such as *Development of a Brief Test to Measure Functional Health Literacy* and some are condition/disease specific such as *The Kidney Disease Questionnaire: a Test for Measuring Patient Knowledge About End-stage Renal Disease* (Baker, Williams, Parker, Gazmararian, & Nurss, 1999; Devins et al., 1990). Health literacy tests/questionnaires include numerical and reading comprehension questions. Numerical questions target areas like medication administration and appointment schedules. A sample test question from the *Brief Test to Measure Functional Health Literacy* asks: "Label on prescription bottle: "Take one tablet by mouth every 6 hours as needed. Oral Question: If you take your first tablet at 7:00 a.m., when should you take the next one?" (Baker et al., 1999).

At least one health literacy measurement tool seeks to assess patients' judgement. Asthma patients are asked to respond to scenarios such as the following: "You are fond of animals, and you have a cat at home. Your doctor has discovered that one of the triggers of your asthma is your cat. Therefore he advised you to give away the cat, because it is damaging your health." What would you do? a) I would not follow the doctor's advice because I believe that the cat is not related to my asthma. b) I would follow the doctor's advice and give away the cat. c) I would ask the doctor if there is any other alternative. d) I would increase the use of my medicine to reduce the symptoms caused by my cat (Moreno Londono & Schulz, 2014).

### When Did Health Literacy Become a Thing?

*After a slow start, health literacy is being discussed and addressed via multiple avenues. The U.S. government is involved in a big way*

The term was first used in 1974 in a paper by Scott Simonds, a Professor of Health Education in the University of Michigan's School of Public Health. Dr. Simonds called "for minimum standards for "health literacy" for all school grade levels" (Ratzan & Parker, 2000). Yet, much of the literature about health literacy did not start appearing until the late 1990's - early 2000's. I discovered this curious lag when I did a literature search looking for the phrase "health literacy" in titles of articles. The oldest citation in CINAHL is from 1995. *Inadequate Functional Health Literacy among Patients at Two Public Hospitals* is the lone article with "health literacy" in the title in CINAHL during the whole of 1995. In 2015, there were 160. When I first ran this search in CINAHL on February 1<sup>st</sup>, there were 1,434 results. By February 12<sup>th</sup>, there had been eight more articles added in those twelve days. I found similar trends in PubMed.

The earliest article with "health literacy" in the title appears in 1985, *Health Literacy and Food Beliefs Among Ibans, Sarawak* (Medical Journal of Malaysia). The next article doesn't appear until ten years later in 1995. On February 1<sup>st</sup>, there were 1,957 citations. By February 12<sup>th</sup>, PubMed had added fifteen more. In 2015, there was a total of 381. Health Literacy did not even become a MeSH term until 2010. Amazingly, CINAHL still does not have a subject term for the concept. Dr. Simonds noted the beginnings of a problem back in 1974, and it took over twenty-five years before it began to be addressed in the literature.

### All Aboard the Health Literacy Train

After a slow start, health literacy is being discussed and addressed via multiple avenues. The U.S. government is involved in a big way. In 2010, the U.S. Department of Health and Human Services (HHS) developed the [National Action Plan to Improve Health Literacy](#). (The addition of a MeSH term in 2010 is obviously no coincidence). Additionally, most HHS agency websites contain statements about health literacy, offer health literacy resources, and/or provide information regarding health literacy initiatives: [Office of Disease Prevention and Health Promotion](#), [Agency for Healthcare Research and Quality](#) (ARHQ), [Health Resources and Services Administration](#) (HRSA), [National Institutes of Health](#) (NIH), [National Network of Libraries of Medicine](#) (NN/LM), [Centers for Disease Control and Prevention](#) (CDC). Some professional organizations such as the American Dental Association have action plans and CE courses in health literacy. Some colleges and universities offer programs of study in health literacy. The curriculum in most medical schools now includes courses or classes in physician-patient communication. There are whole conferences, organizations, centers, and collaboratives devoted to the subject. Even [pharmaceutical companies](#) have put together health literacy pages on the websites.

*The National Action Plan* reported that “nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media, and communities” (US Department of Health and Human Services & Office of Disease Prevention and Health Promotion, 2010). This study was published in 2010, almost a decade after the issue of low health literacy gained momentum in the

literature. Why did it take so long for the medical establishment to take action? Perhaps that will be a later installment in the *MDMLG Newsletter* ... or someone's thesis. As indicated by the statistics in *The National Action Plan*, the medical community still has a long way to go towards rectifying this problem. So, instead of asking when did this become a thing, we now have to ask: how is this still a thing?

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Jill Turner, MLIS  
University of Detroit Mercy  
School of Dentistry Library  
[Turnerja1@udmercy.edu](mailto:Turnerja1@udmercy.edu)

## The Way We Talk About Cancer

by Karl Ericson

A couple of years ago a friend of mine a little younger than me was diagnosed with stage 4 melanoma. When I first heard his diagnosis there was a rallying cry from family and friends about how he could “beat” cancer, how he was not giving up without a “fight”. All the typical language of fighting, and battling cancer, and how he was going to win this war. What most of us did not understand was that he had been handed a death sentence. So, when he died, did he lose the “war”? Had he somehow survived, would he have been more of a “hero”? Understandably there’s a lot of negativity thrown at this terrible disease.

It turns out that the language of cancer that we typically use today in reference to an individual’s journey with cancer comes out of post WWII exuberance to find a singular cure to a monolithic disease. A “War on Cancer” was formulated as a means to raise funds for cancer research that would provide an all-out attack on a shape-shifting enemy. The scientific and political developments of this “war” are thoroughly documented in [The Emperor of All Maladies](#) by Siddhartha Mukherjee.

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*The metaphor of cancer as an enemy could actually be undermining prevention efforts*

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While my friends were posting things like “F\*ck Cancer!” on the Facebook, I found myself wondering if there might be another way to relate to this horrible disease. Luckily, I happened upon a conversation that took place on Krista Tippett’s show on NPR called *On Being*. The episode: “Eve Ensler – The Body After Cancer” is available at <http://bit.ly/1E6rBmG>. During their talk my suspicion was confirmed that I was not alone in wondering, as Ms. Tippett did, “if we hurt ourselves with these kinds of (fighting) metaphors?” Ms. Ensler’s response was revelatory, pointing to a new language to describe one’s journey with cancer. She said, “I was in the churning of cancer.” She went on to say, “When people would talk to me about, you’re going

to beat this, or you’re going to slay cancer, I would say, what I’m going to do, hopefully, is become more of who I was meant to be. And Cancer has given me this dramatic, turbulent opportunity to do that.” She spoke of cancer as a teacher and of chemotherapy as a transformative experience where she would contemplate turning that poisonous concoction into medicine. She went on further to say, “I don’t know how to slay cancer, don’t have an idea how to do that. I wouldn’t know how to do that. What I do know how to do and can try to do is begin to ride that wave that is pulsing through me and see if I can go where it’s trying to take me.”

The need for framing cancer in a new way, if not in positive language, but at least in neutral language is important because it could actually prove beneficial to improving receptivity to preventative behaviors. The metaphor of cancer as an enemy could actually be undermining prevention efforts. In three separate studies that David J. Hauser, a social psychology graduate student, and Norbert Schwarz, a psychologist conducted, they “discovered that those who read more bellicose language showed less interest in preventive behaviors that favored restraint, such as avoiding the sun or limiting red meat consumption, than others who read more neutral text.” The results of their studies were published in the December 2014 issue of *Personality and Social Psychology Bulletin*.

In an interview with *Cancer Today*, D.J. Houser was asked “In your research, what effect did the reading of enemy metaphors have?” He said, “Whenever participants in our studies read information or were exposed to language that framed cancer as an enemy, it significantly lessened their intention to take part in prevention behaviors...”

According to Houser, "...a better way to describe cancer is to stay away from metaphors as much as possible and use more precise terminology that centers on risks and outcomes." He went on in the interview to say, "Cancer isn't necessarily attacking the body, but is rather an imbalance in cellular growth...this message may help to more accurately describe what's going on when you're diagnosed with cancer." So, let's move towards a more balanced framing of cancer, if not in society as whole, then maybe for ourselves.

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Karl Ericson, MLIS  
University of Detroit Mercy  
[ericsocka@udmercy.edu](mailto:ericsocka@udmercy.edu)



## Information Literacy Instruction at a Small College Campus

by Ann Harris

I remember reading an article by Meredith Schwartz called "Are You Being Served?" in the September 1, 2015 issue of *Library Journal*, which discussed a study that looked at both librarian and faculty attitudes toward academic library services. The thing that really struck me was the infographic on the first page of the article. There are two pie charts, one for faculty responses and one for librarians' responses. The question was whether or not there needed to be better communication between the library and faculty; nearly all librarians surveyed responded with a resounding "YES", but there was a nearly split vote among faculty surveyed. I was and still am a bit perturbed about the faculty response, but perhaps because many of the faculty members I encounter at our small academic library do communicate their needs as far as library services, including information literacy.

According to Schwartz (2015), both faculty and librarians felt that information literacy instruction was the most important service provided by academic librarians. I could not agree more. At South University – Novi, the library director and I make every effort to communicate to our faculty about the library's resources and what is available to them and their students, whether it is an announcement of newly added books to the collection or a new database. Of course, we are big on information literacy instruction, and stress its importance to the faculty. Clearly,

we want our students to succeed, and we want to ensure that the informational and research needs of students and faculty alike are being met.

With regard to info lit, I think we are fortunate in two ways: One way is the small class size. South University – Novi is a small campus with about 600 on-ground and online students. There are between 10-15 students in any given class; however, there have been classes with as many as 30 students, and as few as 2. Of course, we always keep in mind that we only have so much time to present to a class (about 30 minutes on average; we may have more time per instructor's request). The small class size, in my opinion, makes it much easier to engage students and encourage questions, even with a time limit.

The second way is because we are such a small campus, quite a few instructors will personally come to the library to ask us to present to their class, and we will graciously accommodate their request. At each faculty meeting before the beginning of the quarter, we are certain to mention that we are available at their request to present on library resources and navigating the online library, as well as APA formatting and structure and eBooks. We make sure that faculty is involved in library advisory meetings so they can voice any concerns on library services; it is also another opportunity for us to reinforce the importance of library instruction. The response has been positive, with the largest faculty requests seen during the first 4 weeks of the new quarter. However, there is a sharp decrease after that first month, with literally less than a handful of info lit classes from the mid-quarter to the end of the term.

I realize that for our faculty, time is the biggest constraint when it comes to library instruction sessions in the classroom. Although we highly recommend and encourage scheduling a session or two, we cannot force an instructor to give us 30 minutes of their class time. However, as long as we know that we are actively communicating the importance of information literacy instruction to faculty, we can help increase their awareness of its critical importance to student success.

#### Reference

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Ann Harris, MLIS  
Reference Librarian  
South University – Novi Campus  
[annharris@southuniversity.edu](mailto:annharris@southuniversity.edu)





## The Accidental Archivist

by Courtney Mandarin

When I started at Oakwood in 2014, one of the projects I was most curious about was the Oakwood Archives. Piled up in the staff offices were boxes of miscellaneous photographs, old newspaper clippings, newsletters, VHS tapes, marketing portfolios and other items from Oakwood dating back to when the hospital first opened in the 1950s. The items had all been passed on to the library from the marketing department when they moved from the main hospital to our corporate offices. Since no one else was particularly interested in sifting through and organizing the items, I packed them into my office and, after many false starts, began processing them.

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*...one the first things I was able to do was throw things away*

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Having no background in archives, I set out to learn the general rules of archival work before beginning the job in earnest. Although our collection is small (the various items fill one tall bookcase and a large filing cabinet drawer), I wanted to make sure this was done right to avoid having to re-organize everything further down the road. I started by reading a book called [Organizing Archival Records: A Practical Method of Arrangement and Description for Small Archives](#) by David W. Carmicheal. This book proved to be an excellent resource on how to start this

project. In addition to my old fashioned book research, I also joined email lists for archivists, took a few classes through local historical societies, and met with an archivist to pick her brain for ideas and best practices.

Once I had some general knowledge of how to proceed, I began the fun part: going through all of the boxes and binders and envelopes to figure out what exactly we had. Much to my surprise, one the first things I was able to do was throw things away. I had already outlined some basic policies for our little archive, one of which was to not keep items that did not relate to the hospital. Thus, out went an old receipt for a physician's lunch, a profile of a UAW employee, and a brochure for a 1997 Ford Probe (among other things). My job now is to loosely organize similar items and write up descriptions, which is still a work in progress. My goal is to ultimately make it easier to locate items, and one day have records for the various collections in our catalog. That way, someone searching for pictures of the hospital's construction can find them in with the other architectural photographs, instead of spread throughout various envelopes and boxes.

I am pleased to say that the Oakwood Archives has already seen some usage in the brief time I've been working on it. When Oakwood first joined Beaumont and Botsford as part of the new Beaumont Health, our employee intranet spotlighted each hospital's history. For Oakwood, someone from our marketing department came to the library and was able to go through what we have to pull some photos for the article. Another time, a hospital employee had been speaking to a patient who had been an intern at Oakwood in the 1960s. As a surprise for the patient, she borrowed copies of the hospital newsletter from that time to show him. I have also supplied facts from Oakwood's history for a diversity calendar created by a committee with representatives from the three founding hospitals. By far the biggest project I have worked on with the archives is the as yet unpublished book on Oakwood's history that is being created by the Oakwood Foundation. For this, I have helped create a timeline of hospital events, pulled old newspaper clippings and supporting photographs, and done copious amounts of fact-checking.

The Oakwood Archives is slowly coming together. While I enjoy dealing with historical items, I am still a librarian first and the archives are still a side project. My hope is that someday we will be able to have a collection people can actually utilize. I would love to create a rotating display of more interesting items, and have the collections described in such a way that others can more easily access them. For now, I am happy to have had the opportunity to develop some new skills and learn a lot about our institution's history in the process.

Courtney Mandarin, MLIS  
Beaumont Hospital – Dearborn  
[Courtney.Mandarin@beaumont.org](mailto:Courtney.Mandarin@beaumont.org)



Your news item could be here

## Upcoming Events

<b>March 3, 2016</b> <a href="#">MDMLG</a> Beaumont Hospital Royal Oak	<b>June 3-4, 2016</b> <a href="#">Great Lakes Science Boot Camp</a> Wayne State University Detroit, MI
<b>March 8 – 10, 2016</b> <a href="#">Computers in Libraries</a> Washington, D.C.	<b>September 15, 2016</b> <a href="#">MDMLG</a> Windsor Public Library
<b>March 16, 2016</b> <a href="#">Library Technology Conference</a> Macalester College St. Paul, MO	<b>October 12-14, 2016</b> <a href="#">MHSLA Annual Educational Conference</a> Baronette Renaissance Hotel Novi, MI Windsor
<b>April 3-6, 2016</b> <a href="#">Electronic Resources &amp; Libraries</a> Austin, TX	
<b>May 13-18, 2016</b> <a href="#">Medical Library Association</a> Toronto, Ontario	
<b>June 9, 2016</b> <a href="#">MDMLG</a> Summer Luncheon VisTaTech Schoolcraft College Livonia	

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## Newsletter Committee 2015 - 2016

Marilyn Dow, editor [dowmk@udmercy.edu](mailto:dowmk@udmercy.edu)

Ann Harris [annharris@southuniversity.edu](mailto:annharris@southuniversity.edu)

Carla Brooks [ctbrooks@umich.edu](mailto:ctbrooks@umich.edu)

Courtney Mandarino [Courtney.mandarino@beaumont.org](mailto:Courtney.mandarino@beaumont.org)

Karl Ericson [ericsoka@udmercy.edu](mailto:ericsoka@udmercy.edu)

Valerie Reid [valerie.reid@beaumont.org](mailto:valerie.reid@beaumont.org)

Jill Turner [turnerja1@udmercy.edu](mailto:turnerja1@udmercy.edu)