

MDMLG NEWS

Summer 2016

President's Message from Nancy Bulgarelli



My final newsletter article as President of MDMLG – the year has flown by I am just back from the wonderful 2016 MLA Annual Conference which was held in Toronto, and that experience – the keynotes, contributed papers, posters, etc., – has really re-energized me and given me a fresh appreciation for our profession and the people who work in it. Libraries – and librarians – are continuously evolving and developing new programs to meet the changing needs of their parent organizations and the larger communities we serve. One of my favorite sessions is always the “NLM Update,” and this year’s did not disappoint. The work being done by the National Library of Medicine is truly remarkable; if every government agency were as effective, the country would be in tremendous shape

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I am also constantly inspired, encouraged, and in awe of the librarians of MDMLG. We are so fortunate to have such a vibrant professional local group and such wonderful colleagues who we can count on for help, encouragement, and support. I need to thank everyone who served on the Executive Board and the committee chairs who worked so hard this year to keep the organization moving forward.

I hope to see you all at the Annual Meeting and Summer Luncheon on June 9, 2016, at Schoolcraft College. I know the Program Committee has planned a very special afternoon. The business meeting will conclude with the “passing of the gavel” to Misa Mi, who will assume the role of MDMLG President for 2016-2017. Thank you all for allowing me the privilege to serve as President for this past year.

Nancy Bulgarelli
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MDMLG Annual Meeting & Summer Luncheon

Thursday June 9, 2016

*** PLEASE REGISTER BY MAY 27 ***

Location: Schoolcraft College: VisTaTech Center

18600 Haggerty Road

Livonia, MI 48152

734-462-4610

Map & directions: <http://vistatech.schoolcraft.edu/Planners/MapsandParking.aspx>

Free parking

PROGRAM DETAILS

Agenda:

11:30am – 12:00 - Sign In

12:00 - 1:00pm - Luncheon

1:00pm - 2:00pm - Keynote:

“Mindfulness for Stress Reduction & Resiliency Building” by Dr. Lucy Sternburgh

2:00pm - 2:20pm - Break

2:20pm- 3:30pm - Business Meeting & Recognition

KEYNOTE SPEAKER:

Lucy Sternburgh, Ph.D., is the Manager of Employee Wellness & Community Health Promotion at Beaumont Health System. She is a Registered Clinical Exercise Physiologist, Certified Worksite Wellness Program Manager, Intrinsic Coach®, Certified Wellness Speaker, and earned her PhD in Health Promotion & Wellness. Lucy is also a Special Lecturer at Oakland University within the Wellness, Health Promotion program, and very much enjoys sharing her passion for wellbeing with others. She has completed over 500 hours of training as a Mindfulness-based Stress Reduction (MBSR) teacher through the Center for Mindfulness in Medicine, Healthcare and Society at UMASS Medical School. Lucy is especially passionate about encouraging others to take great care of themselves, and believes that health, happiness and well-being are contagious!

Luncheon Buffet Menu

Fresh Seasonal Fruit Boat
 Fresh Vegetable Tray with Herbed Dipping Sauce
 Spinach Salad with Bacon, Red Onions and Eggs
 Mixed Green Salad
 Whole Green Beans Almandine
 Chicken Breast Marsala with Sautéed Mushrooms and Shallots
 Herb Crusted Atlantic Salmon with Lobster Tortilla Broth
 Vegetarian Cannelloni with Tomato Coulis
 Roasted Redskin Potatoes
 Rolls & Butter
 Chef's Choice Assorted Dessert Table
 Coffee, Tea, Soft Drinks, and Water Service

COST

MDMLG Members: \$20.00 - Lunch & Meeting
 Non-MDMLG Members: \$35.00 - Lunch & Meeting

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

REGISTRATION: [ONLINE REGISTRATION FORM](#)

CHECK:

Make check payable to MDMLG and mail to:
 Misa Mi
 Oakland University
 130 Kresge Library
 100 Library Drive
 Rochester, MI 48309



Mind(fullness) is a Terrible Thing to Waste

by Jill Turner

I had never heard of the practice of *mindfulness* until the MHSLA Annual Conference in 2015. The keynote speaker, Dr. Thomas Ferrari, entitled his address *Varieties of Consciousness*. Dr. Ferrari spoke about “the physiology of mediation and mindfulness, and the growing use of psychedelic medicine, lucid dreaming, and other altered states of consciousness for personal growth and healing”. I came away from that keynote amazed. I am aware that many people practice meditation. I assumed that everyone daydreams. I had no idea that mindfulness, lucid dreaming, and psychedelic medicine existed. I learned a little bit about mindfulness at that address. As a bonus, I think I now also understand the movie *Inception*, which had been a bit fuzzy to me since 2010. In a few weeks MDMLG will be holding the annual Summer Program and Luncheon. The speaker is Dr. Lucy Sternburgh, and her keynote is entitled *Mindfulness for Stress Reduction & Resiliency Building*. I started thinking about the practice of mindfulness. For instance, when did mindfulness become a “thing”? How did the practice of mindfulness start? How does it work? What is trending in the practice of mindfulness? Does it really work? Here is what I found.

I have been living under a rock. I would blame my obliviousness on working in a dental school library for the last six years where my focus has mainly been on implants and evidence based practice periodontal disease treatments except that apparently mindfulness has been around for thousands of years. The practice of mindfulness was inspired by the Buddhist path to enlightenment around the fourth century BC. According to the *Handbook of Mindfulness* (2015), there are 37 elements that lead to enlightenment. “Mindfulness” is one of the fundamental qualities. Others include vigor, concentration, wisdom, tranquility, and joy. Although the practice of mindfulness today is not exactly the same as in Buddhism. The word “mindfulness” was translated from a Pali (Prakrit language native to India) text on Buddhism in 1881 (Brown, Creswell, & Ryan, 2015). The original text was thought to have been written between the fourth and second century BC. The word in the text was “sati”, which historically meant memory. There was not a precise English translation of the word “sati”, so the translator chose to use the word “mindfulness”. At that time, “mindfulness” meant “possessing a good memory” as well as “full of care”, “thoughtful, and “being conscious

or aware” (Brown et al., 2015). [Psychology Today](#) defines mindfulness as “a state of active, open attention on the present. When you’re mindful, you observe your thoughts and feelings from a distance, without judging them good or bad. Instead of letting your life pass you by, mindfulness means living in the moment and awakening to experience” (Psychology Today, 2016).

Mindfulness therapy is used in three health areas. It is used to treat some mental health disorders. As Dr. Sternburgh indicates in the title of her keynote address, “Mindfulness for Stress Reduction & Resiliency Building”, mindfulness is used to help combat stress. In mental health, it is also being used for anxiety, addiction therapy, chronic depression, “under controlled disorders” like ADHD, and “over controlled disorders” such as obsessive-compulsive personality disorder. Mindfulness based interventions are also being used with chronic physical ailments. Cancer, chronic pain, low back pain, fibromyalgia, rheumatoid arthritis, cardiovascular diseases, diabetes, HIV/AIDS, irritable bowel syndrome, and organ transplantation are all examples. Finally, mindfulness training is being used in healthy individuals to optimize well-being. How does mindfulness training benefit people with physical conditions? In HIV/AIDS patients, it is being used to control side effects associated with antiviral medication and to assist with psychological well-being. Similarly in organ transplantation patients, mindfulness training is being used to treat the psychological side effects of a transplant procedure. In irritable bowel syndrome patients, it is being used to control IBS symptoms. For cancer and diabetes patients, mindfulness interventions are used, in part, to “train (patients) to accept when things can’t be controlled, shifting attitudes and perspectives, without allowing distress to consume thoughts and drive behavior” (Brown et al., 2015, p. 406).

Mindfulness (or similarly meditation) has been practiced for millennia as a religious tradition. When did it become a “thing” in psychology and medicine? “Today mindfulness is among the hottest topics in both

clinical and basic psychological science” (Brown et al., 2015, p. 1). Yet, according to Brown et al. (2015), academics were giving talks on mindfulness ten years ago. Brown et al. did a pseudo literature review in Google Scholar searching for the number of publications containing the word “mindfulness”. They discovered that the first article appears in 1980. Results increase to over 15,000 by 2013 with an uptick in publications beginning in the early 2000’s. But, since Google Scholar is not a premier search tool, I decided to repeat the search using more appropriate databases, PubMed and ProQuest Psychology Database. There were a total of 3,368 results for a keyword search for “mindfulness” in PubMed. The earliest article retrieved by a keyword search for “mindfulness” is from September 1980. The abstract from the article, *Role of mindlessness in the perception of deviance*, mentions a “theory of mindfulness”. The next oldest article was published in 1982, *An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: theoretical considerations and preliminary results*. 2015 was far and away the most prolific year for mindfulness literature with 740 articles published. At the current rate of publication on this topic, 2016 will easily surpass 2015. Findings in ProQuest Psychology Databases are more extreme. There are 17, 525 results (as of a few weeks ago), including dissertations, books, trade journals, and magazines from a keyword search on “mindfulness”. There have been 2,823 articles published in 2015, and 2016 already has 970. The first publication appears in 1916; *Mentality Tests: A Symposium*. The word mindfulness appears in the abstract but is used more in the “have an awareness” sense rather than in the therapy sense. The first article to mention mindfulness therapy in the title was published in 1975, *The clinical use of “mindfulness” meditation techniques in short-term psychotherapy*. Finally, “mindfulness” was first used as a subject term in PsycINFO for an article published in January of 1932, *A critical analysis of the progress of fifty-five feeble-minded children over a period of eight years*. (The politically-incorrect titles and terminology of the past are always interesting, aren’t they?)

There has certainly been a lot of literature written on the subject of mindfulness, as the previous paragraph indicates. So, what is the final consensus? Is mindfulness therapy effective? Well, according to the research results are inconclusive. One meta-analysis indicated mindfulness therapy is effective for some symptoms but not others, [depression but not anxiety](#). Another meta-analysis found it is moderately [effective for stress reduction](#) in healthy individuals. Yet, still another found [promising results but indicated a weak methodology](#) in studies of healthy individuals. A systematic review and meta-analysis using mindfulness based interventions for [binge-eating disorders](#) found large to medium/large effects, but also indicated high statistical heterogeneity between the studies. A similar finding was noted in a systematic review for [mindfulness and weight loss](#), only rather than statistical heterogeneity, review authors questioned “the degree to which changes in mindfulness are a mechanism responsible for weight loss in mindfulness interventions” (Olson, Emery, 2015, p.59). Similar results can be found for [substance abuse](#), [vascular disease](#), and [psychosis](#). Yet, as noted above, mindfulness has been practiced in some form or another for millennia. I can't help but think that if it did not have some positive effect, it would not still be in practice for the last two thousand years. Unscientific, I know.

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With Change Comes Opportunity

by Karl Ericson

I was deeply inspired after reading an essay by Madelynn Dickerson called “Beta Spaces as a Model for Recontextualizing Reference Services in Libraries”. It was published in one of my favorite online journals [In the Library with the Lead Pipe](#) May 18, 2016. The premise is that our reference services area can and should be in a constant state of “beta”, testing different modes of connecting, facilitating, and informing those people that move through the area. It makes the case for increased usage through increased participation, thus revitalizing, reimagining, and reconnecting a service that librarians cherish.

I was left with many questions, not just for myself as a librarian, but for all librarians and libraries. From where do we offer our help, guidance, and expertise? Is it from a shared desk with other library staff? Perhaps we provide reference services while we’re also responsible for circulation duties? It could be that there is no desk at all? Or maybe we occupy a traditional reference desk? No matter the physical arrangement of our spaces (and arrangement of space is important!) there’s no denying the reality

that reference can and does happen anywhere in the library and literally anywhere in the world! Reference services stepped outside the limitations of the physical desk when librarians decided to venture into virtual reference, first with email, then with chat services. Many have continued this move towards flexibility for patrons by extending the reach of reference services to the mobile device. Texting has become almost ubiquitous in U.S. culture among smartphone users, so in many ways it makes sense to provide an option to get help from a librarian through SMS service. This extension is not without its concerns, privacy chief amongst them. Individual users should be well informed about the reality that anything they send across the internet or a mobile network could be captured, collected, and analyzed by the NSA, or other official and unofficial entities.

But, back to the point. Because reference is no longer just something that emanates from one physical location, but a flexible service that can happen anywhere in the library, for librarians, and anywhere

in the world for patrons, it's imperative that librarians from all backgrounds fully consider the implications of this flexibility. Consider the ethical, moral, and pedagogical concerns, but also the practical, day to day concerns of work flow, appointments, class instruction and the many other responsibilities that come into play for modern librarians. There are so many hats that we wear and most often, worn simultaneously. This has likely always been true. As we're in the stacks weeding, or sourcing materials, a student in need is not going to separate out the collection development hat, or whatever hat that we're currently wearing from our reference services hat. For that matter, neither are we! We're going to provide the best service we can within that moment. But we need to be aware of our limitations and we need to be aware of our resources.

We must have the willingness and the foresight to move forward, set goals, and assess whether or not we are meeting those goals. This needs to be a part of every endeavor we set out to accomplish. By providing both qualitative and quantitative metrics librarians of all stripes can more readily convey the power of our stories of success, and of failures that lead us into new directions for future success. Without trying there is no possibility of success.

Without failure there is no possibility of learning how we can better use our resources and energy.

We need to be aware of the reality of change. We need to learn to embrace change. We need to continue to be flexible, and we need to understand what about our flexibility is working and what is not. We should honor our traditions while moving forward in finding ways to meet the needs of our patrons. We need to take a hard look at the processes by which we come to decide when and where to make changes, when and where we decide to apply flexibility to our work, when and where to adhere to tradition. We should be willing to try new modes of delivery, new arrangements of space, new collaborations across perceived boundaries, and new efforts at outreach. We should be ready to reassert the necessity, value, and importance of the skills, knowledge and labor that reside within the bodies and minds of librarians. There truly are no limitations when we approach our challenges with creativity

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Poetry and Medicine

by Carla Brooks

Did you know that poetry and medicine pairs well together? I did not. Of the many combinations that do (milk and cookies, Homer and Marge, chocolate and anything) this is one combination I hadn't read before.

There are many novels and stories related to medicine, of course. Fiction, like Robin Cook novels (*Coma*, *Outbreak*) or Michael Crichton (*Andromeda Strain*, *Jurassic Park*); nonfiction stories, *Immortal Life of Henrietta Lacks* (Rebecca Skloot), *When Breath Becomes Air* (Paul Kalanithi). But poetry? What could you possibly write about? "Ode to an Appendix?" "My Darlin' Bili (Rubin)?"

I stumbled across the [JAMA Network Humanities Collection](#) a couple of months ago, (when looking for something else entirely of course), and noticed the *Poetry and Medicine* section. I was pleasantly surprised with the many (good) poems and prose in the Collection.

I decided to do more web surfing on poetry and medicine and found a wonderful article from *The New Yorker* titled, [“Ode on A Stethoscope.”](#)(Gee, 2015) It examined how other scholarly medical journals have sections devoted to poetry and medicine (e.g. *Chest, Neurology*) and how the themes in each range widely in style and tone.

It turns out, people pen poems on all sorts of medical subjects. There is [“Floaters”](#) (Allan C. Fisher), that waxed poetic on, yes, those floaters that you sometimes notice in your eyes and was much better than Stewie Griffin’s “O Squiggly line in my eye fluid...” (McFarlane, 2007). Another one, [“Arthritis Pain”](#) (Robert Heemstra,) is a very relatable poem for anyone of a certain age.

There are organizations dedicated to poetry and medicine as well. The United Kingdom based [Hippocrates Initiative for Poetry and Medicine](#) has an annual contest. Cash awards are given each year for Young Poet, Open First Prizes and NHS First prize. Winning poets are published in its annual *Hippocrates Prize Anthology*. You can listen to the poetry read by the winners on the website

The University of Chicago Pritzker School of Medicine also mixes [poetry and medicine in a contest](#). It was created by two third-year medical students and a faculty member who sensed that writing and reflection through poetry would promote compassionate care for patients and enhance the therapeutic caregiver-patient relationship. (Levine, 2014) Winners are also awarded cash prizes. Poems are submitted in two categories: Open Forum - sonnets, prose, haiku, etc., or Six Words – poems must contain *exactly* six words.

Poetry websites like [Poetry Soup](#) contains submissions of many themes of poetry, including medicine. Poem categories are also organized by form (prose, couplet, sonnets) and by subject categories (medical success, medical, crazy, deep, prison, psychological).

[Poetry Foundation](#) includes essays, audio and videos, publishes Poetry Magazine. A variety of themes, including medicine.

So, I stand corrected and slightly smarter. Poetry and medicine combines quite nicely!

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Medicine & Mental Illness in the works of Edgar Allen Poe

by Courtney Mandarin

Over the last two years, the Medical Library at Beaumont Hospital-Dearborn has been partnering with the Dearborn Public Library at various events. Earlier this year, the public library hosted several events related to the Dearborn Big Read of the works of Edgar Allan Poe. Looking for a way to work with the public library on the Big Read, we discovered that Edgar Allan Poe shows up in various places throughout the medical literature. This is how I found myself giving a talk at the Dearborn Public Library entitled “Medicine, Mental Illness & the Macabre: Malady in the Works of Edgar Allan Poe.” In the talk, I focused on how Poe incorporated his understanding of medicine and psychiatry into his work, and in some cases, described ailments not yet discussed in the medical literature.

Many of the articles I came across brought up the short story “The Fall of the House of Usher,” since the character of Roderick Usher exhibits a number of pronounced psychological and physiological symptoms. According to [an article by Rickman and Kim](#), the cause of Usher’s ailments is porphyria. Many of Usher’s symptoms match those described in cases of porphyria, including hypertrichosis, hirsutism, anemia, agitation, depression, auditory hallucinations and cranial nerve dysfunction. While the first case of porphyria was not described in the medical literature until fifty years after the publication of “The Fall of the House of Usher,” Rickman and Kim report that King George III is suspected of having porphyria and that Poe may have been familiar with descriptions of the King’s illness. In Poe’s “A Tale of the Ragged Mountains,” the main character is described in great detail, as his physical appearance is particularly unusual. Poe describes the character of Bedloe as tall and thin, with exceptionally long limbs, pale complexion, abnormal forehead, and extremely

crooked teeth. In an [article by Robert W. Battle](#), this physical description is said to match the physical manifestations of Marfan syndrome, a condition that did not appear in the medical literature until 1896. Since “A Tale of the Ragged Mountains” was published in 1844, Poe seems to once again write about a medical condition fifty years prior to its clinical case description.

Many people have heard the real life story of Phineas Gage, a man who, in a freak accident in 1848, had an iron rod driven through his skull and survived. After the accident, it is said that Gage’s personality was greatly changed. “The Business Man” by Edgar Allan Poe was published in 1840 and describes a similar personality change in its main character. Although Poe’s character’s injury is nowhere near as dramatic as Gage’s, a head injury in childhood is offered as an explanation for the character’s exacting nature. [Altschuler and Augentein](#) describe Poe’s tale as the earliest description of frontal lobe syndrome, as it predates the famous Gage case.

It’s clear that Poe was interested in medicine and mental illness. What is more surprising is how he could have described certain ailments in such detail, when such conditions were not yet widely known, or even written about. The above examples are the best at illustrating how prescient some of Poe’s writing was in regards to medicine; however, read stories by Edgar Allan Poe and it is easy to find examples of medicine and mental illness throughout.

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Open Wide Tooth School Inside

Librarian story time with Titans for Teeth Mobile Clinic Patients

by Jennifer Bowen

Introduction:

The Mission Micro Grant Program at the University of Detroit Mercy (UDM) awards annual grants of up to \$200 to any full- or part-time UDM faculty or staff member. The funds granted support activities that promote UDM's mission of being a Catholic, Mercy, Jesuit, urban, and student-centered university. I had the pleasure of applying for and receiving a grant to fund my idea of partnering with the UDM Titans for Teeth Mobile Clinic which provides dental care to elementary school students. I went to visit each participating school, read to classes that were treated by the mobile clinic, and donated a copy of the book: [Open Wide: Tooth School Inside](#), by Laurie Keller, to each school library. By providing access to an age appropriate book on oral healthcare, I wanted to promote both reading and oral health care behaviors.

Titans for Teeth Mobile Clinic:

The Titans for Teeth School Based Mobile Dental Clinic is a 38-foot mobile dental coach, which is an eight chair clinic; four chairs are inside of the van and four chairs are portable units that are set-up on-site, on-location.



Throughout the academic year, the clinic travels to local participating schools in greater metropolitan Detroit to provide comprehensive care for K-12 children. Treatment is performed by dental students under supervision of a licensed dentist and/or dental hygienist faculty. The Titans for Teeth School Based Mobile Dental Clinic was funded in large part by a grant from the Delta Dental Foundation.

The Importance of Oral Healthcare:

Tooth decay (cavities) is one of the most common chronic conditions of childhood in the United States. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. The percentage of children and adolescents aged 5 to 19 years with untreated tooth decay is twice as high for those from low-income families (25%) compared with children from higher-income households (11%). (1) A study from UCLA found that students with toothaches were almost 4 times more likely to have a low grade point average. About 11% of students with inaccessible needed dental care missed school compared with 4% of those with

access. (2) By providing care in the school setting, the Titans for Teeth program allows for access to care in dentally underserved areas in greater metropolitan Detroit.

Reading is Fundamental:

According to Reading Is Fundamental (RIF) the largest children's literacy non-profit in the United States, nearly two-thirds of low-income families in the United States own no books. A meta-analysis commissioned by RIF, found that access to print materials improves reading performance and children's attitudes towards reading. (3) In Michigan, roughly 80% of fourth-graders from low-income families did not demonstrate proficiency on the 2013 National Assessment on Educational Progress. (4) Reading out loud to children is the single most important activity for building the knowledge required for eventual success in reading. (5)



By happy coincidence the Delta Dental Foundation had donated paperback copies of the same title to the Titans for Teeth program, so I was able to give each student at story time a copy of the book to keep, as well as the hardcopy version that was donated to the school library. By reading out loud and providing access to a book of their own I hoped to encourage reading behaviors.

Photo of Jennifer by Eric Jacobs,
University of Detroit Mercy School of Dentistry

Conclusion:

I read to first grade and third grade classes at the following schools: Detroit Service Learning Academy, Redford Service Learning Academy, Holy Redeemer Elementary, DPS Hutchinson Elementary, DPS Nolan Elementary, and Burr Elementary. The feedback from my visits has been very positive. The kids seemed genuinely happy to have their own copy of the book to keep! Another happy coincidence was that my visits coincided with March is Reading Month. The schools were delighted to have a guest reader visit and provide an extra story time. I plan on applying for a Micro Mission Grant again next year and hope to continue my micro mission to encourage kids to brush, floss, and read.

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2. Seirawan H, Faust S, Mulligan R. The impact of oral health on the academic performance of disadvantaged children. *Am J Public Health* 2012 Sep;102(9):1729-1734.

3. Reading Is Fundamental, Access to Print Materials Improves Children's Reading: A Meta-Analysis of 108 Most Relevant Studies Shows Positive Impacts, 2010 <http://clifonline.org/resources/research/>

4. Promoting Early Literacy in Michigan, March 2015: Report from the Michigan League of Public Policy.

<http://www.mlpp.org/report-promoting-early-literacy-in-michigan>

5. Source: Reach Out and Read, Reading Across the Nation: A Chartbook, 2007 <http://clifonline.org/resources/research/>

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GreenMedInfo: an Introduction

by Mary Kordyban

GreenMedInfo (GMI) is a website that focuses on studies relating to alternative medicine. It is a lot more daring in its content than you would find at the NIH National Center for Complimentary and Integrative Medicine (NCCI). At first glance, librarians might find it hard to take the site seriously, as it is colorful and highly sensational, similar to sites you might find from companies selling supplements. Looking deeper into its 'teaser' headlines and somewhat biased summaries, you will find links to articles which appear in PubMed, in peer reviewed journals. In the [mission statement](#) GreenMedInfo claims its intent to "provide convenient and open access alternative to The home page provides a few of the latest alternative medicine headlines, along with summaries that are clearly intended for the public. A patient scrolling through the article, you will find a link to the original article. Many people will not read the original article; nor understand the scientific language. When serving professionals, you may want to present only the journal article, along with others you may find. On the home page, in the left drop down box under 'links', one can find [Health Guides](#), which provide an extensive list of diseases and conditions, similar to MedlinePlus. It will list the number of articles found on the topic, and a sampling of abstracts. The problem is that you have to buy a professional membership at an annual fee of \$200 for access to the entire list.

Turmeric and its active ingredient curcumin are hot topics of research right now. In Alzheimer's disease there is evidence that curcumin can help to eliminate amyloid plaques that are characteristic of the disease. Under the GMI title *Turmeric Produces 'Remarkable' Recovery in Alzheimer's Patients*, one can find an extensive [literature review](#), which also includes the effects of other supplements:

[Here is a recent entry](#) from 2016: In NCCI, under Alzheimer's disease, I found that only a few vitamins and supplements were listed, and the results: ginkgo, grape seed extract, omega-3 fatty acids and Vitamin B-12. Diet and exercise were stressed. I found a [link to an article about supplements](#) in the professional section. The copyright date is 2003, and does not mention curcumin.

GMI will list the number of articles for Alzheimer's disease, in this case 168. It also has sorting options and focusing tools to limit your search to a specific supplement and its treatment for a specific condition, but those features are limited to members. Consumers are increasingly watching YouTube to find ways of treating serious illnesses using natural means. Many testimonials are posted there; many saying that their doctors knew nothing of the alternative treatment and did not approve. You can find some of these on YouTube by searching Andrew Saul, who advocates for orthomolecular medicine, and specifically for the use of high dose

Vitamin C IV therapy for a number of ailments. He has many videos

.A stronger influence would be the 9 part series entitled '*Truth about Cancer: a Global Quest*'. There are a number of references to the treatment of cancer using curcumin, either in its raw turmeric form, as a curcumin IV, or in many forms in between. You can also search YouTube by supplement, disease or condition to find hundreds of videos. Some are homemade, and some are recordings of lectures and webinars.

Many of the sites discuss why a single supplement would have so many different uses, whether it is for the treatment of Alzheimer's disease, eczema or cancer. According to alternative medicine practitioners, allopathic physicians are used to the paradigm of 'one drug for one ailment'. Supposedly, many supplements work on every cell of the body, doing no harm and providing health benefits in many ways at the same time. This is an explanation why natural substances are not used much in allopathic medicine. <http://www.greenmedinfo.com/blog/why-law-forbids-medicinal-use-natural-substances>

This can be a useful site for the medical librarian who is looking for answers to an alternative medicine question. One needs to use their skills in

quality evaluation. Some of the articles cited in GMI have only been done on animals. Some of the articles are dated. One must tread lightly, as there is political animosity between allopathic medicine and naturopathic medicine.

The article is just a summary. Search YouTube type greenmedinfo, you'll run into a video that shows how the database in the professional mode works. <https://www.youtube.com/watch?v=s2AZOMu0bVA>

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ANNOUNCEMENTS

Detroit Public Library Salt: Black America's Silent Killer

Saturday June 11, 2016
1:00 – 2:00
Friends Conference Room

Business, Science & Technology asks you to join us in the Friends Conference Room to learn about the importance of reducing salt consumption to increase health, longevity and overall well-being simply by putting down the salt shaker and avoiding processed and restaurant foods. Learn to become more actively involved and take control of your life

The speaker will be Surender Neravetla, MD, FACS. He is the director of cardiac surgery at Springfield Regional Medical Center, Springfield, Ohio. Dr. Neravetla has performed more than 10,000 cardiac, thoracic and vascular surgeries since 1983 and is known for his expertise in beating-heart surgery, valve repairs and minimally invasive lung resections.

Applications for Member, New Member, and Diane LeBar Scholarships will be available for the [2016 MHSLA conference](#), October 12-14 in Novi.

Follow the link to the conference website for information about the scholarships and to download the scholarship forms. Applications will be accepted June 1 to 30, 2016.

Crystal Thomas is the 2016 MHSLA Annual Educational Conference Student Scholarship winner. Crystal is currently a MLIS student at Wayne State University specializing in Health Informatics and Data Management; she is also a MDMLG member. Congratulations, Crystal.

Newsletter Committee 2015 - 2016

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Upcoming Events

September 15, 2016

[MDMLG](#)

University of Detroit Mercy

October 12-14, 2016

[MHSLA Annual Educational Conference](#)

Baronette Renaissance Hotel
Novi, MI Windsor