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# *ILLINOIS LIBRARIES*



**The Jewel of Lisle**

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**Comparing ILCSO and  
MOBIUS**

.. .. .

**Educational Materials on  
Health Related Topics**

# Illinois Libraries

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**Jesse White**  
Secretary of State  
and State Librarian

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Illinois State Library

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*ILLINOIS LIBRARIES* is the official journal of the Illinois State Library. The purpose of *ILLINOIS LIBRARIES* is to disseminate articles of general interest to library staff and library governing officials in Illinois who represent all types of libraries and library consortia. Every effort is made to provide a balanced treatment of library-related issues.

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## OFFICE OF THE SECRETARY OF STATE

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**Jesse White**  
Secretary of State

Dear Friends,

Daniel K. Blewitt's article in this issue detailing the magnificent history of the Sterling Morton Library of the Morton Arboretum shines a spotlight on the one group of libraries in Illinois that may not get as much attention as others—our special libraries.

While patrons may be more familiar with the services offered by our state's academic, public and school libraries, Illinois is also home to more than 500 special libraries. Special libraries are those operated by such entities as corporations, private businesses, government agencies, museums, colleges, hospitals, associations and information management consulting firms. As State Librarian, I am proud to preside over one of those special libraries, the Illinois State Library in Springfield.

Our special librarians especially play a major role in keeping our state economically viable and competitive in our ever-changing global economy. More and more, business and industry relies on in-house special librarians for assistance in compiling annual reports, research projects, fact checking, creation of databases and monitoring economic development trends in other states and foreign countries. The expertise of our special librarians will ensure that Illinois remains economically strong in the coming years.

As always, I applaud our special librarians and all Illinois librarians for your hard work and commitment to excellence in all that you do.

Sincerely,

A handwritten signature in cursive script that reads "Jesse White".

JESSE WHITE  
Secretary of State  
and State Librarian

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# Preface

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Patrick McGuckin

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One of my other duties as Manager of Library Communications at the Illinois State Library involves meeting with librarians to discuss ways they can better market their libraries, and make the public and media more interested in the remarkable array of services libraries provide. Having been on both sides of the fence, as a reporter and as a public information officer, I use my experience to suggest simple ways to hopefully obtain more media attention, and make the public more aware of how important libraries are to our communities.

I have compiled a written presentation entitled "Marketing The Library" that I will be delighted to share with you to educate you about easy and effective ways to market and promote your library's services to the media, patrons and potential users. Feel free to contact me by mail at 300 South Second Street, Springfield, Illinois 62701; by telephone at 217-558-4029; or by email at [pmcguckin@ilsos.net](mailto:pmcguckin@ilsos.net).

Patrick McGuckin  
Editor  
*Illinois Libraries*

# **The Jewel of Lisle**

**Daniel K. Blewett**

*The author is a Reference Librarian at The College of DuPage Library, Glen Ellyn, Illinois.*

Some twenty-five miles west of downtown Chicago in DuPage County, the Village of Lisle (<http://www.vil.lisle.il.us/>) is home to one of state's great specialized library collections. Just north of the intersection of Interstate 88 (the East-West Tollway), and Illinois State Road 53, lies the Morton Arboretum. (The state highway actually splits the arboretum in two.) Situated on 1,700 acres, it was established in 1922 by Joy Morton (1855-1934), who founded the Morton Salt Company. His father, Julius Sterling Morton (1832-1902), had been the territorial governor of Nebraska, this country's first Secretary of Agriculture in the administration of President Grover Cleveland, and founder of Arbor Day.

This beautiful natural wonderland is open every day of the year, and is visited by more than 350,000 people annually. At the southeastern edge of the eastern side of the arboretum, one finds the lush May T. Watts Reading Garden. Mrs. Watts (1893-1975) was the first naturalist at the arboretum, and the garden was named for her in 1963. It appropriately lies at the front of the Administration and Research Center, within which is located the Sterling Morton Library. Sterling Morton (1885-1961, Board Chair 1953-1961) was the only son of Joy Morton.

The Library first started out as the personal collection of Joy Morton, and was located in the Thornhill mansion, the home of the Morton family. This is found on the western side of the Arboretum. After the catastrophic First World War, many private book collections in Europe were being broken up and sold off, and so many fine works could be purchased for the Morton library. A separate room was added to the mansion in 1923 to house the growing collection. This was later renamed the Founder's Room, and was kept when much of the rest of the mansion

was demolished in 1942. The mansion is now the Education Center for the Arboretum. The first librarian was Mary Moulton, and she had to deal with moving the collection from tight quarters in the Administration Building into its new home. The design of the Administration Center (1935) included some rooms for a small library and herbarium. The Library collections grew slowly due to the constraints of the Depression and the Second World War. The present Library wing was designed by Harry Mohr Weese (1915-1998, a famous architect from Chicago who later designed stations for the Washington, D.C., subway system), and was dedicated in October 1963. A beautiful renovation and building addition for the special collections was dedicated in May 2000. This was a generous gift from the Board Chairman Charles C. Haffner III. Today it has over 23,000 books and 800 periodical titles. Three professionals, two non-professionals, one curator of the print collection, and several volunteers serve visitors and answer approximately 6000 reference questions per year. For reference use there are specialized finding aids, the AGRICOLA database on compact disc, and *Garden Literature: An Index to Periodical Articles and Book Reviews* (Boston: Garden Literature Press, 1992-).

The Suzette Morton Davidson Special Collections unit houses over 5,000 rare books, along with important old journals from the eighteenth and nineteenth centuries. A real treasure is a 1482 edition of Pliny's *Natural History*, published in Parma, Italy. There are also some 9,000 botanical prints, and a collection of valuable pre-1900 product catalogs from nurseries. The Archives hold documents pertinent to the history of the institution, the May T. Watts Papers, over 5,000 photographs and drawings and materials from noted landscape architects Ossian Cole Simonds, Marshall Johnson, and Jens Jensen. Danish-born Jensen designed the Lincoln Memorial Gardens in Springfield (<http://imgnc.com/>), which was planted by the Illinois Garden Club in the mid-1930s. The map collection contains topographical maps and all engineering and

Platt surveys of the Arboretum and the surrounding area, as well as garden drawings by its landscape architects. There is also a photo-slide collection of over 70,000 images of plants, birds, mammals, and landscapes of the Arboretum in all four seasons, taken over the course of the Arboretum's long history. Mrs. Davidson (1911-1996) was Joy Morton's granddaughter, and Board Chair from 1961 to 1977. She and her mother, Preston Owsley Morton, were the forces behind the building of the Sterling Morton Library. She exerted much energy in acquiring many of the rare items that make up the Library's Special Collections. Unfortunately, today's high book auction prices put many of these unique items out of the reach of many institutions.

This collection not only contributes to maintenance and research efforts of the Arboretum's plants and animals, but also supports Arboretum activities such as the Plant Clinic, the Nature Artists' Guild, and the Nature Study and Camera Club, all of which are attended by many members of the community. The extensive Arboretum education program also includes courses for children, along with complete programs of academic study and practical work that lead to certificates in Naturalist Studies, Ornithology, Home Landscape Horticulture, and Botanical Art and Illustration. Over the past year some 2,500 artworks and books were used as instructional materials in the art history and technique classes. In addition to botany, especially floras of the temperate regions of the Earth, the collection is strong in the fields of insects, birds, mammals, prairie, wetland and environmental studies, gardening and garden history, and biography of naturalists. However, the collection contains relatively few items on the tropics. The Library stages many exhibits to highlight various parts of the collection. "Glorious European Gardens, Past and Present," is just one recent example of the interesting exhibitions of books and prints that are prepared for the public. Botanists, birdwatchers, landscapers, nature

photographers, and artists will all find something of great interest, both within and outside the Library.

The Library cooperates with other botanical libraries in the region, such as the Chicago Botanic Garden (<http://www.chicago-botanic.org/>), and is a member of the Council of Botanical and Horticultural Libraries (<http://www2.ville.montreal.qc.ca/jardin/cbhl/cbhl.htm/>). Its holdings are being cataloged on the SWAN (System-Wide Automated Network) union catalog of the Suburban Library System (<http://swan.sls.lib.il.us/>), and the OCLC Worldcat database (the project was 70% completed at the time this was written). The SWAN circulation system has been operational since July 2002. The institution still has separate Author-Title and Subject card catalogs available for use. Arboretum members may check out materials from the Reading Room, and some items are also available through interlibrary loan.

The Library, with funding provided by the Illinois Humanities Council (<http://www.prairie.org/>), sponsors a series of informative lectures given by experts in botany, horticulture, zoology, and landscape architecture. "A Natural History of the Chicago Region," and "The Woodland Crafts of Hedge and Coppice," are just two recent examples of the kinds of public programs presented at the Arboretum. They take place in an auditorium situated next to the Library. A local Friends of the Library group was established in 2001 to increase the appreciation, use and support of the Library collections. For many years, news about the library was included in the *Bulletin of Popular Information* (1925-1964), and *The Morton Arboretum Quarterly* (1965-1995, ISSN 0027-125X). Because of the strength of its collections, its wonderful facilities, and the beauty of its surroundings, the Library is considered by many to be "The Jewel of Garden Libraries."

The Library staff invites you to visit, and they welcome reference questions. Those who cannot visit in person may wish to view photographs of the Library online at <http://www.flashphoto.com/gallery/Morton/>. For further information, contact:

The Sterling Morton Library

The Morton Arboretum,

4100 Illinois Route 53,

Lisle, Illinois

60532-1293

Phone: 630-719-7932

Fax: 630-719-7950

E-mail: [mstieber@mortonarb.org](mailto:mstieber@mortonarb.org)

URL: [http://www.mortonarb.org/visitor\\_information/smlibrary/smlibrary.htm/](http://www.mortonarb.org/visitor_information/smlibrary/smlibrary.htm/)

Library Hours:

Tuesday - Friday, 9 am to 5 pm

Saturday, 10 am to 4 pm

(There is no fee to enter the Library, but there is a fee to enter the Arboretum.)

### **SELECTED REFERENCES**

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MacPhail, Ian. "Notes on The Morton Arboretum Library." The Morton Arboretum Quarterly 9 (4) (Winter 1973).

Thompson, Richard A. Around the Arboretum: A Local History. Wheaton, IL: The DuPage County Historical Society, 1981.

Woody Plants of the Morton Arboretum: A Handlist of Living Plants in the Outdoor Woody Plant Collections. Lisle, IL: The Morton Arboretum, 1990.

Forthcoming:

Dr. James Ballowe, Professor Emeritus in English, Bradley University, is currently working on a history of the Morton Arboretum, and a biography of Joy Morton, the founder of the Morton Salt Company and the Arboretum.

## **ACKNOWLEDGEMENTS**

The author would like to thank Dr. Michael Stieber, the director of the Sterling Morton Library, for his assistance with the preparation of this article, and the Library Administration and staff of the College of DuPage Library for their support. Particular mention should be made of Prema Ramnath and the Interlibrary Loan staff for quickly and efficiently acquiring requested research materials.

# **A Comparison of Two State Academic Library Consortia: Illinois' ILCSO and Missouri's MOBIUS, How They and Their Library Catalogs Work**

**Xiaotian Chen**

*The author is Electronic Services Librarian at Bradley University Library in Peoria, IL, and was Reference/Electronic Resources Librarian at Truman State University Library in Kirksville, MO.*

This article aims to compare two academic library consortia: ILCSO in Illinois and MOBIUS in Missouri. Areas of comparison include the features of the catalog vendors of their choice: Innovative Interfaces Inc (III) and Endeavor Information Systems (Endeavor), operation procedures and policies of ILCSO and MOBIUS, and the impacts on users. The focus will be on the public services side such as OPAC features, circulation workflow and policies, and inter-campus request and delivery. The author of the article believes that the comparison will help libraries within the two consortia to learn from each other, and that the comparison may also help other consortia in the choosing of a catalog vendor and in the making of policies.

## **ILCSO and MOBIUS**

As of November 2002, ILCSO (Illinois Library Computer Systems Organization) has 44 member libraries, including libraries of 37 colleges and universities, 5 community colleges, the Illinois Mathematics and Science Academy, and the Illinois State Library. A considerable number of Illinois college and university libraries are not ILCSO members, including libraries of University of Chicago, Northwestern University, and some small colleges. The name of the ILCSO union catalog is ILLINET Online. In 2002, the total holdings of ILLINET Online are about 16 million items.<sup>1</sup> The University of Illinois acts in the capacity of fiscal and contractual

agent for ILC SO. ILC SO chose Endeavor Information Systems (Endeavor) as the system vendor.

MOBIUS (Missouri Bibliographic Information User System) has about 57 member libraries, including libraries of almost all colleges and universities in the state of Missouri. The name of the MOBIUS union catalog is also called MOBIUS. As of November 2002, the total holdings of MOBIUS are about 14 million items.<sup>2</sup> The University of Missouri at Columbia plays some sort of central role for MOBIUS. MOBIUS chose Innovative Interfaces Inc (III) as the system vendor.

### **Innovative Interfaces Inc. and Endeavor Information System**

Innovative Interfaces Inc (III) and Endeavor Information Systems (Endeavor) are among the top library system vendors in the world. It is difficult to say exactly how many customers III and Endeavor have, but independent library catalog listings such as LibDex at <http://www.libdex.com/> show that III and Endeavor have longer lists of customers than other vendors.<sup>3</sup> Both III and Endeavor have separate names for their products of library systems: III's product names include Innopac and Millennium, and Endeavor's product names are Voyager (for staff mode clients) and WebVoyage (for OPAC). Because III's product names are evolving and somewhat confusing, this article will use III for both the company name and product name, for the sake of convenience and simplicity.

### **Comparison 1: OPAC Search Features**

Keyword Search. There are big differences between III and WebVoyage (Basic or Quick search Mode) in keyword search. First of all, there is only one keyword search category on III, and it is called "Keyword", while on WebVoyage, there could be two or more kinds of keyword searches. On ILC SO's WebVoyage, there are "Any Word Any Where" and "Boolean Search".

Then, III's "Keyword" search has automatic adjacency, which means a phrase will be automatically searched as a phrase, while WebVoyage's "Any Word Any Where" has "or" as the default operator, which means a phrase like *ice cream* will be searched as *ice or cream* unless users put the phrase within double quotes. Further, III "Keyword" search is flexible with Boolean Operators (and, or, not)--users can choose to use or not to use a Boolean Operator, while on WebVoyage, Boolean Operators have to be used in "Boolean Search" and cannot be used in "Any Word Any Where" search. E.g., users will get an error message or wrong results if they enter *cat and dog* in WebVoyage's "Any Word Any Where" search--no Boolean Operator is allowed. Also, WebVoyage's "Any Word Any Where" search ranks search results by "relevance" based on matches in subject field, title field, and some other fields, while III's "Keyword" search does not rank search results.

Guided or Advanced search. III does not have a general advanced search mode and only has "Advanced Search" under "Keyword Search", while WebVoyage has a general "Guide Keyword Search" mode where users can do advanced searches by author, keyword, subject, title, and so on. Interestingly, even in the Guided Keyword Search mode of WebVoyage, users cannot type their own Boolean Operators, but must use the target buttons provided by WebVoyage to select a Boolean Operator. For instance, users cannot enter *cat and dog* in the first search box, but have to enter *cat* in the first box, select *And* if it is not the default radio button choice, and enter *dog* in the second search box.

Set Limits. This function sets the search limits to materials of a certain format, language, year of publication, etc. Before any search is done, III only allows limits in the "Advanced Search" mode for "Keyword" search, while other searches cannot set limits before search. On the other hand, WebVoyage is easier for setting limits from either the "Quick Limit" menu or the

“More Limits” button. If users want to search works by Cervantes in Spanish language only, users of III will have to do a regular author search, get search results, then click on “Limit/Sort Search” button to set the language limit. Users of WebVoyage do not have to go through this, and they can set the limits before a search is performed by clicking on the “More Limits” button before doing anything else, if they want to limit the search to materials of a certain format, language, or year of publication, and so on.

Direct search from the Union catalog. When searches on individual library catalogs are not successful and users want to try the state union catalog, III users can click on a button (called “Search MOBIUS” on MOBIUS’ individual library catalogs) to search the union catalog directly and automatically, while WebVoyage users of the same kind have to select the union catalog and repeat the search, manually.

### **Comparison 2: Borrowing from Other Libraries within the Consortium**

Although there are quite a few similarities between ILCSO and MOBIUS: the number of holdings (16 million vs. 14 million), the number of members (44 vs. 57), the location of the central libraries (both in a central part of the state), and the geography of the two states (similar in size with Missouri a little bigger), one of the impressive and distinctive services MOBIUS has is that “Requested materials are delivered within one or two days of being requested by the MOBIUS Delivery System.”<sup>4</sup> Normally, MOBIUS member libraries promise their patrons that it should take no more than two business days for them to get materials they request directly from other MOBIUS libraries. On the other hand, the ILCSO delivery system typically takes 4 days to one week to send materials between member libraries. Interestingly, librarians on the two sides of the Mississippi cannot understand the other’s delivery periods or speeds. After being informed of the two-business-day-delivery promise in MOBIUS, a librarian at a central

Illinois university asked, “How can you deliver a book from St. Louis to Kansas City within two days?” Actually, the distance between St. Louis and Kansas City is not nearly as long as that between Southeast Missouri State University in Cape Girardeau and Northwest Missouri State University in Maryville (about 450 miles according to YAHOO driving directions), and MOBIUS can still deliver the materials within 2 days. On the other side of the Mississippi, Illinois is a little bit smaller geographically, and the distance between Northern Illinois University in De Kalb and Southern Illinois University in Carbondale is about 370 miles, according to YAHOO driving directions.<sup>5</sup> Though Illinois is geographically smaller, it has longer and better highways. According to *State Rankings 1999*, Illinois has 2,164 miles of interstate highway and a total of 137,788 miles of public roads and streets, while Missouri only has 1,178 miles of interstate highway and a total of 122,767 miles of public roads and streets.<sup>6</sup>

There could be various reasons why MOBIUS can promise one or two days delivery and ILCSO delivery takes longer time. One possible reason is that the MOBIUS delivery service only delivers materials requested by patron-initiated direct borrowing (“Universal Borrowing” in ILCSO’s term), while ILCSO’s delivery service mixes requests from “Universal Borrowing” together with requests from traditional interlibrary loan. In other words, MOBIUS uses a sort of express service for patron-initiated direct borrowing, while ILCSO’s “Universal Borrowing” only automates the procedure of sending direct requests, but did not speed up the delivery process.

After a request of an item that is held by multiple libraries is sent, an ILCSO inter-campus request will automatically go to the next library if the first library cannot fill the request, while MOBIUS cannot do that automatically. The trade-off is that ILCSO cannot automatically notify the patron if no library can fill the request and the request goes “dead”; MOBIUS notifies the

patron automatically. For instance, when an ILC SO patron sends a request on the union catalog and the item is held at multiple locations, the request is automatically sent to the next library if the first library cannot fill the request. However, if no library can provide the item requested or the request becomes “dead”, the patron cannot receive an automatic notification. It is up to the patron’s home library to decide if it wants to notify the patron manually. On the other hand, if a MOBIUS patron requests an item from another MOBIUS library and that library cannot fill the request, the request stops at the first library and will not automatically go to the next library. Instead, the patron gets a notification automatically. It is up to the home library to decide if it wants to send the request manually to the next library for its patron.

Before patrons get the materials from other libraries, MOBIUS patrons know how long they can keep the materials, because MOBIUS has consortium-wide loan period and other loan policies. ILC SO patrons will not know the loan period until after they receive the materials, because the loan policies are entirely up to individual libraries, whose loan periods to patrons of other institutions could range from 3 weeks to 6 months.

There are some small areas that WebVoyage could improve for sending requests. Currently patrons need to enter their ID number twice on two different pages before a request is sent. That is obviously redundant. Additionally, patrons are sometimes asked to supply copy information of the item requested, while actually all patrons need to do is to click on the arrow of the drop down menu to let the copy information be shown. This copy information box should either be deleted (really not necessary) or modified so that patrons and librarians would not be confused. III does not have redundant and confusing boxes like these. However, III has a confusing box/menu for MOBIUS patrons because of the MOBIUS’ organizational structure, not because of the III software design. This will be discussed in the next section.

### **Comparison 3: Membership and Database Structures**

In terms of membership, MOBIUS is very open and inclusive and tries to include all the academic libraries in the state. As a result, it has not only a large private research library like Washington University Library on board, but also very small or specialized libraries such as St. Louis College of Pharmacy Library and Kenrick-Glennon Seminary Library. ILCSO members, on the other hand, are basically state university libraries, plus mid-size private university/college libraries. Large private research libraries such as the University of Chicago library and Northwestern University library, and many small and specialized private college libraries, are not members.

However, the bigger difference lies in how the members are grouped. In ILCSO, each member is an equal member, and its own catalog is an independent catalog database. In MOBIUS, only Washington University is independent and has its own catalog database. All other members have to be grouped together into 10 “clusters” (MOBIUS’ term), or 10 “databases” (ILCSO’s term)<sup>7</sup>. Obviously, budgetary concerns are taken into consideration. By implementing “clusters”, MOBIUS probably saved a considerable amount of money and made it easier for the Missouri legislature to approve the state fund for MOBIUS. At the same time, the clustering or grouping raises concerns among some members.

Libraries and their staff in MOBIUS have to work together with other members in the same cluster to make many cluster decisions, from the name, color, and banner/logo of the cluster OPAC to many other technical and political decisions. This occurs even though the libraries typically do not have common interest or missions, because most clusters are based on geography. Library users not only have more names to memorize (the state union catalog, the cluster catalog, and the local catalog all have names), but they also have more choices to make.

For instance, patrons from Truman State University have to know the differences between WebCat (local catalog), LANCE (cluster union catalog), and MOBIUS (state union catalog), and also have to make decisions regarding which database to search. When they are ready to request items, they not only have to identify themselves by name, ID number, home library, etc., but also by cluster name. If they have never learned which cluster they belong to, they would not know what to choose with a list of strange cluster names such as Arthur, Galahad, LANCE, Quest, Towers, and WILO. Users may ask, “Where am I?”, because the cluster names have nothing to do with the names of their home library and college.

In addition to cost considerations, another possible reason why MOBIUS decided on the clusters organization was a concern that very small libraries might not be able to handle technical issues such as system administration without the help of larger libraries in the same cluster. This should not be an issue, because first of all, small libraries would have to move to Internet-based OPAC anyway, even if there is no consortium. Without a consortium, no matter what kind of new system a library chooses, it should always be more complicated for the library to maintain the system locally and independently. Secondly, the consortium central office should be able to provide training and help. The ILCSO office offers help and training during the Endeavor/Voyager implementation period for libraries that have questions and problems. The ILCSO office continues to help member libraries with all kinds of questions and concerns.

#### **Comparison 4: Generating and Printing Reports and Notices**

Though generating complicated reports is by no means easy on both III and Voyager, it is easier on III than on Voyager. On III, reports and notices are plain text based, and thus they are less dependent on other software or system administration features. With proper login, librarians can generate the reports they want and save, print or email the reports without interfering with

other people's workflow. On Voyager, reports and notices are based on Microsoft Access. Printing is also complicated because of the "printing location" concept on Voyager. The computer to generate reports has to have the right version of MS Access, and the library staff that generates complicated reports is required to have some knowledge of MS Access. Secondly, there is a need for a proper configuration between the Voyager Reporter client and MS Access. Every time there is a Voyager client update, MS Office update, or whole computer update, that configuration needs to be redone. Further, Voyager has a special system administration concept of "print location" through which notices and reports are printed. It is not a physical location but rather a virtual one, or a "print queue", in Voyager's term. Though the "print location" can choose a printer of choice, librarians who generate reports do not have many choices of "print locations." Typically, circulation print location, cataloging print location, or acquisitions print location are the choices. While Voyager has a report printing bottleneck called "print location," III is free from this bottleneck.

### **Conclusion**

Though the two software systems are both very popular, and both have their own advantages and disadvantages, the author believes III's Innopac/Millennium is overall a better product, because it is more flexible to use in ways such as keyword search for patrons, and report generating and printing for librarians. For the two organizations, the author concludes that during early planning stages, both organizations made less than perfect decisions that are hard to change at a later date. ILCSO did make a great last-minute decision to let each member have its own catalog database, but chose a not-so-perfect product. At the same time, the author believes MOBIUS chose a better product, but made a not-so-perfect decision of having members grouped into clusters. For the intra-state patron-initiated direct borrowing service, the author believes

MOBIUS does a much better job in delivering materials in one or two days. However, the author believes ILCSO can improve delivery speed by either starting an express service, or speeding up the current delivery service, because ILCSO seems to have more favorable conditions in many aspects---smaller state in geography, richer state in economy, and a better highway system. In the information age when many patrons expect to obtain what they want instantly, the author believes speed of delivery should be a vital element of service quality.

### Notes

1. ILCSO Library Title Counts FY 2002. <[http://www.ilcso.uiuc.edu/Web/Network/02title\\_counts.html](http://www.ilcso.uiuc.edu/Web/Network/02title_counts.html)>. (25 November 2002)
2. About MOBIUS. <[http://mobius.missouri.edu/screens/about\\_mobius.html](http://mobius.missouri.edu/screens/about_mobius.html)>. (25 November 2002)
3. LibDex - Worldwide index of library catalogues, web sites and Friends of Libraries pages. <<http://www.libdex.com/>>. (25 November 2002)
4. About MOBIUS. <[http://mobius.missouri.edu/screens/about\\_mobius.html](http://mobius.missouri.edu/screens/about_mobius.html)>. (25 November 2002)
5. YAHOO! Maps. <<http://maps.yahoo.com/>>. (25 November 2002)
6. Morgan, Kathleen & Morgan, Scott. *State Rankings 1999: A Statistical View of the 50 United States*, 10<sup>th</sup> edition. Morgan Quitno Press, Lawrence, KS, 1999.
7. ILCSO originally had a plan to group 44 libraries into 3 databases which is are similar to MOBIUS' "clusters", but later decided that each library has its own database.

**The author is grateful for editing of this paper by Karen McClaskey of Truman State University Library and Ellie Hansen of Bradley University Library.**

## **Educational Materials On Three Health Related Topics: Suicide, Alcohol and Sleep**

**James T. Struck BA, BS, MLIS**

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Downtown Campus Library.*

Libraries are a major source for information about some of the most serious problems affecting society today. From 1998 to 2002, I compiled information that may serve as a reference tool for librarians and patrons, or as a means to notify patrons about where to obtain information about three of the most critical health care issues facing society today: suicide, alcohol use/alcoholism, and sleep disorders/sleep. The three separate sections of this paper were compiled for handouts for the poster sessions at the annual meetings of the National Alliance for the Mentally Ill (NAMI). "Educational Materials on Suicide" was researched in 1998 and early 1999 and presented at the 1999 NAMI Annual Conference in Chicago, Illinois. "Educational Materials on Alcohol" was researched from 1999 to 2001 and presented at the NAMI Annual Conference in July, 2001 in Washington, D.C. "Educational Materials on Sleep" was researched from 2001 to 2002 and presented at the NAMI Annual Conference in Cincinnati, Ohio in June, 2002. This is not an attempt to suggest these three types of educational materials or instances of suicide, alcoholism and sleep disorders are related; it is merely an attempt to discuss three distinct and different types of health related materials.

Contact information for relevant organizations associated with these issues is included at the end of each section. These organizations have the experts on these topics; these organizations, unlike the author, have people trained to help with these issues. The reader can learn what some of these materials say. The reader can also learn about the types of resources

available on these topics, about the effects of these materials, and about the reliability, consistency and accuracy of the information in these materials. I did not annotate these materials because there were too many materials to annotate; for example, there were more than one hundred pieces of material related to alcohol.

In each section, there are brief quotations from journal articles or newsletters related to either the topics (suicide, alcohol, or sleep) or to those topics and educational materials. These are provided for background information on the topic of educational materials on these topics. In each section, there are quotations taken from the actual materials. It should be emphasized that some of these quotations would be much more comprehensible in the context of the whole item/material or pamphlet. The quotations are taken out of the context of the whole item or pamphlet (similar to many quotations in some scholarship taken out of the context of the whole book or work); for example, some of these quotations are just one to three sentences from a four to five page pamphlet. Still, the quotations give some sense of the issues discussed in that type of educational material. What follows are the handouts presented at these three NAMI conferences with the addition of some new observations and new examples from the materials to the sections on sleep and suicide.

## **EDUCATIONAL MATERIALS ON SUICIDE**

### **Some Observations of the Materials Collected**

There is inaccurate information in these materials. A reviewer for the journal Suicide and Life Threatening Behavior commented about a different version of this paper that the “oft stated and incorrect statement that suicide is the second leading cause of death for those 15-19” is repeated in one of these materials.

There are not dates on some of these materials. One cannot tell at what point in time the research was conducted or what year the data comes from.

There are no sources for many of the statistics. One cannot easily determine where the statistics came from. One fact sheet does not even say what organization it came from.

Seventeen of the brochures received in response to a request for information about pamphlets on suicide dealt with suicide, while five focused on depression. The focus of some organizations with regard to suicide pamphlets is on depression.

This section of the paper reflects materials on suicide available from fall 1998 through 1999. The materials sometimes give inconsistent messages. One item says people who commit suicide almost always possess a mental disorder, while another item says that most people who commit suicide are not psychotic or insane. One item says that talking about suicide is helpful; another item says one suicide prevention program increased thought of suicide as a solution to a problem. A reader of some of these materials can easily be confused about certain issues.

**Number of Articles in Various Databases for Search Words “Pamphlets and Suicide” (Data compiled in Spring 1999)**

Article First	0
Health Reference Center	3 (Actual Pamphlets on the topic)
Medline	0
Wilson Select	1 (article on comics and serious topics)
Infotrac Academic ASAP	1 (article on pamphlet about suicide bombers)
PsycInfo 1967-2/99	0
Social Science Abstracts	0
Reader’s Guide	0

## **Brief Review of Journal Articles on the Effects of Pamphlets on Behavior**

Please see pages 104-105 of the spring 1999 article “Pamphlets in Medical Libraries” by this author in Illinois Libraries. The following summary of one of the articles discussed in the article “Pamphlets and Medical Libraries” deserves repetition here.

L. Sherr and B. Hedge examined the antenatal leaflets about HIV infection and AIDS and discovered that all three of the examined leaflets “were found to contain some errors and omissions.” Also, Sherr and Hedge state, “bias was certainly perceived by observers with these examples.” They conclude, “Leaflets are not a solution to AIDS and HIV counseling. They form one small component and run the risk of creating needs and anxiety rather than resolving these.” (SOURCE: Sherr, L. and Hedge, B. (1990). “The Impact and Use of Written Leaflets as a Counseling Alternative in Mass Ante Natal HIV Screening.” AIDS CARE, 2(3): p. 235-45.)

An article on a smoker’s treatment program and an article on intervention into cardiovascular disease are also discussed in that spring 1999 Illinois Libraries article.

## **Suicide Prevention Programs**

Jane Pearson discusses a “prevention program designed for high-school aged youth” which found that “participants were more likely to consider suicide a solution to a problem after the program than prior to the program.” She says further, “This is not to say that it is risky to talk about suicide. Rather, there are contexts where talking about suicide is very appropriate and helpful.” (SOURCE: Pearson, Jane. (Winter 1997-1998). “Suicide in the United States.” The Decade of the Brain A Publication of the National Alliance for the Mentally Ill, 8(4): p. 2.)

The point being made here is that suicide is a very, very difficult topic to confront; assistance from educational materials produced by experts might be more helpful than reliance solely on the Internet.

### **Some Information Found in Materials (these are taken from the actual materials sampled)**

Below are some interesting statements that I found in the materials.

“Every day, 14 young people (ages 15 to 24) commit suicide, or approximately 1 every 100 minutes.” “Almost all people who kill themselves have a diagnosable mental or substance use disorder; the majority have more than one.” “Four times as many men as women commit suicide, but young women *attempt* suicide three times more frequently than young men.”

(American Psychiatric Association. (1998). Let's Talk Facts about Teen Suicide.)

“In 1995, the year for which we have the most recent national death statistics, suicide was the ninth-leading cause of death in the United States. It accounted for 31, 284 deaths, or 1.3 percent of all U.S. deaths.” “The age-adjusted suicide rate in the U.S. in 1995 was 11.1 per 100,000, which ranks the U.S. among the middle in terms of suicide rates among industrialized nations.” (Pearson, Jane. (Winter 1997-1998). “Suicide in the United States.” The Decade of the Brain. Vol. 8, issue 4, p.1.)

“Suicide ranks third as a cause of death among (15-24 year old) Americans, behind accidents and homicide.” “Feelings of hopelessness (e.g., “there are no solutions to my problem”) are found to be more predictive of suicide risk than diagnoses of depression per se.” “Rates of suicide are highest among the older adult population above age 65.” (American Association of Suicidology. (n. d.). Some Facts about Suicide in the USA.)

((n. d.). is the American Psychological Association Style Manual abbreviation for No Date. It will be used throughout the paper for materials that do not give a date)

One flyer from the National Mental Health Association lists warning signs, what to do, statistics, ways to help, and resources. Under warning signs, it states, “Remember: Eight of ten

suicidal persons give some sign of their intentions. People who talk about suicide, threaten to commit suicide, or call suicide crisis centers are 30 times more likely than average to kill themselves.” (National Mental Health Association. (12/11/97). Suicide.)

“What About You? Perhaps you have sometimes felt like ending your life. Don’t be ashamed of it. Many people, young and old, share your feelings. Talk to someone you trust. If you like, you can call one of the agencies mentioned above and talk about the way you feel without telling them who you are. Things seem very bad sometimes. But those times don’t last forever. Ask for help. You *can* be helped. Because you deserve it.” (Suicide Prevention and Crisis Center of San Mateo County, California in cooperation with the American Association of Suicidology. (n. d.). Suicide in Youth and What You Can Do About It- A Guide for Students.)

“Stressful life events, such as the loss of a significant person, or school failure, often trigger suicide among teens.” “Get help for your teen and yourself. Talk to your pediatrician, teacher, counselor, clergy, or other trained professional. Don’t wait for the problem to “go away.” Although feelings of sadness and depression can disappear as quickly as they came, they can also build to the point that an adolescent thinks of suicide as the only way out. Be careful not to assume that your teen’s problems have been so easily solved.” (American Academy of Pediatrics. (2/95). Surviving: Coping With Adolescent Depression and Suicide Guidelines for Parents.)

“Firearms are currently the most often utilized method of suicide by essentially all groups (e.g., males, females, young, old, white, nonwhite) and the rates are increasing.” “What to do: Contact a Community mental health agency.....A private therapist.....A school counselor or psychologist....A family physician....A suicide and crisis center.” (American Association of Suicidology. (n. d.). Understanding and Helping the Suicidal Person. )

“Why we are...Most suicidal persons desperately want to live. They just are unable to see alternatives to their problems.” “Most suicidal persons give definite warnings of their suicidal thoughts; but those closest to them are either unaware of the significance of these warnings or do not know how to respond to them.” (American Association of Suicidology.

(n. d.). Understanding and Preventing Suicide. )

“Suicide ranks as the third leading cause of death for young people (behind only accidents and homicide). For those ages 15-19, suicide is the second leading cause of death.” (Last statement is false as stated above) “Approximately 14 young people between the ages of 15-24 die every day by suicide.” (Source Not Listed on Item. (Rev. 1997). Youth Suicide Fact Sheet.)

“COMMON MISCONCEPTIONS ABOUT SUICIDE” “Anyone who tries to kill him/herself must be crazy.” “NOT TRUE Most suicidal people are not psychotic or insane. They must be upset, grief stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.”

"COMMON MISCONCEPTIONS ABOUT SUICIDE" “Talking about suicide may give someone the idea.” “ NOT TRUE You don’t give a suicidal person morbid ideas by talking about suicide. The opposite is true—bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.” (National Alliance for the Mentally Ill. (n. d.). NAMI Facts Suicide: What Can You Do to Help.)

This last quotation is different than what is stated above in the section on prevention programs in which talking about suicide is only appropriate in certain contexts. The message is not completely consistent in different materials.

## **Bibliography of Pamphlets I Was Sent in 1998-1999 about Suicide**

American Academy of Pediatrics. (1990, Rev. 2/95). Surviving: Coping with Adolescent Depression and Suicide Guidelines for Parents [Pamphlet]. Elk Grove Village, IL: American Academy of Pediatrics.

American Association of Suicidology. (1993). Survivors of Suicide: Coping with the Suicide of A Loved One [Pamphlet]. Washington, D.C.: American Association of Suicidology.

American Association of Suicidology. (n. d.). Understanding and Preventing Suicide [Pamphlet]. Washington, D.C.: American Association of Suicidology.

American Association of Suicidology. (n. d.). Youth Suicide: A Guide for Parents [Pamphlet]. Washington, D.C.: American Association of Suicidology.

American Psychiatric Association. (1998). Let's Talk Facts about Teen Suicide [Pamphlet]. Washington, D.C.: American Psychiatric Association.

McIntosh, John L. (1993). The Suicide of Older Men And Women: How You Can Help Prevent a Tragedy [Pamphlet]. American Association of Retired Persons.

National Mental Health Association. (1997). Teen Depression and Suicide [Pamphlet]. Alexandria, VA.: National Mental Health Association.

Suicide Prevention and Crisis Center of San Mateo County, California in cooperation with the American Association of Suicidology and MSD Health Information Services. (n. d.). Suicide in Youth and What You Can Do About It-A Guide for Students [Pamphlet]. West Point, Pennsylvania: Merck, Sharp & Dohme.

## **Bibliography of Other Resources I Was Sent about Suicide**

American Association of Suicidology. (n. d.). Some Facts about Suicide in the U.S.A. Washington, D.C.: American Association of Suicidology.

American Association of Suicidology. (n. d.). Bibliography Suicide Bereavement. Washington, D.C.: American Association of Suicidology.

American Association of Suicidology. (n. d.). Understanding and Helping the Suicidal Person. Washington, D.C.: American Association of Suicidology.

American Association of Suicidology. (n. d.). Suicide Prevention and Survivors of Suicide Resources. Washington, D.C.: American Association of Suicidology.

National Alliance for the Mentally Ill. (n. d.). NAMI Facts Suicide: What Can You Do to Help. Arlington, VA: National Alliance for the Mentally Ill.

National Alliance for the Mentally Ill. (Winter 1997-1998). The Decade of the Brain A Publication of the National Alliance for the Mentally Ill. vol. VIII, issue 4.

National Alliance for the Mentally Ill. (n. d.). Families Just Like Yours. Arlington, VA: National Alliance for the Mentally Ill.

National Mental Health Association. (12/11/97). Suicide. Alexandria, VA: National Mental Health Association.

U.S. Department of Health and Human Resources. (1986). Useful Information on Suicide. Washington, D.C.: U.S. Department of Health and Human Resources.

Source Not Listed on Item. (Rev. 1997). Youth Suicide Fact Sheet.

### **Some Resources Retrieved From the Health Reference Center in 1999**

American Association of Suicidology. (1991). Suicide in Young People (pamphlet). Retrieved on 3/27/1999 from the OCLC Health Reference Center.

American Association of Suicidology. (1991). Suicide and How to Prevent It (pamphlet). Retrieved on 3/27/1999 from the OCLC Health Reference Center.

American Association of Suicidology. (1991). Before It's Too Late: What to Do When Someone You Know Attempts Suicide (pamphlet). Retrieved 3/27/1999 from the OCLC Health Reference Center.

### **Other Resources I Was Sent in Response to a Request for Information about Pamphlets on Suicide**

National Depressive and Manic Depressive Association. (1998). A Guide to Depressive and Manic-Depressive Illness. Diagnosis Treatment and Support. Chicago, IL: National Depressive and Manic Depressive Association.

National Institutes of Health. (August 1996). Depression. Effective Treatments are Available. Rockville, MD: National Institute of Mental Health.

National Institute of Mental Health. (1996). What to Do When and Employee is Depressed A Guide for Supervisors. Rockville, MD: National Institute of Mental Health.

### **Organizations to Contact for More Information about Suicide**

American Academy of Child and Adolescent Psychiatry  
3615 Wisconsin Avenue, N.W.  
Washington, D.C. 20016  
(202) 966-7300

American Academy of Pediatrics  
141 Northwest Point Boulevard  
P.O. Box 927  
Elk Grove Village, IL 60009-0927  
(847) 228-5005

American Association of Suicidology  
4201 Connecticut Avenue, N.W. Suite 310  
Washington, D.C. 20008  
(202) 237-2280

American Psychiatric Association  
1400 K. Street N.W.  
Washington, D.C. 20005  
(800) 368-5777  
<http://www.psych.org>

The Compassionate Friends  
P.O. Box 3696  
Oak Brook, IL 60522-3696  
(630) 990-0010  
(For parents who have lost a child)

National Alliance for the Mentally Ill (NAMI)  
200 North Glebe Road, Suite 1015  
Arlington, VA 22203-3754  
Help Line (800) 950-NAMI  
<http://www.nami.org>

National Depressive and Manic-Depressive Association  
730 North Franklin Street  
Chicago, IL 60610  
(312) 642-0049  
<http://www.ndma.org>

National Institute of Mental Health  
5600 Fishers Lane  
Rockville, MD 20857  
Facts on Demand: (301) 443-5158  
<http://www.nimh.nih.gov>

National Mental Health Association  
1021 Prince Street  
Alexandria, VA 22314-2971  
(800) 969-NMHA  
<http://www.nmha.org>

Suicide Prevention Resources  
405 West 48<sup>th</sup> Street  
Manhattan, NY 10036  
(212) 459-2611

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PROVIDED FOR INFORMATIONAL PURPOSES ONLY. THIS INFORMATION DOES  
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## **EDUCATIONAL MATERIALS ON ALCOHOL**

### **SUMMARY OF PROJECT**

Educational materials on alcohol/alcoholism were collected by contacting organizations like the following: AA, NIAAA, Al-ANON, American Liver Foundation. Materials were also collected from the Internet, a hospital library, and a prevention organization based in Illinois. Nine background articles-retrieved with the keywords “educational materials” and “alcohol”- were examined. Six articles on the effects of alcohol were also examined. Some results of studying these materials follow-

1. Earlier studies (Milgram, G. (1975, 1980). Journal of Studies on Alcohol.) show the topics of “alcoholism”, “effects of alcohol” (1975 study), and “general source material” (1980 study) as the most frequent topics of educational materials on alcohol, but few materials were concerned with “teen-age drinking” (1975 study) or “responsible drinking” (1980 study). I did not attempt as exhaustive a search as these studies by Milgram; my limited search indicates that there are more materials on youth or adolescent drinking -18 items of 114 items collected and

many teachers' manuals at Prevention First, an Illinois based prevention organization.

Discussions of particular alcohol-related organizations - 17 of 114 - and treatment/prevention - 14 of 114 - are also prevalent. Alcoholism - 17 of 114 - and the various effects of alcohol - 21 of 114 - are the most frequent topics similar to that found by Milgram. There seem to be more types of educational materials available now- videos, games, journals, newsletters, pamphlets, fact sheets, bibliographies, and other types- compared to the period Milgram examined.

2. Perhaps more of these materials should recommend a visit to a medical professional. There is evidence from one study, though, that even some physicians have "...frustration with the lack of a *systematic strategy* or *tangible materials* for patient identification and management." (Rush et. al. (1995). Early intervention for alcohol use: family physicians' motivations and perceived barriers. Can. Med. Assoc. Journal, 152, p. 867.)

3. Some materials present data without listing sources. For example, the American Council on Alcoholism, in many of their 1999 newsletters called Recovery, without listing sources says, "more than 100,000 people die each year from alcohol abuse." Indeed, this statement is in the accepted literature. (See, for example, the March 23, 1990 Center for Disease Control MMWR which reports that in "1987, an estimated 105,095 persons died from alcohol-related causes (4.9% of total national mortality)." (Morbidity and Mortality Weekly Report. (March 23, 1990). 39 (11), at URL <http://www.cdc.gov/mmwr>.) Some of the observations in these materials would be more compelling if the sources were noted.

4. "Global recommendations like '1-3 drinks a day are good for you' are meaningless." (Abdulla, Sara quoting Michael Gaziano. (Oct. 18, 1997). Alcohol message must be carefully worded. Lancet. p.1148, retrieved form OCLC First Search Periodical Abstracts database.) If taken out of context, these statements (about alcohol being good for you) can be misunderstood

and used as an excuse to drink heavily, which is dangerous and destructive. The terms “moderate drinking” and “one drink” are clearly defined in some, but not all, of these materials. Authors of these materials uniformly argue that heavy drinking is bad for you.

**Some Information in Materials Sampled (these are taken from the actual materials sampled)**

Below are some interesting statements that I found in the materials.

1. “Purple grape juice seems to have the same effect as red wine in reducing the risk of heart disease...” (American Heart Association meeting report, 11/10/98 News Release, Abstract #3080.)

2. “Alcohol interacts negatively with more than 150 medications.” (NIAAA pamphlet. (1999). Alcohol What You Don’t Know Can Hurt You.) Combining alcohol with medication can be dangerous. (Paraphrase from same NIAAA pamphlet)

3. “... Long term heavy drinking increases the risk for high blood pressure, heart disease, and some kinds of stroke.” (NIAAA pamphlet. (1999). Alcohol What You Don’t Know Can Hurt You.) There are many negative effects of long-term heavy drinking like alcohol-related liver disease, high blood pressure, heart disease, drunk driving, cancer, alcohol poisoning and pancreatitis. (paraphrase from NIAAA pamphlet) There are several studies showing a lower incidence of coronary heart disease in people who drank moderately, but “it is also important to note that the apparent benefits of moderate drinking on CHD [Coronary Heart Disease] mortality are offset at higher drinking levels by increased risk of death from other types of heart disease, cancer, liver cirrhosis, and trauma.” (Alcohol Research and Health. (2000). 24(1). p.6.) The

studies showing a J shaped curve for drinking are also disputed by some authors- for example, Kaye Middleton Fillmore Addiction, February 2000, p. 173 and Fillmore, Addiction 1998.

4. “An estimated 10% of the US population”-about 25 million people- “will have a problem with” alcohol. (American Council On Alcoholism Newsletter Recovery, September 1999) “The economic costs of alcohol abuse and alcoholism are more than \$140 billion, mostly in lost productivity.” (American Council on Alcoholism Newsletter Recovery, September 1999.) “Alcoholism is a primary, chronic disease with genetic, psychological and environmental factors influencing its development and manifestations.” (American Council on Alcoholism Sheet. (n. d.). “Definition of Alcoholism.”)

5. “Alcohol advertising glamorizes alcohol use and provides a one-sided view of drinking that fails to give information about its risks.” “...almost 80% of women and 67% of men support health warnings in alcohol advertising.”(Center for Science in the Public Interest. (1992). Mad At the Ads! A Citizens’ Guide to Challenging Alcohol Advertising Practices [Pamphlet]. p. 29.)

6. “Alcohol consumption is associated with more than 27% of all murders, almost 31% of all rapes, almost 33% of all property offenses, and more than 37% of robberies by young people.” (Mad at the Ads! A Citizens’ Guide to Challenging Alcohol Advertising Practices (1992). p. 27, quote from remarks of Surgeon General Antonia Novello on 4/13/92.) “Alcohol use has been involved in as many as 50-65% of all suicides among young people.” (Mad at the Ads! A Citizens’ Guide to Challenging Alcohol Advertising Practices (1992). p. 27, quote from NIAAA, “Alcohol Topics: Fact Sheet, Alcohol and Use.”)

7. “Alcohol-related crashes are the number one cause of death among young people age 16 to 24.” (Syndistar, Inc. (1992). A Parent’s Guide to Drinking Driving and Drugs [Pamphlet].)

“Alcohol poisoning is not caused by a specific number of drinks. The number is different for every person.” (Illinois Liquor Control Commission. (n. d.). Alcohol Poisoning [Pamphlet].)

“Prevention programs that encourage change in adolescent behavior patterns...may break the link to substance abuse.” (SAMHSA Fact Sheet. (n. d.). Prevention Programs that Work.)

8. “Even moderate social drinkers may risk liver damage.” “Because some people are much more sensitive to alcohol than others, there is no single right answer that will fit everyone.”(American Liver Foundation pamphlet. (1997). Alcohol and the Liver. ) “Cirrhosis and other liver diseases take the lives of over 25,000 Americans each year and rank eighth as a cause of death.” (American Liver Foundation pamphlet. (1997). Cirrhosis: Many Causes.)

9. For “people under age 45, who have little ischemic cardiovascular mortality” increasing consumption is associated with higher overall mortality similar to areas of the world with little mortality from cardiovascular diseases. (paraphrase from “Health risks and benefits of alcohol consumption”. Alcohol Research and Health. (2000), 24(1), p. 9.)

10. “Alcoholism may accelerate normal aging or cause premature aging of the brain.”(National Institute on Alcohol Abuse and Alcoholism. (April 1998). Alcohol Alert #40 Alcohol and Aging. p. 2.) “...cost of illness studies continues to find that the economic burden of alcohol abuse and alcoholism exceeds that of illicit drugs of abuse.” (National Institute on Alcoholism and Alcoholism. (1/2001). Alcohol Alert Economic Perspectives on Alcoholism Research. p. 3.)

### **Some Information Found in Journal Article Background Literature**

1. Unterberger and DiCicco also “noted that alcohol education should eliminate ambivalence and confusion...” (Milgram, G. (1980). A descriptive analysis of alcohol education materials, 1973-1979. Journal of Studies on Alcohol. p. 1209.)

2. “Some researchers have called for a more concerted and widespread effort to disseminate effective protocols for the detection and management of patients’ alcohol use.” (Rush et. al. (1995). Early intervention for alcohol use: family physicians’ motivations and perceived barriers. Can Med. Assoc. Journal, 152, p. 867.)

3. Participants in courses on alcohol and other drug abuse should be encouraged “to Produce Culturally Specific AODA [alcohol and other drug abuse] Educational Materials in their Native Languages, in English, or in Both Languages.” Some educational materials and experiences in these courses should be modified “to increase cultural relevance.” (Amodeo, M., Robb, N. (1997). Modifying methods and content to teach about alcohol and drug abuse cross culturally. Substance Abuse, 18, p. 6 and 10.)

4. “...irrespective of language, clinicians who have patients with low literacy levels in public health clinics should be cautioned not to rely on written materials to reinforce health messages, they are supplemental.” “Among English-speaking participants, the material written at the lower reading level was shown to be more effective.”(Calabro, K et. al. (1996). Pregnancy, alcohol use and the effectiveness of written health education materials. Patient Education and Counseling, 29, p. 308-309 and 301.)

5. “There was clearly no advantage over assessment alone in distributing instructional materials to patients without a physician message.” (Kelly, R. (1988). Controlled trial of a time-efficient method of health promotion. Am. J. Prev. Med, 4, p. 205.)

6. “...alternative interventions need to be developed that are perceived as attractive and to be sought out rather than avoided.” (Sobell, L. et. al. (1996). Fostering self-change among problem drinkers: a proactive community intervention. Addictive Behaviors, 21, p. 827.)

## **Contact Information for Some of the Organizations Whose Materials are Represented**

Al-Anon Family Group Headquarters  
1600 Corporate Landing Parkway  
Virginia Beach, VA 23454-5617  
Internet Address: <http://www.al-anon.alateen.org>  
US Phone Number (800) 356-9996

Alcoholics Anonymous (AA) World Services  
475 Riverside Drive, 11<sup>th</sup> Floor  
New York, NY 10115  
(212) 870-3400  
Internet Address: <http://www.alcoholics-anonymous.org>

National Council on Alcoholism and Drug Dependence (NCADD)  
12 West 21<sup>st</sup> Street  
New York, NY 10010  
(800) NCA-CALL  
Internet Address: <http://www.ncadd.org>

National Institute on Alcohol Abuse and Alcoholism  
Scientific Communications Branch  
6000 Executive Boulevard, Suite 409  
Bethesda, MD 20892-7003  
(301) 443-3860  
Internet Address: <http://www.niaa.nih.gov>

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## **EDUCATIONAL MATERIALS ON SLEEP**

### **Summary of Project**

Thirteen organizations concerned with sleep were contacted. These included the American Academy of Sleep Medicine, the Association for the Study of Dreams, Narcolepsy Network, Academy of Dental Sleep Medicine, and the National Center on Sleep Disorders Research. I requested educational materials on sleep and explained that the project was for the NAMI conference poster session. Seven organizations returned materials. 53 items were collected and reviewed. Contact was limited to contact by phone; the wealth of web, journal, video and book information was not reviewed for this project. Four scholarly articles about sleep and sleep education were reviewed. Some findings were:

1. Material breakdown by type. 27 pamphlets, 14 fact sheets, 1 video, 1 contact information item, 1 journal, 2 bibliographies, 1 brochure, 1 Compact Disc, 2 publication lists and 3 newsletters. Pamphlets were obviously the major mode of communication in responding to my request over the phone for materials on sleep.
2. Material breakdown by topic. 7 items are on dreams, 13 are on apnea, 3 are on insomnia, 8 are on narcolepsy, 4 are on dental sleep medicine, 2 are on restless leg syndrome, 2 are on children, 1 item was retrieved on sleep IQ, sleepiness, women, shift work, depression, sleep hygiene, parasomnias, elderly sleep, sleep and health, sleep studies, circadian rhythms, 2 publication lists and 1 on general topics/beds. Certain topics get more attention than others. There are 13 items on apnea in part because there are 8 items from the American Sleep Apnea Association; this is not an issue of too much being produced on apnea. Some of these organizations also provided publication order forms; there were many more items obtainable from these organizations than I actually obtained.

3. There were no sources to support some of the statements on many of the materials.  
Obviously sources cannot always be provided because of space limitations, but some more sources may be helpful in some cases.
4. The materials do not always give consistent messages. One item - a web site about sleep apnea - reports that 12 million people have the disorder, while a National Center on Sleep Disorders Research item reports that 18 million Americans have apnea. Similarly, the American Sleep Apnea Association pamphlet "Tired of Sleepiness" states, "at least ten million Americans have unrecognized sleep apnea."(American Sleep Apnea Association, 2-01)
5. There were no materials received devoted to sleep among non-human animals.

**Some Information Found in the Materials (these are taken from the actual materials sampled)**

1. Psychiatric disorders "account for less than 50% of cases" of insomnia. "Insomnia can also be associated with a wide variety of medical and neurological disorders." (National Center on Sleep Disorders Research. (9/1998). Insomnia Assessment and Management in Primary Care [Brochure]. p. 7 and 8.)
2. "Sleep is a basic physiological need, as important to healthy living as eating." (Cephalon. (1998). Sleep and Narcolepsy Education Program CD-ROM.)
3. "Snoring is the sound of partially obstructed breathing during sleep. While snoring can be harmless, it can also be the sign of a more serious medical condition known as obstructive sleep apnea. Obstructive sleep apnea occurs when the tongue and soft tissues fall back into the throat during sleep, totally blocking the airway. Obstructive sleep apnea

has been associated with cardiovascular problems and excessive daytime sleepiness.”

(Academy of Dental Sleep Medicine. (2000). Now You Can Get the Sleep You Need.)

4. “Not merely a “break” from your day, sleep is vital to maintaining good health and well-being. When you go to sleep, your body goes to work, consolidating the day’s learning into memory and improving your ability to absorb and remember everyday skills. A good night’s sleep also re-energizes you and helps you prepare for the day ahead.” (The Better Sleep Council. (2001). The Better Sleep Guide.)

5. “Does everyone dream? Yes. Laboratory studies have shown that we experience our most vivid dreams during a type of sleep called Rapid Eye Movement (REM) sleep. During REM sleep the brain is very active, the eyes move back and forth rapidly under the lids and the large muscles of the body are relaxed. REM sleep occurs every 90-100 minutes, 3-4 times a night, and lasts longer as the night progresses. The final REM period may last as long as 45 minutes. Less vivid dreams occur at other times during the night.” (Association for the Study of Dreams. (n. d.). Common Questions About Dreams.)

6. “Sleep apnea: a treatable disorder in which a person stops breathing during sleep, often hundreds of times during the night.” “Consequences of untreated sleep apnea include high blood pressure and other cardiovascular disease, and weight gain.” (American Sleep Apnea Association. (2/01). Tired of the Sleepiness? Tired of the Snoring? It’s No Joke.)

7. “Although, in some persons’ views, the cause of narcolepsy may have been viewed as being of “mental” origin in the past, the recent advances in the understanding of the cause of narcolepsy has left no doubt that it is a neurological disorder. It is believed that most narcoleptics are currently undiagnosed and therefore keeping the features of narcolepsy

before the eyes of as many physicians as possible is most important.” (Narcolepsy Network. (Winter 2001). The Network A Publication of Narcolepsy Network, Inc.)

8. “Although it is a time when your body rests and restores its energy levels, sleep is an *active* state that affects both your physical and mental well-being. Adequate restful sleep, like diet and exercise, is critical to good health. Insufficient restful sleep can result in mental and physical health problems and possibly premature death.” “It has been estimated that drowsy driving may account for an average of 56,000 reported accidents each year—claiming over 1,500 lives.” (National Center on Sleep Disorders Research. (October 1996). Test Your Sleep I.Q.)
9. “Sleep isn’t just “time out” from daily life. It is an active state important for renewing our mental and physical health each day. More than 100 million Americans of all ages, however, regularly fail to get a good night’s sleep. At least 84 disorders of sleeping and waking lead to a lower quality of life and reduced personal health. They endanger public safety by contributing to traffic and industrial accidents. These disorders can lead to problems falling asleep and staying asleep, difficulties staying awake or staying with a regular sleep/wake cycle, sleepwalking, bedwetting, nightmares, and other problems that interfere with sleep. Some sleep disorders can be life-threatening.” (American Academy of Sleep Medicine. (2000). Sleep Hygiene a wellness booklet from the American Academy of Sleep Medicine.)
10. “What is insomnia? Insomnia is the perception or complaint of inadequate or poor-quality sleep because of one or more of the following: difficulty falling asleep, waking up frequently during the night with difficulty returning to sleep, waking up too early in the morning, unrefreshing sleep.” “Who gets insomnia? Insomnia is found in males and females of all age groups, although it seems to be more common in females (especially after menopause) and in

the elderly. The ability to sleep, rather than the need for sleep, appears to decrease with advancing age.” (National Institute of Health, National Heart, Lung, and Blood Institute. (October 1995). Facts about Insomnia.)

### **Some Information Found in Journal Article Background Literature**

1. “Conclusions: The findings indicate that nonpharmacological interventions produce reliable and durable changes in the sleep patterns of patients with chronic insomnia.”  
“...although psychological treatment may be more expensive and time consuming than pharmacotherapy, the current data indicate that it may prove more cost effective in the long run.” (Morin, Charles M., James P. Culbert, and Steven M. Schwartz. (1994). Nonpharmacological Interventions for Insomnia: A Meta-Analysis of Treatment Efficacy. American Journal of Psychiatry, 151, p. 1172 and 1179-1180.)
2. “Since their sleep disturbances are usually secondary to medical, psychiatric, pharmacologic, or environmental causes, they should receive a thorough evaluation and differential diagnostic approach. Before prescribing a sedative-hypnotic, one should consider nonpharmacologic interventions and education about normal sleep changes due to aging.” (Moran, Michael, Troy L. Thompson and Alan S. Nies. (1988). Sleep Disorders in the Elderly. American Journal of Psychiatry, 145, p. 1369.)
3. “The use of sleep hygiene was associated with initial improvement in daytime well-being, whereas bed restriction led to sustained improvements in sleep continuity and sleep depth.” “Finally, our findings are broadly consistent with those of Morin and colleagues, who have recently shown the efficacy of cognitive behavioral interventions in improving sleep quality in elderly insomniac patients over a 1-year period. (Morin, Collecchi, Stone, Sood, & Brink, 1999)” (Hoch, Caroly C. et. al. (2001). Protecting Sleep

Quality in Later Life: A Pilot Study of Bed Restriction and Sleep Hygiene. Journal of Gerontology, 56B, p. P52 and P57.)

4. “The results of our present study demonstrate that sleep disorders are quite prevalent in the general population, that they persist for many years, and that they are often associated with general health problems, particularly mental health difficulties. These findings emphasize the importance of the physician’s readiness to recognize, diagnose, and treat sleep disorders.” (Bixler, Edward O. et. al. (1979). Prevalence of Sleep Disorders in the Los Angeles Metropolitan Area. American Journal of Psychiatry, 136, p. 1261-1262.)

#### **Contact Information For The Organizations whose Materials are Represented**

Academy of Dental Sleep Medicine  
10592 Perry Highway, Suite 220  
Wexford, PA 15090  
Phone (724) 935-0836

Association for the Study of Dreams  
Information Office  
P.O Box 1166  
Orinda, CA 94463  
Phone (925) 258-1822

American Sleep Apnea Association  
1424 K Street, NW Suite 302  
Washington, DC 20005  
Phone (202) 293-3650

Narcolepsy Network  
Reed Hartman Corporate Center  
10921 Reed Hartman Highway  
Cincinnati, OH 45242  
Email: [narnet@aol.com](mailto:narnet@aol.com)  
(513) 891-3522

National Center on Sleep Disorders Research (NCSDR)  
NHLBI/NIH  
Two Rockledge Center  
Bethesda, MD 20892-7920  
Email: [ncsdr@nih.gov](mailto:ncsdr@nih.gov)  
(301) 435-0199  
See website for further information <http://www.nhlbi.nih.gov/about/ncsdr/index.htm>

American Academy of Sleep Medicine  
6301 Bandel Road NW, Suite 101  
Rochester, MN 55901  
Phone (507) 287-6006

Better Sleep Council  
Guide  
P.O. Box 19534  
Alexandria, VA 22320-0534  
For a Free copy of their Better Sleep Guide

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**CONSTITUTE MEDICAL ADVICE AND SHOULD NOT BE RELIED ON AS SUCH.**  
**THE INFORMATION DOES NOT REPRESENT THE VIEWS OF MY EMPLOYERS.**

### **Conclusion**

As discussed in the Spring 1999 article “Pamphlets in Medical Libraries,” educational materials may be biased, contain errors, and manufacture acquiescence to procedures or medication. Still, educational materials “can disseminate helpful information about disease” and health “and, therefore, are valuable sources of consumer and medical health information.” (Struck, James Timothy. (Spring 1999). “Pamphlets in Medical Libraries”, Illinois Libraries, p. 108.) A very similar conclusion can be reached after looking at these three separate examinations of health related educational materials.

We saw inconsistent data with the example of the materials on sleep apnea. We saw inaccurate data with the example of the ranking of suicide as the second leading cause of death among 15-19 year olds. We saw confusing data in the example of talking about suicide and suicide prevention programs. We saw caution not to rely solely on educational materials because of low literacy levels in the literature about alcohol educational materials. We saw in the literature about alcohol materials that, in one study, without a physician message there is no “advantage over assessment alone in distributing instructional materials to patients” (Kelly, R. (1988). Controlled trial of a time-efficient method of health promotion. Am. J. Prev. Med., 4, p. 205.); the point being that physicians’ messages are an essential supplement to these materials. Also with the alcohol materials, we saw a caution not to take comments about benefits of alcohol out of the context of established negative effects. We saw with each of the three types of materials a lack of mention of sources or dates.

One of the most important lessons of this paper is on the importance of information literacy. All information needs to be evaluated; there is inaccurate, misleading, and confusing information out there. Information in one format or source needs to be compared to information in other formats or sources.

Still, these educational materials can be very helpful. A patient or consumer can leave a doctor’s office and come to a library looking for information about their disease/disorder/problem. The patient can be helped by some of these materials in a way different from an Internet site and different from a lengthy book. Still, Kelly’s point from his study that a physician message is needed to provide an advantage to distribution of these materials should be recalled. (Kelly, R. (1988). Controlled trial of a time-efficient method of health promotion. Am. J. Prev. Med. 4, 205)

This paper also can serve as a resource for future researchers on these types of materials. Just as Milgram studied alcohol educational materials across the years 1975-1980, a future researcher can look at the data about each of these types of materials and make observations about the types of materials being distributed and the topics of the materials being distributed in the past. Dated material is not irrelevant or useless; it tells us about the history of health care and other disciplines in the past. Dated and old material is very important for historical research and also for studies of present treatments and solutions to problems.

Since a patient or consumer may rely in some cases not on what the doctor tells him/her but on what an educational material states, it is important for librarians to know that these materials sometimes contain inaccurate statements, are sometimes very helpful, and sometimes change their formats and their topics. Educational materials have histories just like any other phenomenon; this paper has been an attempt to look more closely at some of the history of three types of educational materials on health.

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