

# Health Sciences Libraries of Professional Societies, Voluntary Health Organizations, and Foundations

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IN a recent study of the professions, Bucher and Stelling observed that it was "extremely difficult to draw sharp boundaries around the notion of a professional organization" (1). Characterization in this paper of the organizations that sponsor health sciences libraries is perhaps even more complex, since they include not only professional societies, but also other social groups organized for diverse purposes.

In general, this paper covers three major types of organizations associated with or supporting health sciences libraries:

1. Professional societies or associations of colleagues in an occupational context, i.e., societies, colleges, academies, or associations in medicine and the allied health sciences;
2. "Voluntary health organizations" composed of persons of heterogeneous background and orientation who organize to support special programs related to the health field and supported by voluntary contributions from the general public, e.g., International Planned Parenthood Federation, American Diabetes Association, Hay Fever Prevention Society;
3. Foundations, institutes, and other organizations supported by private benefactors or through grants, and which do not fall within the first two categories, e.g., Salk Institute for Biological Studies, Germfree Life Research Center.

These organizations represent a variety of objectives and programs. The libraries assume a supportive role in fulfilling their objectives, and, as such, they also exhibit great diversity in size, purpose, and even life-span. They cannot be treated as a homogeneous group in our analysis, and our approach will be first to pro-

vide an overview and then to separate each subset for analysis.

Of the 3,155 health sciences libraries or collections identified in the 1969 survey (2), 186 (6 percent) are libraries of professional societies, foundations, and voluntary health organizations (SFO). These include libraries of national organizations and their branches as well as local organizations. One hundred five libraries are sponsored by professional societies (3), 62 by foundations, and 19 by voluntary health organizations.

The average annual expenditure of SFO libraries is around \$36,500. This figure, however, is distorted by six disproportionately large libraries: American Dental Association, American Hospital Association, American Medical Association, College of Physicians of Philadelphia, New York Academy of Medicine, and Los Angeles County Medical Society. As shown in Figure 1, 28 percent of SFO libraries have total expenditures of under \$5,000 and 44 percent have expenditures between \$5,000 and \$25,000. The data, therefore, indicate that almost three-quarters (72 percent) of all SFO libraries have expenditures under \$25,000. Over one-third of all SFO library funds were spent in the New York region, and most of this amount was spent in New York City.

SFO libraries contain around 2,700,000 bound volumes, or approximately 10 percent of the total volumes of all health sciences libraries in the country. As indicated earlier by the general expenditure indices, there are great individual differences among the libraries, ranging from a low of fifty bound volumes to a high of 543,760. A total of over a half-million current serials are received by SFO libraries. Again, the number of current serials ranges from a low of two through 5,320 subscriptions.

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Salary information was provided by only 40 percent of the libraries. On the basis of this rather incomplete response, salary expenditures ranged from a low of \$1,000 to a high of \$384,600 (New York Academy of Medicine). The average salary expenditure for all SFO libraries was \$30,191.

Table 1 illustrates the great variety of users served by SFO libraries. One hundred one libraries (57 percent) provide services for physicians, making this the largest occupational group served. The next largest group served is in biomedical research. SFO libraries especially the state and county society libraries of the American Medical Association, often assume the role of community libraries in the health field. A total of twenty-eight county or state society libraries (73 percent) indicated that they provided services for anyone in the community, in addition to their membership, who had a legitimate need for health science information. These include students, teachers, attorneys, pharmaceutical manufacturers, and the general public.

Based upon a 76 percent response, SFO libraries were found to employ a total of 589

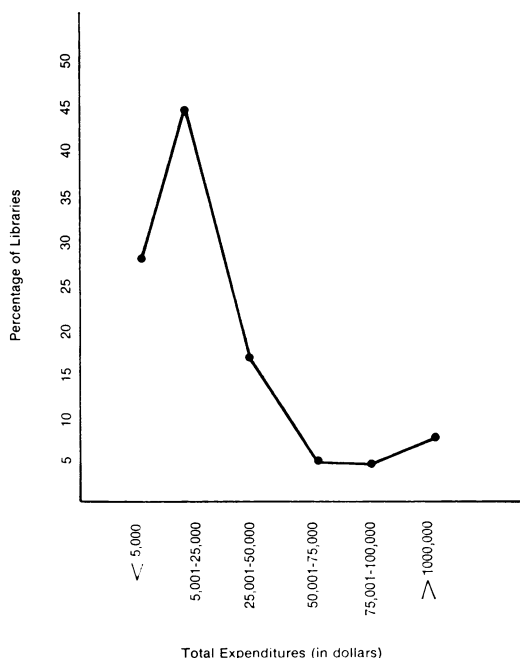


FIG. 1.—Percentage of Health Sciences Libraries in Professional Societies, Foundations, and Voluntary Health Organizations by Amount of Total Expenditures (N = 186).

TABLE 1  
USERS SERVED BY HEALTH SCIENCES LIBRARIES IN PROFESSIONAL SOCIETIES, FOUNDATIONS, AND VOLUNTARY HEALTH ORGANIZATIONS (N = 186)

User Class	Number of Libraries Serving Users
Medicine-Osteopathy.....	101
Dentistry.....	21
Nursing.....	43
Pharmacy.....	10
Veterinary Medicine.....	9
Other Health Professions.....	65
Biomedical Research.....	84
Nonhealth Professions.....	28

TABLE 2  
PERSONNEL OF HEALTH SCIENCES LIBRARIES IN PROFESSIONAL SOCIETIES, FOUNDATIONS, AND VOLUNTARY HEALTH ORGANIZATIONS\* (N = 186)

Personnel Class	Number of Staff
Professional	
Full-Time.....	170
Part-Time.....	41
Nonprofessional	
Full-Time.....	197
Part-Time.....	126
Student Assistants.....	55
Total.....	589

\* Based upon response rate of 76%.

staff members, both professional and nonprofessional, on a part- or full-time basis (Table 2). Of this number, 170 were listed as full-time professionals and 197 were listed as full-time nonprofessionals. The libraries averaged two full-time staff members, but again, there were great individual differences, ranging from one part-time nonprofessional to fifty full-time staff (professional and nonprofessional). The number of one-man libraries (part- or full-time) was found to be relatively low, accounting for only 19 percent of the libraries.

PROFESSIONAL SOCIETIES (NATIONAL AND LOCAL)

Vollmer and Mills (4) define "professional groups" as "associations of colleagues in an occupational context." The purposes of pro-

TABLE 3  
TYPES OF PROFESSIONAL SOCIETIES SPONSORING  
HEALTH SCIENCES LIBRARIES (N = 105)

Type of Organization	Number of Libraries
National Professional Societies . . . . .	37
American Medical Association State or County Societies . . . . .	39
Psychoanalytic Societies and Training Institutes . . . . .	18
Independent Local Societies . . . . .	6
American Dental Association State or County Societies . . . . .	5
Total . . . . .	105

fessionalization, they add, are to "clothe a given area with standards of excellence, to establish rules of conduct, to develop a sense of responsibility, to set criteria for recruitment and training, to ensure a measure of protection for members, to establish collective control over the area, and to elevate it to a position of dignity and social standing in society."

There are degrees of professionalization, and some sociologists distinguish between the professions and semiprofessions (5). In our analy-

sis, we have included all occupational groups in the health sciences regardless of speciality or judgment concerning degree of professionalization. "Professional societies" in our population, therefore, include such diverse groups as the American Pharmaceutical Association, American Society of Anesthesiologists, American School Health Association, and American Hospital Association.

A total of 105 professional societies supporting health sciences libraries were identified (Table 3). Of these, thirty-seven are national societies; thirty-nine are state or local constituents of the American Medical Association (AMA); eighteen are psychoanalytic societies and training institutions; six are independent local societies; and five are constituents of the American Dental Association. The psychoanalytic societies and training institutes do not always fit our model of professional societies and are difficult to classify. These libraries and the AMA libraries constitute special subsets, and will later be isolated for further analysis.

There are great differences among libraries of professional organizations in both size of collection and amount of support (Table 4). The average number of bound volumes is 28,892, and the average number of current

TABLE 4  
RESOURCES, EXPENDITURES, AND STAFF OF SFO LIBRARIES: BY TYPE OF ORGANIZATION (N = 186)

Type of Organization	Number of Libraries	Number of Bound Volumes <sup>1</sup>			Number of Serials <sup>1</sup>			Total Expenditures <sup>2</sup> (Average)	Number of Full-Time Staff <sup>3</sup>	
		High	Low	Average	High	Low	Average		Prof.	Non-prof.
Professional Organizations (National and Local) . . . . .	87	543,760	50	28,892	5,320	2	215	Not computed	112	148
Foundations and Other Private Organizations . . . . .	62	165,000	50	9,729	2,000	20	205	\$3,705	35	19
Voluntary Health Organizations . . . . .	19	13,000	102	2,944	560	3	185	Not computed	21	14
Psychoanalytic Societies and Training Institutes <sup>4</sup> . . . . .	18	12,000	400	3,165	1,057	4	111	\$5,341	9	10

<sup>1</sup> Based upon return rate of 90%.

<sup>2</sup> Based upon a return rate of 60%.

<sup>3</sup> Based upon a return rate of 76%.

<sup>4</sup> Statistics do not include three libraries combined with general psychiatric collections.

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serials is 215. While the population consists of both national and local organizations, there is not always a correlation between size of library and size of professional society. Two of the largest libraries (by comparison with all health sciences libraries, including those of medical schools) are the New York Academy of Medicine and the College of Physicians of Philadelphia, but both had locally defined audiences at the time they were surveyed. Subsequently, both libraries have become Regional Medical Libraries of the National Library of Medicine.

It should be noted that the usual indicators of size—number of bound volumes and current subscriptions—do not always apply in the case of professional society libraries. The latter often perform functions that are atypical of most medical libraries, whose programs consist mainly of acquisition, processing, circulation of materials, and some level of literature search. National societies are often responsible for bibliographic control over a specified discipline or areas of interest to their membership. The American Hospital Association, for example, compiles and publishes the *Index to Hospital Literature*; the American Dental Association publishes the *Index to Dental Literature*; and the American Medical Association publishes *Medical Socioeconomic Research Sources*. They may also be responsible for writing, editing, and indexing reports, proceedings, and digests related

to the history and policies of the societies. Some exercise great control over the society's computer facility, and are even called upon to devise systems for control of office records and for statistical surveys. Those societies that maintain archives are responsible for administering special collections as well as artifacts that require development of a museum.

THE AMERICAN MEDICAL ASSOCIATION:  
NATIONAL, STATE, AND  
COUNTY LIBRARIES

Libraries supported by state and county societies of the American Medical Association (AMA) comprise a large subgroup of the SFO libraries. In analyzing data on libraries supported by the AMA, the national library in Chicago was separated from the state and county society libraries. The national library functions primarily as the resource center for a large administrative staff that provides a diverse and vast number of services to both the membership and the community-at-large. These include support to scientific publications, health education, and communications programs of the Association.

What are the characteristics of the "typical" AMA state or county society library? As shown in Table 5, there is variation in both amount of resource and support among these libraries. Their budgets range from \$2,100 to \$146,145.

TABLE 5  
LIBRARY STATISTICS OF THE AMERICAN MEDICAL ASSOCIATION AND ITS  
STATE AND COUNTY SOCIETIES (N = 39)

Library Category	Number of Bound Volumes	Number of Current Serials	Total Expenditures	Number of Full-Time Staff	
				Professional	Nonprofessional
AMA Headquarters Library*	50,000	2600	\$246,201	12	13
State and County Society Libraries					
1. Range					
High	106,000	1450	146,145	4	5
Low	800	36	2,100	0	0
2. Average	26,020	363	28,298	0.95	0.89
Total for all AMA Society Libraries	936,735	15,310	\$1,123,465	48	49

\* Statistics for the AMA headquarters library were separated from those of state and county society libraries, because we were interested in finding out more about the "typical" local society library. In calculating the total resources, however, the headquarters library was included. These statistics are based upon response rates of  $\geq 95\%$  for all variables tabulated.

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The average society library has a total of 26,020 bound volumes and receives 363 current journals. The societies spend an average of \$28,298 on their library, and they are usually manned by two full-time staff members, one professional and one nonprofessional. The support of library activity by the American Medical Association and its constituents is a sizeable one, totalling over \$1,123,465 during fiscal year 1969.

The typical state or county society library defines its primary user group by membership within a specified geographic area, i.e., members of a county or state society. However, the society library also serves an important function as information center for the adjacent community—73 percent indicated that they served the general public, students, attorneys, and allied health personnel. Services offered include literature searches, loan, and photocopying.

AMA society libraries were surveyed in 1964 (6), 1966 (7), and 1969 (8). When data were compared for these surveys, it was found that

fourteen libraries which appeared in the 1964 or 1966 surveys were no longer listed in the 1969 survey. In a subsurvey, we contacted these fourteen societies which did not report libraries, and the results are indicated in Table 6. Typically, these were libraries serving physicians in local areas—county society libraries that, during the first half of this century, developed library service in response to needs of the membership, most of whom were practicing physicians.

In recent times, society libraries have found it increasingly difficult to maintain an adequate general medical library based upon the principle of serving all physicians within a given geographic area. Each of the societies contacted indicated that the membership had evaluated their library program and made the decision to enter into a cooperative program with a local institution—usually a hospital or a medical school. The cooperative or contractual arrangements vary among the libraries. Some libraries, although housed in cooperative facilities, remain autonomous. The San Diego County Medical Society Library, for example, is situated

TABLE 6  
MEDICAL SOCIETY LIBRARIES WHICH HAVE DEVELOPED COOPERATIVE PROGRAMS WITH LOCAL INSTITUTIONS, 1964-69 (N = 14)

Medical Society Library	Local Institution with Which Library Has Developed Cooperative Program
Academy of Medicine of Brooklyn, N.Y. Boston Medical Library, Boston, Mass. Broome County Medical Society, Binghamton, N.Y.	State University of New York, Brooklyn, N.Y. Harvard University Medical School, Boston, Mass. Binghamton General Hospital, Binghamton, N.Y.
Cleveland Medical Library Association, Cleveland, Ohio	Case Western Reserve University, Health Sciences Library, Cleveland, Ohio
Hall County Medical Society, Grand Island, Neb.	St. Francis Hospital, Grand Island, Neb.
Hillsborough County Medical Society, Tampa, Fla.	Tampa General Hospital, Tampa, Fla.
Jackson County Medical Society, Kansas City, Kans.	Kansas City General Hospital, Kansas City, Kans.
King County Medical Society, Seattle, Wash.	University of Washington, Health Sciences Library, Seattle, Wash.
Mobile County Medical Society, Mobile, Ala.	Mobile General Hospital, Mobile, Ala.
Muscatine County Medical Society, Muscatine, Iowa	Muscatine General Hospital, Muscatine, Iowa
Pennsylvania Medical Society, LeMoyné, Penna.	Pennsylvania State University, Hershey, Penna.
Rowan-Davie County Medical Society, Salisbury, N.C.	Rowan Memorial Hospital, Salisbury, N.C.
San Diego County Medical Society, San Diego, Calif.	University of California, San Diego, La Jolla, Calif.
Shawnee County Medical Society, Topeka, Kans.	Stormont Medical Library, Topeka, Kans.

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within the University of California (San Diego) complex, but provides the same general services with access to greater facilities and professional staff. In some smaller communities, where the majority of physicians are affiliated with one or two hospitals, the society has moved its library to one of the major hospitals, continuing its support in a new setting. Through these and other arrangements the society continues to support or augment local library resources, but through a sharing of facilities, resources, and operating costs. There is evidence that the trend toward cooperation between medical society libraries and local institutions will continue. It is, however, too early to predict short- or long-term outcomes.

### PSYCHOANALYTIC SOCIETIES AND TRAINING INSTITUTES

The American Psychoanalytic Association is made up of "affiliate" societies of psychoanalysts and training institutes, a flexible relationship that provides constituents a choice in degree of independence from the national organization (9). There are a total of twenty-nine affiliate societies. Psychoanalytic training is accomplished through the institutes, which are approved by the Association. In general, these are organized according to one of three models: (1) they may be supported and controlled by the local society, and not affiliated with a university; (2) they may be university-based; or (3) they may be independent of both the local society or university. There are twenty-nine training institutes, all of which have libraries to support their training programs.

Three of these have combined collections within a university—that is, the psychoanalytic publications are interfiled with the general psychiatric collection. Aside from these combined collections, the libraries are relatively small, having an average of 3,165 bound volumes. They receive an average of 111 current subscriptions and the average total annual expenditure is around \$5,300.

In attempting to explain the small size of these collections, the librarian of one of the largest institutes (10) indicated that training institutes were not usually committed to maintaining comprehensive collections of general psychiatric materials. The core literature of psychoanalysis is not extensive in comparison

with that of other specialties, either in number of monographs or in number of journals. In his experience, the library was rarely used by practicing analysts, who tended to maintain sizeable private collections; however, analysts do request literature searches. It was his opinion that in-depth indexing of the literature to provide access to both private and society collections was one of the greatest current needs.

### VOLUNTARY HEALTH ORGANIZATIONS

A voluntary health organization or agency has been defined by the American Medical Association and the Council on Voluntary Health Agencies as follows (11):

any nonprofit association organized on a national, state, or local level; composed of lay and professional persons; dedicated to the prevention, alleviation, and cure of a particular disease, disability, or group of diseases and disabilities. It is supported by voluntary contributions primarily from the general public and expends its resources for education, research, and service programs relevant to the disease and disabilities concerned.

The program of voluntary health organizations usually includes one or more of the following activities: (1) public education; (2) support of professional training; (3) support of services in diagnostic and treatment centers; (4) support of research; and (5) publications for professional or general audiences. These activities may be undertaken in institutions developed by the voluntary organizations, or they may involve support to outside organizations and societies.

Nineteen voluntary health organizations that support health-related libraries have been identified (Table 4). Based upon a 95 percent response, these libraries averaged 2,944 bound volumes, ranging from a low of 102 volumes to a high of 13,000. They receive an average of 185 current subscriptions ranging from a low of three journals to a high of 560. The American Cancer Society, American Heart Association, and the American Red Cross, three of the largest voluntary health organizations, also support the largest libraries.

Voluntary health organization libraries in general are small and specialized. With the exception of the few largest libraries, they are usually administered by a staff of one professional with some clerical assistance. Since the

major function of voluntary health organizations is fund raising and distribution of support to outside organizations and programs, comprehensive libraries are not usually required to support their functions.

#### FOUNDATIONS AND OTHER PRIVATE ORGANIZATIONS

An analysis published by the Russell Sage Foundation (12) defines a foundation as a "nonprofit organization having a principal fund of its own, managed by its own trustees or directors, and established to maintain or aid social, charitable, religious, or other activities serving the common welfare." By source of support, they may be divided into (1) family or personal foundations; (2) corporate foundations; (3) community trusts; and (4) governmental foundations. The fourth category, of which the National Science Foundation is an example, is not included in this analysis.

Sixty-two foundations or other private organizations have been identified with programs that support health sciences libraries. These programs are usually based in an institution or facility for research, communication, or patient care. Some examples are psychosomatic research, rehabilitation services, child study, and mental retardation. The libraries support these activities, usually providing special services for a limited set of users.

As indicated in Table 4, the average foundation library maintains a collection of 9,729 volumes and receives 205 serials. Total expenditures average \$3,705 per year. Foundation libraries are, in general, private, special libraries that support the program of the institution in which they are situated, although the entire program may consist of supporting a unique library collection.

#### SUMMARY

This paper focuses upon libraries supported by social groups that have organized for various purposes related to the health sciences: research, health care, professional activities, and education. These include professional societies, voluntary health organizations, and foundations. The 1969 survey identified 186 health sciences libraries sponsored by these groups, approximately 6 percent of the total number of health sciences libraries in the

United States. Previous surveys of society libraries covered fifty-one institutions (1964) and fifty-eight institutions (1966).

The contribution of SFO libraries to health sciences library resources of the United States is considerable—a projected \$4,000,000 of support. The average society or foundation annually spends around \$36,480 on its library. SFO libraries contain approximately 2,700,000 bound volumes and receive over a half-million current serials.

Longitudinal data are not available for all SFO libraries, except those of professional societies. There is evidence that, during the past decade when health sciences libraries of academic institutions experienced great growth, there was a decline in the number of local libraries independently supported by professional societies. This does not imply that professional societies no longer support library services, but the trend appears to be toward cooperation with local institutions to support the high cost of these services. On the other hand, there are national society libraries, such as the American Medical Association Archive-Library, which doubled its budget during the past ten years.

The 1960s were years of great growth and change for all the health sciences. We have seen new organizational forms emerge (regional medical libraries) and others strengthened (medical school libraries). By the end of the decade, we also began to see evidence of severe financial, political, and intellectual stress for universities. Now, the current focus appears to be upon the application of information and upon manpower production, rather than the production of new information. These trends will undoubtedly produce ecological changes among health sciences libraries, such as those observed in this analysis.

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