Delivery of Health-Related Information to Rural Practitioners*†

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ABSTRACT

A program to develop library resources was instituted in eight hospitals and one ambulatory care facility in the rural low country of South Carolina from July 1978 to July 1979. The program's goal was to increase availability and awareness of informational resources and their value in the continuing and in-service education of health personnel. This paper reports on the program's inception, components, evaluation, success, and implications for similar programs.

SINCE THE Carnegie Commission's 1970 report, rural health education has become a national priority [1]. The development of libraries to support health education in rural areas has become a priority, as well. The literature is fairly sparse on the development of library programs in rural areas, but much has been written about health information delivery for hospitals unable to support full- or part-time professional librarians [2-6].

The Low Country Rural Health Education Consortium has yet another approach to the problem of rural information delivery. A program to develop library resources was instituted in eight hospitals and one ambulatory health care facility in this rural region from July 1978 to July 1979. This paper describes the program's inception, components, evaluation, and implications for similar programs.

THE LOW COUNTRY RURAL HEALTH EDUCATION CONSORTIUM

In 1977, the Low Country Rural Health Education Consortium was formed as part of an ongoing plan by the South Carolina Area Health Education Center (AHEC) project office to establish area health education centers throughout the state. The consortium's administrative office is located at Hampton General Hospital in Varnville. The consortium covers a ten-county region encompassing 6,826 square miles. Beaufort, South Carolina is the largest town in the region with a population of approximately 9,000. Although Charleston County is geographically included in this area, the city of Charleston is not considered part of the consortium because of its diverse needs and resources and because the Medical University of South Carolina is located there. Indeed, the consortium was purposely composed of very small nonprivate rural hospitals which lacked the resources more readily available in larger hospitals.

Table 1 indicates the bed count of the institutions in the consortium, as well as the number of annual admissions, percentage of occupancy, budget in thousands of dollars, and the number of personnel during the time of the consortium's library program. Only three of the hospitals were accredited by the Joint Commission on Accreditation of Hospitals (JCAH), and the services, physical facilities, and staffs of these institutions were very limited, with the exception of Hilton Head Hospital, located in a resort area.

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TABLE 1
INSTITUTIONS OF THE LOW COUNTRY CONSORTIUM

Institution	No. of Beds	Annual Admissions	Percentage of Occupancy	Budget (Thous.)	No. of Personnel
Colleton Regional	142	5,454	76.1	$5,211	281
Beaufort	99	4,335	77.5	3,512	211
Bamberg	77	1,658	53.0	1,266	99
Hampton	68	2,869	61.1	1,506	116
Barnwell	60	1,514	46.7	1,296	99
Allendale	40	1,529	58.3	817	78
Hilton Head	40	1,402	55.0	4,069	119
Jasper	31	923	64.5	1,078	67
Beaufort-Jasper Comprehensive Health, Inc.*		Not Applicable		4,323	

Sources: AHA Guide to the Health Care Field, 1978. Clark's Directory of Southern Hospitals, 1978.
*Figures from Beaufort-Jasper Comprehensive Health Services, Inc., Ambulatory-Care Facility.

The low country is sparsely populated and has a rural minority population with low average family incomes: 30% of the population is below poverty level, excluding Charleston County.* Many of the institutions in the consortium are experiencing severe financial pressures and are forced to cut costs and personnel wherever they can. During certain times of the year, the patient load is not even large enough to support the existing facilities. Additionally, these institutions rely primarily on both local funds and personnel, creating constant problems in staff recruitment and retention.

THE LIBRARY PROGRAM

In order to upgrade facilities, personnel, and resources, a comprehensive library program was instituted. The library program was the first step in a plan to develop programs in continuing and in-service education for nurses, physicians, and allied health personnel. It was reasoned that better resources would contribute to the recruitment and retention of trained health personnel, and eventually to the betterment and expansion of these facilities.

To help achieve these goals, a librarian was hired by the consortium and located at the Medical University of South Carolina (MUSC) Library in Charleston. The MUSC Library Extension Service had served the immediate information needs of the state's rural health practitioners since 1971, and its staff was aware of the problems of serving smaller institutions.

In attempting to create a viable, dynamic library program, the consortium librarian, with assistance from the South Carolina AHEC project office and the MUSC Library professional staff, planned a four-part program designed to:

1. Develop and purchase a small core "reference" library in each institution, with space donated to house it.
2. Designate a contact person to staff the library part-time and to provide limited in-house reference service and liaison with medical libraries in the state.
3. Train each resource person.
4. Initiate a public relations program to heighten awareness of available in-house, statewide, and national resources.

THE CORE REFERENCE LIBRARY

To create a library at each site, a committee of librarians, nurses, physicians, and educators was formed to aid in the initial selection of needed materials, primarily from the Brandon and Hill and other core lists. Approximately 120 titles were purchased initially and located at each site. Ongoing selection was handled at each site via an internal committee composed of the in-house library contact person, the administrator, selected physicians, nurses, and allied health personnel, and the consortium librarian. Plans were made to classify acquired materials according to a modified National Library of Medicine classification system: the letters denoting a general subject were

*Information supplied by the Division of Biostatistics, Department of Health and Environmental Control, Columbia, South Carolina.

used with an author number and date. Audiovisual equipment was also purchased to facilitate use of software borrowed from other institutions.

Once materials were acquired, individual administrators had to face the need for physical facilities to house each collection. Depending largely on available space and the priorities of each administrator, physical accommodations given the library generally consisted of a small, multipurpose room which was also used as a doctors' lounge or for small meetings. Bookcases in these rooms were usually inadequate.

Contact Personnel

With the acquisition of core resources completed, attention was focused on staffing. With the help of the administrator at each site, a contact person, similar to the information specialist described by Gold [5], was chosen to oversee the library and to perform library-related duties five hours per week. In all cases, library contact personnel were women with clerical skills who had other duties. While five of the contacts were employed in medical record departments, the others had four separate primary job responsibilities: administrative secretary, in-service director, personnel department director, and personnel department secretary.

Training of Contact Personnel

From September 1978 to January 1979 a comprehensive training program, consisting of eleven half-day workshops, was held at various sites for library contact personnel. Recognizing that one of the problems of information availability is often the lack of trained personnel, the consortium librarian organized the training program, and librarians from MUSC assisted with teaching. Workshop topics were:

1. Overview, including the role of the library contact person, and the Biomedical Communications Network.
2. The hospital library facility.
3. Library management and operation, including acquisitions, cataloging, and circulation.
4. Basic reference services.
5. Basic reference sources (two sessions).
6. Audiovisual hardware.
7. Audiovisual software.
8. Publicizing library services.
9. Consortium development, including resource sharing and budgeting.
10. Summary and evaluation.

After each session, the consortium librarian traveled to each site to discuss workshop content with each contact person and to demonstrate applications of concepts covered. At the end of each session a test was given and a certificate was awarded to personnel who completed the program.

Public Relations

Once facilities were available and contact persons were chosen and trained, the next priority was making staffs at the various health care institutions aware of existing in-house and networking capabilities. MEDLINE demonstrations were conducted at hospital staff, nursing staff, and medical staff meetings. Tours of in-house facilities, including explanations of existing resources, were held. Where in-service programs existed or were being developed, library print and nonprint resources were made available to complement these presentations. Explanations of the services and resources of the two medical school libraries in South Carolina and of the other six area health education center regions within the state were also given. It was stressed that national resources were also available through the Regional Medical Library Program.

Evaluation

The success of this four-part program is difficult to measure. Indeed, its effect on recruitment and retention of personnel cannot yet be determined. To evaluate the program, however, the authors reviewed statistics on the use of the MUSC Library Extension Service, as well as statistics kept by each institution's contact person.

As illustrated in Table 2, requests to the MUSC Library Extension Service increased markedly after the consortium library program's inception. Requests included both manual and computer literature searches, ready reference, consultations, photocopies of articles, and loans of books, journals, and audiovisual software. Statistics indicated a 140.8% increase for the year of the program over the previous year in the number of requests to extension from the consortium institutions. The most notable increases were recorded in the number of requests for computer literature searches, copies of articles, and audiovisual software loans. Statistics kept by each institution's contact person were uneven, but indicated increasing library use. In fact, any use could be construed as an increase, since in most cases libraries in these institutions had not previously existed.

In addition to statistics, questionnaires com-

TABLE 2

REQUESTS FOR INFORMATION FROM THE LOW COUNTRY TO MUSC LIBRARY'S EXTENSION SERVICE

Year	Computer Literature Searches (MEDLINE, etc.)	Manual Reference Searches	Ready Reference	Consul-tations	Articles Copied	Items Loaned (Audiovisuals, Books, Journals)	Total
1975/76	40	8	4	5	249	12	316
1976/77	65	16	17	6	385	17	506
1977/78	93	24	33	4	530	37	721
1978/79 (Library program instituted)	238	56	28	*	1,243	171	1,736
1979/80	159	33	29	3	959	219	1,402

*No consultations were requested from MUSC Library staff except as participants in the training program.

pleted by each institution's contact person and administrator were reviewed. Informal comments from the consortium hospital staff and South Carolina medical librarians were also considered. Although these are not objective measurements, they are a relevant source of feedback. All concerned indicated this was a valuable program and well worth the effort that went into its design and implementation. In fact, other area health education center librarians have adapted similar programs in rural areas.

IMPLICATIONS

In retrospect, certain aspects of this experience provide valid insight applicable to the development of library resources in rural areas. One of the program's most positive aspects was the employment of a professional librarian to serve the needs of a specific group of very small hospitals. In addition, with the purchase of a core collection, nine health care institutions, which essentially had outdated or nonexistent health information resources, now have access to current, pertinent materials. The consortium's health care personnel also have a greater knowledge of library resources and services. An additional benefit is the collaborative relationship fostered between contact persons and other medical librarians, particularly at the MUSC. Increased cooperation and sharing of facilities and resources among these nine institutions and their libraries has also been facilitated. The interface of library resources with existing in-service and continuing education programs appears likely to continue in the future.

As in any endeavor, negative aspects have to be considered. Funding for the consortium libraries and librarian came entirely from the consortium which is supported by federal and state monies. The fact that this program was externally funded might imply that the hospitals do not have a vested interest in continuing to support the program. Since it is not known whether external funds will continue, more internal funding and financial independence for library development is essential [7].

Another weakness concerns the varying responsibilities of the contact persons who were appointed rather than recruited. In all cases, they did not view the library as a primary duty or as an ongoing professional responsibility.

Finally, there are problems in setting long-term goals and objectives and in explaining library functions to administrators or project directors who have no real commitment to libraries or knowledge of their potential. Since most of these hospitals are not accredited, the JCAH standard that relates to professional library development is not an administrative priority.

CONCLUSION

It is difficult to measure the long-term success of the consortium library project. Indeed, the future of the program cannot be accurately predicted, but if the delivery of health information to this rural region is facilitated even marginally, the program can be viewed as successful.

Funding for the consortium has continued to the present. After July 1979, however, the library program was changed to emphasize further development of the facility at Hampton General Hospital, the location of the consortium administrator. It was agreed by the consortium administrator and board that the librarian should operate from the consortium's central office. By moving the librarian from the large resource library in Charleston,

and by strengthening the facility in Varnville, it was felt that resources would be more attuned to rural health needs, and that the librarian's participation in the consortium's local educational programs would be facilitated.

Statistics from the MUSC Library Extension Service continue to show high use from consortium institutions. However, for fiscal year 1979/80 there was a drop of 334 requests (19.2%) from 1978/79. An initial assumption might be that this drop signals a decrease in library usage by consortium institutions. However, given the change in focus of the consortium library program, this decrease could indicate that the individual libraries have become more self-sufficient, filling users' requests on an in-house basis more frequently, or within the consortium, and that the success of this program has paved the way for increased local library support.

The consortium's approach to health information delivery is placing a qualified professional librarian at a core library designed to meet rural health information needs, in the center of a rural region. In addition, financial support comes largely from state and federal funds, rather than from the hospitals themselves, which are limited in their ability to support this type of service due to size and budget constraints. The consortium concept incorporates some of the various approaches already reported in the literature. Feuer described the circuit rider librarian concept: professional librarians serving rural needs by working from a large medical resource library with monetary support from the hospitals themselves [6]. Bolef and Fisher outlined information delivery via a formal consortium of larger hospitals which sought funding from a National Library of Medicine resource improvement grant [2]. The health information specialist concept, described by Gold and colleagues, involved the training of resource persons, essentially provided by and based at individual hospitals, by large medical resource libraries in the same area [5]. This approach assumes commitment to library service by the hospital in terms of staff time. Finally, the course for medical record administration students on library management reported by Haycock and colleagues depended on the staff of a large medical library facility for training personnel [4]. However, no personnel were provided to the rural hospitals and impetus for library development had to come from the hospitals themselves.

In contrast to all of these approaches, the Low Country Rural Health Education Consortium program involves a group of nine very small health care institutions whose priorities in terms of library development are not well defined. Assuming that there is a need for health-related information delivery in these institutions, the consortium approach is a viable one which has proven successful.

The delivery of health-related information is an area of concern which all librarians must view as a major priority. Whether one models a program on one of those reported in the literature, on the Low Country Rural Health Education Consortium, or on a combination of these, one cannot neglect the necessity of rural outreach by the medical library profession.

References

1. Royce PC. Can rural health education centers influence physician distribution? JAMA 1972 May; 220:847–9.
2. Bolef D, Fisher JS. A health sciences libraries consortium in a rural setting. Bull Med Libr Assoc 1978 Apr; 66:185–9.
3. Sekerak RJ. Cooperation strengthens small hospital libraries in a rural area of New England: a five-year experience. Bull Med Libr Assoc 1979 July; 67: 322–7.
4. Haycock LA, Carrol DJ, Krasner RM. Medical record administrators and management of the rural hospital library. Bull Med Libr Assoc 1978 Jan; 66:61–3.
5. Gold RA, Fink WR, Stearns NS, Bloomquist H. The health information specialist: a new resource for hospital library services and education programs. Bull Med Libr Assoc 1974 July; 62:266–72.
6. Feuer S. The circuit rider librarian. Bull Med Libr Assoc 1977 July; 65:349–53.
7. Feldman R, Deitz DM, Brooks EF. The financial viability of rural primary health care centers. Am J Pub Health 1978 Oct; 68:981–8.

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