

**THE RURAL INFORMATION CENTER:
FEDERAL AND STATE COOPERATION EXPANDS
INFORMATION ACCESS**

by

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Two USDA agencies, the National Agricultural Library and the Extension Service, originally established the Rural Information Center (RIC) in the fall of 1987 as a joint project, a project which expanded in 1988 to a Federal-State partnership to include the nationwide Cooperative Extension Service network.

RIC continues to coordinate with USDA and other Federal agencies with rural development programs to expand the program at the Federal level. Since 1990 RIC has become a focal point for Federal cooperation and program expansion as a result of mandates from President Bush and the White House Economic Policy Council Working Group on Rural Development and from the Congress. The involvement of USDA and other Federal agencies backed up and reinforced those mandates.

President Bush's rural economic development initiative recommended providing a center to give technical assistance and detailed information on Federal programs that service rural communities. This initiative was to take the form of an expansion of RIC and the participation of all relevant Federal agencies. A key RIC function was to provide toll-free access through an 800 telephone number.

In addition, the cabinet-level White House Economic Policy Council Working Group on Rural Development, chaired by then Secretary of Agriculture Clayton Yeutter, in its January 1990 report, *Rural Economic Development for*

the '90s: A Presidential Initiative, recommended that the Federal government strengthen RIC resources and capabilities.

In April 1990, shortly after this report was released, Secretary Yeutter invited the White House Economic Policy Council Working Group on Rural Development, which includes representatives of a dozen executive branch departments and major agencies, to visit RIC for an overview. The working group spent a morning at NAL learning about RIC's information resources and discussing cooperative Federal efforts.

Congress greatly expanded RIC's responsibility level to that of a national rural information center clearinghouse in the 1990 Farm Bill. That legislation required that RIC provide information about rural programs and services offered by Federal, state, and local agencies, as well as about offerings of non-profit organizations and institutions. Such rural services would include assistance programs for job training, education, health care, economic development assistance, and emotional and financial counseling. Congress provided in the legislation an annual authorization of \$500,000 for five years (fiscal years 1990-1994) for RIC to establish access to a comprehensive database of rural assistance programs from all levels of the public and private sector.

Congress also provided one additional substantial requirement for RIC, though it did not provide funding authorization. It directed that RIC, in cooperation with the extension service in each state, was to develop, maintain, and provide to each community, and make accessible to any other interested parties, a leadership training catalog. Congress also directed that RIC was to have the responsibility of disseminating information it "possesses" on rural health and safety as part of the rural health and safety education grant programs in the states, and that USDA's Rural Electrification Administration's technical assistance unit was to make use of RIC resources.

RIC enjoys great support from the USDA Office of the Under Secretary for Small Community and Rural Development. The Under Secretary's office has long promoted the idea of Federal agency cooperative staffing and financing as a means to expand RIC's resources and information delivery capabilities. In fact, last year former Secretary Bergland, then Secretary Yeutter, Under

Secretary Vautour, and Assistant Under Secretary Hill visited RIC to learn more about the center's capabilities, successes, and cooperative agency efforts.

At the direction of President Bush's rural development initiative USDA, under the guidance of the Chair of the White House Economic Policy Council Working Group on Rural Development Secretary of Agriculture Edward Madigan, and other Federal agencies with rural programs, are continuing to assist RIC's expansion through a variety of cooperative efforts.

RIC ESTABLISHES RURAL HEALTH INFORMATION SERVICES

A Federal cooperative effort which greatly strengthened RIC's capabilities is a joint effort between USDA and the Department of Health and Human Services (DHHS). The idea germinated in September 1989 and was underway within six months.

Congress mandated in the 1987 Social Security Act that the DHHS Office of Rural Health Policy (ORHP) establish a national rural health information clearinghouse service to collect and disseminate rural health care information, research findings, and innovative health care delivery techniques to rural areas.

The ORHP staff has used RIC since it expanded nationally in 1988. The ORHP Director, Jeffrey Human, liked the RIC information service model and in September 1989 he approached RIC with the proposal of incorporating the DHHS rural health center clearinghouse mandate with RIC. The joint effort would prevent duplicating rural Federal efforts. ORHP would also be able to utilize the Cooperative Extension Service's nation-wide network to disseminate rural health information to local communities and locate the health information clearinghouse at a national library.

NAL and DHHS signed a three-year interagency agreement in February 1990 in which NAL agreed to establish a rural health information service by October 1990. The service would function as a specialized subject component of RIC. This agreement combined two congressionally mandated clearinghouses while fully supporting the cooperative approach recommended in President Bush's rural development initiative. The health component is known as the Rural Information Center Health Service, or RICHS.

As part of the agreement with ORHP RIC acquired an 800 telephone number in order to provide easy access for rural officials, communities, organizations, and individuals seeking rural health and economic development information. Under this interagency agreement DHHS will transfer nearly a million dollars to RIC to implement and operate RICHS during fiscal years 1991 and 1992. NAL agreed to give RIC a new staff position and RIC was able to hire a health librarian in September 1990 who serves as the RICHS team leader.

In October 1990 NAL announced RICHS' implementation. However, the unprecedented delay of approval of the fiscal year 1991 Federal budget, which nearly shut down the Federal government, subsequently delayed the transferring of DHHS funds until the end of January 1991 and the hiring of two additional health information specialists until April. Unfortunately RIC staff members were in the unpleasant position of operating an 800 number with a workload increase in excess of 100% for six months without the anticipated additional RICHS staff. RIC has now recovered from the increased request load and plans to further expand the health information services in 1991.

In order to complete the staffing of the RICHS operation RIC initiated a cooperative agreement with the University of Maryland's Cooperative Extension Service (CES). Maryland's CES readily agreed to support the RIC program by entering into this agreement because RIC was a joint extension service project. The agreement allowed RIC to hire two health information specialists, members of the University's extension facility, and a secretary, a Maryland state employee. The RICHS operation has been not only an example of successful Federal interagency cooperation effort but Federal-state partnership as well.

There is an additional Federal cooperative twist to the RICHS project. Being able to take advantage of the Federal extension service partnership, Myron Johnsrud, the USDA Extension Service Administrator, obtained approval from the Secretary of Agriculture for the Extension Service to recruit a state extension service rural health specialist on a twelve-month Intergovernmental Personnel Act (IPA) appointment. RIC funds the appointment which allows the USDA Extension Service to recruit annually a Cooperative Extension Service specialist to assist the RICHS staff's network and infor-

mation delivery capabilities. The Extension Service is announcing the position nation-wide; once it makes a selection it will sign an agreement with the university of the successful candidate. RIC is to fund living expenses and partial salary; the state extension service is to fund the remaining salary; and the Federal extension service is to provide RIC with the IPA position. This example is about as creative a recruitment partnership one is likely to find in the Federal government.

Although RIC has concentrated its efforts over the past year to greatly expand its capabilities to respond to rural health requests, it has been processing questions about rural health care access and delivery systems, health care personnel recruitment and retention, and hospital closures since its implementation in 1987.

The crisis of health care access and delivery in many rural areas is an economic issue as well as a health care issue. According to a 1988 U.S. Senate staff report to the Special Committee on Aging on the health care challenge:

The rural hospital often plays a pivotal role in the life of the community. It is not only the heart of the local health care delivery system, but is also a source of civic pride and a key player in the community's efforts to attract and retain physicians and other health care personnel... The fact that the presence of a hospital virtually guarantees a steady flow of funds into a rural community (such as public and private insurance payments) cannot be underestimated. These funds have a substantial direct and indirect impact on local employment and business prosperity since the hospital is generally the largest or second largest employer as well as a major purchaser of goods. Moreover, the community's prospects for future economic development — attracting and retaining employers — are often inextricably linked with the maintenance of a viable health care delivery system. (U. S. Senate, 1988)

Consequently, if a rural community cannot recruit and retain doctors or maintain an economy strong enough to keep its hospital or clinic open the community loses not only immediate health care access for its residents but also one of the largest community employers and future business expansion opportunities. One of every ten rural hospitals closed during each year in the

1980s and currently 24% (600 of 2,500) rural hospitals are estimated to be at risk of closure in the next few years. (Swink & Cacic, 1991)

Ironically, while many rural hospitals are facing bankruptcy:

Nationwide, over the past year the health-services industries have been the only major sector of the national economy to grow. In the face of recession, health-care employers added 383,000 jobs between July 1990 and July 1991, according to the U.S. Labor Department. That's an increase of 4.9%, while the overall number of jobs in the private sector dwindled 1.3%. More than 9% of all private, nonagricultural workers in the U.S. are now employed in the health-delivery services, up from 3% in 1960. (Stout, 1991)

Although this recent health-care service industry growth has helped to stabilize some depressed urban economies, many rural hospitals must rethink how they will provide future health care more efficiently to insure survival. The RIC health service is trying to provide the best information available to assist hospital planners and administrators, whether they are searching for information on more innovative health care delivery systems, on examples of successful strategies and partnerships, or on potential funding sources.

RIC NETWORKS WITH RURAL HEALTH GROUPS

In order to provide the best available health information for this new audience the RIC staff networks with several significant groups including the Office of Rural Health Policy, the National Advisory Committee on Rural Health, the Rural Health Research Centers, the National Rural Health Association, the state offices of rural health, and the National Library of Medicine. The Department of Health and Human Service's Office of Rural Health Policy (ORHP), since its establishment in 1987, has had as its major responsibility working with other Federal agencies, states, national organizations, foundations, and private sector organizations to seek solutions to health care issues and problems in rural communities.

At the Federal program and policy level the ORHP provides staffing assistance to the National Advisory Committee on Rural Health and advises the

DHHS Secretary Louis Sullivan, Congress, and other Federal agencies on the status of national rural health issues.

In addition to funding RICHES, ORHP administers rural health grant programs for the seven new Rural Health Research Centers and thirty-eight state offices of rural health. ORHP also provides rural health outreach grants and financial support to the National Rural Health Association for the production of publications, including the *Journal of Rural Health*.

The National Advisory Committee on Rural Health's function is to advise Secretary Sullivan on priorities and strategies to consider in addressing problems in providing and financing health care services in rural areas. The committee includes representatives of health insurance companies, private foundations, local and Federal governments, educational institutions, and the health care industry.

The committee is divided into three working groups:

- ◆ The Health Care Financing Work Group addresses the impact of Federal payment policies on access and availability of health care services in rural areas.
- ◆ The Health Services Delivery Work Group addresses such problems as the changing role of rural hospitals, inadequate emergency medical services, agricultural health and safety issues, and improving program coordination.
- ◆ The Health Personnel Work Group addresses problems associated with the training, recruitment, and retention of health care personnel.

The ORHP administers grants supporting seven rural health research centers at an annual funding level of nearly two million dollars. The centers conduct applied research in rural health issues. The specialized policy interests of the seven centers reflect the diversity of rural America. Some of these interest areas include agricultural health and safety; rural impact of medicare provider and physician payment policies; health care access for low income and dependent populations, including children, the elderly, the unemployed, the

uninsured, the mentally ill, and the disabled; recruitment and retention of health care professionals; rural emergency medical services; health care services for rural minorities of the southeast and Hispanic-Americans and Native Americans of the southwest; quality and outcome of rural health care; and rural hospitals and personnel issues.

The National Rural Health Association is a national, non-profit membership organization whose primary goal is to improve the health and health care of rural Americans. Its diverse membership of more than 1,600 includes administrators, health care practitioners, planners, researchers, policy makers, hospitals, community and migrant health centers, state health departments, and university programs.

There are currently 38 state offices of rural health. The ORHP provides partial funding for the state offices which serve as the primary link to the states for dissemination of rural health care information.

RIC also networks with the National Library of Medicine (NLM) and NLM's national network of libraries of medicine. This network consists of eight regional medical libraries, 136 resource libraries, and approximately 3,300 local health science libraries. RIC focuses on providing information on rural health care issues and problems not on clinical medicine requests. RIC does not collect clinical information or operate as a consumer health hot line. RIC refers users requesting this type of information to an appropriate source such as NLM, an NLM regional medical library, or a specialized health information center.

RIC processes a broad spectrum of rural health requests, including questions on funding sources for health programs, services, equipment and capital expenditures; state initiatives concerning rural health care issues; uninsured or underinsured rural populations; closure, restructuring, and diversification of rural hospitals and clinics; agricultural health and safety; maternal and child health issues; innovative approaches to the delivery of health care services; and, distribution, training, recruitment, and retention of health professionals.

RIC's networking efforts with the new rural health groups has greatly enhanced the Center's access to and delivery of health care information nationwide. RIC is also obtaining pertinent health care and research publications from all the rural health groups and systematically adding them to the NAL collection and NAL's database, AGRICOLA.

RURAL INFORMATION REQUESTS

RIC was filling requests on rural health issues before the joint USDA-DHHS agreement to implement the health service at RIC, as previously noted, and, significantly, RIC's most successful known funding information request assisted a frontier hospital. This occurred in 1988 before the RICHS concept existed.

A New Mexico county extension agent discovered through first hand experience that the 36-year-old x-ray machine at De Baca General Hospital did not produce legible x-rays. Seeking funding assistance for the Fort Sumner frontier hospital, he called New Mexico's RIC State Coordinator who put him in touch with RIC. RIC supplied him with information about grant-seeking strategies and application procedures and identified a Federal grant program for which the hospital potentially could qualify. The county agent used these resources for the text and justification of a grant request to the New Mexico state legislature which approved a \$260,000 hospital grant to De Baca General in 1989. Simultaneously the agent pursued the Federal grant. Five months after approval of the state legislature grant the Federal agency approved an additional \$215,000 grant to De Baca General. With these two grants the hospital purchased a variety of hospital equipment, including some for intensive care and surgery. Some of the replaced equipment was more than 40 years old. The funds allowed De Baca General staff to update their medical facilities and provide improved health care to an isolated rural community located over 150 miles from the nearest urban hospital.

RIC's implementation of the health information service has had a significant impact on the recent change in RIC's requests and audience affiliation. Between fiscal years 1988 and 1989, 60% of RIC requests dealt with economic development and revitalization issues. In fiscal year 1990 41%

percent of the requests dealt with the quality of rural life and with concerns about environmental conditions, air and water pollution, and the preservation of natural resources. Requests on economic development issues were a close second at 40%. The breakdown of RIC requests since the implementation of the health service in fiscal year 1991 has been:

Health services	36%
Economic development	34%
Quality of life/natural resources	20%
Local government services	8%
Leadership	2%

In fiscal year 1991, 24% of RIC requests, cutting across all subject areas, was for funding information.

Likewise, RIC users remained fairly constant between fiscal years 1988 and 1990, with between 50% and 60% of all requests coming from the county, state, or Federal extension staffs. In fiscal year 1989 RIC experienced a significant increase in requests from individuals — from 4 - 11% — and has since held at about 11%. In fiscal year 1990 RIC experienced an increase in requests from local officials — up from zero percent to six percent — and is holding at that level. Since the implementation of the health service this past October RIC has experienced a 15% increase in requests from health care professionals and organizations.

RIC PLANS FUTURE FEDERAL COOPERATIVE EFFORTS

Now that RIC has the health service staffed and operational it will focus its attention next year on strengthening the access and delivery of rural information by the continuing promotion of cooperative efforts with both USDA and other Federal agencies.

The USDA Farmers Home Administration (FmHA) just approved the transfer of a funded position for RIC to hire a rural information specialist. NAL and FmHA are currently working on the administrative details and expect to

transfer the slot shortly. In addition, the USDA Forest Service is exploring ways to fund a new position at RIC in fiscal year 1992.

The Small Business Administration (SBA) and their national SCORE (Senior Corps of Retired Executives) organization participated with RIC last year in a small business information pilot study in which SCORE and RIC identified user information needs as a result of the pilot and assembled an information packet of SBA and RIC materials for RIC to distribute to users seeking general small business and/or funding information.

RIC is currently working with SBA and the USDA Extension Service in another cooperative effort in rural information. Last year Congress passed legislation mandating that all three organizations — SBA, Extension, and RIC — provide rural program and development assistance information to rural citizens. However, to date Congress has not approved any additional funding to implement the mandate. As an initial step, RIC plans to expand rural information access, especially economic and health, on the RIC sub-board of NAL's electronic bulletin board, named ALF. RIC plans to load the yet unpublished 1991 edition of SBA's *Working Together: A Guide to Federal and State Resources for Rural Economic Development*. SBA recently provided RIC with the electronic file to load on ALF. RIC will set up an information resource file for each state on the electronic bulletin board. RIC also plans to load full text of all the titles from its *Rural Information Center Publication Series* which includes funding resource directories, Federal funding sources for local governments, publications on tourism, health, affordable housing, and historic preservation, to list a few.

In addition to RIC's plans to expand electronic access to rural information on ALF this fall, the RIC health service staff added nine bulletins to the RIC sub-board this summer. The bulletins include information on Federal and private rural health grants; rural health publications; national, regional, and state rural health conferences; and the Rural Health Research Center's activity reports and publications.

RIC is fortunate in that it came into existence as a high-level USDA initiative and Congressional mandate to meet rural information needs. RIC

receives support from President Bush's rural economic development initiative and the White House Economic Policy Council Working Group on Rural Development, Congress, Secretary Madigan, Under Secretary Vautour, and Assistant Secretary Hill. Top level USDA officials view the success of RIC as an essential link in the USDA rural development program.

In spite of RIC's brief existence of less than three years on the national scene, it has been involved in several highly visible USDA and Federal rural development planning activities. RIC hopes that this visibility and participation in both department and interdepartmental-level Federal rural development planning initiatives will continue and that RIC activities will continue to impact favorably Federal rural programs.

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