

ACCESS TO HEALTH INFORMATION IN RURAL SETTINGS – THE IMPLEMENTATION OF THE LIBRARY’S LAW NO. 334/2002 IN TRANSYLVANIA, ROMANIA

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Abstract

The purpose of this paper is to assess the extent to which the Law no. 334/2002 is implemented in Romania, focusing on the main points which could facilitate the access to health information in rural Transylvania. It pursues a cross-sectional design, with a quantitative strategy of inquiry. The study was conducted in 12 counties in Transylvania, Romania on a representative stratified random sample of 216 communes. A policy analysis framework was created using a 13 dichotomous items chart, operationalized from the provisions of the law, and calculated on the basis of one or multiple variables in the dataset. From the total of 212 communes in the sample, 19 of them (9%), distributed over 9 counties, did not have a functioning public library at the time of the interview. Only four of the locations included in the study complied with at least 10 legal provisions out of the 13 analyzed, while none complied with all provisions analyzed. Results showed that the policy is implemented at varying degrees in rural Transylvania, but a tendency towards non-compliance is observed, which would constitute a strong argument for including developing a comprehensive intervention with a public policy component in enhancing access to health information.

1. Introduction

Increased health knowledge promotes better health outcomes and mitigates health disparities (Leisey, 2009). International organizations emphasize the need as well as the fundamental right of patients to receive information, orally and written, about their care, condition, in a way that they can understand it adequately (Joint Commission, 2007, p. 5). This type of information aids individuals to cope with their illness, as well as increases compliance to treatment (Deering and Harris, 1996). Previous research conducted in rural settings revealed that the methods used in retrieving health information can range between inquiring health professionals, using both traditional as well as new media, consulting with family members, friends or neighbors, schools, but nevertheless, public libraries are found to play a significant role in the process (McKeehan *et al.*, 2008).

Health-care workers, as part of the health-care system, are important in the achievement of improved health outcomes. Evidence suggests that the lack of trained and motivated health-care workers is one of the major shortcomings in the implementation of health interventions (Mazmanian and Sabatier, 1981). Furthermore, municipalities are faced with the challenge of retaining medical staff in rural and remote settings, and therefore offer appropriate care for their inhabitants. As a result, medical staff in rural areas are either inexistent, either have a considerable workload, posing significant barriers in engaging in preventive health interventions within the community.

Alternative sources of information complement health care services. A recent study which pursued the use of Internet and health information in chronic diseases revealed the fact the three quarters of the enrolled subjects reported a better understanding of their condition, as well as an improved understanding of treatment alternatives, as a result of health-content Internet use (Wagner *et al.*, 2004). However, communities with reduced modern technologies have reduced access to health information, like the case of rural communities (Carlson *et al.*, 2006). In Romania, 9.7 million individuals live in rural settings, representing 45% of the country's population (Romanian National Institute of Statistics, 2009).

Consequently, libraries could play a key role in the dissemination of health information, as well as collaborate with key community informants in delivering tailored health information programs (Deering and Harris, 1996). Trained health librarians can assist individuals in taking informed health choices, and ultimately producing a healthy society (Medical Library Association and the Consumer and Patient Health Information Section, 1996). Thus, libraries and librarians could constitute important resources for health promotion and patient education, especially in rural areas where access to alternatives sources of information is scarce. The existing infrastructure of public municipality libraries offers a versatile framework for health education, which could be extremely useful in rural areas. With incremental changes, improvements, staff training and empowerment, mobilizing fewer resources, public libraries could support and facilitate access to health information in rural settings. However, libraries

must in the same time offer a minimum of services for the community in order to facilitate access to information in general, and health information in particular. In this sense, libraries' in Romania activities are guided by a regulatory framework drawn by Law no. 334/2002 which specifies the conditions in which these institutions should serve its citizens.

The purpose of this paper is to assess the extent to which the Law no. 334/2002 is implemented in Romania, focusing on the main points which could facilitate the access to health information in rural Transylvania. These findings will serve as a basis for a community based intervention, with the scope of improving access to health information in rural Transylvania. These results were obtained through the "Access to Health Information in Rural Areas in Transylvania" Grant financed for 2009-2011 by the Romanian Ministry of Education and Research, through the PNII-IDEI Program, financing contract 772/2009.

2. The regulatory framework –

Library's Law no. 334/2002 regarding the public libraries

The regulatory framework of libraries in Romania is mainly drawn by the Law no. 334 published in 2002. Libraries, as defined by this law, are the institutions, departments or specialized structures whose main goals are to build, organize, process and conserve book collections, publications, other specific documents and databases for facilitating their use for informative, research, education or entertainment purposes; moreover, the current law emphasizes the fact that library has a role of strategic importance within the society (Law 334/2002). Furthermore, communal libraries, which are public libraries in rural settings and which constitute the subject of our analysis, are organized under the supervision of the local public administration or other public institutions, and function according to internal regulations which are approved by the latter (Law 334/2002). Furthermore, local councils can organize working centers of the main library in nearby village schools, for an enhanced access to information.

Communal libraries are financed by state or local budgets, whereas the financing funds are distinctly designated from own budgets or their tutors. Nevertheless, public libraries can also be financed by other parties through donations, sponsoring or other legal forms of income. Other provisions of the law state public libraries must assure equality in access to information. Furthermore, access to public collections or own databases must be granted without any charge or fee (Law 334/2002). The existing infrastructure should incorporate storage rooms accessible to the public, as well as instruments like catalogs, indexes, develop synthesis and reports for a facilitated use of the library resources (Law 334/2002). Authorities recommend the establishment of a scientific council of maximum 9 members which would serve as a consultant body for the development of the collection as well as the organization of cultural and scientific activities.

The existing infrastructure of libraries could support access of health information, as well as interventions. As the law states it, a librarian must be present for every

2500 individuals in a commune, for an effective system. They should have formal library training, as well as benefit from continuous education trainings, to which 5% of the libraries' income must be directed to. The continuous education program dimensions are specified by the law as well, defined as follows: management and library marketing, sociology of reading, specialized scientific information access, methodological training, documentation in the general legislative field, and finally practical activities.

Furthermore, in terms of acquisitions, libraries must provide at least 1 document per each individual in the administrative unit, as well as attain yearly at least 50 documents per 1000 inhabitants, from multiple fields, as well as in the language of existing minorities. As the legislation emphasizes, these could be obtained by buying new or used books, interlibrary exchanges or donation and sponsoring activities. The documents fund must also be inventoried periodically, depending on the extent of the collection.

Finally, as a result of this law, the National Library Committee was established, the national scientific authority as well as the decision-making body for public libraries, which develops its activity under the authority of the Ministry of Education and Research, as well as the Ministry of Culture. The attributions of this organism are to develop strategies and programs for the national system of public libraries, coordinates documentation activities as well as proposes the implementation of informatics programs, proposes research activities, elaborated standards and regulations, selection and employment criteria, develops organizational frameworks of public libraries, proposes continuous education programs, develops the methodological protocol for inspections, develops an annual report regarding the status of libraries at a national level (National Library Commission, 2008). Finally, the proposals are submitted for approval to the Ministry of Education and Research, and/or the Ministry of Culture.

The assumption that we put forward is that an effective implementation of these regulations would facilitate access to health-content materials in rural areas. Thus, a policy analysis framework was build on the basis of a set of indicators derived from the text of the law, in order to assess the extent to which the law is implemented in rural Transylvania, with a strong focus on the provisions which could facilitate access to health information.

3. Methods

The study pursues a cross-sectional design, with a quantitative strategy of inquiry. The instruments used for data collection were three questionnaires administered by telephone to key persons in the studied rural communities.

The study was conducted in 12 counties in Transylvania, Romania (Alba, Bihor, Bistrița, Brasov, Cluj, Covasna, Harghita, Maramureș, Mureș, Satu Mare, Sălaj, Sibiu), on a representative stratified random sample of 216 communes extracted from the total of 758 communes in the region. After data cleaning, 212 cases were included in the database. Four were dropped for the purposes of this analysis, due to the large number

of non-responses. The population included in the study is composed of town-hall representatives, librarians as well as primary care doctors in the studied communes, as key persons in the delivery and/or support of health information. Subjects were included in the study ($n=691$), after attaining a verbal consent.

Table 1: Items Analyzed

Category	No.	Item	Index Values	
			1	0
	1.	Existence of a library	Yes	No
Support	2.	Financing	Financing in 2008	No financing in 2008
Access	3.	Free access to the collection	Access to the collection is free of any financial obligations	Access to the collection has a financial obligation
	4.	Librarian coverage	The rate of maximum 2500 individuals per librarian is respected	The rate of maximum 2500 individuals per librarian is not respected
Collection	5.	Scientific council	There is a scientific council	There is no scientific council
	6.	Titles per inhabitant	The is at least one document per inhabitant	The is less than one document per inhabitant
	7.	Minority language documents	The rate of the minority language documents corresponds to the proportion of that minority within the population, or higher.	The rate of the minority language documents does not correspond to the proportion of that minority within the population, or lower
	8.	Sight deficiencies materials	The rate of audio and Braille materials corresponds to the proportion of individuals with sight deficiencies within the population, or higher.	The rate of audio and Braille materials corresponds to the proportion of individuals with sight deficiencies within the population, or lower.
	9.	Health documents acquisition	At least one health-content material was acquired at the last acquisition	No health-content material was acquired at the last acquisition
Services	10.	Catalogs	There is a catalog accessible to readers	There is no catalog accessible to readers
	11.	Home-loan	There is a home-loan service available	There is no home loan service available
Training	12.	Librarian formal training	The librarian has at least one form of formal training in library studies	The librarian has no form of formal training in library studies
	13.	Librarian continuous education	The librarian has participated in at least one continuous education program in the last year	The librarian has participated at no continuous education program in the last year

Data was collected over a period of 4 months, between June and September 2009. Three types of interviews were administered in each commune, according to the position that the subject occupied within the community and the type of information that he or she could provide; thus, town-hall, library and primary care office interviews were conducted, which pursued the same dimensions. If multiple primary care doctors operated in the commune, each of them was invited to participate in the study. All

interviews measured the extent to which the Law no. 334/2002 was implemented in rural settings, focusing on dimensions of the policy which could facilitate access to health information.

A policy analysis framework was created using a 13 dichotomous items chart. Each of the items were operationalized from the provisions of the Law 334/2002, and calculated on the basis of one or multiple variables in the dataset. A threshold was set for each of the items, which delineated compliance from noncompliance. An overall score is computed for each commune; at a conceptual level, scores range from 0 – which characterized communes without a library, to 13 – communes with full compliance with the legal requirements of the in-force law, which could facilitate access to health information. The items are grouped into five main categories: support, access, collection, services, and training; their description, as well as measurement can be found in Table 1.

4. Results

From the total of 212 communes, 19 of them (9%), distributed over 9 counties, did not have a functioning public library at the time of the interview, even though the legislation stipulates that all communes must offer such a service to its citizens. Furthermore, these were relatively large communities with population ranging between 1008 and 6550 inhabitants, with a mean of 2463 inhabitants.

Table 2: Sample Structure

	n	Valid Percent		n	Valid Percent
Development Region			Applied for any EU funds		
North West	115	54.2	Yes	184	93.4
Center	97	45.8	No	13	6.59
Population			At least one MD office		
< 1000	4	1.9	Yes	202	98.05
1001-2000	46	21.8	No	4	1.94
2001-3000	67	31.8	At least one public library		
3001-4000	46	21.8	Yes	193	91
4001-5000	28	13.3	No	19	9
> 5001	20	9.5			
Public Transport to the nearest town			At least one librarian		
Yes	198	97.1	Yes	174	82.1
No	6	2.9	No	38	37.9

The policy implementation score was computed and only four communes achieved a score of 10 and above; in other words, only four of the locations included in the

study complied with at least 10 legal provisions out of the 13 analyzed. Furthermore, 75% of the communes had a score of 6 or less, 50% had a score of 7 or less and 25% of the communes had a score of 8 or less.

The most problems of compliance were found in the case of minority documents sufficiency, where all of the communes failed to comply. For the purposes of computing the score, failure to provide materials in any of the languages, led to failure to comply with this provision. Even though the law stipulates that the rate of materials in minority population languages, none of them had sufficient materials in all the needed languages.

Only 6.6% of the analyzed communes had a scientific council constituted, even though the law encourages public libraries to adopt this procedure; 7.1% of the libraries provided sufficient documents for all the individuals with sight deficiencies in the commune. Furthermore, only 37% of libraries received funding for document acquisitions in the previous year, while the rest of 63% did not. Receiving of funding was significantly associated with formal education of the librarian, with a Phi coefficient of .232 ($p=.004$).

On the other end, the highest level of compliance was found in the case of free access to the collection, where no library imposed a fee for access, the rate of titles per inhabitant indicator, where 64.9% of libraries had at least one document per inhabitant, as well as home-loan services, where 62.1% of libraries offered these services.

The Law no. 334/2002 stipulates that at times of acquisitions, documents from all fields must be acquired. However, in our sample, only 25.1% of libraries acquired health-content documents at their last acquisition. Furthermore, 46.9% of libraries offered a catalog which could be consulted by the readers, at the time of the interview. Finally, in terms of librarian education, 52.6% of librarians had some form of formal training in the field, while only 22.3% participated in a continuous education program in the last year.

5. Discussions

This analysis describes current practices in libraries in rural Transylvania through the framework of the Law no. 334/2002. It offers insights for distinguishing among different levels of support to access health information, as well as draw potential challenges in tailoring an intervention. However, this paper only aims to assess the extent to which the policy dimensions, which are found to influence access to health information, are enforced, as they constitute basic requirements in this process. Thus it emphasizes the main problems which need further exploration in terms of access to health information in rural Transylvania.

Overall, we can state that the policy is implemented at varying degrees, but a tendency towards non-compliance is observed. Having none of the locations analyzed respecting all the policy provisions, and most of them respecting only few provisions, is a strong argument for including developing a comprehensive intervention with a public policy component.

Particularly, one of the main issues discussed is financing of libraries' collection development. Even if the law states that their tutors – local administrations – must allocate each year a percentage of their budget to finance this activity, only roughly one third benefited from this in the previous year. In this case, enforcement strategies can be tailored, in order to make this issue a more important one on the local policy-makers agenda, especially when budgets are defined.

Librarian education is tightly tied with financing, and represents an undeserved area as well. We could see that there is an association between librarian formal education and allocation of resources towards acquisitions of new documents. Even if we do not have sufficient information about the direction of the relationship, our assumption is that a better training of librarians (formal as well as continuing education programs) could facilitate access to health information in rural areas. Scientific councils were also poorly employed, in less than a tenth of the communes included in the study. However, like we could see, they play a significant role in financing and acquisitions. As a result, these relationships need further exploration in order to identify determinants of low access.

Thirdly, facilitation of access is another important point of discussion. Without electronic inventories and catalogs, access to rural inhabitants to any type of information is not easily accessible. Further training and motivation of librarians to develop catalogs or other instruments of access facilitation like book summaries is needed.

Analyzing the implementation and compliance with existing policies is relevant in improving access to health information and improving population health. Development of new policy must be embedded in the context of existing policy, and incremental changes or enforcement activities could have the potential of enhancing access to information. This assessment of the extent to which Law no. 334/2002 is implemented in rural Transylvania, guides future research and intervention design towards the aspects of acquisition financing, librarian training, instrument development and scientific counseling.

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PRACTICE MODELS AND PUBLIC POLICIES IN THE MANAGEMENT AND GOVERNANCE OF HIGHER EDUCATION

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Abstract

Since the end of the last century, there have been lots of analyses on the evolution of various basic types of structures of authority and academic governance patterns, public policies and practice models, all together in search of the most effective formula for adapting the higher education institutions to the new educational requirements and trends of the global market, characterized by increasing competition. In this context, our paper provides a succinct analysis of the worldwide trends in the governance and management of higher education with an emphasis on Europe and on the evolution of the Romanian universities, in the context of the public policies promoted during time.