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James Shedlock
Galter Health Sciences Library Northwestern University

Gary D. Byrd
Annual Statistics Editorial Board Association of Academic Health Sciences Libraries

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The Association of Academic Health Sciences Libraries *Annual Statistics*: a thematic history

By James Shedlock, A.M.L.S.
j-shedlock@northwestern.edu
Director

Galter Health Sciences Library
Northwestern University
303 East Chicago Avenue
Chicago, Illinois 60611

and Chair

Annual Statistics Editorial Board
Association of Academic Health Sciences Libraries

Gary D. Byrd, Ph.D.
gdbyrd@acsu.buffalo.edu
Director

Health Sciences Library
State University of New York at Buffalo
Abbott Hall
3435 Main Street
Buffalo, New York 14214-3002

The *Annual Statistics of Medical School Libraries in the United States and Canada* (*Annual Statistics*) is the most recognizable achievement of the Association of Academic Health Sciences Libraries in its history to date. This article gives a thematic history of the *Annual Statistics*, emphasizing the leadership role of editors and Editorial Boards, the need for cooperation and membership support to produce comparable data useful for everyday management of academic medical center libraries and the use of technology as a tool for data gathering and publication. The *Annual Statistics'* origin is recalled, and survey features and content are related to the overall themes. The success of the *Annual Statistics* is evident in the leadership skills of the first editor, Richard Lyders, executive director of the Houston Academy of Medicine-Texas Medical Center Library. The history shows the development of a survey instrument that strives to produce reliable and valid data for a diverse group of libraries while reflecting the many complex changes in the library environment. The future of the *Annual Statistics* is assured by the anticipated changes facing academic health sciences libraries, namely the need to reflect the transition from a physical environment to an electronic operation.

INTRODUCTION

The *Annual Statistics of Medical School Libraries in the United States and Canada*, the *Annual Statistics* for short, is probably the most recognizable achievement of the Association of Academic Health Sciences Libraries (AAHSL) in its first twenty-five years as an organization. Starting with a need for library management data, the *Annual Statistics* developed as a useful tool in measuring collections and service growth in academic medical center libraries. The leadership skills and professional interests of AAHSL as an organization are reflected in the *Annual Statistics'* development

and history. In a review of the publication's history, several general themes emerge. These themes include the leadership role of individual editors, the ongoing need for cooperation and support of the *Annual Statistics'* purpose among AAHSL membership, and the role of technology in the production of the *Annual Statistics*. These themes also provide a basis for discussing the future directions of the *Annual Statistics*.

ORIGINS

The idea for the *Annual Statistics* began with a 1974/75 national survey conducted by Donald D. Hendricks,

director of the University of Texas Health Science Center Library at Dallas (later to become the University of Texas Southwestern Medical Center). Hendricks repeated the survey the following year. Because different libraries responded to the 1974/75 and 1975/76 surveys, the very brief introduction to the 1975/76 Medical Library Statistics suggested a need for "a comparable database [to] be established so that trends can be determined from year to year" [1]. With this statement, two major issues emerge that can be traced throughout the history of the *Annual Statistics*: the need for comparable data useful in creating benchmarks among peers and the need to see the ways data about library operations can reveal trends useful in academic medical library management.

The next significant factor about the *Annual Statistics*' origins was the early succession in the survey's leadership. Hendricks left the Dallas position sometime after the second survey's results were published. Richard Lyders, executive director of the Houston Academy of Medicine-Texas Medical Center Library, in an interview with the authors, said his own professional interest in the survey led him to contact Jean Miller, who succeeded Hendricks as the director of the Dallas library. Lyders asked Miller if she planned to continue the survey. When she said she did not, Lyders stepped in to fill the leadership gap. Like Hendricks, Lyders was motivated to manage the survey process out of both personal and professional interests. The Houston library served seven separate health care institutions in the Texas Medical Center including two medical schools, the academy, scientific institutes, and many more organizations. The need for comparable peer data to aid in managing this library operation was of great importance to Lyders [2].

His interest in assuming leadership of an annual library survey also coincided with the time period when other academic medical library leaders were making plans to form a separate association of academic health sciences library directors affiliated with the Association of American Medical Colleges (AAMC). Lyders approached the new organization's founders about sponsoring the former Hendricks survey as a formal association activity and project [3]. The new association leaders recognized the value of this suggestion, and, as AAHSL was born, so were its *Annual Statistics*.

ORGANIZATION

The *Annual Statistics* have been organized under an editor/project director who also serves as chair of the association's Editorial Board (Table 1). The combination of a volunteer managing editor along with an advisory editorial board has provided the leadership combination that makes the publication a success as well as a service to the association and to all of medical librarianship. At first, the *Annual Statistics* Editorial Board consisted primarily of Houston library staff members solicited by Lyders to help him produce the survey. Thus, the *Annual Statistics* began as a joint partnership of the Houston library with the associa-

Table 1
Editors of the *Annual Statistics*

Editor and chair, editorial board	Years of service	Affiliation
Donald D. Hendricks	1974–76	University of Texas Health Science Center at Dallas
Richard Lyders	1977–93	Houston Academy of Medicine-Texas Medical Center
Valerie Florance, Ph.D.	1993–97	University of Rochester
James Shedlock	1997–	Northwestern University

tion. Until 1992/93, when the association hired an executive director [4], the Houston library was the center of operations for *Annual Statistics* production.

The Editorial Board structure has provided two essential elements to the *Annual Statistics*' success (Table 2). First, the board members have served as actual editors. Because the survey was paper-based from its 1977 beginning up until the twenty-first edition, each editor was responsible for reviewing and editing a proportionate share of the total surveys. As part of the survey instructions, member libraries were assigned to an Editorial Board member who received survey responses via U.S. mail. These editors' primary responsibility was to check the integrity of the data recorded in the survey returns. Data elements requiring arithmetic were double-checked for accuracy. Reported data that appeared out of proportion to the previous year's submission were called into question by the editor, and telephone calls were made asking for more accurate numbers. With a paper-based survey, correctness and consistency required a human element to assure that the *Annual Statistics* adhered to its standards of reliability and validity [5].

Second, the Editorial Board has served to frame the scope and content of the survey [6]. In some years when the Editorial Board met twice, once at the AAHSL's fall annual meeting and a second meeting in the spring, the spring meeting was specifically used to discuss possible changes to the survey questions. In forming the survey's questions, Editorial Board members reflected the practical need for management data and benchmarks as academic medical libraries changed with the times. Thus, the editors have played a key role in shaping the *Annual Statistics* content, not an easy task and still a challenge for the current board.

The Editorial Board continues to consist of director representatives from the AAHSL membership. Only the first Board of Directors, organized by Lyders, included members who were not directors of AAHSL libraries. Early on, the board term was five years; starting in 1997, the term was reduced to three years.

The early editions set the basic pattern for the publication's content. Each edition has generally included the same essential features:

- an introduction discussing the survey's purpose, the number of libraries that submitted data and a listing of those libraries that did not report data, notable changes in the annual survey questions, and other pertinent facts or observations significant to the edition;

Table 2
Editorial Board members of the *Annual Statistics*

Editors and members, editorial board	Years of service	Affiliation
Rachael K. (Goldstein) Anderson	1981–86	Columbia University
Shelley Bader, Ed.D.	1989–94	George Washington University
Mary Blackwelder	1997–2000	Medical College of Wisconsin
David Boilard	1998–2001	Medical College of Ohio
A. James Bothmer	1997–2000	Creighton University
Robert M. Braude, Ph.D.	1987–92	Cornell University
Karen L. Brewer, Ph.D.	1986–91	Northeastern Ohio Universities College of Medicine/ New York University
Holly Shipp Buchanan, Ed.D.	1998–2001	University of New Mexico
Karen Butter	2001–04	University of California–San Francisco
David S. Curry	1984–88	University of Iowa
Dottie Eakin	1977–81, 1990–95	Houston Academy of Medicine-Texas Medical Cen- ter (HAM-TMC)/Texas A&M University
Diane Eckels, Ph.D.	1977–81	HAM-TMC
Beverlee French	1991–95	University of California–Davis
Trudy Gardner, Ph.D.	1992–97	Rush University
Nelson Gilman	1993–97	University of Southern California
Frances Groen	1982–87	McGill University
Gale Hannigan	1978–79	HAM-TMC
Samuel Hitt	1981–85	University of North Carolina–Chapel Hill
Virginia H. Holtz	1982–87	University of Wisconsin–Madison
Mary Horres	1984–87	University of California–San Diego
Sara Jean Jackson	1977–81	HAM-TMC
Maurice Leatherbury, Ph.D.	1978–79	HAM-TMC
Judith Messerle	1988–93	Harvard University
Lynn Kasner Morgan	1998–2002	Mt. Sinai School of Medicine
Audrey Powderly Newcomer	1995–98	St. Louis University
Gerald J. Oppenheimer	1979–81	University of Washington
Daniel T. Richards	1994–95	Dartmouth College
Ruth Riley	2000–03	University of South Carolina
Robert O. Rolls	1982–84	HAM-TMC
Mary Ryan	2000–03	University of Arkansas
James Shedlock	1995–97	Northwestern University
Julia Sollenberger	2001–04	University of Rochester
Peter Stangl	1977–82, 1987–90	Stanford University
Linda Watson	1996–99	University of Virginia
Gloria Werner	1979–82	University of California–Los Angeles
Nancy Woelfl, Ph.D.	1999–2002	University of Nebraska
Yvonne Wulff	1977–83	University of Michigan

- the tables reporting the actual data submitted by each reporting library for each survey question;
- a directory of respondents; and
- a copy of the survey instrument used for the edition [7].

Ranking tables were an early and major feature of the publication's content, listing each respondent and its reported values for the survey topics. For example, it was easy to see via the ranking tables which library had the largest or smallest collection, what amount was spent on acquisitions, or what the size of total personnel was. From the beginning, the ranking tables were used as a means of demonstrating comparability among library peers. Over time, the importance of ranking libraries by such measures diminished. Beginning with the sixteenth edition (1992/93), these rankings were eliminated for everything except the personnel salary topics.

Another way of maintaining the comparability of the data has been to limit participation in the *Annual Statistics* to only those libraries serving a member school of the AAMC. In this way, the *Annual Statistics* support the founding purposes of AAHSL: to connect the organizations to each other so as to foster communication and collaboration between medical schools

and their libraries [8]. Canadian academic medical libraries were included from the beginning [9] because of their joint affiliation with the AAMC. Osteopathic medical school libraries became the only exception when their data were added starting in the tenth edition [10].

SURVEY FEATURES AND CONTENT CHANGES OVER TIME

A close reading of the introductions from the various editions reveals much about the changing nature of the annual survey. For the first fifteen years of its publication, the *Annual Statistics* grew to include a very large number of data elements [11]. This growth mirrored the growing complexity of academic health sciences library services and resources over those years. The Editorial Boards continuously added questions or modified existing questions to capture more refined data about the changing library services environment. More than anything else, the changes in the survey reflected the Editorial Board's desire to be responsive to the membership's need for comparable data useful to planning and other management activities. Some examples demonstrate this point.

Starting with the third edition, the introduction stated that efforts were made to "fix" the survey to add questions left out of the previous editions. Obviously, the editor and Editorial Board were listening to the membership's need for new data. However, the introduction also stated that "we do not intend to continue the trend" of making constant changes to the survey [12]. Thus, even after only two editions, the tension between the desire to be responsive to a changing environment and the desire to keep the survey to a manageable size was already clear.

In the seventh edition, ten new questions were added, all related to library automation. While this change reflected the membership's desire to keep up with automation trends, it also meant the participating libraries would need to collect and report that much more data each year. The *Annual Statistics* reflect this dichotomy in the director community between collecting and reporting some library data for a broad, general understanding of trends in academic medical librarianship and the desire to collect enough detail to fully describe all library resources and services. By the ninth edition, the annual survey had nearly quintupled in size: from fifty-four data elements in the first edition to 249 data elements eight years later.

Perhaps the most significant change to the *Annual Statistics* occurred during the association's fifteenth anniversary. The introduction to the fifteenth edition noted the huge size of the annual survey, which was then at 235 data elements, excluding the salary survey. The introduction stated:

At that high number, we sensed the need to curtail further increases in the data because of the burden already being placed on responding libraries and suspicion that the benefit was not commensurate with the effort. We tried over the years to gather data that would be useful and meaningful to medical libraries; the large volume of data accrued as we attempted to respond to concerns and interests of a dynamic group of libraries and library directors who suggested additions and refinements annually. [13]

While this problem has continued to the present, additions and refinements to the survey and to the publication have not clearly produced more reliable and valid statistics. In other words, the Editorial Board found that the *Annual Statistics* were becoming more and more unreliable as a result of too many local variables.

A major problem in collecting detailed statistics is the inability of local library staff to capture the requested data; this is especially true in collecting data regarding automation activities and services related to technology use. At the time of the fifteenth edition, 1991/92, the Editorial Board could foresee that future improvements in information technology would allow each library to concentrate on collecting the detailed data needed to manage its services and resources effectively. Why then collect this detail at a national level? A "more sophisticated local analysis frees the national publication to concentrate on what it can do best; to generate a 'composite library'—a view of the

nature, characteristics, and trends of medical libraries across the United States and Canada," said the fifteenth edition editors [14]. "This edition of the *Annual Statistics*, then, will be the last to carry the responses and extensive comparative tables for the 235 data elements. The sixteenth edition will be the first to take on the new role of statistical compositor" [15].

Thus, the fifteenth edition marked the end of an era and the sixteenth edition the beginning of a new direction for the *Annual Statistics*. "The philosophy in the new approach" [16], which current editors have tried to maintain, includes the following elements:

- The annual survey must reflect data collection that is easy and simple for staff to do; data should be readily available at the local library. "Complexity of definition more often than not adds confusion to data collection. . . . When more detail or greater specificity is desired, special studies should be used" [17].

- Data must be reliable and valid. "For data to be useful to show annual trends and to make comparisons among libraries, they must be consistent and they must measure what they are supposed to measure" [18]. Reducing the number of data elements is an attempt to get at a core set of data that can be reliably collected over time.

- Size of library collections or operations as a measure of excellence is found to be of limited or no value. Rankings across all academic medical libraries generally do not have value to library directors or their supervisors. For management purposes, comparison of critical variables among a select group of true peers has greater value than national rankings.

- The *Annual Statistics* should reflect a concern for all its audiences. Library directors need to share the AAHSL data with their supervisors in the institution and with their staff and present the data in a way that all audiences understand immediately.

- Composite data will be used to serve national statistical information needs.

The transition between the fifteenth and sixteenth editions also marked a change in editorial leadership. After fifteen years as editor and project director of the *Annual Statistics*, Lyders passed the editorship to Valerie Florance, Ph.D., then director of the Edward G. Miner Library at the University of Rochester Medical Center. This change coincided with Lyder's retirement as executive director of the Houston Academy of Medicine-Texas Medical Center Library. After fifteen years of innovative leadership, Lyders was, and continues to be, widely respected by former and current AAHSL members as the "father" of the *Annual Statistics*. His contribution was marked not only by his longevity as editor and project director but also by his dedicated efforts to make the annual survey responsive to member needs and reflective of current statistical standards. This last point is perhaps best seen by Lyder's 1986 monograph, authored with Joel Fingerman, titled *Applied Statistics for Libraries: A Primer in Statistical Techniques and Library Applications* [19]. In this work, he teaches the reader "to enhance the use of data" in the

AAHSL *Annual Statistics* and "to view statistics as a useful and friendly management tool" [20].

The seventeenth edition was the first produced entirely under Florance's editorial direction and the first produced with the aid of the AAHSL's new executive director and headquarters operation. The approach taken by the seventeenth edition was to follow the philosophy inaugurated the year before and have the *Annual Statistics* strive for a new national perspective rather than detailing the library operations of survey respondents in numerous tables. "This seventeenth edition provides two views of academic health sciences libraries. The composite library section emphasizes commonalities, while the general tables highlight unique characteristics of individual libraries" [21]. Survey changes in the seventeenth to the twentieth editions were kept to a minimum, but they did happen either in response to the membership's request for specific data or to reflect new services as a result of technological change. The publication itself started to change by concentrating on reports that reflected better analysis of the available data. Thus, special reports were introduced to the publication along with the standard introduction. Under Florance's editorial leadership these reports became an identifying hallmark of the "new" *Annual Statistics*. One report was a "Composite Health Sciences Library," which provided a snapshot view of the academic health sciences library using the mean values for several library measures. Another report, "Survey Highlights," used graphics to show features of the edition's data. A third report also used graphics to identify "Five Year Trends" for a handful of important topics. Other features attempted to report data that had been collected for years in a new way. For example, salary data were presented in finer detail based on a few additional questions added to the salary survey.

To reduce the huge set of data elements requested in previous surveys, Florance and the Editorial Boards in the mid-1990s developed a compromise solution to aid members who still felt the need to know identifying library characteristics (like demographics). Thus, the twentieth edition produced the first quinquennial or once-every-five-years descriptive survey for those library characteristics that change very little over time but are useful in identifying true peers. This survey now concentrates on user populations served, public or private ownership of the institution, library personnel assignments by function, library space and seating, and managerial responsibilities of the library director.

Leadership of the *Annual Statistics* changed again in the twenty-first edition when James Shedlock, director of the Galter Health Sciences Library at Northwestern University, took the helm, first on an interim basis and then for a three-year term as editor and chair of the Editorial Board. The first goal in this leadership change was to maintain the integrity and continuity of the survey and its publication. The editor and Editorial Board followed the previous board's philosophy by examining survey questions closely for their usefulness to library management. Is a proposed new

question truly needed by members of the board and, therefore, reflective of the larger director community? If so, is the survey question clear and unambiguous and ready to be added to the questionnaire? A second goal was to establish the *Annual Statistics* as a depository for general library data. Recent surveys for the *Annual Statistics* have been constructed so they can supply data to a number of different surveys, including those of the Association of Research Libraries (ARL), the Liaison Committee on Medical Education, and the benchmarking initiative of the Medical Library Association (MLA). A third goal, starting with the twenty-first edition, was to shape the survey to report the operations and services of the electronic library. This goal is still an elusive one but watched carefully by the current Editorial Boards.

PURPOSE OF THE STATISTICS: COMPARABLE DATA AND THE NEED FOR COOPERATION

From the beginning, the purpose of the *Annual Statistics* has been clear: "the development of comparative data on significant characteristics of collections, expenditures, personnel, and services in medical school libraries and the creation of a stimulus for continued discussion of such statistical data in their use as a management tool" [22]. Not surprisingly, this same purpose is valid today, twenty-five years later. Though the library environment has changed, the emphasis on the comparability of peer data and the need for such data, as an aid to every-day library management, remains constant.

The solicitation and collection of comparable data is closely tied to a recurrent theme in the history of the *Annual Statistics*, that is, the call for cooperation among all academic health sciences libraries in the United States and Canada. Only with full cooperation in completing the survey instrument, submitting the completed survey on time to the regional editor, and maintaining the standards established by the Editorial Board does comparable data exist for each library. "Data cannot be accurately compared unless each reporting library agrees to define its data in the same way. The meaning of data in subsequent editions will become more and more useful wherever such agreements can be realized" [23].

Soliciting cooperation from the AAHSL members was a frequent theme in the introductions to the various editions, especially as the *Annual Statistics* were gaining momentum as a major association activity. One of the long-standing problems in compiling the *Annual Statistics* over the years has been developing a survey instrument that is universally understood by the AAHSL membership. For the *Annual Statistics* to report comparable data, everyone must agree on what to count and how to count what the survey asks. In other words, the survey must produce reliable and valid data.

While efforts are being made to have a compilation of data that is valid for all libraries, individual reporting techniques

continue to differ. . . . Our goal is to report data for your use that is valid and reliable, and data that can be reported by all respondents. In addition, all data reported should relate to the purpose of this compilation, which is to be a set of comparative data aimed at assisting library managers in effective and efficient operation of their libraries. [24]

While the membership has responded well to the call for cooperation, editors continue to find gaps in members' understanding of what data the survey tries to capture and report. Reliable and valid data remain other elusive goals for the current Editorial Boards.

USE OF TECHNOLOGY

A final theme, evident in the history of the *Annual Statistics*, has been the interest in, use of, and reliance on current technologies to compile and produce the publication. Even though the growing use of technology in academic health sciences libraries is documented elsewhere in this symposium [25], brief mention is made here about its application to producing the *Annual Statistics*.

From its conception, the *Annual Statistics* used currently available technology as an important component and feature of the publication. While no mention was made of using any technology in compiling or producing the 1975/76 *Medical Libraries Statistics*, the typeface and the production quality itself suggested that automation of some type was used to bring the survey results together and to produce a complete publication. Basically, that early volume consisted of a reproduced computer printout of tables showing the survey data for each topic related to collections, personnel, expenditures, interlibrary loan, and other services. The tables listed libraries in alphabetical order by state or province. These data tables were then followed by rank order tables. Even the column headings for the data were left in their coded format: "VOL_LIB . . . VOL_AD_GR . . . VOL_AD_NET" [26].

When Lyders assumed the editorship in 1976, he made use of the Houston library's automated circulation system to compile the survey results. In addition, "programs for the *Annual Statistics* were written in Basic-Plus on the Texas Medical Center, Inc.'s Digital Equipment Corp. PDP 11/34 computer by HAM-TMC Library personnel and a specially hired consultant" [27]. The third edition referred to using a commercial firm for writing the necessary programs to collect and process the data. In the seventh edition, the introduction announced that special reports for individual libraries "which can be designed to answer specific needs of a library or group of libraries" [28] were now available as a result of using computer technologies to compile the total survey results and then isolating library-specific data. Also, graphics were first introduced in the seventh edition as a means of displaying trends and observations from the data. While very elementary, this effort reflected the use of the technologies available at that time to graphically display the data as well as to help library directors communicate the data to higher-level administrators. The graphs

emphasized the potential use of the AAHSL data for management purposes.

Data processing improvements were always taking place. A floppy disk containing the eighth edition data was distributed with Lyders' monograph *Applied Statistics for Libraries*, which was published as a companion volume to that edition of the *Annual Statistics*. That data, however, is in ASCII format.

With the fourteenth edition, new programs were used to compile the data. "We have transferred the programs and data from Rbase to Paradox," said the editors. "This simplifies the production process and gives us the capability for further development next year when we hope to implement error-checking routines" [29]. Starting with the sixteenth edition, the *Annual Statistics* data were given to members on a disk along with the print publication. This innovation was significant at the time, again reflecting the professional interests of the *Annual Statistics* leadership to use technology to advance potential management uses of the data. With the accompanying disks and commonly available programs like Microsoft Excel, local library directors were able to isolate their data along with their peers' data and manipulate the results for "individualized reports and comparisons" [30]. "With both print and electronic data in hand, librarians and academic health sciences center faculty and administrators have the basic tools to define custom comparison sets for review and assessment of local resources and programs" [31].

Still another technological innovation occurred with the twenty-second edition. The 1998/99 survey was the first collected via the Internet and Web. Following the lead established by ARL, AAHSL contracted with a Web manager at the Alderman Library of the University of Virginia to design and manage a Website for collecting the survey data and then presenting the data for reuse by the membership. Over the next few editions, all the components of the *Annual Statistics* surveys were converted to Web format: general, salary, and descriptive. Through the generous support of the University of Virginia libraries—as host and provider of server space, programs, and ongoing maintenance—the *Annual Statistics* Website now holds all past data available in electronic format, starting with the sixteenth edition. As a result, any member can access nearly a decade of data for trend studies. The tools available from the University of Virginia allow for interactive graphing of trend lines for individual as well as peer reports, reports for descriptive statistics, custom reports, and downloading of data subsets.

Frequently, members seek data from each other on topics that are not covered by the *Annual Statistics* surveys. To accommodate the demand for "cutting edge" information, the *Annual Statistics* Editorial Board volunteered to devise a means for tracking "mini-surveys" starting in 1999. With the assistance of staff at the University of Cincinnati Health Sciences Library, programs have been written to organize, distribute, and store mini-survey reports from any AAHSL member. Members generally conduct their surveys through

announcements on the AAHSL list and compile the data in a way that best suits the nature of their survey topic. A standard cover sheet is completed online at the AAHSL Website that provides metadata about the survey and is used to organize the survey reports. Reports can be identified by submitter, date of submission, and keyword. Mini-survey reports can also be updated or even deleted if the original submitter so desires. From time to time, the Editorial Board reviews these mini-survey topics for possible inclusion in the annual surveys. For example, frequent requests on the AAHSL list for data about how much financial support comes from the medical school's primary teaching hospital have been deemed important enough for permanent status on the annual survey. The bottom line is to use technology for the collection and retrieval of library data important to various segments of the AAHSL membership.

FUTURE PROSPECTS

Even as the AAHSL membership changes from one generation of library directors to another, the *Annual Statistics* continue to serve the members as a highly regarded and essential management tool. The bottom line is that the *Annual Statistics* cannot cease to exist; therefore, their future is assured. However, members recognize that the *Annual Statistics* have to change, even though change is frowned upon by many. Consistent data are highly valued, because trend analysis is an important component in the management of local resources. At the same time, the members recognize all too well that the academic medical library environment is in flux. The investment of acquisitions, capital, personnel, and service budgets in making the transition to the electronic library will need to be documented and mapped with statistics. Thus, the *Annual Statistics* will be called upon to play a major role in documenting the extent of the transition and the results of these investments. Measuring the operations of the electronic library will significantly change the *Annual Statistics*. The Editorial Board desires to make the necessary changes in the survey now but realizes that electronic library operational data cannot be reliably collected at this time. Much work in collaborating with publishers and establishing standards for data reporting must be in place before the Editorial Board can move forward in changing the annual survey.

Because the *Annual Statistics* serve as a data repository for other library-related surveys, continued cooperation and collaboration with other organizations will be a big part of its future. Working closely with ARL, MLA, and the AAMC will likely be the norm in the years ahead.

Future Editorial Boards will likely pursue many other administrative projects. Providing more retrospective data at the Website is one project, along with establishing links to ARL and the AAMC for direct transfer of data. Further analysis of the existing data is still another service that is needed. In other words, there is no shortage of possibilities to make the *Annual*

Statistics a useful management tool now and into the future. All that is required is ongoing leadership and full membership cooperation to make the future *Annual Statistics* a solid tradition in the association.

Note on naming: In 1978, the Association of Academic Health Sciences Library Directors (AAHSLD) was incorporated. In 1996, in response to IRS requirements, AAHSLD formed a new organization to carry on its work, under the name Association of Academic Health Sciences Libraries (AAHSL). In this article, unless otherwise stated, the newer name is intended to refer to the organization throughout its history.

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