
Collection development and outsourcing in academic health sciences libraries: a survey of current practices

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Academic health sciences libraries in the United States and Canada were surveyed regarding collection development trends, including their effect on approval plan and blanket order use, and use of outsourcing over the past four years. Results of the survey indicate that serials market forces, budgetary constraints, and growth in electronic resources purchasing have resulted in a decline in the acquisition of print items. As a result, approval plan use is being curtailed in many academic health sciences libraries. Although use of blanket orders is more stable, fewer than one-third of academic health sciences libraries report using them currently. The decline of print collections suggests that libraries should explore cooperative collection development of print materials to ensure access and preservation. The decline of approval plan use and the need for cooperative collection development may require additional effort for sound collection development. Libraries were also surveyed about their use of outsourcing. Some libraries reported outsourcing cataloging and shelf preparation of books, but none reported using outsourcing for resource selection. The reason given most often for outsourcing was that it resulted in cost savings. As expected, economic factors are driving both collection development and outsourcing practices.

INTRODUCTION

Many changes in collection development have occurred in recent years. Today, librarians have more formats, such as electronic journals and networked databases, to consider when making purchasing decisions. Also, many libraries are now involved in consortial arrangements to acquire new electronic resources. However, many library budgets have not increased enough to support the additional cost of these new

resources while maintaining a traditional print collection. Most libraries are also challenged by serials prices, which have risen at a rate greater than budget increases [1]. The desire to expand into electronic formats, while trying to maintain a print collection during times of high inflation, has impacted collection development practices in many libraries.

This paper studies current trends in collection development and outsourcing practices in academic health sciences libraries in the United States and Can-

ada, and discusses the potential impact of these trends. Areas surveyed include trends in resource spending, changes in the use of approval plans and blanket orders over the past four years, amount of local need met through borrowing, and types of outsourcing used.

REVIEW OF LITERATURE

A review of the literature produced several studies documenting approval plan use in academic libraries, but no recent studies limited to academic health sciences libraries. A recent survey of member libraries of the Association of Research Libraries (ARL) showed stability in the use of approval plans over time. The survey found that 85% of ARL libraries used at least one approval plan in 1982, 94% used at least one plan in 1988, and 93% used at least one plan in 1996. However, in 1996, 90% of ARL libraries reported having canceled at least one approval plan. The two reasons most frequently cited as most important were vendor performance and lack of funds. Thirty-four libraries reported reevaluating approval plans due to the rising cost of serials, while seventeen reported the increased cost of electronic resources as a reason for reevaluating approval plans. The majority of respondents, however, reported spending a greater percentage of their materials budgets on approval plan expenditures in 1996 than in 1988 [2]. So while budgetary concerns have increased, approval plan spending is still substantial in most ARL libraries.

Many librarians feel that approval plans are vital to library collection development. For example, in 1996, Eldredge stated that "Approval plans are also needed more than ever because of the continuous proliferation of available material. There are more books published today than any library could possibly acquire. Collection development and selection demand greater subject expertise, knowledge of publishers, and decision making skills because of the wealth of materials available. Approval plans should be relied upon to deliver the easily accessible, obvious material the library is expected to have available for use. . . . Utilizing approval plans in such a manner saves money and buys libraries more of that precious commodity—time" [3]. Furthermore, Richards and Eakin commented that "the primary reason to use an approval plan is efficiency: to obtain core materials more quickly, avoid the process of placing individual orders, and to reduce the time devoted to the selection effort" [4].

Outsourcing in libraries has been a major topic of discussion over the past few years. Some library services, such as binding, have been outsourced for many years. Recently library outsourcing has expanded to include book selection, cataloging, shelf-preparation and, in rare cases, the entire library operation. The latter occurred at the Riverside County Library System

in California [5]. A 1997 survey of academic libraries by Libby and Caudle found that 28% of respondents had in the past or were currently outsourcing cataloging, 44% had never considered outsourcing, and 29% had considered or were considering outsourcing cataloging, but had not done so. They concluded that "clearly, outsourcing of cataloging is not a prevailing trend among academic libraries" [6].

METHODOLOGY

The study population included all academic health sciences libraries in the United States and Canada identified in the *Association of Academic Health Sciences Library Directors (AAHSLD) Annual Statistics of Medical School Libraries in the United States & Canada, 18th edition* [7]. One hundred and fifty-two libraries were surveyed.

The questionnaire (Appendix) was designed to gather information regarding: (1) programs and facilities supported by the library; (2) general information regarding collection size and expenditures; (3) current use of approval plans, as compared to use within the last four years; (4) use of blanket orders; (5) projects and plans for outsourcing; and (6) estimates of the amount of local needs that are met through borrowing. In October 1997, the questionnaire, accompanied by a cover letter and a self-addressed, stamped envelope, was sent to the collection development librarian at each library in the study. A follow-up mailing was sent twelve weeks later to those who had not responded.

RESULTS

Of the 152 academic medical libraries surveyed, 106 completed and returned the questionnaire. All questionnaires were usable, resulting in a 70% response rate. Data were entered into a Statistical Package for the Social Sciences (SPSS) data file to facilitate tabulation and statistical computation. While most of the surveys returned were complete, there was at least one non-respondent for each question. Percentages given in this paper were based on the total number of respondents to each question.

Questionnaires were mailed to collection development librarians, but were completed by a variety of individuals, including forty library directors or assistant directors (38.1%), thirty-one department heads (29.5%), and twenty-nine collection development librarians (27.6%). Five questionnaires (4.8%) were completed by others. To develop a profile of the type and size of libraries responding to the questionnaire, respondents were asked to indicate which types of academic programs and facilities they support. All libraries except two (99%) supported medical programs. Almost two-thirds (65.7%) supported nursing programs,

Table 1

A profile of monograph collection and budget size of academic health sciences libraries

Monograph budget	Monograph collection size			
	Less than 50,000	50,000–99,000	100,000–150,000	More than 150,000
less than \$25,000	9	5	—	1
\$25,000–\$49,999	6	6	2	1
\$50,000–\$99,999	9	20	5	4
\$100,000–\$300,000	5	10	4	9
over \$300,000	—	1	—	4

Note: 101 (95%) of respondents answered these questions.

and the same percentage supported allied health programs. Slightly less than one-half (46.7%) supported a public health program; 42.9% supported a dental program; and 41% supported a pharmacy program. Twenty-eight libraries (26.7%) supported other academic programs including basic sciences, veterinary medicine, social work, and psychology or other counseling professions. In addition to academic programs, 69.5% of respondents indicated supporting at least one hospital and 46.7% indicated supporting at least one out-patient clinic. A small percentage of libraries supported other facilities, such as the Association of Military Physicians and a private information center.

Questions were included to determine the approximate size of each library's monograph collection and budget, excluding standing orders. A comparison of monograph size and budget is highlighted in Table 1. No correlation between the size of a library's monograph collection and its budget was evident. Libraries with monograph budgets of \$100,000 to \$300,000 reported collections of all sizes. The number of years a library has existed, past monograph budgets, and weeding and repair policies may have a greater impact on monograph collection size than current budgets.

Information was gathered to determine how academic health sciences libraries spent their 1997 fiscal year materials budgets. Over two-thirds of respondents (68.6%) reported spending 80% or more of their 1997 budgets on serials. Only five respondents (5%) spent 50% or less of their budgets on serials. Correspondingly, eighty-seven respondents (88.8%) spent 20% or less of their materials budgets on monographs in fiscal year 1997. One respondent indicated that 85% of the budget was spent on monographs that year. Ninety-one respondents (93.8%) estimated expenditures for binding were 5% or less of their materials budget. At the other extreme, one respondent reported spending 25% on binding. Almost one-half (49%) indicated they spent between 1% and 35% of their materials budgets on other items, including media (slides, videotapes, audiocassettes) and electronic resources, such as CD-ROMs and database access. Overall, al-

Table 2

Number of titles currently received compared to those received four years ago (N = 106*)

	Fewer items	Same no. of items	
		More items	
Monographs	72 (68.6%)	16 (15.2%)	17 (16.2%)
Serials	75 (72.1%)	17 (16.3%)	12 (11.5%)
Titles on standing order	61 (58.1%)	34 (32.4%)	10 (9.5%)
Audio visuals	44 (44.9%)	42 (42.9%)	12 (12.2%)
CD-ROM resources	16 (15.7%)	29 (28.4%)	57 (55.9%)
Locally mounted databases	12 (12.5%)	25 (26.0%)	59 (61.5%)
Internet database access	2 (2.0%)	10 (9.8%)	90 (88.2%)
Products via consortia	6 (7.0%)	24 (27.9%)	56 (65.1%)

* Percentages are based on actual numbers responding to each part of the question. This response did not always total 106.

most twice as many respondents reported electronic resources spending compared to media spending. Eighty-six respondents (81.9%) reported having spent an increasing percentage of their materials budgets on serials over the last four years. Libraries with larger budgets were more likely to report increasing expenditures for serials. Two-thirds of respondents with budgets less than \$25,000 (66.7%) reported spending a larger percentage of their budgets on serials, while 100% of those libraries with budgets in excess of \$300,000 reported doing so. As expected, an equal number of respondents, eighty-six (83.5%), indicated their materials budgets had not kept pace with price increases and inflation. Budget size did not appear to affect these responses. Eighty percent of those with budgets less than \$25,000, as well as 83.3% of those with budgets greater than \$300,000, reported this disparity between budgets and inflation.

Respondents were asked to compare current materials expenditures with expenditures four years ago. Results are summarized in Table 2. The majority of libraries reported purchasing fewer monographs, serials, standing orders, and audiovisuals in 1997 than four years ago, while purchasing more electronic products of all types, including CD-ROMs, locally mounted databases, databases accessed via the Internet, and consortial purchases of electronic products.

Information was gathered regarding approval plan use in academic health sciences libraries. For purposes of the survey, an approval plan was defined as "an agreement with a commercial vendor to purchase and supply all publications fitting a library's collection profile (subject, publisher, price, format, language, etc.), subject to return privileges." Seventy respondents (66%) reported currently using an approval plan or having used one within the last four years. Approval plan use among responding libraries was somewhat related to the size of the library's monograph collection. Use was greatest in libraries reporting a collection of 50,000 to 100,000 monographs (81.8%), followed by libraries with collections greater than 150,000 mono-

Table 3
Profile of approval plan use in academic health sciences libraries

Approval plan	Currently received	Recently canceled	Never received
Brandon/Hill List Medical, preferred	45 (83.3%)*	5 (9.3%)	4 (7.4%)
Brandon/Hill List Medical, all titles	39 (75.0%)	5 (9.6%)	8 (15.4%)
Brandon/Hill List Nursing, preferred	24 (54.5%)	4 (9.1%)	16 (36.4%)
Brandon/Hill List Nursing, all titles	19 (42.2%)	5 (11.1%)	21 (46.7%)
Brandon/Hill List Allied Health, preferred	22 (50.0%)	4 (9.1%)	18 (40.9%)
Brandon/Hill List Allied Health, all titles	15 (37.5%)	2 (5.0%)	23 (57.5%)
Library for Internists	13 (31.7%)	4 (9.8%)	24 (58.5%)
Other selection lists	9 (45.0%)	3 (15.0%)	8 (40.0%)

* Percentages are based on number of respondents to each part of the question.

graphs (80.0%). Of libraries with monograph collections of 50,000 to 99,999 volumes, 64.3% reported using approval plans, while only 48.3% of libraries with collections less than 50,000 volumes use approval plans. Approval plan use was also related to the size of a library's monograph budget. Of libraries with budgets less than \$25,000, only 26.7% reported using approval plans currently or in the last four years, compared with 83.3% of libraries with budgets over \$300,000. Libraries with large budgets were better able to maintain or increase approval plan spending over the past four years. Of the five libraries with monograph budgets over \$300,000, two reported increasing the number of items received on approval and two reported no change in the last four years. Approximately one-half of responding libraries in all other budget categories reported reducing the number of items received via approval plans. Of the seventy libraries reporting recent approval plan use, eleven had canceled their commercial vendor approval plan in the last four years. The following reasons were indicated for approval plan cancellation: budget constraints (63.6%), increased costs of serials (18.2%), profiling problems (18.2%), and vendor performance problems (33.3%). Almost 10% listed other reasons for canceling an approval plan, including vendors not keeping up with Brandon/Hill List titles, and the efficiency and ease of using firm orders. Approval plan use by specific groups of titles is summarized in Table 3.

Twenty-four respondents (33.3%) using approval plans indicated they had used an approval plan within the last four years to receive books from one or more individual publishers according to a subject profile. However, thirty respondents answered the next question, which asked about subject profile approval plan trends. Of these respondents, four (13.3%) reported an increase in the number of titles received currently compared to four years ago; nine (30.0%) reported receiving about the same number of titles; and seventeen (56.7%) reported a decrease in the number of titles received compared to those received four years ago.

Information about the trend of overall approval plan use among academic health sciences libraries over the

past four years was compiled. Of those libraries reporting current or past use of approval plans, twelve (18.5%) reported no change in the number of items received over the last four years, thirty-two (49.2%) experienced a reduction in the number of items received, and fourteen (21.5%) increased the number of items received. Approximately 10% of respondents reported other changes in approval plans use. Of these respondents, one library reported no longer automatically receiving profiled items, rather selecting items online each week. Another library reported returning more titles due to financial constraints. Other libraries reported revising and fine-tuning their plans over the past four years.

Finally, a little over one-third of responding libraries (35.8%) reported not using approval plans, or using them more than four years ago. The primary reason for not using approval plans, reported by 65.8% of respondents, was limited budget. This reason was followed by philosophy of selection (31.6%) and institutional purchasing policy (13.2%). Other reasons for not using an approval plan included, "we tried it, but didn't like it"; "didn't believe it would fit our needs"; "approval plans offer little in our field"; "limited staff"; and "we're too small, not worth the hassle."

The use of blanket orders in academic health sciences libraries was also explored. For purposes of this survey, a blanket order was defined as "an order with an individual publisher or vendor to acquire all materials in a given set of parameters with the assumption all will be added to the collection." Thirty-two of the libraries responding to the questionnaire (30.8%) reported that they use, or have used within the last four years, a blanket order to acquire titles from an individual publisher. Of these, the number of current blanket orders reported ranges from zero to ten, with 6.7% of libraries now using zero and 3.3% using ten. Two-thirds of those using blanket orders reported currently using one or two. Almost three-quarters of those using blanket orders (73.3%) had not canceled any within the last four years. Most other libraries canceled between one and three; one respondent canceled twenty. Twenty-six of those using blanket orders (86.7%) had

not added any in the last four years; four (13.2%) had added one to three blanket orders.

Another topic surveyed was whether academic health sciences libraries were using outsourcing services and, if so, in what ways. Outsourcing was defined as "contracting with an external agent to perform select processes as designated by the library." Approximately one-half of respondents answered all or part of these questions. None reported presently using or having any immediate plans to use outsourcing for resource selection purposes. Fourteen libraries (25.5%) indicated they presently use or plan soon to use outsourcing for cataloging approval books. Ten (18.2%) presently use or plan soon to use outsourcing for shelf preparation of approval books. Three respondents (7.0%) reported currently using outsourcing for other purposes. For example, one library reported using the campus bookstore to order, receive, and return books while receiving invoices for this service through intercampus billing. Those libraries using or planning to use outsourcing gave the following reasons: not enough staff (21.4%), lower cost than in-house (57.1%), staff lacking expertise required (21.4%), and increased convenience (28.6%). Other reasons were given by 35.7% of respondents. One library reported planning to use outsourcing because it would free staff for other activities such as research. Another library commented that outsourcing would reduce the impact of staff turnover.

The final questions of the survey looked at library purchasing power and ability to meet local needs. Overall, 76.2% of respondents expressed the opinion that current purchasing power does not permit their library to support all institutional programs adequately. This state was particularly evident in libraries with monograph budgets of \$25,000 to \$50,000, where 93.3% of respondents reported they were unable to meet local needs. Approximately two-thirds of responding libraries with monograph budgets in excess of \$100,000 reported being unable to support all institutional programs adequately, as did 71.4% of libraries with budgets less than \$25,000. Many respondents offered qualifying comments regarding the issue of adequate support. One respondent questioned the meaning of adequate support and wondered whether it meant the same to teaching faculty as it did to librarians. Another respondent reported that their library budget was adequate for print materials, but not for electronic full-text databases. One librarian commented that support was not always at the level desired, but every effort was made to maintain core collections.

Respondents were asked to estimate what percentage of their needs were being met in-house as opposed to borrowing from other libraries. Fifty percent of respondents indicated they did not understand the question or were unable to answer it. Of those who did answer the question, forty-one (77.4%) felt that 70% to

100% of their needs currently are met in-house. Almost the same number (75.0%) reported 30% or less of their needs were met by borrowing materials from other libraries.

DISCUSSION

The twentieth edition of the *Annual Statistics of Medical School Libraries in the United States and Canada, 1996-97*, indicated that the composite health sciences library added fewer monographs and received fewer current serials in 1996/97 when compared to 1994/95 [8]. The results of this survey confirmed this trend. In the majority of libraries surveyed, the high inflation rate of serials, combined with the need to acquire new electronic formats, has resulted in cutbacks in other areas. The majority of respondents indicated purchasing fewer monographs, standing orders, and serials than four years ago, despite spending an increasing percentage of their budgets on serials over the past four years. This information suggests that even while allocating more money to serials, academic health sciences libraries have not been able to maintain serials collections. The majority of libraries indicated spending more on CD-ROMs, local databases, Internet databases, and electronic products via consortia, suggesting that even fewer budget dollars were available for print resources. However, while most libraries were purchasing fewer print resources, results of this survey showed that some libraries were not; 31.4% of libraries reported receiving the same number or more monographs than four years ago and 27.8% reported receiving the same number or more serial titles than four years ago. Academic health sciences libraries are facing a variety of budget circumstances.

Comments given at the end of the survey illustrated the problems some libraries face. One respondent wrote, "We have taken \$15,000 from our monograph budget . . . and placed it into our general account to cover the rise in serials costs. (The) actual number of books (purchased) is going down drastically." Another respondent wrote, "As more and more of our budget is devoted to serials and electronic resources, our monograph budget suffers. As a result, we are relying heavily on approval plans for monograph purchases and cutting back on firm orders. Last year the only firm orders placed from March through June were for books requested by faculty."

While the latter comment indicated that one library relied heavily on approval plans, results of the survey suggested that overall approval plan use was declining as academic health sciences libraries could afford fewer monographs. Eleven percent of respondents using approval plans canceled one or more of their Brandon/Hill List or Library for Internists List approval plans in the past four years. Overall, 49.2% of libraries reported a reduction in the number of items received

via approval plans. Of those who still use approval plans, comments indicated that budget constraints impacted the number of items retained. One respondent wrote, "We have had an approval plan for a long time and it is very accurate. As we cannot afford everything, I download the weekly list, search it against our catalog, determine what to receive and make changes to the approval plan before materials are shipped."

Other comments indicated that approval plans were seen by many as time-saving devices. One respondent wrote, "My responsibilities have more that doubled in the past two years. A well profiled approval plan is essential to me in order to identify the titles we need." Another respondent commented, "We have had to decrease approval receipts in recent years due to budgetary constraints. More titles are now ordered by firm order as we need to be more selective and can no longer afford all the titles in certain subject areas. This takes more time at a time when reorganization has increased my job responsibilities."

Although some academic health sciences libraries use outsourcing for cataloging and shelf preparation of books, outsourcing of resource selection is not currently being considered by any library surveyed. Survey findings suggest that academic health sciences libraries need to maintain flexibility in selection, due to budgetary limitations. If serial cost inflation is less than expected in a given year, more monographs can be purchased locally; if the inflation is higher than monograph purchasing can be curtailed for that year. Fluctuating budgets and inflation rates make outsourcing the selection process difficult.

CONCLUSION

Serials market forces, budgetary constraints, and the need to expand collections to include electronic resources have resulted in fewer print items being collected at most academic health sciences libraries. Perreault documented a similar decline in monograph purchasing in ARL libraries from 1985 to 1989 and found a reduction in the percentage of titles purchased that were unique to any one library [9]. Academic health sciences libraries have also likely been experiencing a reduction in the number of unique titles being collected. To maintain adequate coverage and availability and to preserve materials for future generations, cooperative collection development should be considered within states and regions.

In the health sciences, cooperative serials collection development can improve access to serials in a region. Rising serials prices, combined with budgetary limitations, make it difficult for libraries to maintain serials collections and to add new serials, even though scientific and medical publishers continue to publish significant new journals each year. Recent years have produced new, more specialized journals created to

provide forums for research previously scattered among a number of more general titles. New review journals that provide a digest of and commentary on recent literature in specialized subjects have also emerged in recent years. Because preservation of existing subscriptions is often not possible, let alone adding any new ones, academic health sciences librarians will need to cooperate to ensure that at least one copy of each needed serial is available within a region.

Cooperative collection development of monographs in the health sciences should also be considered. It has already occurred in other academic disciplines. The Illinois Cooperative Collection Management Program, a consortium of academic libraries, has in the past several years established several collection agreements to purchase monographs in broad subject areas. A library agrees to collect comprehensively in one category with the understanding that other libraries are collecting in other categories, ensuring the availability of monographs in the state. For example, within the biosciences, the University of Illinois at Chicago (UIC) has agreed to collect comprehensively in the area of evolutionary biology. Other consortium libraries know that they can rely on UIC to maintain a comprehensive evolutionary biology collection and do not have to collect as heavily in that area. Academic health sciences libraries may wish to explore similar programs, especially in areas such as medical ethics, history of medicine, or hospital management, where immediate access to materials is not required for clinical purposes.

This survey documents that many libraries have curtailed the labor saving practice of approval plan use to allow greater budgetary flexibility in a time of increased demands for budgetary resources. This curtailment requires individual review and ordering of items that formerly would arrive on approval, which is micromanagement of publisher offerings instead of macromanagement. When resources are scarce but coverage needs to be maintained, more precision in collection development is needed to maintain adequate coverage in all areas. Cooperative collection development, while helping to supplement coverage, can also be a labor intensive process in that it requires consideration of regional needs in addition to local needs. In the final analysis, as libraries purchase fewer print materials, the effort required for sound collection development may actually increase rather than decrease.

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Received July 1998; accepted October 1998

APPENDIX

Survey instrument

The impact of budgetary constraints on approval plan use: collection development survey for academic health sciences libraries

By completing the following questionnaire, I am consenting to participate in this study. I understand that my responses will be confidential and no individual results of this study will be reported.

1. Which of the following job titles best fits your position?
 Director
 Assistant director
 Department head
 Collection development librarian
 Subject specialist
 Other (please specify)
2. Please indicate which of the following academic programs your library supports. (Check all that apply.)
 Medicine
 Nursing
 Dentistry
 Pharmacy
 Allied health/ Associated health professions
 Public health
 Other (please specify)
3. Please indicate which of the following facilities your library supports in addition to a school.
 Hospital
 Outpatient clinic
 Other (please specify)
4. What is the approximate size of your monograph collection?
 Less than 50,000 volumes.
 50,000-99,999 volumes.
 100,000-150,000 volumes.
 More than 150,000 volumes
5. What is the approximate amount of your monograph acquisitions budget this fiscal year?
 Less than \$25,000
 \$25,000-\$49,999
 \$50,000-\$99,999
 \$100,000-\$300,000
 Over \$300,000
6. Approximately what percentage of your FY 1997 library materials budget was spent on:
 Serials
 Monographs
 Binding
 Other (please specify)
7. In the last four years, has your library spent an increasing percentage of your budget on serials?
 Yes No
8. In the last four years, has your library materials budget kept pace with inflation and price increases?
 Yes No
9. Compared to four years ago, please indicate if your library is receiving fewer titles, the same number, or more titles in each of the following categories: (Check one for each material type.)

	Fewer	Same	More
Monograph acquisitions	[]	[]	[]
Serials titles received	[]	[]	[]
Titles on standing order	[]	[]	[]
Audiovisuals	[]	[]	[]
CD-ROM resources	[]	[]	[]
Local databases	[]	[]	[]
Internet database access	[]	[]	[]
Products via consortia	[]	[]	[]

Definition: An approval plan is an agreement with a commercial vendor to purchase and supply all publications fitting a library's collection profile (subject, publisher, price, format, language, etc.), subject to return privileges. Please answer the following questions based on this definition of an approval plan. (While some plans also supply notification slips, please limit your responses to a discussion of monographs received via an approval plan.)

10. Does your library currently use approval plans or has it used approval plans within the last four years?

[] Yes [] No (If not, please skip to question 16.)

11. If your library has canceled its commercial vendor approval plan in the past four years, why?

- [] Budget constraints
 [] Increased cost of serials
 [] Profiling problems
 [] Vendor performance problems
 [] Other (specify)

12. Please mark items below that reflect the status of your approval plan use.

	Received	Within last 4 years (but not currently rec'd)	Never
Brandon/Hill Select Medical, preferred	[]	[]	[]
Select List Medical, all titles	[]	[]	[]
Select List Nursing, preferred	[]	[]	[]
Select List Nursing, all titles	[]	[]	[]
Select List Allied Health, preferred	[]	[]	[]
Select List Allied Health, all titles	[]	[]	[]
Annals of I. M. Library for Internists	[]	[]	[]
Other selection lists (specify)	[]	[]	[]

13. Have you used an approval plan to receive books from one or more individual publishers according to a subject profile (e.g., all books from publisher X in cardiology) in the last four years?

[] Yes [] No

14. If yes, has the number of titles received changed in the last four years?

[] Increased [] Remained the same [] Decreased

15. For the last four years, which of the following is true of your approval plan use?

- [] Not changed
 [] Reduction in items received
 [] Expansion in items received
 [] Other (please describe)

16. If your library *does not* use an approval plan, why not?

- [] Philosophy of selection
 [] Budget too limited
 [] Institution purchasing policy
 [] Other (please describe)

Definition: A blanket order is an order with an individual publisher or vendor to acquire all materials in a given set of parameters with the assumption all will be added to the collection. Typically, a blanket order does not allow for returns.

17. Has your library used a blanket order to acquire publications from any publisher within the last four years?

[] Yes [] No (If not, please skip to question 21.)

18. How many blanket orders with publishers does your library have? []

19. How many blanket orders has your library canceled in the last four years? []

20. How many blanket orders has your library added in the last four years? []

Definition: Outsourcing is contracting with an external agent to perform selected processes as designated by the library.

21. Please mark the following items indicative of your library's outsourcing projects and plans. (If no outsourcing is used, please skip to question 23.)

	Presently	Soon	None
Selection (describe below)	[]	[]	[]
Cataloging approval books	[]	[]	[]
Shelf preparation of approval books	[]	[]	[]

- Other (describe below) [] [] []
22. Why does your library use outsourcing or why are you planning outsourcing projects?
[] Not enough staff
[] Cost is less than in-house
[] Staff lacks expertise required
[] Outsourcing more convenient
[] Other (describe)
23. Does your current purchasing power permit the library to adequately support all programs at your institution?
[] Yes [] No [] Other comments
24. If your budget is inadequate to meet local needs, please estimate percentages of how all needs are met. _____
In-house _____ borrowing, etc. _____
25. Please feel free to provide any comments that you feel would be helpful in describing your library's use of approval plans and their role in collection development for academic health sciences libraries.

Thank you very much for your contribution to this project. Please return the survey by December 1, 1997, in the enclosed postage-paid envelope.

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