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ABSTRACT

A study was done of the characteristics of institutional research in 51 academic health centers. Overall, slightly less than half of the centers had an identifiable institutional research unit. In general, the more autonomous the center from its parent campus, the more likely it was that it would have a separate institutional research unit. The organizational location and the background of the staff of academic health center institutional research units were found to be comparable to those of other institutions. Academic health center institutional researchers were involved in a wide variety of tasks. They were less frequently involved in enrollment-related studies and student characteristic studies than are their counterparts in other institutions. Among academic health centers, the tasks commonly associated with institutional research differed based on the location of the office (main campus or health center) and the type of office. Offices on the main campus are more often involved in enrollment analyses and in salary studies. Included are 4 tables and 11 references. (Author/JB)

Institutional Research At (and For) Academic Health Centers: Who's Doing What?

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Jean Endo
Chair and Editor
Forum Publications
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Abstract

Research exists on characteristics of the institutional research function in a variety of settings. Among the characteristics examined are the function's placement in the organizational hierarchy, the background of its practitioners, and the tasks that are included in its portfolio. This paper extends that research by examining these characteristics of institutional research in an additional, and heretofore unexamined, setting, the academic health center.

Academic health centers were surveyed concerning the institutional research function. Overall, slightly less than half of the centers had an identifiable institutional research unit. In general, the more autonomous the center from its parent campus, the more likely it would have a separate institutional research unit. The organizational location and the background of the staff of academic health center institutional research units are comparable to those of other institutions. Academic health center institutional researchers are involved in a wide variety of tasks. They are less frequently involved in enrollment related studies and student characteristic studies than are their counterparts in other institutions. Among academic health centers, the tasks commonly associated with institutional research differ based on the location of the office (main campus or health center) and the type of office.

Although the institutional research function is not particularly new, institutional researchers are still struggling to find the meaning of institutional research.

Shale and Gomes (1990, p. 1)

The Association for Institutional Research (AIR) begins its book *A Primer on Institutional Research* with the question "What is institutional research?" (Muffo and McLaughlin, 1987, p. iv). The primer quickly responds that "this question has become something of an embarrassment to those of us who have spent a number of years calling ourselves institutional researchers" and notes that the lack of a simple answer "can be frustrating, especially when one struggles with the question year after year."

The institutional research community has attempted to answer Muffo and McLaughlin's question. Shale and Gomes note that "this existential inquiry has a long and venerable tradition" (p. 1) and then proceed to provide a review of the relevant literature. Much of the research involves the tasks or functions performed by institutional research offices, the characteristics of those offices within the organizational hierarchy, and the characteristics of the individual institutional researchers. Shale and Gomes' own contribution is a study of institutional research in Canadian universities that examines all three of these areas. Other recent studies include Volkvein's (1991) study of North East Association for Institutional Research members and Taylor's (1989) reconceptualization of extant data concerning institutional research at members of the Southern University Group.

Institutional type is one factor that could affect the nature of an institutional research office's functions, staff, and organizational placement. Volkvein's study considered institutions' Carnegie classifications and found them to be significantly correlated with the hierarchy of tasks and with all of the "professional" variables (staff size, years experience, and highest degree). Gomes and Shale restricted their study to universities, rather than include colleges, because "there seemed to us to be substantial contextual differences in the two milieu" (p. 2). They report that their "conjecture has subsequently been supported" by a study of the institutional research task in colleges in Canada conducted by others.

The Association for Institutional Research recognizes the importance of institutional type to the function of institutional research by providing opportunities at each Annual Forum for meetings of special interest groups related to institutional type. A review of the program for this 32nd Annual Forum in Atlanta reveals special interest group meetings for academic health centers, catholic colleges and universities, christian college coalition, independent colleges, major research universities, and traditionally black colleges and universities. Of particular concern to some of these groups is the exchange of relevant peer data.

The academic health center special interest group meeting is promoted as "an opportunity for persons performing institutional research functions for the often unique environment of an academic health center or medical school to discuss common interests and share ideas." That academic health centers are an often unique environment is not an observation limited to the academic health center special interest

group. Harold Enarson, president-emeritus of The Ohio State University, stated to a gathering of academic health center chief administrative officers that "the academic health center is truly different. The president learns this the hard way and in so many different arenas . . ." (1986, p. 57)

Previous research has described institutional research offices in terms of their functions, the characteristics of their staffs, and their location within the organizational hierarchy. The implication of these variables on the ability of institutional research to influence decisions and the work of the institution has been investigated (Taylor, 1989). The implication of some of these same variables on the career status and options of individual institutional researchers has also been investigated (Smith and Jones, 1991). What is unknown, however, is whether previous findings regarding the functions of institutional research, the characteristics of its practitioners, and the organizational location of institutional research are applicable to the "often unique environment" of the academic health center.

This study supplements the existing research by extending it to the practice of institutional research at academic health centers. The following questions are addressed: 1) who performs institutional research activities at and for academic health centers; 2) what is the organizational placement of institutional research at academic health centers; 3) what are the backgrounds of medical center institutional researchers and how do they compare with those of other institutional researchers; and, 4) what institutional research tasks are performed at medical centers and is this portfolio different from those of university-wide offices and offices in other settings.

Method

Subjects

The subjects of this study are academic health centers in the United States that are members of the Association of Academic Health Centers (AAHC). This study implicitly adopts the AAHC's definition of an academic health center as an institution that includes "a school of medicine, at least one other health professional school or program, and one or more teaching hospitals" (AAHC, 1991, p. iv). Although the AAHC permits membership to "academic health centers and to statewide university systems that have an administrative officer with authority over the health science programs of the state" (p. iv), the statewide systems were not included in this study.

The 1991 membership directory of the AAHC was examined and 97 eligible academic health centers were identified. Then, for each academic health center a named individual was identified to whom to send the study's survey. Individuals were selected by the following criteria in order of preference: 1) members of the Association for Institutional Research (1991-92 Directory) whose titles or addresses clearly indicated health center responsibilities or membership in AIR's academic health center special interest group, 2) academic health center officials listed in the AAHC directory with the word "planning" in their titles, 3) members of AIR at the parent institutions of the academic health centers, or 4) other academic health center officials listed in the AAHC directory who were judged by the authors to be likely to know to whom the survey should be forwarded. Examples of titles of individuals in this last group are assistant to the president, vice president for administration, and director of public relations.

Survey forms were mailed to the 97 individuals described above. The cover letter explained the procedure for selecting individuals and noted the criterion by which the recipient had been selected. It also included the request that "if you feel there is someone at your institution more qualified to complete the survey, please forward it to them."

Responses were received from a total of 51 of the 97 institutions, for an overall response rate of 52.6%. The 51 institutions that responded to the survey were the actual subjects of this study. The responding institutions seem to be representative of all academic health centers in terms of institutional control and relationship to a parent university. Table 1 shows these characteristics of the responding institutions as well as the comparable characteristics found in the AAHC's 1980 survey of its members. The AAHC study included all but one of its members at that time.

Table 1

Demographic Characteristics of Respondent Institutions

	Respondents		1980 AAHC Study	
Control				
Public	34	69%	56	65%
Private	15	31%	30	35%
Relationship to Parent University				
Related and proximate	27	55%	51	59%
Related but geographically distant	11	22%	15	17%
Independent but part of a system	5	10%	10	12%
Completely autonomous and freestanding	6	12%	10	12%

Note: This demographic information was not reported by two of the responding institutions.

There were, however, very different response rates for the four types of individuals to whom the survey was sent. Because the classification of these individuals is related to the treatment of institutional research by the institutions (ie. institutions employing members of AIR would seem to be more likely to contain a formal institutional research function than institutions with no AIR members), the responses cannot be considered to be representative of the status of institutional research at all academic health centers. Consequently, the results presented below are merely a description of the conduct of institutional research at the responding institutions. Table 2 contains the response rate information for the various groups.

Table 2

Response Rates

AHC-SIG Members/AIR members at AHC's	18	18	100.0%
Planning Officers at AHC's	16	6	37.5%
Parent Institution AIR members	42	16	38.1%
Other AHC Officers	21	10	47.6%
All Institutions	97	51	52.6%

Note: It was not possible to determine the institutional origin of one response. Thus, the response rate for one of the three groups (other than AHC-SIG/AIR members at AHC's) is actually slightly higher than indicated.

Instrument

An instrument, Survey on Institutional Research At (and For) Academic Health Centers, was distributed to each of the subjects. This instrument contains five sections:

1) About the Academic Health Center. This section sought demographic

information about the center and was adapted from the AAHC's "Current Organization Structure" questionnaire (AAHC, 1980).

2) About the individual completing this survey. This section asked the individual respondent to describe his or her location (ahc or parent institution) and role (institutional researcher, employee whose duties include functions commonly associated with institutional research, or other employee). They were asked if they were the named individual to whom the survey was addressed and were provided the opportunity to add their name to the academic health center special interest group mailing list.

3) About Institutional Research at the Academic Health Center. This section sought information about the organization and staff of the institutional research office. It was completed only by institutions responding "Yes" to the question: "Does the health center have a department, office, or individual with responsibility for institutional research?" This question and the organizational portions of this section were adapted from the AAHC's 1980 survey. Additional questions asked about the number of professional staff, their degrees, their faculty status, and whether any were trained health professionals.

4) Institutional Research Tasks at the Academic Health Center. This section listed 41 functions and asked respondents to classify each as not applicable to this institution or don't know, centralized in institutional research unit, centralized in other office, shared by institutional research unit and one or

more other offices, or shared by two or more offices with no institutional research involvement. This section was adapted, almost in its entirety, from the "Survey of Institutional Research/Studies/Analysis" developed by Volkvein for his study. It differs from the Volkvein survey only in the following four ways: A) Volkvein included separate responses to indicate if tasks were shared among two offices or among three or more offices, B) three functions (measurement of students' basic skills, general education, and achievement in the academic major) were not included on the health center survey, C) the function "self-study data for accreditation purposes" was expanded to four functions on the health center survey (regional accreditation, program accreditation, hospital accreditation, and graduate medical education accreditation), and D) functions were added to the academic health center survey in the areas of facilities planning, statistical/research consulting to the campus, and health professional manpower studies for the state or region.

5) This section asked respondents to note any additional tasks or to provide any other comments.

Results

Organizational Status

The question "Does the institution have a department, office, or individual with responsibility for institutional research?" was answered affirmatively by 22 of the 49 (44.9%) respondents to that question. Thirteen of these responses were by the individuals describing themselves as academic health center employees with explicit responsibility for institutional research. Another six were by individuals describing themselves as academic health center employees whose duties include functions commonly associated with institutional research. Interestingly, another ten individuals who described themselves in this way answered "No" to the question. The responses to this question were also analyzed with regard to the institutions' relationships with their parent universities. These results appear in Table 3.

Table 3

Health Center Institutional Research Offices by Relationship to Parent University

	YES		NO	
Related and proximate	7	26%	20	74%
Related but geographically distant	7	64%	4	36%
Independent but part of a system	3	60%	2	40%
Completely autonomous and freestanding	5	83%	1	17%
All institutions	22	45%	27	55%

Twenty of the twenty-two centers with institutional research units described their relationship with the corresponding university-wide unit. Nine (45%) indicated the

health center office is independent of but works with the university office, one (5%) that the health center office is a branch under the direction of the university office, three (15%) that the health center unit is completely autonomous, and 7 (35%) responded "other". Most of these "other" responses were from the freestanding health centers.

The titles of the institutional research units and of the administrators to whom they report were analyzed. Nine of the units (41%) have traditional institutional research names such as "department of institutional research" or "office of planning and institutional research". Another nine units (41%) have titles indicating they are primarily offices that support the institution's scholarly and/or sponsored research activities. These units have names such as "office of research support services", "associate dean for research", or "office of research administration". Two (9%) reported staff titles such as "assistant to the president" and two (9%) reported other titles.

The titles of the administrators to whom the institutional research units reported were compared to the titles of the health centers' chief administrative officers in order to determine the units' positioning within the hierarchy. Six of the 22 units (27%) report to the health center's chief administrative officer. Seven of the units (32%) report to a second-level administrator and two (9%) report to third-level administrators. For the remaining seven officers, it was not possible to determine their hierarchical location from the title of the administrator.

Staff Characteristics

The twenty-two institutional research units report professional staff ranging in size from 1 to 10 individuals. The modal office size is two professionals (f=7) and the median is 2.5.

Ten of the 22 offices (45%) report that at least one staff members holds a faculty appointment. Seven of the offices (32%) report that at least one staff members is a trained health professional.

Eleven of the offices (50%) report at least one staff member with a Ph.D. or Ed.D. degree. One of these offices has two individuals with these degrees and one office has three such individuals. Two offices report staff members with professional medical doctorates (M.D., D.M.D., D.D.S.). Three offices report staff members with M.B.A. or M.P.A. degrees. None of the offices have staff members with master's or doctoral degrees in public health. A variety of additional master's and baccalaureate degrees were reported.

Institutional Research Tasks

All Health Centers

The number of institutions reporting institutional research involvement in the various tasks for the academic health center appears in Table 4. This table presents the number of institutions with any institutional research involvement (centralized responsibility or shared responsibility with other offices) as well as the number with centralized responsibility. The three tasks most frequently generating institutional research involvement were responding to requests from other institutions for data

Table 4

Institutional Research Responsibility for Tasks (n=44 to 47 for each task)

		Any Role	Central in IR
1.	Enrollment data analysis	24	9
2.	Enrollment projections	22	10
3.	Reporting admission quality indicators	13	4
4.	Reporting other student characteristics	18	5
5.	Degrees awarded statistics	18	8
6.	Faculty workload analyses	16	10
7.	Salary studies	21	9
8.	Summary stats on student ratings of instruction	7	4
9.	Space allocation statistics/analyses	18	10
10.	Revenue data and projections	16	3
11.	Environmental scanning (demographic/economic trends)	21	11
12.	Economic impact studies	14	5
13.	Budget/cost/resource allocation analysis	19	2
14.	Producing campus factbook	26	17
15.	Preparing campus planning document	26	9
16.	Preparing campus budget request	13	2
17.	Displaying trends in research funding	23	9
18.	Generating personnel statistics	22	6
19.	Resource development (fund raising) statistics	10	2
20.	College guidebook surveys	18	10
21.	National Survey Data (ACE, USOE, NSF, etc.)	28	15
22.	Affirmative Action Compliance data on employees	11	4
23.	State-related requests for data	29	13
24.	Central system request for data (if part of system)	22	13
25.	Requests from other institutions for data exchange	32	18
26.	Admissions/Enrollment management studies	15	4
27.	Attrition/retention/graduation studies	16	7
28.	Studies of student academic performance/progress	9	5
29.	Measure of students' personal/social/non-cognitive growth	5	3
30.	Student opinion surveys	10	6
31.	Alumni studies	10	5
32.	Conducting academic program reviews	16	4
33.	Self-study data for regional accreditation	25	4
34.	Self-study data for program accreditations	22	2
35.	Data for joint commission accreditation	15	1
36.	Data for ACGME reviews of residency programs	6	1
37.	Survey research on campus issues	23	9
38.	Facilities planning	15	5
39.	Information systems design or management	13	2
40.	Statistical/research design consulting to campus	18	6
41.	Health profession's manpower studies state or region	12	6

exchange (32), to state-related requests for data (29), and to national surveys (28). These tasks were all classified by Volkvein as in the category "official external reporting for the institution." Two of the remaining tasks in this category were reported as institutional research responsibilities by a substantial number of institutions. Twenty-two institutions reported involvement in responding to central system requests for data, ranking it tenth among the 41 tasks, and 18 institutions reported involvement in college guidebook surveys, ranking it seventeenth among the tasks. Only one task in this category, affirmative action compliance data on employees, had low involvement by institutional research. Only 11 institutions reported institutional research participation in this activity, ranking it 34th among the tasks.

Other tasks with high levels of institutional research involvement were producing the campus factbook (26), preparing the campus planning document (26), self-study data for regional accreditation (25) and enrollment data analysis (24). Preparing the campus factbook was identified as a task centralized in institutional research by 17 institutions, second in this area only to requests from other institutions for data exchange which was centralized in 18 institutions. Three of these tasks are in the Volkvein's category "internally required tasks/analyses". Only one task, self-study data for regional accreditation, from Volkvein's final category "assessment and special studies" was reported by at least 24 institutions.

Academic Health Center Institutional Research Offices

The level of institutional research involvement in the 41 tasks was analyzed separately for the two main groups of health center institutional research offices that were identified earlier; those with traditional institutional research names, and those with names indicating a primary focus on scholarly or sponsored research. There are nine institutions in each of these groups.

Among the group with traditional institutional research names, one task, requests from other institutions for data exchange was unanimously cited. For six of the institutions, this task was centralized in the institutional research office. Four additional tasks; national survey data, self-study data for regional accreditation, self-study data for program accreditation, and state-related requests for data were reported by eight institutions. Overall, at least two-thirds of these institutions reported institutional research involvement on 20 of the 41 tasks and at least a majority reported such involvement on 26 of the tasks.

Only one task, resource development (fund raising) statistics, obtained no institutional research involvement at any of the institutions. Other tasks with low levels of institutional research involvement were summary statistics on student ratings of instruction, measurement of students' personal/social/non-cognitive growth, studies of students' academic performance, preparing the campus budget request, and revenue data and projections; all with two institutions. Interestingly, responsibility for student ratings of instruction is centralized in the institutional research office at the two institutions that cited it. Additional tasks with low institutional research involvement are student

opinion surveys, facilities planning, budget/cost/resource allocation analysis, and information systems design or management; each with three institutions.

Four of these institutions identified additional institutional research tasks at their academic health centers. These tasks are: 1) editing and publishing of "Policy and Procedure Manual", 2) responsibility for coordination of strategic planning and accountability/assessment reporting, 3) information systems/information technology planning, and 4) indirect cost proposal preparation and monitoring CAD system for floor plans of buildings.

Among the "research support" offices, one task, displaying trends in research funding, was unanimously cited. In addition, this task was centralized in six of these offices. Other tasks cited frequently by these offices were resource development statistics (8), requests from other institutions for data exchange (7), budget/cost/resource allocation analysis (6), statistical/research design consulting to campus (5), preparing campus planning document (5), and revenue data and projections (5).

Four of these offices report involvement in each of the following tasks: survey research of campus issues (centralized in three offices), preparing campus budget request, information systems design and management, producing campus factbook, national survey data, facilities planning, and central system requests for data. The following additional tasks were each reported by three of these institutions: space allocation statistics, self-study data for regional accreditation, state-related requests for data, generating personnel statistics, self-study data for program accreditation, and conducting academic program reviews.

Three of these offices identified additional institutional research tasks, as follows: 1) administrative processing of extramural and intramural research, medical student research, grant/contract analysis and approval, safety committees; 2) identification of funding opportunities, regulatory compliance; 3) allocation of institutional funds for research, faculty recruiting, academic/research misconduct, institutional review of grants and contracts, research communications.

Main Campus Institutional Research Office

Respondents were asked to indicate if the task section was "being completed with regard to a parent university's institutional research office" and were requested to "please consider that office's involvement **only with regard to tasks for or about the academic health center**" (emphasis in original). Eleven responses were from parent university institutional research offices. One task, state-related requests for data was cited unanimously. Two additional tasks, salary studies and national survey data, were cited by ten main campus institutional research offices. Nine offices reported involvement with producing the campus factbook, requests from other institutions for data exchange, enrollment projections, and enrollment data analyses. Eight offices reported involvement with generating personnel statistics, degrees awarded statistics, and environmental scanning.

There was no involvement by any parent campus institutional research office in health professional manpower studies or data for reviews of graduate medical education. Very few of these offices reported involvement in affirmative action compliance data for employees (3), statistical/research design consulting to the campus (3), alumni studies

(2), data for hospital accreditation (2), information systems design or management (2), resource development statistics (1), measure of students' personal/social/non-cognitive growth (1), and statistics on student ratings of instruction (1).

Discussion

Organizational Status

The 1980 AAHC study "The Organization and Governance of Academic Health Centers" did not attempt to determine the extent to which institutional research offices existed at academic health centers. It did, however, survey its members about the existence of separate health center offices for the administrative support areas of business and finance, personnel, development, long range planning, public information, government relations, buildings, grounds, and maintenance, data processing, and security (AAHC, 1980, pp. 138-146). The responses ranged from a low of 21% (government relations) to a high of 81% (public information). All of the others were between 60% and 70% with the exception of long range planning (50%) and business and finance (78%). The present finding that 45% of academic health centers have a department, office, or individual with responsibility for institutional research is reasonably consistent with these earlier findings.

The AAHC study found that "significantly more of the separate AHCs tend to have their own administrative support systems than AHCs located on or near the campus of the parent university" (AAHC, 1980, p. 40). We find this to also be true for institutional research offices. Only 7 of the 27 (or 26%) "related and proximate" health centers reported institutional research offices as compared to 15 of the 22 (68%) distant

or autonomous centers. The AAHC found that separate health center administrative offices were most frequently characterized as independent of but working with the corresponding university office. The same was true for this study with a plurality of 45% indicating that relationship.

Smith and Jones (1991, p. 15) found substantial belief (43% of their respondents) that "if the institutional research officer is more than one reporting level removed from the president, the institutional research office will have minimal impact on the institutional decision processes". At health centers, the reporting relationship to the center's chief administrator, regardless of title, is the issue; ie. influence is potentially reduced with distance from the unit's ultimate decision-maker. Most health center institutional research units are no more than one reporting level removed from the chief administrator, with 27% reporting to that administrator and an additional 32% reporting to second level administrators. Only 9% are certainly more than one reporting level removed from the president, although the hierarchical placement could not be determined for several. These percentages are comparable to those of Taylor who found 20% of Southern University Group institutional research units reporting to presidents and 40% reporting to vice presidents and to those of Volkvein who found 31% of the northeastern units reporting to presidents and 44% reporting to vice presidents.

Staff Characteristics

Faculty affiliation was considered to be important in performing the institutional research function by 55% of the senior higher education administrators responding to Smith and Jones' survey and was considered important in moving to higher

administrative positions by 76%. At academic health centers, 45% of institutional research offices have at least one staff members with faculty rank. This appears comparable to Taylor's (1989) finding of faculty rank for 52% of the Southern University Group institutional research directors although one study counts offices and the other counts individuals.

The possession of a doctorate by institutional researchers was considered helpful and relevant by 83% of Smith and Jones' respondents. At academic health centers, 59% of institutional research offices have at least one staff member with an academic or professional doctorate. This finding seems to be in the same ballpark as the percentage for other institutional researchers as it is between the 69.6% among Taylor's SUG directors and the 33% for Volkvein's northeasterners. Again, the present study is counting offices, the previous studies counted individuals.

The academic health center institutional research offices ranged in size from 1 to 10 professional staff members. The median staff size of 2.5 appears to be larger than other institutional research offices. Volkvein found only 22 offices (18%) to have four or more staff and only 30 more (25%) to have two or three staff members. However, as Baudin (cited in Shale and Gomes) noted, "Institutional Research is as the institution defines it, and many Institutional Research offices reporting large staffs and resources have, in may instances, additional duties and responsibilities not found at other Institutional Research operations" (p. 6).

Institutional Research Tasks

There is a great deal of variation between the tasks most frequently participated in by institutional researchers at and for academic health centers and those participated in by Volkvein's northeastern respondents. The top five tasks in terms of institutional research participation at health centers (data exchange, state requests, national survey data, factbooks, and planning documents) ranked 6th, 8th, 5th, 10th, and 23rd, respectively, in Volkvein's study. Similarly, Volkvein's four most popular tasks (attrition related enrollment studies, admissions related enrollment studies, reporting enrollment data, and reporting other student characteristics) ranked 23rd, 27th, 7th, and 21st, respectively, at academic health centers.

At academic health centers, the portfolio of tasks in which institutional researchers participated varies with the type of office; separate health center office with a traditional institutional research name, separate health center office with a research support name, or main campus institutional research office.

Like the overall health center profile, the "traditional name" offices are involved in external reporting and in the production of factbooks and planning documents. A high proportion of these offices are also involved in producing self-study data for regional and program accreditation and in reporting "other student characteristics".

Like the overall health center profile, the main campus offices are involved in external reporting and in factbook production. A high proportion of these offices are also involved in enrollment projections (82%) and salary studies (91%). These percentages exceed even those of Volkvein's group.

The research support offices present a different profile from the other offices. These offices are far more often involved in displaying trends in research funding (100%), resource development (89%), budget/cost/resource analysis (67%), and revenue data and projections (56%) than other types of offices. One reaction by researchers receiving survey responses from research support units about an institutional research topic would be to assume miscommunication and misdirection of the surveys and to discard the results. That would be a mistake. Despite the differences in the pattern of responses from those of other offices, a surprising proportion (to us) of "research support" offices are involved in traditional institutional research tasks and other tasks not associated with sponsored research. For example, these offices are involved in data exchange (78%), production of planning documents (56%), survey research on campus issues (44%), factbook production (44%), national survey data (44%).

Anecdotes

The authors received four telephone calls from survey recipients asking what was meant by "academic health center". These callers were not sure if we meant the medical campus or the student health service. Those of us at academic health centers may know what we mean by that term; but, it may not be so well known to others.

We also received a copy of a memorandum to the institutional researcher to whom our survey had been sent from the medical school official to whom he had forwarded it. It read in part "[name of school deleted] does not operate, either alone or as a partner, an academic health center . . . the questions on the form asking for information about academic health centers are not applicable." The survey was only sent

to members of the Association of Academic Health Centers. Perhaps not even those of us at academic health centers know what is meant by that term.

One author received a telephone call asking: "What is institutional research?" He responded, "Well, it's the kind of things listed on the survey." This is where we came in; see Page 1 of this paper.

Conclusions

1. Separate health center offices for institutional research exist at academic health centers in roughly the same proportion as do other administrative support offices.
2. A relationship appears to exist between the health center's relationship to the parent institution and the development of a recognizable institutional research office. The more autonomous and separate the health science center, the greater the extent to which institutional research is recognized and developed.
3. The health center institutional research units are hierarchically situated similarly to institutional research offices at other types of institutions.
4. The professional staff of separate academic health center institutional research offices are similar to their counterparts at other institutions in terms of the proportions with doctoral degrees and with faculty status.
5. Institutional research offices at or for academic health centers are less frequently concerned with enrollment related data and analyses and with student characteristics than are those in other settings.
6. Institutional research offices at or for health science centers are concerned with a wide variety of areas and tasks, the most common of which are responding to

requests from other institutions for data exchange, to state-related requests for data, and to national surveys.

7. The particular mix of tasks vary if institutional research is "at" the health center in a separate office rather than "for" the health center in a main campus office; the latter are more frequently involved in enrollment analyses and in salary studies than the former.

8. Even "at" an academic health center, the mix of tasks will vary with the type of office. Many research support offices, although clearly established originally for other purposes, have assumed some traditional institutional research functions.

9. Even though similarities and patterns exist, there is a great deal of variety (and confusion) concerning the institutional research function at academic health centers.

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