Abstract

Surveys are a critical source of information about individuals' attitudes, behaviors, and health, yet the validity of survey-based inferences depends on how respondents formulate and report answers, decide whether to participate in additional data collection or record linkage, and interpret survey questions. These processes may vary across racial and ethnic groups in ways that affect the validity and comparability of survey measures and the representativeness of resulting data, with implications for research on population differences and health disparities. This dissertation examines three aspects of the survey process with implications for the quality and interpretation of survey data: acquiescent response style (ARS), consent to supplemental data collection and record linkage, and the ways respondents evaluate and report their health through self-rated health (SRH).

The first study examines ARS, the tendency to agree with items regardless of content, as a potential source of measurement error in longitudinal research. Using six waves of the Health and Retirement Study (HRS) collected between 2010 and 2020, growth mixture models identified four trajectories of ARS: Low Stable, Moderate-Low Increasing, Moderate-High Stable, and High Stable. Compared with non-Latino White respondents, Spanish-interviewed Latino respondents were substantially more likely to exhibit higher or increasing ARS, with smaller differences observed for English-interviewed Latinos and non-Latino Black respondents.

The second study examines five types of consent using 2010–2016 HRS data: physical measurements, blood and saliva collection, and verbal and signed consent to Social Security Administration (SSA) record linkage. Structural equation models examined socio-demographic, health-related, psychosocial, and response-style predictors of consent, while audio-recorded consent discussions were used to examine interviewer-respondent interactions. Predictors varied considerably across consent types and waves, with race and ethnicity among the most consistent. English- and Spanish-interviewed Latino respondents exhibited distinct consent patterns, and ARS predicted

SSA consent across multiple waves but was unrelated to physical measures or biospecimen collection. Interviewer explanations and respondent clarification requests were positively associated with consent, while confidentiality concerns were negatively associated, demonstrating that potential consent bias can reflect both respondent characteristics and interviewer-respondent interactions.

The third study examines the response processes underlying SRH by focusing on what respondents consider when forming their health ratings. Data came from three web surveys of non-Latino White, Latino, Chinese, and Korean adults interviewed in English, Spanish, Chinese, or Korean. Open-ended probes were coded to identify the aspects of health respondents reported considering (i.e., attributes), including their content, number, and whether each was described favorably, unfavorably, or neutrally. We examined differences across the target groups and tested two experimental manipulations: whether placing SRH within versus outside a series of health-related questions affected reported attributes, and whether respondents reported different attributes when explaining their specific SRH rating versus evaluating their health generally. Attribute content, number, and tone differed across groups, including by survey language within Latino, Chinese, and Korean populations. SRH placement produced little evidence of differences in reported attributes. However, respondents reported more attributes and more illness-related information when explaining their specific SRH rating than when evaluating their health generally.
Collectively, these studies demonstrate how ARS, consent decisions, and how respondents formulate answers can affect the validity, comparability, and representativeness of survey data, particularly across racial and linguistic groups. These findings highlight opportunities to improve survey measurement, consent procedures, and question design to strengthen the quality of survey-based inferences across population groups.