

# Response & Consent in Add Health: Lessons from Wave V and Plans for Wave VI\*

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Robert A. Hummer

Howard W. Odum Distinguished Professor of Sociology

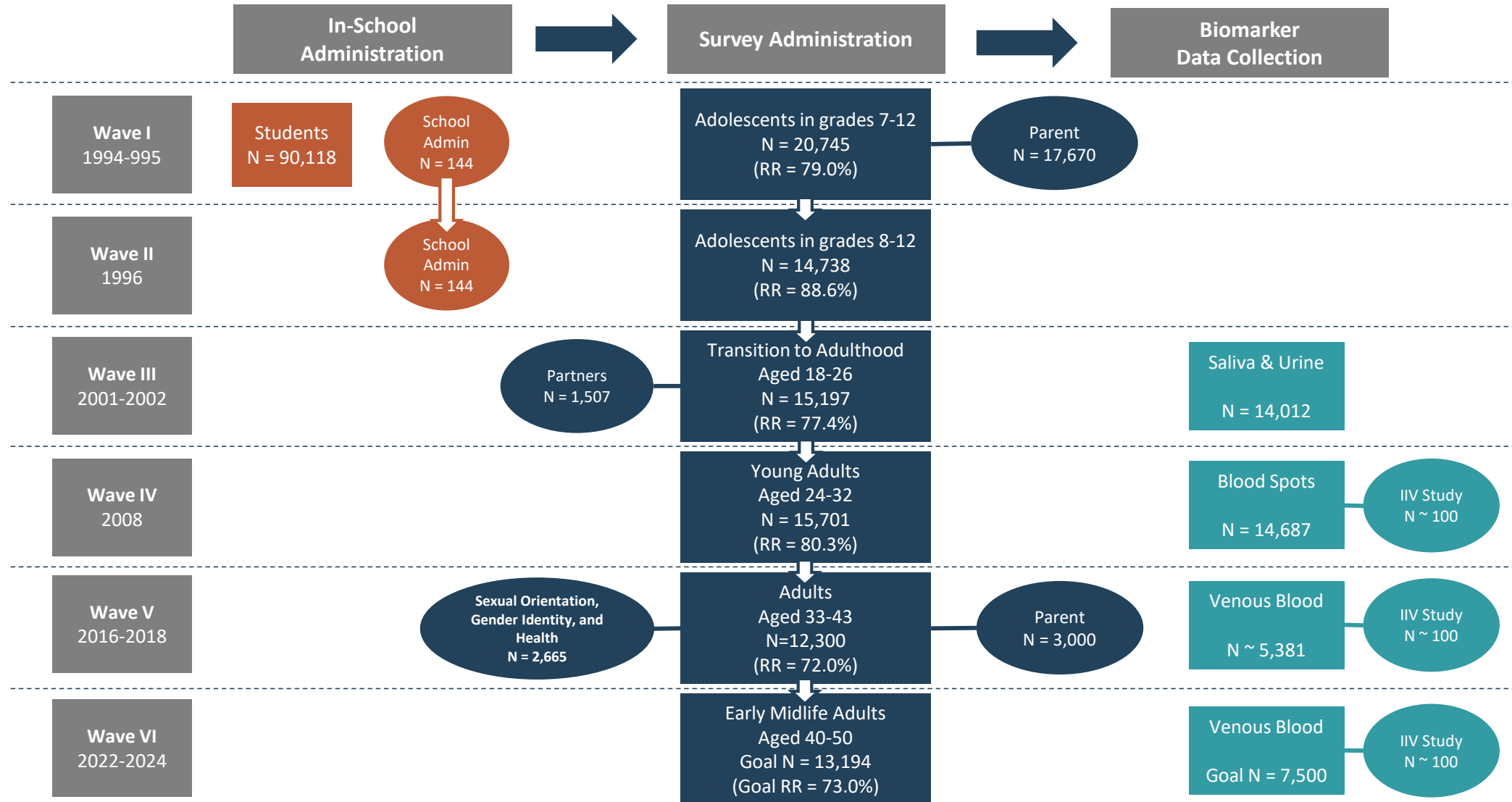
Director, National Longitudinal Study of Adolescent to Adult Health (Add Health)

University of North Carolina – Chapel Hill

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# Add Health Longitudinal Design



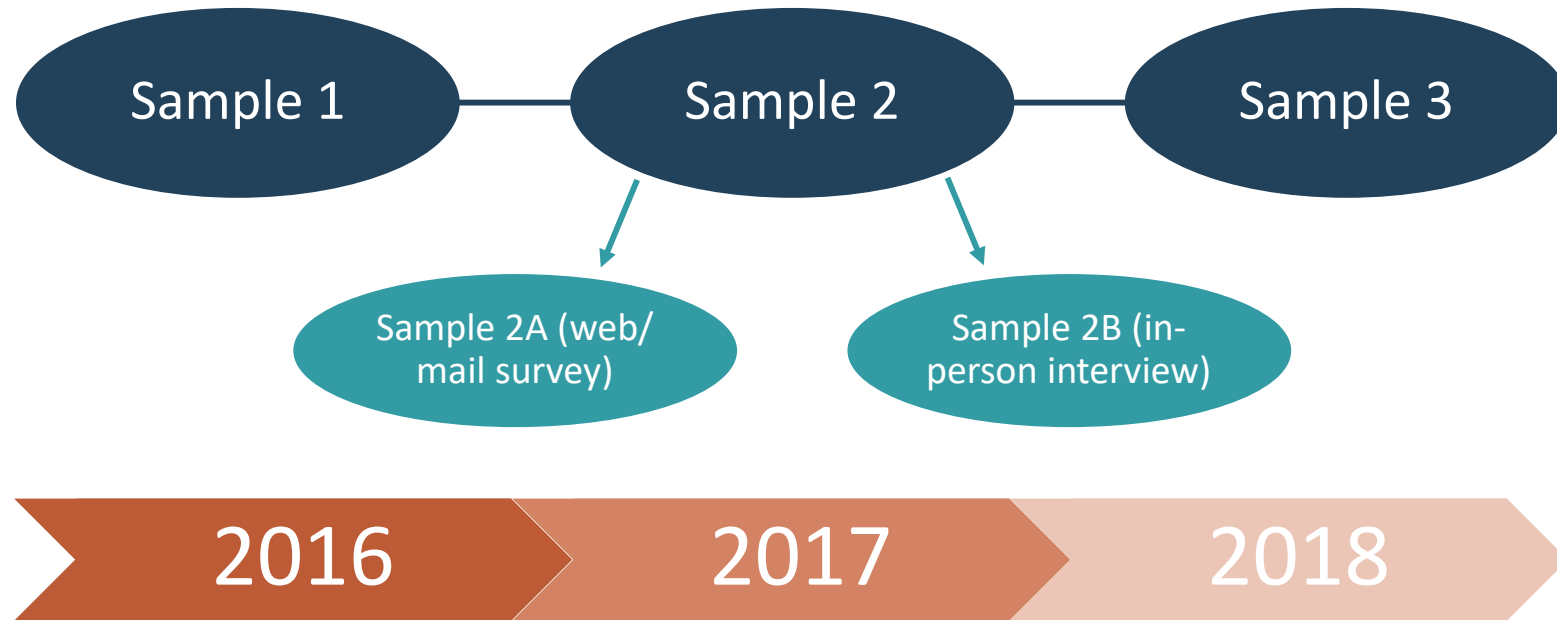
# Source Papers for Wave V Methods

BiemerP, Harris KM, Halpern C, Burke B, Liao D. Forthcoming. “Transitioning a Panel Survey from In-Person to Predominantly Web Data Collection: Results and Lessons Learned.” Journal of the Royal Statistical Society, forthcoming special issue on The Future of Online Data Collection in Social Surveys.

Harris KM, Halpern C, BiemerP, Liao D, and Dean SC. 2019. “Sampling and Mixed-Mode Survey Design.” Add Health Wave V Documentation. Available at: [https://addhealth.cpc.unc.edu/wp-content/uploads/docs/user\\_guides/AddHealth-WaveV-Sampling-and-Mixed-Mode-Survey-Design\\_doi.pdf](https://addhealth.cpc.unc.edu/wp-content/uploads/docs/user_guides/AddHealth-WaveV-Sampling-and-Mixed-Mode-Survey-Design_doi.pdf)

# Wave V Sampling Structure

All samples were nationally representative



# Key Design Changes to Wave V

- Shifted from in-person to mixed mode interview:



Samples 1, 2A, 3: Web/mail

- Sampledweb/mail-based nonrespondents (NRFU);  
they took the survey via project laptop in their home



Sample 2B: In-person

- Questionnaire length reduced from 90 to 50 minutes
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- Asked for home health exam consent at end of survey interview
  - Biological data collected in separate home health exam by subcontractor

# Summary of Wave V Results, I

Overall sample size of 12,300 (effective RR of 72%)

Samples 1, 2A, 3 (n = 11,198)

Web/Mail RR: 52.0%

NRFU RR: 41.3%

Combined RR: 71.8%

Sample 2B (n = 1,102)

In-person RR: 72.2%



# Summary of Wave V Results, II

Consented 8,379 (of 12,300) survey respondents for home health exam (68%)

- Consent rate ~90% among in-person survey respondents
- Consent rate ~60% among web/mobile-based respondents

Conducted 5,381 exams (of 8,379 consented)... (64%)

# Wave V Survey Methods Takeaways, I

- 1) 50–60 minute web survey feasible; no need for 25 minute limit
- 2) Mail option costly & yielded poorer data than web
- 3) Email address a key factor for both web & in-person response
- 4) Constant (e.g., monthly) reminders important; web survey open for a year or even longer
- 5) In-person response rate (~72%) higher than web (~52%)
- 6) Any national news about data breaches or confidentiality hurt survey response; a few respondents lost for good

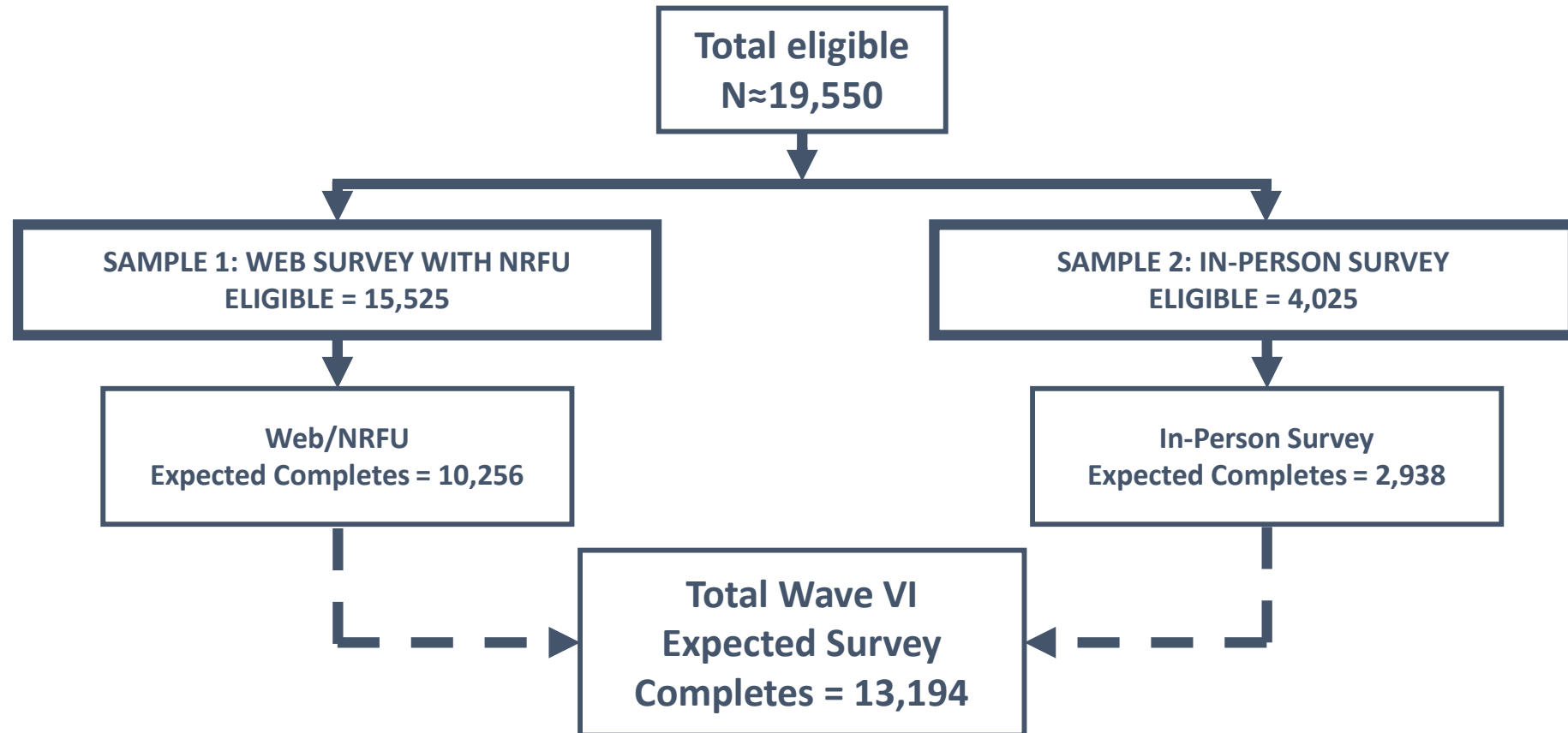


# Wave V Survey Methods TakeAways, II

- 7) In-person contact/phone NRFU critical for web survey; **sample non-respondents to achieve better representation**
- 8) Higher incentives matter for RR, but not be-all, end-all
- 9) Parents not very helpful in helping us find their children
- 10) Many respondents report high regard for participation in Add Health; contribute to science
- 11) Some mode effects when switching from in-person to web survey
- 12) In-person respondents consent for home exam (~90%) much higher than web/mail respondents (~60%)

# Turning to Wave VI

# Wave VI Survey Design: 2 Subsamples



# Wave VI Response Rate Goals

Raw response rate:  $13,194 / 19,550 = 67.5\%$

• Sample 1:  $10,256 / 15,525 = 66.1\%$

• Sample 2:  $2,938 / 4,025 = 73.0\%$

In-Home Health Exams:

• Consent:  $9,685 / 13,194 = 73.4\%$

• Exam:  $7,500 / 9,685 = 77.4\%$

**\*\* How will we achieve these goals??? Next few slides ... \*\***

# Reasons for Optimistic Wave VI Response Rate & Sample Size (~7% higher than Wave V)

- 1) Learned lessons from Wave V (see above)
- 2) More intense panel maintenance & tracing
- 3) Shorter periodicity  $V \rightarrow VI$  compared with  $IV \rightarrow V$
- 4) Larger survey incentives
- 5) Larger & high-density targeted NRFU, simultaneous with in-person Sample 2 collection
- 6) Larger in-person sub-sample (Sample 2) with racial/ethnic minority oversamples

# Wave VI Survey Consent

- Informed consent: description of survey content & length; contact info for project staff and UNC IRB
- Consent form references help document to contact someone to talk about the sensitive survey topics
- Reading level 7.5
- Capacity to provide informed consent determined via brief sequence of questions following consent form
- Participants consent by providing an electronic signature
- Participants can download copy of consent form to save if they wish to do so



# Wave VI Additional Consents

**Wave VI goal:** Collect consents for home exam and potential future linkages to administrative education & health data

- Home exam: consent to conduct visit and future use of archived samples for Add Health-related, IRB-approved studies without requiring recontact.
- Medicare/Medicaid ... last 4 of SSN
- National Student Clearinghouse (college data) ... also last 4 of SSN

# Home Health Exam—Challenges

Final @ Wave V

Goal @ Wave VI

Consented  
Examined

8,379 (68%)

5,381 (64%) →

9,685 (73%)

7,500 (77%)

How do we ↑ home health exam consent rate?

How do we ↑ home health exam rate?



# Home Health Exam: Consent Strategies

How do we ↑ home health exam consent rate?

## Primary

### Wave V

### Wave VI

Incentive

\$50



\$100

Placement

After Survey



Before or After Survey

## Secondary

Display

As Simplified, Single Screen

Frame

As Integral Component

Prime

Using Email/Letter

Remind

About Past Participation

Motivate

With Dedication/Contribution

# Home Health Exam: Completion Strategies

How do we ↑ home health exam rate?

## Encourage Participation

- Increase Incentive
- Use Several Contact Methods
- Tailor Messaging
- Create New Website w/video
- Address Barriers
- Convert Refusals

## Facilitate Scheduling

- Dedicate Exam Schedulers
- Use Web Point & Click Calendar
- Coordinate Handling of Hard-to-Schedules
- Use Application Program Interface
- Use Online/Email Options

## Ensure Examination

- Map Participants/Examiner Hiring
- Dedicate Rescheduling Options
- Use Exam Reminders
- Provide PreExam Web Info

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Add Health was originally designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris at the University of North Carolina at Chapel Hill. Add Health is currently directed by Robert A. Hummer; it was previously directed by Kathleen Mullan Harris (2002-2021) and J. Richard Udry (1994-2004).

Information on obtaining Add Health data is available on the project website (<https://addhealth.cpc.unc.edu>).