Courting Respondents: The Rocky Road to Cooperation and Truth

JOEL HUBER—DUKE UNIVERSITY
The importance of truth from respondents on health care

Standard surveys: Attitudes towards procedures, medications, hospitals, doctors

Sensitive information: Drug and alcohol use, risky and illegal behaviors, disease state and history

Self/other deception: Own abilities and achievement, compliance with medications and instructions, acquiescence

Difficult conjoint choice tasks: Understanding the problem, willingness to make choices,
Facilitating truth-telling

Motivate involvement in the process
Make the process easier
Help respondent find the truth
Make truth less painful
Make lying or distortion more painful
Motivate involvement in the process

Who is getting the results?
- Person, institution

Why is it being done?
- Improve own health
- Others?

What will the respondent gain from cooperating?
- Help self
- Help others
- Compensation
What about Sawtooth’s Avatars?
Make the process less painful

Clear writing, simple wording
Break up long passages with simple reinforcing questions
Keep the process short, logical
Avoid redundant questions
Use a completion bar to indicate how far to the end
Use images and pictures
Help the respondent find the truth

Focus on specific events, not generalizations
Encourage perspective taking: different points of view
Build complexity slowly with easy question first
Give test questions and indicate where two responses may not make sense
Make the truth less painful
Assure anonymity
Impersonal survey tone
Random Response
Reduce shame
Make distortion or lying more costly

- Cheap talk: Begging, symbols of eyes, 10 commandments
- Incentive alignment
- Bogus pipeline
- Bayesian Truth Serum
These different goals generate conflicting solutions

Motivate involvement in the process
Make the process easier
Help respondent find the truth
Make truth less painful
Make lying or distortion more painful
## Different questions require different solutions

<table>
<thead>
<tr>
<th>Kind of questions</th>
<th>Obstacles to overcome</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-sensitive questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitudes towards Doctor, Hospital</td>
<td>Indifference, boredom</td>
<td>Justify survey</td>
</tr>
<tr>
<td>Behavior of others</td>
<td></td>
<td>Clear logic, flow, brevity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personalize</td>
</tr>
<tr>
<td>Difficult conjoint choices</td>
<td>Understand meaning of attributes</td>
<td>Provide realistic context</td>
</tr>
<tr>
<td>Serious implications</td>
<td>Ability to make choices</td>
<td>Encourage cognitive elaboration</td>
</tr>
<tr>
<td>Emotional</td>
<td>Willingness to make tradeoffs</td>
<td>Build up from simple choices</td>
</tr>
<tr>
<td>Novel</td>
<td></td>
<td>Increase emotional distance</td>
</tr>
<tr>
<td>Sensitive information</td>
<td>Distrust, Fear, Guilt, Shame</td>
<td>Assure confidentiality</td>
</tr>
<tr>
<td>Private</td>
<td></td>
<td>Build gradually</td>
</tr>
<tr>
<td>Threatening</td>
<td></td>
<td>Non-personalized</td>
</tr>
<tr>
<td>Intrusive</td>
<td></td>
<td>Randomized response</td>
</tr>
<tr>
<td>Self/other deception</td>
<td>Embarrassment, Optimism, Acquiescence</td>
<td>Reduce shame</td>
</tr>
<tr>
<td>Moral actions</td>
<td></td>
<td>Evoke others</td>
</tr>
<tr>
<td>Healthy behavior</td>
<td></td>
<td>Expand perspective taking</td>
</tr>
<tr>
<td>Future compliance</td>
<td></td>
<td>Bayesian Truth Serum</td>
</tr>
</tbody>
</table>
How about professional respondents?

These are panel members who have had substantial survey experience

◦ They rarely drop out of questionnaires
◦ They are practiced at understanding odd questions
◦ Their responses are more coherent—fit with each other and relate to demographics, and more truthful
◦ They are less concerned by self disclosures or external exposure

But, they are not representative of the general public

◦ More open, informed, technically proficient and tolerant