Author's response to reviews

Title: Social Network Properties and Self-Rated Health in Later Life Comparisons from the Korean Social Life, Health, and Aging Project and the National Social Life, Health and Aging Project

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Author's response to reviews: see over
Dear editorial board of BMC geriatrics:

We really appreciate your precious and productive comments. Please find enclosed revised version of the manuscript: “Social Network Properties and Self-Rated Health in Later Life: Comparisons from the Korean Social Life, Health, and Aging Project and the National Social Life, Health and Aging Project”, by Yoosik Youm and others.

In the manuscript, we have reflected the additional editorial comments that were received on July 19th 2014 as follows.

One of your study objectives is to examine the relationship between social network properties and health. The past literature reviewed in this paper (pp.5-7) stresses the effects of social network on health of older people, implying that it is one’s social network characteristics influence his/her health outcomes. Such speculation has been examined on Table 3. However, in both the abstract and results section (e.g., Table 1), there are some statements suggesting a reverse pattern of relationship between health and social network. For example, line 67-69, respondents with poorer self-rated health tended to have a smaller number of social network members. They imply that it is one’s health condition influences his/her social network. Given that this is a cross-sectional study, the causal relationship between these two constructs cannot be easily teased apart in the present paper. Nevertheless, I recommend you to correct these discrepancies in the final version of your paper to provide a more coherent examination of their relationships.

We have corrected that since this study adopted cross-sectional data, we were not able to determine causal directions but could only identify some correlations between social network characteristics and health (lines 438-435).

However, it was also found that for those who belong to the geographically isolated
component, the self-rated health was poorest among all. Therefore, we concluded the result as follow: “In this case, we could expect clearer causal direction from social network to individual health since one’s health status could not change structural connectedness of the community where one belonged. Structural segregation could be related to lack of social support and restricted diffusion of information, which could be highly associated with low average score of health status in the isolated component” (lines 571-577).

In the conclusion, we have summarized the result as follow: “Our causal conclusions are limited because we only examined the first-wave data of the KSHAP. With cross-sectional data, we are very limited in our ability to establish a causal direction between self-rated health and network characteristics. While network characteristics have shown systematic effects on diverse aspects of health status in numerous studies, it is also possible that health status has an effect on network figures. For example, older adults who have serious health problems and thus are not ambulatory would be expected to have difficulty maintaining rich social relationships. In the component analysis, however, clear causal relationship from social network to individual health was found, revealing that the structural segregation of the people in the second largest component had lowest self-rated health” (lines 653-662).

We have also copyedited the paper to improve the style of written English. Again, we appreciate your valuable comments and please let us know if you have any other concerns or suggestions.

Sincerely yours,

Yoosik Youm on behalf of the authors of the manuscript.

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