Author's response to reviews

Title: Socioeconomic status and race/ethnicity independently predict health decline among older diabetics

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Author's response to reviews: see over
BMC Public Health

Dr. Hans Bosma, Editor
Maastricht University, Netherlands

August 22, 2011

Dear Dr. Bosma:

I am pleased to submit the revised manuscript entitled "Socioeconomic status and race/ethnicity independently predict health decline among older diabetics" to *BMJ Public Health*.

The revisions have been made in response to comments from the Editor. Changes have been made in content, as discussed in further depth in the following pages of this document. As a result of the revision process, the resulting manuscript is, in my opinion, a much clearer examination of socioeconomic and racial/ethnic disparities of long-term health among older adults with diabetes.

This paper is not being considered for publication elsewhere, nor is any similar paper using these data. There are no conflicts of interest to disclose. Please let me know if you have any questions regarding the submission. Thank again very much for your consideration.

Sincerely,

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## Responses to Suggestions from the Editor

<table>
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<th>1</th>
<th>On page 8, the authors describe why it might be important to include working status. The sentence: &quot;... those working might have to reach a threshold to be healthy enough to work, but they might also be in financial need&quot; is, however, unclear. The part before the comma might be formulated simpler; the part after the comma is unclear. You mean that those not working might be in financial need?</th>
<th>The author agrees with the Editor that the sentence was confusing. It has been re-written as follows: “Working status could relate negatively or positively to one’s position in society. For example, individuals might have to be physically healthy enough to work. Work could also be indicative of financial well-being (the option to work) or of financial hardship (the necessity to work).”</th>
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<td>2a</td>
<td>Mortality: On page 6, correlations (I assume Pearson's) are presented between categorical variables. This is statistically not correct and it is more common to present e.g. percentages dying for the separate categories of race and education.</td>
<td>The author agrees with the Editor. This section has been removed for the purpose of clarity.</td>
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| 2b | Mortality: On page 14, the authors report rather confusingly on the implications of mortality for their analyses. Why not simply report that mortality, being related to worse prior health reports and being more common in blacks and persons with low education (is that so? - see comment 2a.), might have resulted in underestimated associations. Also, the mortality prior to 65 might have had a similar consequence (as the authors indeed report). Although multilevel includes the deceased (until their last participation), one can still think that, had they participated until the end of the follow-up, their health would even be (more) worse than as indicated by their last participation. | The author agrees that – as written – this discussion was quite confusing. This section of the discussion has been revised as follows: “As with most longitudinal studies of older adults, subject mortality could result in underestimated associations. Mortality is related to worse prior health reports and is more common among blacks and persons with low education in this sample. Previous studies have also found that HRS mortality is significantly more likely among non-whites, which might make the race/ethnicity estimates somewhat conservative [40].” The author has rephrased the statement slightly addressing age and mortality: “Subjects must have also survived until the age of 65 to participate in the study, which exposes the different segments of the original HRS sample to selective mortality disproportionately.” The author agrees that – it would be a concern if there was a systematic bias.
What are the "subsequent analyses by the author..."? A clearer and briefer report on this possibility of underestimation (by differential mortality risks) does not exclude mortality from the natural course of diabetes.

in when participants experienced mortality during the duration of data collection (toward the beginning or the end of the follow up period). However, it is unlikely that the mortality is systematic in timing. The author therefore noted: “Mortality during the follow-up period among participants with worse health could also result in underestimated associations.”

The author agrees with the Editor. The author conducted Cox Proportional Hazards Models, but removed the comment to reduce confusion. The discussion of underestimation has been made clearer and briefer. The final sentence of that paragraph now reads: “This analysis therefore does not exclude mortality from the estimation of the natural course of diabetes.”