Reviewer's report

Title: Group involvement and health status among the Japanese elderly: an examination of bonding and bridging social capital

Version: 1 Date: 27 August 2013

Reviewer: Bart De Clercq

Reviewer's report:

Major revisions
1. Title:
The title describes the paper well.

2. Abstract:
The abstract reflects the content of the paper well.

3. Introduction:
This section needs major revisions. The research question should be situated more clearly within the existing literature of bonding and bridging social capital. A better structured introduction should illustrate the originality of the proposed research question and the empirical contribution to the field.

First paragraph: OK, rationale for studying bonding/bridging social capital in Japan

Second paragraph: an empirical example of bonding/bridging social capital in Japan, so those lines could be added to the first paragraph

Third paragraph: OK, social capital and health among elderly

First, the concept of “neighborhood social capital” is introduced. Why? Because of greater exposure and vulnerability compared to other age groups.

Second, the authors mention a study on “bonding/bridging social capital” and elderly.

But, how does “bonding/bridging social capital” theoretically relates to “neighborhood social capital”? Are bonding/bridging different dimension of social capital in a neighborhood context? How was this conceptualized in that particular study? Norstrand and Xue (2012) operationalize bonding social capital with a measure of trust that does not uniquely refer to neighborhoods and bridging social capital with a measure of reciprocity, both in a different social contexts (trust in family/friends/neighborhood and reciprocity in organizations).

This should be explained more clearly since the authors state that this is the only study on the specific topic of the manuscript under consideration.

Then, another new term is introduced: “community social capital”. Are “neighborhood” and “community” the same? The authors cite studies in other contexts (workplaces and schools) and other populations (adolescents and
Finally, five studies are listed on social capital and health among elderly in Japan.

This is all really confusing. The whole paragraph needs editing.

Last paragraph: please remind the reader concisely about the different arguments. Why do we need more research on bonding/bridging social capital and elderly in Japan?

Note that the differential social capital effect by sex was not addressed in the introduction.

4. Methods:

Good description of the sampling methodology.

Social capital measure: the present study measured group involvement, but the introduction doesn’t focus on this. Norstrand and Xue (2012) used a cognitive approach (perceived reciprocity) whereas the present work measures the structural aspects of social capital.

Health measure: The authors state that “In a study of Japanese elderly, Nishi et al. [27] found a significant sex difference in the predictive ability for self-rated health for mortality, even after adjusting for social and medical factors. Thus, to examine effect modification by sex, the data were analyzed by stratifying by sex throughout the results.” Is this the reason to stratify the analysis? How does modification of the self-rated health – mortality relation by sex relates to the present analysis of social capital effects on health?

This is important since your main conclusion is about differential social capital effect by sex.

Analysis: Please note that besides bonding/bridging and structural/cognitive, other important distinctions exist within the social capital concept. You should explain your single level analysis strategy and situate it as an solely individual conceptualization of social capital (versus ecological or multilevel approach).

5. Results:

Table 4: insert ‘poor’ before health in the title

Table 4: For women, why do you interpret OR’s that are not statistically significant? The finding is that bonding/bridging is not associated with health in women. However, in the mutually controlled model bridging is significantly related to health in women. Did you check your model assumptions? Multicollinearity between bonding/bridging etc., …

6. Discussion:

I don’t quite understand the conclusions based on the results of table 4 mode 3.
For men both bonding/bridging is associated with better health, but why do you
conclude that bonding has a beneficial effect for women? There is no effect?

It should be acknowledged that it’s difficult and sometimes impossible to compare findings on bonding and bridging social capital since different studies used different measures of the same concept. Overall, this problems does not uniquely relates to bonding and bridging social capital but also to other forms of social capital such as structural and cognitive components for example. Norstrand and Xue (2012) operationalize bonding social capital with a measure of trust and bridging social capital with a measure of reciprocity, both in a different social contexts (trust in family/friends/neighborhood and reciprocity in organizations).

7. Conclusion:

I don’t think the study provided convincing evidence to conclude that a different approach for men and women is needed in public health interventions. This is a strong statement. If you estimate a mutually controlled bonding and bridging model (+ other covariates) on the full sample and include two interaction terms (separately): bonding*sex and bridging*sex. What are the results?

Do these results support this statement?

Could you think of more extensive implications of the findings then the one listed now?

Minor comments

Introduction:

Third paragraph: some references supporting the statement on community (neighborhood?) social capital and health among elderly are incorrect (e.g. 13 & 14 refer to schools and workplaces in adolescent and adult populations).

Third paragraph: based on the references cited, three of the five studies refer to dental health instead of two

Discretionary Revisions

none

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.