Author’s response to reviews

Title: Social capital and health in China: Exploring the mediating role of lifestyle

Authors:

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Author’s response to reviews:

RESPONSES TO EDITOR’S COMMENTS

We thank the editor for their helpful comments. We believe they have resulted in a much-improved manuscript. Our responses to comments are given below.

Comment 1:

“Please separate out the 'Discussion and Conclusions' section of your manuscript so that you have a 'Discussion' section followed by a 'Conclusions' section.”

Response:

Following your instructions, the revised manuscript now separates the 'Discussion and Conclusions' sections. We have also rewritten these sections to make the manuscript more appropriate for publication. [Please refer to the “Discussion” and “Conclusions” sections on Pages 20-21 and 22, respectively.]

Comment 2:

“Following your 'Conclusions' please provide a 'Declarations' section heading and a full Declarations section as detailed in the guidelines here: https://bmcpublichealth.biomedcentral.com/submission-guidelines/preparing-your-manuscript/research-article.”
Response:

The revised manuscript now provides a detailed Declarations section. [Please see the “Declarations” section on Page 22-23.]

RESPONSES TO REVIEWER’S COMMENTS

We thank the reviewer for their excellent comments. They have resulted in a much-improved manuscript. We believe we have been able to successfully address all of the reviewer’s concerns. Point-by-point responses to comments are given below.

Comment 1:

“Social capital is in its origin a sociological concept, a concept about features of social organization. I am aware of the new tradition in health research where social capital is used about individual characteristics. This manuscript applies the term social capital to individual characteristics of the participants. In my opinion, it would be more appropriate to apply the concept "perceived social capital". I do not request the authors to do so since they seem to follow a new use of the concept in health research but in my opinion, it would be more appropriate.”

Response:

We thank the reviewer for this suggestion. Honestly speaking, there is no unified concept and categorization of social capital in the current literature because of its multidimensional and elusive nature. So it is a real challenge to apply this concept in the studies on social capital and health.

According to the current literature, there are two popular ways of classifying social capital. One way is cognitive versus structural, and another is bonding, bridging and linking. The revised version of the manuscript adopts the first way as our social capital variables fit comfortably into the cognitive/structural framework. Cognitive social capital can be regarded as perceived social capital as it relates to an individual’s perception of trust, solidarity and reciprocity. [Please see the full paragraph starting on line 88 on page 4. We emphasize that our measure of social capital uses individual-level measures.]
Comment 2:

“The objectives of the paper are clear and nicely justified but it would facilitate the reading if the authors move the section about previous literature into the background section. The most appropriate way to structure an introduction is to follow this line of argumentation: First to present the topic of the article and why it is important (the authors did this in the first couple of lines in the background section), second to provide an overview of what is already known about this topic (the authors did that in the background section and in the section about previous literature), third to present what is not known (the authors did that in the background section) and fourth, presenting the aim of the paper justified by what is known and not known. As it stands now, the reader does not have sufficient insight in what is known when he or she reads the aims.”

Response:

We are very grateful for these suggestions. In the revised manuscript, we have moved the section about previous literature into the background section. We also followed the four steps suggested by the reviewer to restructure the contents so as to make it more logical and clear. The literature was also updated and the latest research findings relevant to our paper are also added. [Please see “Background” section on Pages 4-6.]

Comment 3:

“The section about the aims of the paper explains that the analyses include three types of social capital but not which types. Please explain.”

Response:

We have included the names of the three types of social capital (social trust, social relationship and CCP membership) in the section about the aims of the paper. [See line 136 on Page 6.]

Comment 4:

“Please provide more information about the sampling and the participation rates so the reader can assess the risk of selection bias.”

Comment 5:
“Please explain how the data were collected.”

Response:
Comments 4 and 5 address the data of the paper, so we respond to them together. In the revised manuscript, we give detailed explanations on the sampling, the participation rates and how the data were collected. [Please see “Data set” section on Page 6.]

Comment 6:
“The authors mention that self-rated health is a well-known and valid indicator of health. Is there a similar documentation about the validity of the psychological wellbeing measure?”

Response:
We have searched the relevant papers and the current literature and found that psychological wellbeing is associated with physical health outcomes and is an important measure of mental health. The revised version now adds “Psychological well-being is associated with physical health outcomes and is an important measure of mental health [51-52].” [See lines 169-170 on Page 7.]

Comment 7:
“The operationalization of the trust dimension and the network dimension of social capital follow the tradition of many previous studies. The operationalization of the organization dimension appears strange to me (membership of a political party). Please explain and justify this measure and discuss its validity in the Discussion section.”

Response:
In the revised manuscript, we explicitly explain why we used CCP membership as one of the measures of structural social capital in China. First, previous studies focusing on China have included Communist Party (CCP) membership as a structural social capital (social participation)
variable [Yip et al., 2007; Norstrand & Xu, 2012; Meng & Chen, 2014]. Second, The CCP is the ruling party and largest political organization in China, possessing great social and political power. Membership is an important way to access resources relevant to health. Moreover, in the “Limitation” section, we also discuss the weakness of CCP membership as social capital measure. [See lines 91-96 on Page 4 and lines 99-104 on Page 22.]

Comment 8:

“Path c which is mentioned in the text should be included in Figure 2.”

Response:

The revised manuscript now includes path c in Figure 3. [See Figure 3 in separate files.]

Comment 9:

“Under Figure 2 there is a sentence which must be wrong, "First, the outcome variable must affect the mediator."

Response:

We apologize for this error. We have corrected this sentence to read: “First, the independent variable must affect the mediator.” [See lines 223-224 on Page 8.]

Comment 10:

“Please add a section which explains data protection issues and whether the study complies with traditional ethical guidelines.”
Response:

We understand this is an important question. The editor also asked us to provide a “Declarations section” following the “Conclusions” section to address ethical approval and data protection issues. Accordingly, the revised manuscript now includes a “Declarations section.” [See the “Declarations” section on Page 22-23.]

Comment 11:

“Table 1 describes the characteristics of the sample in terms of Mean and Standard Deviations. This is not consistent with the way the variables are used in the analyses. Please present percentages instead.”

Response:

The revised manuscript now presents descriptive statistics using frequency for categorical variables and means and standard deviations for continuous variable. The new table is consistent with the way the variables are used in the analyses. [See Table 1 on Pages 10-12.]

Comment 12:

“The heading of Table 2 does not really explain the content of the table. Please consider a more informative heading, e.g. "OR (S.E.) for high levels of self-rated health and psychological wellbeing by social capital indicators, adjusted for socio-demographic factors".”

Response:

In the revised manuscript, we followed the steps of mediation analysis outlined by Baron and Kennedy (1986) and changed the contents of Table 2 accordingly. Table 2 now reports results on the associations between social capital and lifestyle factors. The content of the original Table 2 is now reported in Tables 3 and 4. Following the reviewer’s suggestion, the heading of Table 2 has been changed to be more informative: “Odds ratios of with 95% confidence intervals of the associations between social capital and lifestyle factors, adjusted for socio-demographic variables". [See Table 2 on Pages 13-14.]
Comment 13:

“The headings of Table 3 and Table 4 also need to be more informative.”

Response:

We have changed the headings of Table 3 and Table 4 into “Odds ratios with 95% confidence intervals of the mediating effect of lifestyle on the association between social capital and SRH” and “Odds ratios with 95% confidence intervals of the mediating effect of lifestyle on the association between social capital and PWB”. We believe these headings are more informative. [Please see new headings of Table 3 and Table 4 in Pages 15-18.]

Comment 14:

“The Discussion section comprises a nice highlight of the most important findings but need more references where the authors claim that their results are consistent with other studies.”

Response:

We added more references in the discussion section so that readers have a better idea about the similarities and differences between our study and others. [Please see “Discussion” section on Pages 20-21.]

Comment 15:

“It is a strong norm that papers of this kind includes a thorough discussion of potential limitations. The authors explain that the cross-sectional design and the self-reported data about lifestyle are limitations. It is important also to discuss potential selection bias and to provide more considerations about the validity of the applied measures. I have already mentioned the unusual measure of organization which needs to be thoroughly discussed, not only because it is unusual but also because the measure plays a central role in the authors highlighting and interpretation of their main findings.”
Response:

We have added a new “Limitations” section that includes a discussion of potential selection bias and concerns about the validity of some of our measures. [Please see “Limitations” section in Page 21-22.]

Comment 16:

“The reference list needs a thorough cleaning and revision: Journal names are presented in different formats (with and without dots, with and without use of standard abbreviations); "et al." appears with and without dot; there should be a consistent use of "and" or "&"; some authors are miss-spelled, e.g. Lindström appears as Lindstrom).”

Response:

We have thoroughly checked, cleaned and revised the reference list in line with the format requirements of BMC Public Health. [Please see the “Reference” section on Pages 23-29.]

References:

