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Response to the commentary "The role of gender in the relationship between social engagement and health outcomes"

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Our aim in publishing the article (Social Engagement and Subjective Health among Older Adults in South Korea: Evidence from the Korean Longitudinal Study of Aging (2006–2018)) was to investigate the mutual relationship between social engagement and subjective health among older Korean individuals and to urge society and the community to focus on the importance of older adults' self-rated health and social activities and participation. We are, therefore, elated to see this vigorous commentary from XX et al., whose efforts dovetail with our own.

We begin by thanking the authors for highlighting that our work is "timely and highly relevant in the present." This commentary conveys two substantive points, which we present below along with our response.

The first thrust of this commentary hinges on their view that the influence of gender on health outcomes is vital in the socialization process. The major health outcomes indicators initially emphasized socioeconomic status (SES) (education, income, and occupation) (Shavers, 2007). In general, they could improve people's health and well-being by expanding individuals' social capital, resources, and participation in activities (Pampel et al., 2010). SES indicators' health consequences are influenced by contextual factors such as residence location (urban vs. rural), race, gender, and their intersections (Assari, 2016). According to XX et al., the importance of gender and social engagement was emphasized and evaluated by rural Indian participants aged 45 and older. It highlighted that male individuals had a greater number of social networks, whereas female individuals were more actively engaged in different network domains such as family, friends, religious groups, school, work, neighbors, volunteering, and other groups. Different gender social groups particularly vary in the operant mechanisms by which social characteristics contribute to long-term health maintenance (Assari et al., 2017).

Older people are more likely to suffer from the negative effects of social isolation and loneliness, and those who are socially isolated may have a higher demand for health services. Gender disparity with social class-sensitive impacts of mental health on the need for long-term care service was observed among Chinese (Kong et al., 2019), Korean (Zhao et al., 2022), and Japanese (Kong et al., 2014) older people. The SES was significantly associated with their mental health status and need for long-term care services across all nationalities, with significant differences between both genders. Considering this, while we appreciate this commentary and the authors' work in exploring the social networking patterns between men and women, more research could be conducted in the future.

Second, the commentary mentioned the relationship between cognitive health/dementia and social engagement: raise awareness of the importance of active social engagement and social interventions. A study of community dwellers in the USA suggested that greater involvement in community activities (volunteering, socializing, etc.) might be beneficial for preventing or delaying cognitive decline in older adults. Given the lack of treatments for dementia, many are now considering countermeasures that view dementia as a societal disease. In particular, effort is being put toward measures that focus on early detection and diagnosis. Given that many people are reluctant to undergo necessary screening tests and diagnoses of dementia even though they have symptoms of the disease, the primary goal of dementia management is to delay the progression of dementia through early detection and accurate diagnosis (Bunn et al., 2012). The U.K. reported that 45% of people who are diagnosed with dementia do not receive an early diagnosis (Martin et al., 2015). In addition to policy and care support for dementia response and management, many research organizations and institutions from different countries are also exploring new directions and measures to emphasize the importance of early detection and diagnosis (Jung et al., 2017).

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In the medical field, many questions have been raised about the significance of early detection and diagnosis in the process of treating, curing, or developing diagnostic tools. To close this knowledge gap, it is becoming important to conduct (potentially) diagnostic interventions for dementia patients, the public, and caregivers (family members and medical practitioners). A promising approach to the management of cognitive health is "social prescribing," which was first proposed in 2013 in England (Dayson et al., 2013). Social prescribing is a form of "co-production" that involves linking patients with non-clinical activities, typically delivered by voluntary and community groups, to improve their sense of well-being (Baker & Irving, 2016). In 2017, Japanese scholars demonstrated the necessity of a "social prescription for dementia" for those working in the dementia field. Ongoing contact with dementia, as well as social and community-based support, are important parts of building an amiable society for people with dementia.

There is a large variety of programs that social prescribing could offer; from "arts on prescription" to well-being gardens. Art-related social prescribing (writing and music therapy) was pragmatically expressed as early access at the onset of dementia-related symptoms. A cultural assets intervention where participants with a dementia-related disorder received season tickets to the symphony found that frequent attendance was associated with improvement on cognitive tests. A music activities intervention in long-term care homes reported positive effects of social prescribing on cognitive health (Foster et al., 2021). In Japan, "dementia cafes" and "dementia-friendly libraries" have been designed to be instrumental in providing dementia social prescribing activities. Novel technologies, such as social robot interventions, might be useful in engaging people with dementia in activities and interactions, as well as improving their cognitive, emotional, and physical status (Hirt et al., 2021). Social prescribing has emphasized the importance of the life course/lifestyle approach for prevention and intervention (Fixsen & Polley, 2020). Participants in the social prescription project could experience positive changes in depression, social support, cognitive function, and life satisfaction compared to those who did not participate in the project. Over the last decade, this practice of enriching diverse interventions has become more prevalent and widely publicized internationally (Morse et al., 2022). Meanwhile, further research with larger sample sizes, control groups, and consistent outcome measures would help solidify the evidence of social prescribing measures.

In conclusion, as the commentary mentioned, long-term follow-up studies are essential to demonstrate gender's moderating role in the link between low social engagement and cognitive health. Community-based social activity and engagement projects are needed to promote older people's mental, cognitive, and social health. It could build various social connections between participants through various social activities, increasing interdependence and ultimately contributing to participants' physical and psychological well-being. We again thank the authors for their constructive critique of our work. We commend them for their work, which, like our own, attempts to advance discussions regarding social engagement and healthy aging.

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We have no financial interests to disclose related to this work.

Ethics statement

This study is original, has not been submitted for review to other journals, has been approved by all authors. The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

CRediT authorship contribution statement

Bo Zhao: Conceptualization, Methodology, Validation, Writing – original draft, Writing – review & editing. **Eun Woo Nam:** Supervision.

Data availability

No data was used for the research described in the article.

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