Reviewer's report

Title: The cost of child health inequalities in Aotearoa New Zealand: a preliminary scoping study

Version: 1 Date: 2 April 2012

Reviewer: tim N mccreanor

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This is an important contribution to national and international debates on indigenous health disparities. It centres around a well-framed research question, uses powerful data sets and methods and draws out carefully wrought conclusions. The conclusions are cautiously advanced, the limitations are stated and the foundations in prior literatures properly acknowledged. The writing is exemplary.

I have a series of suggestions under Discretionary Revisions that could strengthen the paper and enhance its accessibility:

1. Given that the findings reported here are likely to be of wide public interest both locally and internationally, it would be helpful to revise the piece for accessibility in general terms. There are several specific suggestions below.

2. It would probably be helpful to provide a brief summary of the relevant ethnic child health disparities in Aotearoa?

3. Consider providing more info about KMR framework introduced briefly on p4. International readership may struggle with the KMR analyses in the conclusion (p16-17) unless they have more background on rationale and efficacy of these approaches in the intro?

4. In the references provided the definition of “avoidable” turns of three points – preventable through primary care treatments, injury prevention and health promotion. You can increase the accessibility of your account by adding these briefly to your discussion of the point on p4.

5. Some of your readership will not be familiar with ICD codes so spell out initial use and reference on p5?

6. On page 9 provide a brief rationale for selecting the discount rate of 3% on life expectancy as the ‘base case’.

7. The heading for para 2 p10 could be clarified if it were amended to ‘Inequity in hospital General Outpatient and Mental Health Outpatient Consultations’

8. On p11 Maori utilisation rates of primary care nurses are given as 1.65 while Table 1 gives the figure of 1.68.
9. Noticed that items 2, 7 and 8 in Table 1 account for the vast proportion of the total ‘Costs/savings’ figure. Is this worth emphasising in your comment that such ‘downstream’ effects could be reduced by reducing barriers to primary care (p16)?

10. On p16 should ‘…unacceptable disparities in hospitalisations…’ be qualified with ‘avoidable’ since the raw rates of hospitalisation approach parity?

11. Perhaps re-order s1 of the Conclusions on p19 to read ‘Our study shows that…’ to avoid slightly awkward phrasing?

Level of interest: An article of outstanding merit and interest in its field

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