Reviewer's report

Title: Socioeconomic inequalities in health services utilization in Brazil according to health care need: Evidences from the World Health Survey

Version: 1 Date: 15 April 2010

Reviewer: Anton Kunst

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Major Compulsory Revisions

1. Avoid the exclusive reliance of the presentation and interpretation of the results in terms of “statistical significance”.
   a. Present 95% confidence intervals to the effect estimates given in tables 2 and 3;
   b. In table 3, compare the three levels of health primarily with regards to the magnitude of observed effects (=OR values);
   c. Re-evaluate the conclusion that there differences in health services utilisation by SES variables are larger at “good” levels of health compared to “poor” levels of health.

2. In table 2 and table 3, also present results of regression models that include only ONE socioeconomic variables (i.e. educational level OR income). For descriptive analyses like this, it is a common approach to analyse each socioeconomic variables independently. Multivariable analyses that include more SE variables are used only for explanatory purposes, e.g. when authors have the specific aim to disentangle the effects of education from those of income.

3. Make a distinction by sex in table 2, or present data for men and women combined in table 3. Otherwise, comparisons cannot be made between these two tables.

4. Present information of the distribution of the survey population according to all variables studied, and also for the cross-classifications as those in table 3 (of health status & gender with other variables). Otherwise, it is uncertain whether the effect estimates that are presented in tables 2 and 3 apply to relatively large or small number of people.

5. Make a distinction between outpatient and inpatient service utilisation, if possible with the data. Otherwise, explain this limitation to the data, and discuss the possibility that large inequalities in some types of health care utilisation may have been missed by using only this aggregate variable.

6. Explain what this study adds as compared to the many other studies on inequalities in health care utilisation in Brasil (ref 38-43).
7. At the end of the Discussion, avoid the positive tone in the evaluation of the Brasilian health care system. The idea that there are no or small inequalities among those with poor health, is based on improper use of significance testing. Comparison of estimates of the magnitude of differences (OR values, for men and women combined, for either education or income analysed in univariable models) are very likely to show other patterns.

To support points 1 and 7 above, I suggest to authors to read that paper "The ongoing tyranny of statistical significance testing in biomedical research" that appeared in Eur J Epidemiol (2010) 25:225–230.

**Level of interest:** An article of insufficient interest to warrant publication in a scientific/medical journal

**Quality of written English:** Needs some language corrections before being published

**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'