Reviewer's report

Title: Growing Old Before Growing Rich: Inequality in health service utilization among the mid-aged and elderly in Gansu and Zhejiang Provinces, China

Version: 2 Date: 15 June 2012

Reviewer: Yan Ding

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Major Compulsory Revisions
I felt that the discussion is a little shallow, somehow.
1. Have not pointed out some interesting results, consequently without further discussions; Eg: 1) not mention the different result implications of CI and HI for inpatient services in Zhejiang; 2) “In Figure 1, the sum of the bars would be zero if utilization had been equal across all income groups, and the need bar would be the only bar to appear. Our data in Figure 1 reveal substantial inequities in health care utilization”---however, inpatient services in Gansu is an exceptional one, not mention it;
2. Have not related the main findings from the study to the wider literature. Need further comparison with other literatures to see the difference and similarity;
3. Shorten the three level suggestions to governments---Discussion-paragraph5, 6, 8, 9 and 10 seems to be all about it.

Minor Essential Revisions
1. Needs more references---many opinions are not supported by references, both in introduction part and discussion part. Eg: Introduction-last 3 sentences of paragraph1; Introduction-paragraph3, 4 and 5; discussion-paragraph2,3,7...
2. Need full name and short form when first mentioned---Abstract-Method: Add “CI” which is short for Concentration Index; state with Horizontal Inequity Index (HI) to approach the decomposition;
3. Introduction part is too long. Eg: 1) It seems not necessary to introduce the insurance history (Introduction-paragraph4); 2) the matter that should be put in the discussion part are presented here---Introduction-last paragraph except its first sentence;
4. Integrated some content in the discussion part---The situation for Inpatient care is different from that of outpatient care, but no further discussion on it in paragraph1. Suggest integrating paragraph7 into paragraph1;
5. Clarify and be consistent in self-rated health scale--- Data and variable-“a four point...4-5 points for good health”, also in table 1;
6. In table 1, the sum of each proportion of the age categories in each province is not 100%;
7. In figure 1, not consistent in numbering----with “a, b “or “(1), (2)”? Besides, no
No. signs beside those figures.

8. Add study limitation.

9. Language revision. Eg: 1) abstract-result, the first sentence intertwines the provinces and outpatient and inpatient services in expression; second sentence, repeated the provinces twice; 2) Methodology-Paragraph 2 “If the health variable is a “bad” such as visits to outpatient or inpatient facilities, a negative value of the concentration index means ill health is higher among the poor” (I can understand it but it needs to be polished.)…

Discretionary Revisions

1. Add result on need contribution to inequity;
2. Change the order of table 1 and table 2---the result part starts from table 2;
3. Put NCMS and URBM premium in introduction part instead of in discussion part (Discussion-paragraph3).

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

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

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.