Reviewer’s report

Title: Socio-economic inequalities in health care utilisation in Norway: a population based cross-sectional survey

Version: 1 Date: 6 August 2012

Reviewer: Catherine Chittleborough

Reviewer’s report:

1. The novelty of this paper lies in its examination of socioeconomic inequalities in health service use in Norway, as this issue has been examined in other countries, and health care utilisation is reported for Norway, but data on inequalities in health care utilisation in Norway is sparse.

Major Compulsory Revisions

2. The main revision I would suggest for this paper is reporting of the regression results in Tables 3 and 4. The authors have chosen to report OR for trend for simplicity, but it would be helpful for the reader’s understanding if the OR for each category was reported (in addition to, or instead of the trends). Another reason for doing this is that in the discussion the authors refer to GP service utilisation being higher in the second lowest SES group rather than the lowest – but the reader cannot see this distinction when only OR for trends are reported.

3. Sample sizes used for each regression should also be reported in Tables 3 and 4. There is some information about missing data for each variable in Table 1, but it is not clear how many respondents have missing data on all variables used in the regression models.

4. From Table 2 it appears that 4727 (78.7%) of respondents visited a GP at least once in the past year. However, in the text in the Methods it is stated that only 948 respondents stipulated the number of visits. By my calculations, this represents 20% of the 4727 who attended a GP at least once. I’m not clear how 948 participants can be 7.3%. Given that only 20% of participants attending a GP reported the number of visits, substituting the mean number of visits for the 80% who did not report this could be introducing some bias if people not reporting the number of visits have a lot more or fewer visits to GPs than people who did report this information, in which case this may cast doubt on the regression results in Table 4.

5. Given the focus of the paper on socioeconomic inequalities, more detail should be provided on the definitions of occupation status categories. How was this question asked of respondents? What types of jobs are classified as low, medium, high? This information would be useful for comparing across countries – are occupation categories in Norway the same as in other countries?

6. In the Results section describing Somatic outpatient clinic use, the authors state that none of the socioeconomic variables predicted more frequent use, but
there is evidence of an effect of occupational status on somatic outpatient use among males (OR for trend 1.18, 1.00-1.40). The authors appear to have discounted this association simply because it does not meet an arbitrary p-value cut off. See the following reference for further information: Sterne & Davey Smith. Sifting the evidence – what’s wrong with significance tests? BMJ 2001; 322:226-31.

7. The fifth conclusion point states that “additional somatic care tends to take place in primary services for disadvantaged groups and in specialist services for the better-off.” However, the data used in this study do not specifically show that disadvantaged groups receive additional somatic care from GPs. It may be that disadvantaged groups miss out on additional somatic care all together.

8. Could the authors please include a comment on the validity and reliability of self-rated health service utilisation, especially given that few participants report the number of visits they had.

Minor Essential Revisions

9. Table 1: delete * on GP column, as this does not refer to any footnote.

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

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