Dear Ms Anita Makri:

Thank you for allowing us to resubmit our manuscript. Regarding the format we went through the checklist in the indicated homepage and corrected the manuscript accordingly. The English grammar has also been thoroughly checked by Dr. Kawachi, who is a native speaker. We noted that Referee 1 had no further comments to offer. We have now revised our paper according to the helpful remaining comments received from reviewer 2. We have made the following specific changes in response to the reviewer’s comments:

**Referee 2:**

**Reviewer:** Albert Lee

**Minor Essential Revisions**

1. **The calculation of sample size is based on prevalence of inappropriate utilization of 25% and odds ration of 1.8 for studying one variable. It should be based on some previous studies. In fact the prevalence of inappropriate utilization is shown to be 49% in this study.**

   This is a helpful suggestion, and we have now added the details about the previous study results on which our sample size estimates were based (p. 6, second paragraph of Methods).

   In our study, the overall prevalence of inappropriate ER utilization turned out to be 24.2% (as stated in the first paragraph of results, page 11)

2. **The evidence between having regular doctor or availability of PHC and inappropriate use is not very strong in this study. In conclusion, authors conclude the need of expansion of primary health care. One needs to justify carefully.**

   The manuscript pointed out in several places the importance of the PHC access:

   - Page 16, first paragraph: discusses the negative association between PHC access and inappropriate use in the younger group.
   - Page 16, second paragraph: although having a regular doctor is a variable related to PHC utilization, we explain that despite the high prevalence of subjects who report having a regular doctor the prevalence of the regular doctors referring the
subjects to ER is low. This pattern may be indicative of difficulties in accessing regular doctors.

- Page 16, last paragraph: we attribute the lack of association between PHC access and inappropriate use in the older group to low statistical power to detect such an association.

- Page 16, last paragraph: we point that even some use of ER (particularly in the older group and among chronic patients) could be redirected to PHC if this level of care were more easily accessible (text modified to make this point clearer).

- Page 16, last paragraph of the discussion: we discuss the association between lack of social support and inappropriate use of ER commenting that the group with more social support might use ER appropriately because it is a group that has more access to PHC.

Moreover we made the following changes in the text to emphasize the need to expand PHC access and to clarify the type of expansion we think is needed:

- Pg 16, last paragraph: We excluded the sentence “Thus, it is not clear whether or not the lack of PHC access has an impact on inappropriate use.” This sentence was in disagreement with our line of thought.

- Page 18, second paragraph: We added a summary of the main aspects that point to the importance of PHC access in decreasing inappropriate use of ER and clarified the type of expansion we think is needed.

We hope that with these revisions and improvements that our manuscript is now acceptable for publication. Thank you again for allowing us to revise and resubmit our paper.

Sincerely,

Maria Laura Vidal Carret
Anaclaudia Gastal Fassa
Ichiro Kawachi