Reviewer's report

Title: Emergency hospital services utilization in Lleida (Spain): a cross-sectional study of immigrant and Spanish-born populations

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Reviewer: Sylvia Guendelman

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REVIEW COMMENTS

This article examines the use of emergency hospital services (EHS) among immigrant and native populations in one city in Spain. Given the increase in both immigration and hospital ER use in Spain, the study addresses an important policy issue.

Major Compulsory Revisions:

The study provides insufficient background to help the reader (particularly if not from Spain) understand the policy context driving this study. More information needs to be provided as to what is know about EHS use in Spain, what the specific increase in use has been recently, and how it varies by immigrant status. It would also be helpful to know when does the population turn to EHS services rather than use other ambulatory care services, and who gets care in the public sector and at what cost. It would also be helpful to know more about the characteristics of immigrants. Does their profile vary by region of origin? For instance, are those coming from Latin America or Eastern Europe more likely to be healthy than those originating from sub-Saharan Africa? Do their occupations differ in the host society? Are men likely to work and women to be housewives and mothers?

Were there other demographic characteristics besides age and sex collected? Can information on SES, health insurance, legal status, time in Spain (for immigrants), access to a regular source of health care be obtained? If not, the lack of control for these variables needs to be discussed and acknowledged as an important limitation of this study.

As for statistical analysis, I am not sure why relative risk was used for modeling EHS, given that about 15% of the population use it and it is not a rare event. I think an odds ratio model would be more appropriate.

Also, the organization of the paper would flow better if table 3 would be presented before table 2. Afterall, the authors are trying to assess differences in utilization of EHS between immigrants and natives, and one consequence of EHS use in high hospitalization.

Can you specify what “other low income countries” refers to?
What new pregnancy/gyn related diagnoses were most frequent among 15-44 year old women?

The authors note that foreign visitors could have been counted as immigrants. Is this bias likely to differ by country of origin?

Some of the terminology does not seem expressed correctly. In the discussion the authors indicate that (page 12, lines 3-4): immigrant women from low-income countries uses EHS services at more than â##twice the rateâ## of Spanish-born women. I think that what they really mean is that they were twice as likely to use EHS after adjusting for age. The word autochtonous seems inappropriate and misspelled; better to refer to native-born. Other phrases are awkward as well and need better translation. For instance on page 2 (abstract) the risk of being visited in the EHS should be replaced by the risk of an EHS visit.

Authors need to address the gender effects more carefully. For instance, are immigrant men more likely to work than women? If so, fewer differentials among men than among women could perhaps suggest that occupational barriers are less important. Would the authors have ways of linking the EHS data to SES?

The authors mention that language is an important barrier to primary care, but if that is the case, would one not expect less risk of EHS among Latin Americans? Instead Eastern Europeans seem to do better.

Figure 1 has no title and the graphs for females are not easy to interpret.

Discretionary Revisions:

It is important to note that although Leclere found that recent immigrants who are insured face barriers to care similar to the uninsured, other US-based studies do not arrive at similar conclusions. See for instance the work by Guendelman et al on working poor families.