

Reviewer's report

Title: A six-year descriptive analysis of hospitalisations for ambulatory care sensitive conditions among people born in refugee-source countries

Version: 1 Date: 18 May 2007

Reviewer: James Sanders

Reviewer's report:

General

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The author's state right up front that the measurement chosen to follow refugee's access to the health system, namely ACSH's, have been influenced by a number of compelling socio-economic factors. They also state right up front that minority groups have greater risks for hospitalization for preventable diseases. Yet, the findings of their research don't jive with their hypothesis that refugees have higher rates of hospitalization for preventable disease states. Their data is probably valid given the well designed study that was undertaken. So, my question as a reviewer is why do the authors try to make their evidence fit their hypothesis when it so clearly does not?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

I think the article would read better to a N. American audience if examples of ACSH's are given right up front. By placing them towards the end of the article the reader is left w/ some uncertainty as to the disease states being tracked.

Secondly, the wording in the first paragraph of ACSC admission rates and rate ratio's section could be changed for clarity's sake.

The data set used country of origin as a proxy measure of refugee status. This is fraught with problems from the get go. For example, the time frame of your data collection starts after the FYR broke up and the Dayton peace accords were signed. Therefore, in your Bosnian Herzogovenian group alone, many of the people migrating to Australia might have been for family reunification purposes rather than actual refugees (e.g. impoverished, malnourished, high prevalence of torture, etc.). This would lead to a rather healthier population than that one the authors intended to study (esp if the cultural attributes of simple diets and physical labor were held onto after arrival in Australia). It might also be another plausible explanation to the findings the paper uncovered.

While I am sympathetic to the authors acknowledgement of torture being prevalent in refugee groups, they fail to make the link between torture and higher hospitalization rates. The citation is not adequate (Thomas, S., Thomas, S., British Medical Bulletin).

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.