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countries with available data were challenging due to different data sources, time of survey, data collection, measurement of contact intervals, and time cut-off points of contact data.

#### Conclusions

Harmonized data sources, time of survey, mode of data collection and language (e.g. availability of survey instrument in mother tongues) are essential for valid international comparisons. Possible explanations for differences between the countries will be discussed in the light of the organization of the health-care systems and the groups' social and ethnic characteristics.

### Use of general practitioner in relation to self-perceived health among Turkish immigrants in Denmark and The Netherlands: do patterns differ?

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#### Background

Differences in health-care utilization in relation to self-perceived health between immigrants and the majority population have been reported in some EU-countries. Yet, cross-country comparison of data availability and inequalities of immigrants' use of health-care services in relation to self-perceived health has not been carried out.

#### Methods

Danish national survey data from 2007 containing responses from 1131 ethnic Danes and 372 Turkish immigrants and Dutch national survey data from 2001 containing responses from 6046 ethnic Dutch and 322 Turkish immigrants were used. Both data sets included questions on self-perceived health (SF-12) and were linked to registry data on contacts to general practitioner (GP). Logistic regression models were used.

#### Results

Preliminary results showed that contacts to GP was more frequent in Turkish immigrants compared with the majority population in both The Netherlands [adjusted odds ratio (AOR) =1.72, 95% confidence interval (CI) =1.35–2.91] and Denmark (AOR =1.43, 95% CI =1.08–1.89) after adjustment for sex, age and income. When also adjusting for self-perceived health, the statistically significant higher odds of contact to GP between Turkish immigrants and the majority population remained in The Netherlands (AOR =1.43, 95% CI =1.11–1.83) but disappeared in Denmark (AOR =1.20, 95% CI =0.90–1.61). Comparisons of ethnic inequalities in the use of health care and self-perceived health between two