Author's response to reviews

Title: Community participation to design rural primary healthcare services

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Author's response to reviews: see over
Response to Reviewer Comments

Editor Comments

1. An explicit aim expressed in the abstract would be helpful. This is important to clarify that it was not designed to ascertain what health authorities wanted from the process (p8) and that there did not appear to be any intent from these authorities to respond to the process (see query of health manager p18 and also the last point in the Discussion).

We have noted what the aim of the paper is as first line of the abstract and more clearly in the paper’s introduction.

2. What was the criteria for assessing community participation in the RSF program as this is not clear (last sentence of Introduction) and p 19 in Discussion.

We have stated at a point in the paper that the criteria for success for the community participation program were that it was effective (produced a plan/priorities as an outcome) and efficient from the perspective of the health authority. No criteria were set for ‘how many’ people participating would constitute community participation.

3. At the end of the findings are you able to identify any outcomes that came from the workshops and what the next steps might be.

Table 3 gives the designs that the communities produced. After the game and the model design, we stopped working with the communities as our role was to design a process. We intend to follow-up what happened in 2014, as a result of the RSF process, although it was only meant to produce hypothetical models.

4. In the Discussion is there a contradiction in describing that communities proposed a consistent set of requirements but yet wanted different things thereby ruling out the value of top down models?

No, we think this is interesting. 1. We have said the communities all had similar requirements and suggest that could be interpreted as a standard ‘framework’ of requirements, but 2. We have said that the fact that communities all had different ideas about how to meet requirements is interesting. It suggests that top down models to address communities with apparently the same requirements isn’t a good thing. In response to one of the other reviewers, we have suggested some reasons why the communities came up with different solutions.

NB: Dear Editor & reviewers, we wanted to keep this paper fairly focused on the fact that communities can produce models as a response to the ideas of top-down models or community participation in population health planning. There are lots of other issues around community participation, but we don’t want to try to address them all in this one paper. We have already published one other from this study (focused on explaining development of the game) and two others (one about how community members have diverse views and thus communities are not an entity; and a second that focuses on explaining how to do the process) are in progress that answer some of the other issues raised by reviewers and yourself.

Referee 1 Comments
5. Paragraph “Researchers found about initiatives through internet searching…” Did the researchers seek initiatives for healthcare services suitable to remote communities and acknowledging that workforce retention is an issue in these communities?

We have now noted in the paper that we did look for initiatives that had worked in other remote/rural communities.

6. In ‘Data Collection’ – Workshop 1
The terminology (“the role of health”) used in workshop 1: Future health, is unclear. This phrase reads: “identifying the role of health in the community’s future and comparing this with current health assets and challenges”.
It is unclear what the authors refer to by “the role of health” in the community’s future. Do they mean the “health status” of the community presently and how can it be improved in the future; or what are the health risks facing the community in the future?

8. The responses refer to social, demographic and economic aspirations and the availability of healthcare services. If the authors could explain the rationale for using “the role of health” in this context, it would help the reader to understand the purpose of the first workshop and the responses provided by the participants. As it is, is unclear.

Re 6 and 8, we have now explained what we mean by ‘health’ and explained why we wanted the community to focus on health at a wide interpretation.

9. Paragraph: “Numbers attending varied…”
The numbers provided in brackets are unclear.

This issue wasn’t found problematical by others and seems clear.

10. Paragraph: “As co-production, resilience and… that brings”
This sentence seems to have a word missing.

We checked and there is no missing word.

11. Section: “Conclusions” – Paragraph: “therefore community participation has a role in designing acceptable local services”. Community participation cannot have a role… it is the relevant stakeholders (health authorities, bureaucrats, etc) who “have a role” or “play a part” in designing acceptable local services by establishing effective and appropriate community participation processes.

This has been changed to be more grammatically correct.

12. Section: Conclusions” – Paragraph: “There may be a role for standard models… provide ‘ideal types’.
This sentence is not clear; need to be re-written.

We have re-written this to use clearer language.

13. Section: “Conclusions” - Paragraph: “Inviting communities to participate … acknowledge by policy”.
Do the authors mean “policy makers”? 
Yes, so we have changed it.

**Referee 2 Comments**

We’d like to thank this reviewer, in particular, for forcing us to go back and read some of the literature again, which stimulated new thoughts and ideas.

14. *Give more exploration on reasons for some communities being more ‘ready’ than others*

On reflection, we realise community readiness has some specific connotations – e.g. in change models. On reflection we think receptiveness is probably more appropriate and has fewer preconceived ideas around it. We have changed this and we have also explored the ideas that Edwards suggests – differential social capital and also an idea that we think does go some way to explaining it – that communities respond to adapting to what they already understand or that builds on extant local assets. We do, however, think this is an issue worthy of further specific study or theorising in future work.

15. *Read Taylor et al (2006) and comment on community vs consumer participation*

We read Taylor et al and this led us back to reading Alford (2009). We thank the reviewer for pointing us to this idea which has really made us think more about the whole concept of what we are doing. We have tried to reflect the relevance of citizen/community versus client/consumer at some points in the paper, now.

16. *Comment on dealing with issues of inclusiveness*

We have discussed this a little more, including some coverage of Renn et al’s citizens panels which seem to us the only method that approximates representative citizen participation. There is a lot in this single issue and we think that the issue requires exploration in a rural context in future research.

17. *Did the interviews follow the format of workshops?*

We have addressed this issue now.

**Referee 3 comments**

18. *Explain how the outlined context connotes ‘remote’*

We have explained and referenced that remote is a term used to describe this ‘type’ of community by the Scottish government. Remote is a term used differently in different contexts, mainly by governments in their methods of classifying what resources are needed. We agree that remote in Australian terms could be construed as a world away from remote in Scottish terms.

19. *Explain the policy context*

We have explained and referenced the Scottish government policy on remote and rural healthcare that emerged just before this study commenced.

20. *The Australian Building Healthy Communities Initiative and Rural Primary Health Services Programs could be pertinent & mentioned*

Thankyou for alerting us to this work which we have looked at and referenced.

21. *Glenn Laverack’s book – Health Promotion Practice, building empowered communities is a useful resource*

Thankyou for alerting us to this interesting work which we have looked at, referenced and are now including in discussions around future work