Reviewer’s report

Title: Community participation to design remote rural primary healthcare models

Version: 1 Date: 13 January 2014

Reviewer: Cathy Duncan

Reviewer’s report:

Discretionary revision
1. Introduction - third sentence...‘within contemporary healthcare policy’ - suggest at least one or multiple references for this statement to provide policy context.

Minor Essential Revisions
2. Background - classification of ‘remote community’ a brief sentence providing more description re why a community over an hour from a larger settlement in Scotland is considered remote ie: due to adverse weather these communities can be isolated for weeks / months at a time. Without further clarification, Australian readers may not appreciate that this is a reasonable definition of 'remote'.

3. Background - a short description of the policy context in which the study took place. Was there a reason, based on policy context or recent outcomes of service (health or other public service) reform in remote Scottish communities that may have led to one community not continuing their participation due to suspicion of the ‘hidden agenda’ behind the process?

Major Essential Revisions
4. The discussion raises a critical point re the effectiveness of community participation in the design of remote rural primary healthcare models. There was a concern raised by a local health manager re the ability to move from the 'planning phase' to an 'implementation phase' based on lack of widespread participation / engagement of local citizens in the process. This is a significant disincentive for health services in using a community participation approach. Planning needs to result in outcomes that can be effectively implemented in remote communities. The background of this article briefly refers to concepts in community engagement such as: building competencies of communities to address chronic disease, and community participation as 'collective action to influence and localise outcomes'. These are drawn from the theory of community development / capacity building. It is suggested that the strength of evidence for use of community participation can be enhanced and the concerns addressed by referring to literature from community development or community capacity building approaches to addressing health issues in remote communities. Examples in Australia of a community capacity building approach being successfully utilised to address social determinants of health and delivery of primary health services are the Commonwealth funded Building Healthy Communities program and projects funded under the Rural Primary Health
Services Program - preventative health initiative. These models are based on a set of principles that can be used by remote communities internationally. A useful reference is Glen Laverack's book 'Health Promotion Practice: building Empowered Communities', 2007.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests