Reviewer’s report

Title: Community Readiness and Momentum: Identifying and including community-driven variables in a mixed-method rural palliative care service siting model

Version: 0 Date: 22 Dec 2017

Reviewer: Bruce Rumbold

Reviewer’s report:

The article outlines an approach which is in many respects a common-sense optimisation strategy for allocating additional resources to Canada's rural palliative care system. Community readiness - the community assets upon which funded programs can draw - will clearly have an impact on the effectiveness and efficiency of services introduced to a community. This article investigates and identifies key indicators of readiness.

So far so good. The approach makes good sense when seeking the most efficient use of scarce resources in funding the expansion of existing health service programs. From a public health perspective however there are three questions I would like to see acknowledged or addressed. First and foremost is that this strategy seems a classic example of Tudor-Hart's Inverse Care Law - that resources are claimed or drawn upon disproportionately by those who are already advantaged. Thus in this siting model a community's lack of readiness becomes a reason to allocate resources elsewhere, to another community that already has some level of social organisation that could even perhaps be harnessed to provide end of life care at the community level. A second question that flows from this is whether resources should be made available, even diverted, to develop community readiness in those places unable to meet the criteria identified here. The third question, related to the first two, is that the article appears to focus on palliative care as clinical service provision. Will this strategy actually meet end of life needs in rural regions? Canadian policy differentiates between end of life care and palliative care. What implications might this have for effective provision of end of life care? Readiness to support a palliative care program may not be readiness to provide the sorts of end of life care a particular community needs.

I wouldn't make publication contingent on having answers to those questions: but I do think the potentially-negative access and social justice implications of the siting strategy should be noted.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes
Are the conclusions drawn adequately supported by the data shown?
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Yes

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Not relevant to this manuscript

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