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: 14 Mar 2018

Reviewer: Rosemary Leonard

Reviewer’s report:

Community Readiness and Momentum review for BMJ

This paper was clearly written and makes a useful contribution for tackling the problems of providing palliative care services in widely dispersed populations such as rural areas of Canada. These insights would also be useful for Australia.

I was pleased to see that the researchers were enhancing their measures to assess community readiness which, as the results show, can be quite multi-faceted. Indeed it is a positive thing to have a diversity of approaches being developed locally as communities engage with the issue of palliative care. But I thought the paper did not go far enough. Table 2 shows a long list of things that could be included to count as yes (eg yes the community had momentum) but it was still to be presented as a dichotomous variable rather than some sort of scale from high to low.

The problem with the dichotomous variables (even adding 5 together the range is only 5-10) is that they lack dispersion so they cannot contribute substantially to the prediction of dependent variable - in this case the selection of a site. In comparison age seems to have 10 categories and the number of residents over 65 and travel time could have high dispersion - so the latter two measures will have by far the most influence on the site chosen.

I was also a little surprised to see that the revised community readiness measure was now more dominated by formal services (GPs, telemedicine, formal education). Perhaps this is because more interviewees were in formal services in the main project than in the pilot. There is a general risk that by using such a measure of community readiness more services will be provided to those that are already catered for at least to some extent. The target of palliative care provision should perhaps be those areas with good public momentum but fewer formal services.

In the paper there is some suggestion given by the wording that having a hospice is an ideal (which some communities cannot afford) but I would argue that programs that involve the community more directly are equally if not more important.

I would have liked to have seen a wider discussion in the discussion section - most of it felt like a repetition of the results.

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

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