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Title	Supporting women leaving prison: a participatory health research study of the impact of peer health mentoring
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Reviewer 1	Dr. Lynn M Meadows
Institution	University of Calgary, Family Medicine and Community Health Sciences, Calgary, Alta.
General comments (author response in bold)	This manuscript sings! The language is clear, appropriate, detailed and informative. The authors, including those formerly from incarcerated women and academics have crafted a fine, well-funded study and present the results in their manuscript in a way that has already helped women transition back to the community and will help many more over time. My heartiest congratulations to all! And as a qualitative methodologist what a joy to see it done right - including mixed methods and participatory action research. **Thank you so much for your kind words. We do hope that this study will help to inspire and encourage other peer-led work.**
Reviewer 2	Dr. Erica Weir
Institution	Queen's University, Kingston, Ont.
General comments (author response in bold)	Thank you for the opportunity to review a paper on this important and challenging topic. This is a collaborative initiative using a participatory health research framework to assess the needs and evaluate the success of a single-site program that links women being released from incarceration with peers to assist with the release transition over the first 76 hours. The needs of the women are measured in 2 ways: 1) Initial telephone enquiry (N=346) assessed basic demographic (region) and category of needs (e.g. clothing housing etc). A more elaborate survey of demographic background was introduced later on a small subset of participants (N=66) 2) Of the 342 who enquired about the program by telephone, 172 met with a mentor and completed an intake survey to identify needs upon release. The needs for most basic social determinants (money, housing, as well as a personal companion advocate were high among respondents (85%). **In terms of the program evaluation, of the 172 who met with a mentor, 2/3 completed (105) the evaluation survey that measured contact with health /community services and whether the peer mentor helped address needs. Overall 83% of respondents accessed a community service and 47% accessed a family doctor. 93% reported their peer mentor assisted with this access.** Comments: Although this is an important topic and well intentioned on a transient population that may be difficult to measure, I feel the manuscript needs considerable revision in order to be useful to readers interested in replicating the program. The purpose of the paper blurs its objectives between a needs assessment and program evaluation. Wrt the former, the denominator of the population studied is difficult to follow – and seems unstable given the multiple intake points and data collection methods. There is not enough detail about the program design and intervention. Conclusions about its success are not very convincing because the outcome measures are weak and do not provide comparisons. If we approach this manuscript in terms of the PICO – there are some significant gaps:

	1) Population – the sample changes between 346 contacts ; 172 participants with 102 respondents; **We acknowledge loss to follow-up as a reality of population health research. We have endeavoured to clarify how many participants completed each survey or interview by including this number after the first mention of each data collection tool in the results section, in addition to Figure 1.** although this is framed as "health research" – there is little information about the health needs of the participants – especially the confounding impact of drug/alcohol addiction where the effectiveness of peer companion through sponsorship is already well established **Consistent with the principles of participatory research, study design, including data collection, was driven by participants. Each participant identified her own health needs and priorities to self-direct her experience of the program. Participants were not required to disclose any health conditions, though some participants did identify health needs related to addiction (Drug & Alcohol Counsellor, NA/AA meeting times), this is reported in Table 1.** 2) Intervention – scant detail on the program other than it involves introduction to a mentor **– i.e. who are the mentors and how were they trained?** **Thank you for raising this, we have added more details about the program including who the mentors are and the training they received (L65-68)** 3) Comparison – there is little comparison to assist with interpretation – such as internal comparisons: nonresponders with responders, across demographic categories or by level of satisfaction or expressed need; or external comparison i.e. comparing outcome (contact rates with community services within 76 hours of release) between women in the program and women not in the program **Demographic information was not collected until women met their mentor and gave their consent to participate in a research study. However, secondary analysis of program data (the telephone interview) did allow us to disaggregate identified need by those who did/did not participate in the study. This information has been reported in a new table (Table 4).** 4) Outcome – not clear what outcome measures the program is targeting – is any contact with a community service or family doctor the outcome – or is it according to need? Needs a comparison of sorts to be convincing. **We have revised the manuscript to better reflect the aims of our study and our focus on the description of needs identified by women leaving prison and of the activities of this program.** I suggest a major revision that separates 1) Assessment and measurement of need a. What is known already in the literature b. What are the expressed needs of those who make initial contact c. What are the needs of those who enter the program? i. Is there more about the active health issues? ii. Where does involvement in drug addiction recovery programs factor in? 2) Program description (CAT-SOLO) a. What are the key components of the programs b. What are the activities of the program (more information about the mentors here) c. Who is the program targeting? d. What are the short-term outcomes that would indicate success and how are they being measured (compared to what?)

	e. What are the longer-term outcomes? **We have worked to address and separate these components as described above.**