EXECUTIVE SUMMARY

Community participation in health services decision-making care is an increasingly important goal in many industrialized health care systems. This 2005/06 evaluation assessed the effectiveness of the Community Advisory Panels (CAPs) at St. Michael’s Hospital in Toronto, as a model for involving community in health care. The evaluation revealed that the CAPs have worked with the Hospital Board of Directors, Senior Management, and local agencies to develop a significant number of initiatives to improve patient services and community liaison. The CAPs are an important part of decision making at the Hospital, although they do not have high visibility among staff and patients. This study was collaboratively undertaken by the St. Michael’s Hospital Centre for Research on Inner City Health, Inner City Health Program, and the Chairs of the Community Advisory Panels.

Key Findings

- Community Advisory Panels have been a groundbreaking success at St. Michael’s Hospital. Working in partnership with Hospital and community stakeholders, the CAPs have been instrumental in generating a broad array of high-visibility, high-impact, patient-responsive initiatives for inner city populations in the catchment area.

- Those who are familiar with the work of the CAPs rate their effectiveness highly and believe strongly that the CAPs are doing what they are meant to do.

- The CAPs deserve greater recognition for their contributions in improving access to high quality health care for inner city populations and for promoting awareness and responsiveness to the social determinants of health and illness.

- CAPs may want to evaluate approaches for reducing reported barriers to participation and for increasing their visibility.

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“A Bridge between the Hospital and the People”

Community Advisory Panels at St. Michael’s Hospital:  
2006 Outcomes and Process Evaluation

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1. INTRODUCTION, OBJECTIVES, AND BACKGROUND

This 2005/06 evaluation was conducted collaboratively by the three groups based at St. Michael’s Hospital: the Centre for Research on Inner City Health, the Inner City Health Program, and the Community Advisory Panels (hereafter, “CAPs”). The goals of the evaluation were to examine and document (a) CAPs accomplishments to date and (b) the extent to which the CAPs have met their overall mission of facilitating community-Hospital communication.

About the St. Michael’s Hospital Inner City Health Program

St. Michael’s Hospital founded the Inner City Health Program (hereafter, “ICHP”) in 1992 to:

- reduce barriers to health care for high-risk and priority populations
- address social and economic determinants of health that affect inner city populations; and
- integrate community, primary, and tertiary health services for inner city populations.

ICHP is the only Hospital program of its kind in Canada, with a clear focus on ensuring quality of care for marginalized inner city populations, a structure for community involvement, and a strong research emphasis. ICHP is comprised of the following departments and divisions: Emergency; Family and Community Medicine; Obstetrics/Gynaecology; Women’s Health; Level II NICU/Paediatrics; General Internal Medicine; Transitional Care/Regional Geriatric Program; Withdrawal Management Services; In-Patient Mental Health Services; HIV/AIDS; HIV Psychiatry; In Patient Mental Health Services; Psychiatric Emergency Services; Medical Psychiatric Consultation team; Community Mental Health Services; the Mental Health Service Research Unit, and the Centre for Research on Inner City Health. Community Advisory Panels were established as part of the ICHP structure, to support communication between the Hospital and priority populations.

About the St. Michael’s Hospital Community Advisory Panels

Four CAPs were established in 1992 to represent consumer perspectives among the following priority populations:

- Women and Children
- People who are Homeless or Underhoused
- People with HIV/AIDS
- People Experiencing Mental Illness
St. Michael’s Hospital CAPs are mandated to:

- provide health care advice to the Hospital on issues concerning priority populations;
- ensure continuous improvement in services, programs, education and research;
- advocate on behalf of the populations they represent.

The CAPs also provide a context for networking, strategy development, and peer education. Each CAP is composed of approximately 20 individuals, comprising two thirds community and one third Hospital representation. Members include health care consumers, patients, representatives from community agencies, family members, volunteers, and St. Michael’s Hospital staff, health professionals, and management.

CAP Chairs report directly to the Hospital Board of Directors, through the Community Advisory Committee.

Why we Conducted this Evaluation
Although anecdotally the CAPs were deemed a success, and the CAP structure at St. Michael’s Hospital has often been sought out by national and international visitors as a model for involving community in the improvement of hospital services, no formal or comprehensive assessment of the CAPs’ impact or process had ever been undertaken. In 2005, at the request of the ICHP and CAP Chairs, Research Fellows at the Centre for Research on Inner City Health collaborated with the CAP program and ICHP to evaluate the CAP outcomes and communication processes, and to identify opportunities for improvement.

How we Conducted this Evaluation:
The evaluation utilized mixed qualitative (key informant interviews & document analysis) and quantitative (short anonymous surveys) methods to collect and analyze data. While this study was conducted in cooperation with the CAPs, in order to protect confidentiality of study participants, CAP members were not given access to audio tapes or transcripts of interviews. The research team also took precautions to ensure that results were not presented in any way that could compromise participants’ anonymity. Three data sources were used: i) documents from the period 2000-2005; ii) survey questionnaire (147 respondents); and iii) twelve in-depth interviews with key stakeholders. See Appendix II for further information.

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2. EVALUATION FINDINGS

2.1 Program Accomplishments and Impacts

The St. Michael’s Hospital CAPs are exceptionally productive. Working in partnership with Hospital staff and community stakeholders, they have been instrumental in generating a broad array of high-visibility, high-impact, and patient-responsive initiatives for inner city populations in the catchment area of south-east Toronto.

Participants identified fifty-eight programs, services, or initiatives that were implemented as a direct result of the actions of a St. Michael’s Hospital CAP (see Appendix I). Important CAP accomplishments were identified in the areas of partnership development, integration of programs, facilities improvement, and patient care protocol development. Selected examples include:

- **Infant Passport Program** - CAPs facilitated a partnership between St. Michael’s Hospital and Toronto Public Health to establish an information sharing protocol and easy to use infant health care record for use by young mothers of no fixed address. Mothers can carry the ‘infant passport’ with them to health care appointments, facilitating continuity of care for their babies.

- **Sensitive Care for Homeless Patients** – CAPs successfully advocated for more and better access to clinics, physicians and specialty services for homeless patients, and supported the establishment of a St. Michael’s Hospital-staffed infirmary at Seaton House, which is Canada’s largest men’s shelter.

- **Complementary and Alternative Health Care** – CAPs advocated successfully for St. Michael’s Hospital to become Canada’s first teaching hospital to provide free-of-charge access to complementary and alternative services, such as chiropractic and massage therapy, for HIV/AIDS patients.

- **Quality Dental Care for Low-Income Populations** - With Toronto Public Health and other community organizations, CAPs successfully lobbied the Ontario provincial government to fund community-based quality dental care services for low-income populations.

- **Patient-Responsive Facilities** - CAPs have advised St. Michael’s Hospital on community-responsive design of patient facilities. CAPs have consulted on design of the mental health floor, neonatal and obstetrics floors, clinic waiting areas in the clinics, and development of the Rotary Transition Centre (RTC). The RTC is a temporary, safe, and welcoming environment for homeless and underhoused patients who have been discharged from the Emergency Department but do not have a place to go home to recover. The RTC provides facilities for showering and laundry, access to caregivers to assist with medication and counseling, meals, and a quiet place to rest until transition into the community is arranged.

- **Education through Film** – CAPs collaborated with the National Film Board of Canada (NFB) and the St. Michael’s Hospital Outreach Crisis Team to develop a documentary film reflecting the day-to-day work and operations of the Crisis Team. CAPs advised the NFB in editing the film into teaching segments for use in educating health care providers.
2.2 Quality of Communications; Communications Functions and Impacts

In addition to understanding program impacts, this evaluation aimed to assess how well the CAPs have met their overall mission of facilitating communication between the community and the Hospital. Overall, the quality of CAPs’ communication with stakeholders was rated very highly. Nearly eighty per cent of survey respondents described communication between the CAPs and St. Michael's Hospital as “excellent, very good, or good.” An important factor in supporting positive Hospital – CAP communication was an organizational structure that provides CAPs with direct reporting access to the Hospital Board of Directors. This relationship to senior decision-makers was considered a crucial pathway for voicing community concerns and maintaining the CAPs’ “bi-directional accountability” to both the Hospital and the community. Access to the Hospital Board was also seen as an indication of the high value Senior Administration places on community engagement:

“I think the most important thing that the CAP does is it’s a structure that reports at a very high level in the Hospital, it reports to a committee of the Board; that says a lot about how seriously it’s taken. And so it’s a structure, it’s a vehicle for people’s voice to come through.”

Inter-CAP communication was also commended. CAP Chairs meet regularly and report to the Hospital Board collectively. Seventy per cent of survey respondents rated inter-CAP communication as “excellent, very good, or good.” ‘All-CAP Meetings’ were felt to be powerful opportunities to exchange ideas and collaborate. In light of CAPs’ cross-cutting priorities and overlapping populations, CAP Chairs saw immense value in promoting further inter-CAP initiatives.

CAPs play multiple, related communications functions, linking St. Michael’s Hospital to the community. Chief among these functions are Information Sharing/Education and Advocacy.

Information Sharing/Education Function: Perhaps the most important role of the CAPs is to provide a recursive information sharing link between the community and the Hospital. The CAPs are viewed as a venue for disseminating recent Hospital developments to the community and for the Hospital to receive valuable community feedback on its policies and services. The CAPs also provide a forum for dialogue around issues related to patient care (and continuity of care between Hospital and community) among relevant organizational representatives. The CAPs were described as providing “a bridge between the Hospital and the people.”

Advocacy: The CAPs have been described as advocates since their inception. The CAPs have acted as patient advocates, in relation to patient care and services (e.g., cardiology) and in relation to hospital design plans for new spaces and facilities. CAPs have also played roles in broader health services policy-related advocacy initiatives outside the Hospital. High level bureaucrats (e.g. from Toronto Public Health and the Ministry of Health and Long-Term Care) have attended some CAP meetings to discuss changes in health services and to receive feedback from CAP participants. The CAPs have submitted letters to the Ontario Minister of Health and the Toronto Public Health Department on health issues affecting marginalized populations in Toronto, such as controlling the spread of tuberculosis in the shelter system. CAP meetings provide an opportunity for diverse community groups to connect, discuss
experiences about barriers they may be facing and successes they have achieved or may be able to achieve together. In this respect, the CAPs provide opportunities for the community and Hospital representatives to take collective action on shared concerns. The CAPs also furnish a context for community members, directors of health organizations, Hospital staff and decision makers and consumers to exchange knowledge, ideas, and strengthen links within the community.

2.3. CAP Challenges and Opportunities for Improvement

Visibility Issues: The CAPs’ accomplishments are recognized widely within and outside of St. Michael’s Hospital. Many survey respondents (both within and outside the Hospital), however, were unaware that these well-known changes were due to the CAPs. The CAPs are an effective mechanism for generating community inclusiveness in a major hospital, yet they suffer from a lack of visibility among the Hospital at large. Staff who are directly networked to the CAPs were familiar with the CAPs’ activities and accomplishments, whereas the majority of staff respondents, unaffiliated with the CAPs, were unfamiliar with the CAPs’ activities. Many hospital clients and community members also expressed lack of knowledge about the CAPs. Among those who were aware of the CAPs, the majority agreed or agreed strongly that the CAPs served community needs, were responsive to concerns arising from the community, were fair in their treatment of issues brought to them by community members, and were doing the job they were designed to do.

Actions to Increase Visibility: Participants suggested the Hospital could utilize publicity vehicles to improve the CAPs’ visibility, such as a newsletter for community groups, a webpage, and periodic focus groups to engage community issues, concerns, and interests.

“Let all patients know about the existence of the CAPS. As a patient of St. Mikes I never hear about the CAPs or the chance to be on the CAP.”

Community Participation Barriers: CAP membership is composed of Hospital staff, community agency representatives, and clients/consumers. Respondents observed a strong commitment among Hospital staff to participate. Engaging community members and patients was more difficult than engaging representatives from the Hospital or community service agencies. Recruiting and retaining community representation was found to be especially challenging for the Homeless and Underhoused CAP. The CAPs ongoing efforts to be inclusive of community members were valued.

Actions to Reduce Participation Barriers: Respondents believed the biggest barrier to community member participation was lack of information about the CAPs. Participants encouraged the Hospital to undertake publicity and communications initiatives to increase internal and external awareness of the CAPs. Newsletter coverage, newsletter outreach to community members, focus groups, and webpages devoted to the CAPs’ activities were suggested. Other participation barriers were structural, such as time and scheduling constraints, and the absence of institutional supports that enable Hospital and agency staff to participate. Structural issues were identified as participation barriers only half as frequently as lack of information:
"I think one of the difficulties has been when you have women with young children in particular, it’s just, the stress of you’re getting out to meetings."

“There’s a big question mark, about should you pay the CAP members a per diem to be there, and I just struggle with that because…everybody else there usually is part of a job description…a bad person may or may not participate with the money, and if they get the money you just make an even worse situation…because people are competing for the spots because there’s cash associated…”

Role Loss, Evolution, and Redefinition: As times and circumstances change, the role of the CAPs may also need to change. Some respondents had experienced diminished motivation to participate in the CAPs after core mobilizing issues (“burning issues”) had been resolved or had receded from the Hospital/CAPs agendas. For example, the CAPs role as an information conduit and as a patient advocacy resource was especially important during the mid-1990s, when the Wellesley Hospital (which had historically encouraged strong community engagement) was merged with St. Michael’s Hospital. With this transition now complete, some felt that renewed thinking was in order to propose new core roles for the CAPs. Others noted that new issues and circumstances were emerging (such as the establishment of Local Health Integration Networks within the Ontario health care system), and that the role of CAPs in this changing context should be clarified.

3. CONCLUSION AND IMPLICATIONS

Community participation in health services decision-making care is an increasingly important goal in many industrialized health care systems. This evaluation assessed the effectiveness of the Community Advisory Panels (CAPs) at St. Michael’s Hospital in Toronto, as a model for involving community in health care. The evaluation revealed that the CAPs have worked with the Hospital Board of Directors, Senior Management, and local agencies to develop a significant number of initiatives to improve patient services and community liaison. The CAPs are an important part of decision making at the Hospital, although they have limited visibility among staff and patients.

- Community Advisory Panels have been a groundbreaking success at St. Michael’s Hospital. Working in partnership with Hospital and community stakeholders, the CAPs have been instrumental in generating a broad array of high-visibility, high-impact, patient-responsive initiatives for inner city populations at St. Michael’s Hospital.

- Those who are familiar with the CAPs rate their effectiveness highly.

- The CAPs deserve greater recognition for their contributions in improving access to high quality health care for inner city populations and for promoting awareness and responsiveness to the social determinants of health and illness.

- CAPs may want to evaluate approaches for reducing reported barriers to participation and for increasing their visibility.
Appendix I: Accomplishments of the St. Michael's Hospital Community Advisory Panels (as of 2006)

Survey respondents identified the following fifty-eight unique programs, services, or initiatives that were implemented as a direct result of the actions of a St. Michael’s Hospital CAP:

1. 4TH INTERNATIONAL CONFERENCE ON MENTAL HEALTH
2. ADVOCACY FOR COUPLES IN FAMILY SHELTERS
3. AIDS 2006 ABSTRACT SUBMISSION
4. ANNUAL ALL-CAP RESEARCH DAY
5. CAP CONSUMER & COMMUNITY AGENCY MEMBER PARTICIPATE IN PLANNING COMMITTEE FOR ANNUAL MH CONFERENCE
6. CAP DAYS
7. CAP PRESENTATION TO THE ST. MICHAEL’S HOSPITAL BOARD OF DIRECTORS
8. CAP SPONSORED HOSPITAL ROUNDS
9. CERVICAL CANCER AND BREAST SCREENING RESEARCH
10. COMMUNITY LUNCHEONS FOR NETWORKING
11. COMMUNITY OUTREACH TEAMS
12. COMMUNITY WALKS AND TOURS
13. COMMUNITY/AGENCY INVITATIONS TO ROUNDS
14. COORDINATION OF HIV SERVICES WITH COMMUNITY PARTNERS
15. CUSTOMER SATISFACTION QUESTIONNAIRE
16. DENTAL SERVICES FOR LOW INCOME CLIENTS
17. DETOX BEDS REOPENED
18. DIVERSITY TRAINING FOR STAFF
19. EDUCATION AND TRAINING SESSIONS
20. EDUCATION STUDY TO LOOK AT TREATMENT OF HOMELESS/MARGINALLY HOUSED WITHIN SMH
21. EMERGENCY DEPARTMENT STAFF TRAINED RE: HOMELESS PATIENTS
22. FAMILY CENTRED CARE
23. FAMILY PRACTICE LOCAL SHELTERS
24. FAS CONFERENCE
25. HIV PREGNANT DRUG POLICY
26. HOMELESS AGENCY LIAISON IN EMERGENCY DEPARTMENT
27. HOMELESS PATHWAY PROTOCOL
28. IMPROVEMENTS TO ONTARIO DISABILITY SUPPORT PROGRAM
29. INFANT PASSPORT PROGRAM
30. INFECTION CONTROL PLANS POST-SARS
31. INTEGRATING COMMUNITY PARTICIPATION IN HOSPITAL ACCREDITATION
32. MENTAL HEALTH CONSUMER BOOK CLUB
33. MOBILE CRISIS TEAM PARTNERSHIP WITH THE METRO TORONTO POLICE
34. NAMING OF THE “POSITIVE CARE CLINIC”
35. NEEDLE EXCHANGE PROGRAM IN EMERGENCY DEPARTMENT
36. NURSING/SERVICE PARTNERSHIP WITH ROBERTSON HOUSE
37. ONTARIO HEALTH INSURANCE PLAN KIOSK AVAILABLE AT HOSPITAL
38. OUTREACH TO SHELTERS AND HOSTELS
39. PANDEMIC PLANNING FOR THE HOMELESS
40. PARTNERSHIPS WITH HOUSING AND SOCIAL SERVICE PROVIDERS
41. PATIENT FORUM
42. POSTPARTUM DEPRESSION SEMINAR
43. PROGRESS PLACE HOUSING PARTNERSHIP
44. PROGRESS PLACE 'WARM LINE'
45. PROTOCOL TO PROVIDE MEDICATIONS TO HOMELESS PATIENTS DISCHARGED FROM EMERGENCY
46. ROTARY TRANSITION CENTRE ESTABLISHED FOR HOMELESS PATIENTS DISCHARGED FROM EMERGENCY
47. SEATON HOUSE/EMERGENCY DEPARTMENT INTEGRATED CARE MODEL
48. SHORT-STAY MENTAL HEALTH CRISIS UNIT
49. SOUTH EAST TORONTO ORGANIZATION COLLABORATIONS
50. ST. MICHAEL’S HOSPITAL - SEATON HOUSE MEN’S SHELTER PARTNERSHIP TO PROVIDE PHYSICIAN, INFIRMARY AND PALLIATIVE CARE
51. ST. MICHAEL’S HOSPITAL STATEMENT OF AFFIRMATION
52. TB VACCINATION/PROGRAMS FOR UNDERHOUSED AND HOMELESS
53. TORONTO CLIENT ACCESS TO INTEGRATED SERVICES AND INFORMATION FOR HOMELESS PEOPLE PROJECT (CAISI)
54. TRANSFER HEALTH CARE PROGRAMS FOR VULNERABLE GROUPS FROM WELLESLEY HOSPITAL TO ST. MICHAEL’S HOSPITAL, AT TIME OF WELLESELY CLOSING
55. TUESDAY AND THURSDAY CLINICS
56. WOMEN'S ABUSE PROTOCOL
57. WOMEN'S DROP IN CENTRE
58. YOUNG PARENTS NO FIXED ADDRESS PROGRAM
Appendix II: Data Collection and Analysis

• Documents related to the CAPs and their evolution at St. Michael's Hospital were reviewed for the period 2000-2005 (i.e. meeting minutes, Terms of Reference, SMH annual reports, profiles of the ICH Program). The document review involved standard qualitative research techniques to generate a preliminary framework of themes as outlined by Lincoln and Guba, 1985 and Strauss and Corbin, 1994, and Glaser and Strauss, 1967 and others (see bibliography). The themes identified in this process helped to address the overall questions of the evaluation, in particular identifying the accomplishments of the CAPs and ways in which they may have influenced the nature and quality of services at the Hospital. Areas for improvement also emerged through this analysis.

• A short anonymous survey (available online via surveymonkey.com and in paper format) was conducted to determine whether the CAPs were meeting their mandate and how people involved with the CAPs perceived their effectiveness, whether CAPs were trusted by the community and whether hospital staff and the community were aware of the CAPs and their accomplishments. 147 survey respondents were recruited from among the CAP Chairs, community members (patients, clients, and consumers), St. Michael’s Hospital Board members and members of the Board’s Community Advisory Committee, ICH Department and Division Directors, and other stakeholders within St. Michael's Hospital and from community agencies. During analysis, themes identified in the document review were compared with responses in the open-ended questions in the survey and new analytic categories were introduced to ensure good fit between themes and the survey data.

• Twelve in-depth, semi-structured interviews were also carried out with key stakeholders who could provide significant insights owing to their particular relationship or experience with the CAPs. These included representatives from the following groups: patients/clients/consumers, service providers, SMH Board members and members of the Board’s Community Advisory Committee, ICH Program Directors, and Hospital staff. The purpose of the qualitative interviews was to probe specific issues identified through the survey. Coding and analysis of the interview transcripts was supported by the theoretical framework generated by the study team in response to findings from the document review and survey. The team looked for consistencies, divergences, and conflicts in participants’ opinions, and took note of participants’ underlying assumptions regarding ideas of CAP effectiveness. Illustrative quotations were identified which represented or diverged from common themes.
Appendix III: About Us

**St. Michael’s Hospital**
St. Michael’s Hospital is a Catholic hospital founded in 1892 by the Sisters of St. Joseph with a mission to care for the sick and the poor in downtown Toronto, Canada. Today, some of Canada’s wealthiest residents live within the local catchment area of St. Michael’s Hospital. Still, St. Michael’s continues to serve the poorest and most socially vulnerable Canadians and newcomers. The catchment area includes 40% of Toronto’s lowest income neighbourhoods and the largest concentration of homeless individuals, as well as high proportions of socially isolated seniors, people without OHIP or other health insurance, and people experiencing severe and persistent mental illness and/or addictions. For more information visit [www.stmichaelshospital.com](http://www.stmichaelshospital.com).

**Centre for Research on Inner City Health**
The Centre for Research on Inner City Health (CRICH) at St. Michael’s Hospital is Canada’s only hospital-based research organization focused on the health consequences of urban life and social inequality. One third of CRICH faculty members are front-line physicians at St. Michael’s Hospital, providing a direct link between population research and patient care. Most issues studied at CRICH span multiple policy sectors, and CRICH researchers are called upon to advise communities and decision-makers in health care, housing, community and social services, urban planning, and immigration portfolios. CRICH is affiliated with the University of Toronto and is part of the Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael’s Hospital. CRICH is supported by the Ontario Ministry of Health and Long-Term Care to conduct research to help ensure that Ontarians have equitable access to care services, regardless of who they are, where they live, or what they own. For more information visit [www.crich.ca](http://www.crich.ca).