

### 1. Access to Justice (A2J) as a Social Determinant of Health (SDOH)

**SDOH:** “Distinguish between the social causes of health and the social factors determining the distribution of these causes between more and less advantaged groups.” [WHO “A Conceptual Framework for Action on the Social Determinants of Health” 2010.](#)

**A2J:** “Access to justice means being treated without discrimination, being treated fairly, and having the ability to name, blame, and claim justice. Special attention will be paid to how we access the formal doorways of justice and whether the pathways provide adequate accommodation and accessibility to those seeking justice.” Mosher, Janet E. "Lessons in Access to Justice: Racialized Youths in Ontario's Safe Schools." *Osgoode Hall Law Journal* 46.4 (2008) : 807-851.

**A2J improves health outcomes?** Consider A2J as an SDOH itself. Nobleman, R. Addressing A2J as an SDOH. 21 Health L.J. 49 (2014)

### 2. Legal Aid Ontario (LAO) 101

**Mandate:** to promote access to justice for low-income individuals. Est'd 1998. Independent of but accountable to Ontario gov't.

#### Funded Services

- Summary advice by phone on family and criminal matters
- Duty counsel in family, youth, and criminal courts
- Legal Aid Clinics (community, specialty, and student) mostly in housing, income, some employment, & immigration matters
- Certificate program for some criminal, family, mental health, domestic violence, and refugee matters (private bar partners)

#### Un- or Under-funded Services

- (i) Civil litigation (ie. personal injury); (ii) Substitute decision-making, wills, estates; (iii) Consumer debt; (iv) Tenant advocacy (versus eviction prevention); (v) Case management for complex clients

#### Financial Eligibility

##### STEP 1. CERTIFICATE ELIGIBILITY THRESHOLDS

You will likely qualify if your annual gross family income is not higher than column 1. If it is higher, move to Step 2.

##### STEP 2. CONTRIBUTION AGREEMENT

Monthly payments may be required if your annual gross family income is higher than column 1, but not higher than column 2.

# of family members	Step 1. Income must not be higher than	Step 2. Income must not be higher than
1	\$14,453	\$16,728
2	\$25,003	\$30,110
3	\$28,503	\$35,088
4	\$32,207	\$40,307
5+	\$35,749	\$45,446
Single boarders	\$9,501	\$10,973

#### Key Access Points

1. LAO's Client Service Centre - 1-800-668-8258
2. Community Legal Aid Clinics - [Find by postal code:](#) Neighbourhood Legal Services (NLS): Catchment = DVP – Yonge, Lakeshore to Bloor - 416.861.0677
3. Duty Counsel at Family, Youth, and Criminal Courts

- (ii) **Legal Advice** provides help to a person about specific situation
- Interprets law + applies legal rules/principles to particular situation
- people's situations and circumstances are different even when facing the "same" legal problem
- Provides recommendations to a person about their options, based on an assessment of how the law applies to their specific situation and what the person wants to achieve
- Who can provide?* Licensed legal professionals only

### 4. Interprofessional Medical-Legal Information sharing Individual Governing Systems

- Medical - Personal Health Information Protection Act (PHIPA)
- Legal: Solicitor-Client Privilege +LSO's Rules of Professional Conduct

#### Information Sharing

- Current Model – **Consent-based** and professional judgement about what to ask consent for and what to document
- Future *Potential State* - Implied consent for access to health records – emerging **theory**, not yet legal reality:

#### What to share?

- PHIPA requires explicit consent, good practice to have it written
- From lawyers to HCPs (Privilege and LSO Rules require explicit consent, good practice to have it be in written form). Mindful that medical records can be subpoenaed (i.e may be reason why less info is shared back with you)

#### What not to Share?

- From HCPs to lawyers. Bare minimum information about thoughts on legal matter. Advisable not to chart the report-back from lawyer
- From lawyers to HCPs. Should be mindful of HCPs' mandatory reporting requirements. Good practice to make this difference clear to clients

### 5. Effective Referrals/Collaboration

#### i) Identifying issue – can be difficult

- Consider thinking about "**I-HELP**" factors - Income, Housing, Employment and Education, Legal status, Personal + Family Stability
- Be attuned to "key life events, forms, red/yellow flag statements"
- See [CLEO Document](#) pages 2-7, for specific examples

#### ii) Actual referral

- Consent need not be written, but should be express +documented
- Include Supports, How patient can be accommodated, General sense of medical issue that might make navigating systems hard - Very brief sense of legal issue. Lawyer will do the in-depth triage.
- Depending on nature of issue, consider it an on-going relationship between you and lawyer – in the best interest of your patient

#### iii) Effective Letters

- Depends on exact purpose of letter and audience
- Some general tips: (i) Use plain language; (ii) Try to remain neutral and objective – be an advocate without appearing to be openly advocating; (iii) Explain qualifications and professional experience; (iv) Avoid lengthy summary of patient history; (v) Provide clear diagnosis and objective basis.

### 3. Legal Information v. Legal Advice

(i) **Legal information** can help people understand their legal rights, how legal processes work, and how to get more help.

- General info about the law
- Can help a person understand when a problem is a legal problem
- Guide a person to more help and advice

*Who can provide?* Anybody with up-to-date knowledge about a particular area of law can provide legal information. See, [CLEO Document](#) page 8-16 for reliable legal info sources

St Michael Hospital Health Centre | 80 Bond St Lower Level | 416.864.6060 ext.77235

Funded by Legal Aid Ontario



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