DEAN'S FORUM

EXPANDING ENGAGEMENT: CREATING CONNECTIONS BETWEEN DELIVERY OF JUSTICE & HEALTH SERVICES

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Executive Summary

The Access to Justice problem can be resolved more effectively by expanding engagement to create connections between the delivery of justice and health services throughout Saskatchewan.

With the intent to learn from existing health infrastructures and innovations, this report has been organized as a 'menu of options' for consideration. The key to creating viable collaborations and educational initiatives is to coordinate opportunities for dialogue between health and justice stakeholders. We had an opportunity to start this dialogue – this paper has benefited from consultations with a variety of stakeholders, decision makers, and service providers from health and justice communities. There is a special emphasis on how access to justice could be improved in rural, remote and northern communities, by learning from existing health infrastructures and innovations.

Because this report is meant to be an introduction to a broad topic, we set forth general guiding principles under the headings of "collaboration" and "education", rather than recommending specific projects.

Collaboration

We examined collaborations between providers of health care services and legal services, conceived broadly. The call to action that emerges is two-fold: to explore new possibilities for collaboration between health and justice sectors, and to broaden and deepen the channels that already exist between them. We examined existing programs and partnerships that could be platforms for building even stronger connections: distributing legal information, making referrals and accessing the mental health courts and therapeutic courts.

Our proposals for building new connections in this report are based on feedback from our interviewees, and suggest paths toward implementation, rather than engaging in a detailed evaluation of their feasibility. We looked at collaborating with health care providers who could act as trusted intermediaries, adapting existing health sector infrastructures and technologies, and medical-legal partnerships. Collaboration using existing health infrastructure and technology could save costs and time involved in related justice system reforms.

Education

Most of the people interviewed emphasized that potential obstacles in collaborating could be resolved through education that highlights and encourages opportunities for professional collaboration.

We examined education with our interviewees as a key path to inspire future interdisciplinary collaborations between the health and legal professions. The interviewees saw co-professional education as an aid in the development of relationships between the professions. Professional education through interdisciplinary classes is already going on: for example, in the Law and

Psychiatry class at the University of Saskatchewan. However commitment from the professional faculties to engage in interdisciplinary education is required. The College of Nursing uses remote presence technology to deliver education in northern communities, and this tool could be adapted to provide training for law students in those communities.

Measuring Success

We found that evaluation should be qualitative as well as quantitative. Interviewees suggested long-term assessments would be important and finally that it is important to recognize the limits of what partnerships can achieve, as well as their promise.

A. Introduction

The problem of access to justice is not a new one, and a great deal of research and program development has already been undertaken to address it.[1] The purpose of this report is to branch into a less established area: **creating new connections between delivery of justice and health services**. It is our hope that the report will be the first step to opening a dialogue that will lead to enhanced understanding of the connections between health and justice and, ultimately, the development of new collaborations that will address this connection and result in improvements to access to justice and health outcomes.

The pivotal feature of the context for collaboration between health care providers (HCPs) and the providers of legal services is that **legal needs and health needs are overlapping and interrelated**.[2] Many legal problems and health problems are connected and the connection should be reflected in the solutions we develop.

Legal and health needs are overlapping and interrelated

The stakeholders and service providers we consulted recognize the connection between health and justice: this is an important first step toward enhancing collaboration. Legal service providers and HCPs understand that health needs can create legal needs, and that they can make legal

[1] See, for example, the literature reviewed in Appendix A and Appendix B of this report.

[2] See e.g. Canadian Forum on Civil Justice, *Nudging the Paradigm Shift: Everyday Legal Problems in Canada*, by Ab Currie (Toronto: Canadian Forum on Civil Justice, 2016) at 24-28 [*Nudging the Paradigm Shift*], online: <http://cfcj-fcjc.org/sites/default/files//publications/reports/Nudging%20the%20Paradigm%20Shift%2C%20Everyday%20Legal%20Problems%20in%20Canada%20-%20Ab%20Currie.pdf>. See also *Reaching Equal* Justice, *supra* note 3 at 34. See also Action Committee on Access to Justice in Civil and Family Matters, *Access to Civil & Family Justice: A Roadmap for Change* (Ottawa: Action Committee on Access to Justice in Civil and Family Matters, 2013) at 3 ["Cromwell Report"], online: <http://www.cfcj-fcjc.org/sites/default/files/docs/2013/AC_Report_English_Final.pdf>. And see also Canadian Bar Association, *Reaching Equal Justice: An Invitation to Envision and Act*, by the CBA Access to Justice Committee (Ottawa: CBA, 2013) at 34 ["CBA Report"], online: <http://www.cba.org/CBAMediaLibrary/cba_na/images/Equal%20Justice%20-%20Microsite/PDFs/EqualJusticeFinalReport-eng.pdf>.

needs more difficult to resolve. This relationship holds across areas of law, from criminal law to housing, to elder law. For example, people in acute care may have related legal needs revolving around substitute decision making.

Legal needs can also give rise to health problems.[3] For example, research conducted by Ab Currie found that 38.1% of people experiencing a justiciable problem reported also having a health or social problem that they attributed to it.[4] These health problems include extreme stress or emotional disruption, physical health problems, and increased consumption of alcohol or drugs.[5]

Another important consideration in this report is the **acute and distinctive needs that individuals in rural, remote, and northern communities face.** These areas tend to have fewer services and fewer service providers and that scarcity affects access to health and justice. As a result, the impact of collaborations in rural, remote and northern communities could be much greater and the needs they address are more urgent.[6] On the other hand, geographical obstacles can also arise in urban centres. For example, some of the clients at CLASSIC, who are drawn from the Saskatoon area, have difficulty travelling within the city to access its services.

The bulk of this report, comprising Sections C and D, has been organized as a 'menu of options.' In those sections we introduce existing and potential collaborations and then move on to potential educational initiatives. **Collaboration and education are linked** and our discussion seeks to bring out this relationship. The options illustrate three ways that collaboration and education can enhance access to justice:

1. Enabling legal service providers to identify and reach people with legal needs;

2. Reducing the burden on people seeking to access legal services and information; and

3. Mobilizing innovations in health to meet legal needs.

Since the connection between health and justice runs both ways, improving access to justice can also lead to improved health outcomes.

In Sections E and F, we consider how we might go about measuring the success of collaborative and educational initiatives, and discuss next steps for moving forward: given that this paper is

[3] See *Nudging the Paradigm Shift*, *ibid*.
[4] Department of Justice Canada, *The Legal Problems of Everyday Life: The Nature, Extent and Consequences of Justiciable Problems Experienced by Canadians*, by Ab Currie (Ottawa: Department of Justice Canada, 2007) at 73 [*Legal Problems of Everyday Life*], online: <http://www.justice.gc.ca/eng/rp-pr/csj-sjc/jsp-sjp/rr07_la1-rr07_aj1/rr07_la1.pdf>. See also *Nudging the Paradigm Shift*, *ibid.*
[5] *Legal Problems of Everyday Life*, *ibid* at 74.
[6] See generally Canadian Forum on Civil Justice, *Rural & Remote Access to Justice: A Literature Review* (Toronto: Canadian Forum on Civil Justice, 2015), online: <http://boldnessproject.ruralandremoteaccesstojustice.com/wp-content/uploads/2016/01/Rural-Remote-Lit-Review_newcoverpage.pdf>.

meant to be an introduction to a broad topic, we set forth general guiding principles, rather than mapping out specific projects. In the report's conclusion, we flag areas for further investigation.

B. Consultations

Throughout the work leading to this report, we have benefitted from the help and expertise of a variety of stakeholders, decision makers, and service providers from the health and legal communities. We wish to thank them for their contributions, and to emphasize that any errors, omissions or infelicities of expression are our own:

Craig Goebel – Chief Executive Officer of Legal Aid Saskatchewan

Doug Surtees – Associate Dean Academic of the University of Saskatchewan College of Law

Glen Luther, Q.C. – Professor at the University of Saskatchewan College of Law, co-professor of Law and Psychiatry

Joel Janow – Executive Director of the Public Legal Education Association of Saskatchewan

Kara-Dawn Jordan – Executive Director of Pro Bono Law Saskatchewan

Dr. Lorna Butler – Former Dean of the University of Saskatchewan College of Nursing and Senior Strategist, Distributed and Technology Enhanced Learning and Discovery

Maria Campbell – Cultural advisor and Cree elder at the University of Saskatchewan College of Law

Dr. Megan O'Connell - Clinical Psychologist, Neuropsychology, Rural and Remote Memory Clinic

Dr. Preston Smith – Dean of the University of Saskatchewan College of Medicine

Amanda Dodge – Lawyer with Community Legal Assistance Services for Saskatoon Inner City

Dr. Mansfield Mela – Professor at the University of Saskatchewan College of Medicine, co-professor of Law and Psychiatry

Evert van Olst, Q.C. – Legal Counsel, Saskatoon Health Region, Member of the Law Foundation of Saskatchewan

Special thanks are also due to Dean Martin Phillipson, who provided the impetus for our research on this topic, and invaluable guidance, and to Brea Lowenberger, whose contributions to this project have been too many to list.

C. Collaboration

This section of the report focuses on collaborations between HCPs and providers of legal services, conceived broadly. The discussion spans a range of options for building collaborative relationships, which fall on a continuum from distribution of legal information at hospitals, clinics and doctors' offices, to referrals between health care and legal professionals, to close cooperation in service delivery, and vary in scope from partnerships focused on discrete legal and health needs to broad-based initiatives.

The section draws on foundational research, much of which is canvassed in Appendix B, but it is principally informed by consultation with stakeholders, decision makers, and service providers in the legal and health space. It begins by setting out the context for collaboration, and proceeds to survey existing programs and partnerships, and opportunities for building new connections between health and justice in Saskatchewan. We canvas obstacles to collaboration that bear on particular programs and initiatives along the way. The section concludes with a discussion of more global challenges that must be met in order to foster health and justice partnerships.

1. From *ad hoc* collaboration to formal partnerships

Collaboration between HCPs and the legal sector is already happening. But it is often *ad hoc* and informal. For example, lawyers who develop friendly personal or professional relationships with doctors may become informal conduits for communication between the professions. Some lawyers and health care professionals make referrals when they recognize unmet legal or health needs among their clients or patients, but these connections may not be institutionalized. On the other hand, organizations like the Saskatoon Health Region have longstanding connections with the justice system through, for example, court-ordered assessments and counselling, but these interactions may not be undertaken with expanding access to justice in mind.

Accordingly, the call to action that emerges from this section is two-fold: to broaden and deepen the channels that already exist between health and justice, and to explore new possibilities for collaboration. The balance of the discussion seeks to furnish a basis for this.

2. Existing programs and partnerships

Our consultations disclosed some programs and partnerships that are already bringing together providers of health care and legal services. This subsection concentrates on:

1. Distribution of legal information through health care outlets, e.g. clinics, hospitals, and doctors' offices;

2. Referrals between HCPs and providers of legal services; and

3. Mental health courts and therapeutic courts. Although mental health and therapeutic courts have not been at the centre of our research, they merit mention as a site of intersection between legal and health needs.[7]

This subsection is both descriptive and prospective: we view these existing programs and partnerships as platforms for building up stronger connections, and try to indicate directions for extending and developing them. Some of the most promising opportunities for new collaborations are reviewed in the next subsection.

i. Distributing legal information

Description: The Public Legal Education Association (PLEA) produces an array of literature salient to the needs of patients at hospitals, clinics, and other health care settings. This literature, which is available from PLEA's website,[8] is also distributed through doctors' offices and other health partners. Distribution of PLEA's literature tends to be initiated, and sometimes supported, by HCPs seeking out resources for their patients. For example, the Saskatoon Community Clinic has provided funding to print a resource dealing with patients' rights, which it continues to distribute.

Opportunities and challenges: PLEA does not, at present, have the ability to monitor the uptake of its resources at clinics, hospitals, etc., and it is not in a position to ensure the currency of those resources. Since relationships with PLEA are primarily initiated by HCPs, the availability of resources to patients depends upon awareness, on the part of HCPs, that they exist.

Broader distribution of legal information through new outlets could enhance the impact of this kind of collaboration. For instance, discussions are taking place between PLEA, the Health Region, and other organizations about establishing an information kiosk to distribute PLEA materials at St. Paul's Hospital in Saskatoon.

ii. Referrals

Description: Some HCPs and some providers of legal services make efforts to refer patients or clients with legal or health needs to an appropriate resource. For example, lawyers at Pro Bono Law Saskatchewan ("PBLS") make some referrals for their clients using 211 Saskatchewan, a directory of social services maintained by the United Way.[9] HCPs at the Rural and Remote Memory Clinic link their patients with the Alzheimer Society of Saskatchewan,[10] which provides resources addressing legal issues (for example, substitute decision-making) that affect people with dementia. CLASSIC aims to make meaningful referrals for clients to other services and

[7] There are extensive connections between justice and health in the criminal law domain and related areas, which this report does not canvass aside from the discussion of mental health and therapeutic courts. The interlocking legal and health needs of incarcerated people, for example, raise important issues that are outside the scope of this report.

[8] Public Legal Education Association, "Legal Resources", online: <http://www.plea.org/legal_resources/search/view/?start=0&limit=5&cat=18&pcat=4>.

[9] 211 Saskatchewan, "About Us", online: <http://www.sk.211.ca/about_us_saskatchewan>.

[10] Alzheimer Society of Saskatchewan, "We Can Help", online: <http://www.alzheimer.ca/en/sk/We-can-help>.

resources including health care. Social work practicum students who are placed at CLASSIC are responsible for helping to identify appropriate resources to meet clients' needs.

Opportunities and challenges: Although all of the interviewees involved in service delivery recognized the value of making appropriate referrals, they also spoke to difficulties that could arise. Lawyers do not have the expertise to diagnose health needs, and suggesting to a client that they may need medical help can be difficult, particularly when a mental health problem is involved. This means that lawyers may not be comfortable making a referral, or helping a client to access health care, unless the client self-identifies their medical needs. In our view, interprofessional education and training that brings together lawyers and the health professions, which is explored in the next section, may go some way toward addressing this challenge.

Concerns were also expressed about overloading a client or patient with information. This calls for careful thought about how and when to make referrals.

iii. Mental health courts and therapeutic courts

Description: Although mental health courts and therapeutic courts were not at the centre of the research we conducted, they merit mention as a site of intersection for legal and health needs, and a place where collaboration between HCPs and legal service providers is already underway.

The Saskatoon Mental Health Strategy,[11] for example, engages, along with the courts, the Saskatoon Health Region, Legal Aid Saskatchewan, and the Saskatchewan FASD Support Network. It is designed to "[improve] support and supervision for people with mental disorders and cognitive impairment in the criminal justice system,"[12] through the implementation of a mental health docket in Saskatoon Provincial Court. A preliminary evaluation of the Saskatoon Mental Health Strategy, identifying strengths and areas for improvement, was completed in 2015.[13]

Opportunities and challenges: Mental health courts and drug treatment courts are only available in Saskatoon, Regina, and Moose Jaw.[14] Telepresence, however, could enable the extension of these facilities to other areas of Saskatchewan. Courts are also mainly reactive: as one interviewee suggested, **appropriate early medical and legal help could prevent the problems that now lead people to legal proceedings.**

[11] See Courts of Saskatchewan, "Saskatoon Mental Health Strategy", online: <http://www.sasklawcourts.ca/home/provincial-court/adult-criminal-court/saskatoon-mental-health-strategy>.
[12] *Ibid*.
[13] Keith Barron et al, "Process Evaluation of the Saskatoon Mental Health Strategy" (2015) Centre for Forensic Behavioural Science and Justice Studies – University of Saskatchewan, online: <https://www.usask.ca/cfbsjs/research/pdf/research_reports/Process%20Evaluation%20of%20the%20Saskatoon%20Mental%20Health%20Strategy.pdf>.
[14] The Domestic Violence Court also sits in North Battleford.

3. Building new connections

In this subsection, we identify four possible directions for creating new connections between health care and justice in Saskatchewan:

i. Leveraging the role of HCPs as trusted intermediaries;

ii. Adapting existing health sector infrastructures and technologies;

iii. Medical-legal partnerships focusing on discrete areas of legal and health needs; and

iv. Broad-based medical-legal partnerships.

We aim to give an outline of the possibilities discussed here, to suggest paths toward implementation, convey concerns expressed among interviewees, and propose ways to address them, rather than engage in a detailed evaluation of their feasibility.

i. HCPs as trusted intermediaries

Description: Several interviewees suggested that, in their experience, some people who could benefit from legal representation, information or advice distrust the legal system and lawyers – particularly when their involvement with the legal system is involuntary, as will be the case for people caught up in the criminal law system. On the other hand, people may be more likely to trust HCPs. Thus, one constructive role that HCPs can play in enhancing access to justice is acting as trusted intermediaries, identifying legal needs and making referrals. Put another way, **HCPs can be a conduit for delivering legal information, and between clients with legal needs and organizations providing advice and representation**. Our interviewees tended to be broadly supportive of this kind of partnership.

HCPs can be a conduit for delivering legal information, and between clients with legal needs and organization providing advice and representation

Path toward implementation: As noted above, PLEA already distributes resources to some HCPs. It has also produced a set of resources aimed at intermediaries, including HCPs.[15] It would be possible to build on these resources by delivering in-person training for HCPs, designed to help them to identify legal needs among their patients, and to make them aware of resources, including advice and representation provided through PBLS, Legal Aid, and CLASSIC, for example. PLEA has provided this kind of training in the past. It was suggested that law students could have a role in conducting training, under appropriate supervision.

Addressing concerns: HCPs already face demanding workloads. Acting as trusted intermediaries to make referrals could place an undue burden on them. As well, some HCPs may feel

[15] Public Legal Education Association, "Legal Resources: Intermediaries", online: <http://www.plea.org/legal_resources/intermediaries/>.

uncomfortable expanding their role to include the provision of legal information or making referrals if they do not feel knowledgeable enough on the topic. Training by PLEA could alleviate this worry. In any event, pursuing this opportunity would require further consultation with HCPs. In-person training would also make more demands on the PLEA's limited resources than distribution of information.

ii. Adapting existing health sector infrastructures and technologies

a. The context of justice needs in rural and remote centres

This subsection of the report focusses on existing health infrastructures and technology and the possibility of improving access to justice by bringing existing technology and infrastructure to bear on the problem.

The needs of rural and remote communities in particular must be focused on

The infrastructures canvassed here all deal with the needs of individuals in rural and remote communities. This is reflective of one of the themes which arose from the consultations: **the needs of rural and remote communities in particular must be focused on**. Collaboration using existing infrastructure and technology has the benefit of reducing the initial work involved in creating a brand-new project. And because these programs are already under way, many of the challenges associated with them have already been recognized and addressed.

b. RaDAR's Rural and Remote Memory Clinic

Description of health infrastructure: This program is aimed at improving care for persons with dementia in rural and remote areas in Saskatchewan. It consolidates assessments and consultations with a range of HCPs in Saskatoon into a single day, in order to reduce the burdens of travel for residents of rural and remote communities. It is a whirlwind day for the patients, their families, and the HCPs involved, but it results in a more convenient diagnostic experience for the patient overall. Some follow up is carried out using telepresence.

Path toward implementation: We see an opportunity for engaging lawyers and/or law students in this program. **Many of these patients may be facing estate planning, substitute decision making, or other legal issues related to their health problem**, and having lawyers on hand at the clinic to assist on these matters could be very useful. Providing the Clinic with a list of possible referrals or with educational materials to distribute could be a smaller scale first step.

Addressing concerns: Because of the nature of the Clinic, each patient is on a tight schedule. This may leave little room for consultation with lawyers or law students. As well, it is often an emotionally turbulent time for patients and they are already receiving a large volume of medical information, so there is a concern that including legal information or advice in the Clinic would be too overwhelming for patients. As well, the HCPs involved have limited time and may not be

able to commit to a new partnership. The design of a partnership should be sensitive to these issues.

c. Remote presence technology

Description of health infrastructure: Dr. Ivar Mendez, a Saskatoon neurosurgeon, is pioneering the clinical use of remote presence technology in Saskatchewan. This innovation uses a cell phone connection to video-link specialists with patients so they can perform real-time diagnosis and monitoring. Pilot projects are set up in the Northern communities of Ile-a-la-Crosse and Pelican Narrows First Nation. The health centre in Ile-a-la-Crosse has a robot with a video device that a doctor in an office in Saskatoon can operate and control from a laptop computer. The robots assist paramedics, in surgical rounds, and in robotic house calls for HIV patients.

Path toward implementation: There are three potential uses for remote presence technology in improving access to justice:

1. For the provision of legal information and advice;

2. For holding court or hearings in rural and remote communities; and

3. For hosting information sessions in rural and remote communities.

One of the access to justice problems facing rural and remote communities is simply that there is a shortage of lawyers. There is a similar issue affecting access to health care, which has begun to be addressed by the use of remote presence technology in the ways described above. **If doctors can provide care via robots, it seems clear that lawyers could do the same.** Technology could be used to enable lawyers to meet with clients remotely, reducing travel costs. As well, it could be more efficient, both in terms of financial resources and time, if judges, prosecutors, and defence lawyers did not have to fly into rural and remote communities to hold court. Organizing their presence via remote presence technology could result in more frequent sittings in these areas and less need to remove people from their communities in order for them to attend court.

Addressing concerns: It is possible that some justice stakeholders may resist a shift to the use of telepresence in the delivery of services. It is also important to be cautious about using the word ‘robots’ which, for some, exacerbates concerns about the technology. As well it is important to consider what unintended results could stem from the elimination of or reduction in face-to-face communication – in particular, whether individuals in rural and remote communities would be receiving the same quality of justice as those in urban centres.

iii. Medical-legal partnerships

Description: Medical-legal partnerships ("MLPs")[16] are a collaborative initiative between HCPs and organizations providing legal services that has emerged during the last twenty years, initially in the United States. There are now several medical-legal partnerships, organized along the same lines, in Canada.[17] There is a large body of literature about MLPs in the United States.[18]

A typical MLP embeds a lawyer at a clinic, hospital, or other centre for health care services, where they take part in interdisciplinary collaboration with physicians and other HCPs. Generally, lawyers provide civil legal services to patients, often focusing on the I-HELP domains: income/insurance; housing and utilities; education/employment; legal status (immigration); and personal/family safety and stability. HCPs are in turn trained to screen for legal needs, and to make appropriate referrals for legal services. In principle, **MLPs serve a dual purpose, both enhancing individual health outcomes, and serving as a platform for systemic and policy change**.

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MLPs in the United States serve diverse populations, including the elderly, children, veterans, and other vulnerable groups. There is preliminary evidence for positive impacts from MLPs, including better health outcomes, improved access to benefits for patients, and enhancing competency among HCPs in dealing with the social determinants of health.

Interviewees who were familiar with the MLP model were enthusiastic about its implementation in Saskatchewan, subject to concerns set out below. Those who were unfamiliar with it were receptive after it was described to them.

Path toward implementation: We described two options for medical-legal partnerships to our interviewees: (i) **a broad basket of legal services**; or (ii) **a partnership focusing on discrete legal issues associated with particular health needs** (e.g. powers of attorney, substitute decision making, estate planning, and advanced directives for people with dementia).

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[16] A note about terminology: although they are typically referred to as "medical-legal partnerships" in the literature, the initiatives discussed here actually involve a range of HCPs, including, but not limited to, nurses and psychologists. It is important to recognize that MLPs are not, and should not be limited to including doctors and lawyers.

[17] Medical-legal partnerships are in place at SickKids Hospital and St. Michael's Hospital in Toronto, and the Community Advocacy & Legal Centre, serving Hastings, Prince Edward and Lennox & Addington Counties.

[18] For further references see Edward G Paul, Mallory Curran & Elizabeth Tobin Tyler, "The Medical-Legal Partnership Approach to Teaching Social Determinants of Health and Structural Competency in Residency Programs" (2016) Academic Medicine [forthcoming]; Elizabeth Tobin-Tyler & Joel Teitelbaum, "Training the 21st-Century Health Care Team: Maximizing Interprofessional Education Through Medical-Legal Partnership" (2016) 91:6 Academic Medicine 761; Tishra Beeson, Brittany Dawn McAllister & Marsha Regenstein, "Making the Case for Medical-Legal Partnerships: A Review of the Evidence" (2013) National Center for Medical-Legal Partnership White Paper, online: <http://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf>. See also Elizabeth Tobin Tyler et al, eds, *Poverty, Health and Law: Readings for Medical-Legal Partnership* (Durham, NC: Carolina Academic Press, 2011).

Some interviewees noted that a broad basket of services would be desirable to avoid referral fatigue, and others suggested that the clinics associated with the College of Law and the College of Medicine could be the basis for building a broad partnership. Most thought that a more focused partnership would be easier to implement because it would require a smaller commitment of resources, and could be built on health infrastructure that is already delivering services to, for example, people with dementia.

Two aspects of CLASSIC's work could lend themselves to collaboration along the lines of a medical-legal partnership. The Systemic Initiatives Program (SIP) is aimed at addressing inequities and socio-economic issues underlying legal programs, through law reform, policy change, and other work. Some of its projects have involved partnerships with community organizations that have health mandates, including AIDS Saskatoon. CLASSIC has also experimented with placing a law student at SWITCH to provide basic legal information and to intake clients.

One interviewee suggested to us that the demographic served by St. Paul's Hospital is more likely than others to experience overlapping health and legal needs. The legal information kiosk at St. Paul's could also be a first step towards a more comprehensive partnership based there. Our consultations have disclosed that issues around substitute decision-making and guardianship may be particularly pressing legal needs among patients in acute care settings.

Addressing concerns: Reservations about developing medical-legal partnerships revolved around resources. Constraints on time and money were a recurring theme: both are scarce commodities for the service providers that we spoke to. Assuring adequate resources and support is key.

4. Concluding thoughts on collaboration

Several concerns about collaboration ran through our consultations. Our interviewees from the health professions indicated that there is some distrust of lawyers in those professions, stemming from the contexts in which they ordinarily interact: disciplinary proceedings, professional liability, and other litigation settings. Other interviewees noted that there is a risk of miscommunication between health professionals and lawyers: often, they are not "speaking the same language." Finally, some voiced worries that confidentiality obligations on lawyers and health professionals could be perceived as an obstacle to information sharing.[19]

Most of those we interviewed who spoke to these issues emphasized that the problems – miscommunication, distrust, and issues with information sharing – could be resolved through education aimed at encouraging professional collaboration, which is the focus of the next section.

[19] One interviewee, for example, told us that health professionals might view the *Health Information Protection Act* (SS 1999, c H-0.021) as precluding information sharing, but went on to suggest that this impediment was more perceived than real.

D. Education

Education was recognized by our interviewees as one of the key modes of encouraging future collaboration between the legal and health sectors. Educating HCPs and lawyers together could lead to many benefits, such as:

- increasing awareness and respect of each other's responsibilities and roles;
- contributing to a better understanding of the connections that exist between health and justice outcomes for individuals;
- creating relationships and trust between professions;
- creating interest in developing service delivery collaborations; and
- improving outcomes for patients and clients.

Both co-professional and professional training education could play a role in achieving these goals. This section also considers the use of remote presence technology for education, and touches briefly on patient and client education.

This section envisages education as leading to mutual adaptation, not merely the assimilation of health professionals to legal ways of thinking or vice versa. Put another way, **the focus of education should be developing a common language, not just easing translation.**

1. Co-professional education

Description: Co-professional education would largely take the form of professional development workshops meant to be attended by both HCPs and lawyers. These sessions could enhance existing and foster new relationships between HCPs and lawyers. As well, they could attempt to bridge the gap of understanding between professionals and emphasize areas that both need to be aware of. For example, advanced health care directives are relevant to both doctors and lawyers. These workshops could also help lawyers and HCPs to learn to identify when their clients or patients are experiencing problems suited to a different kind of professional, and could increase understanding about where lawyers and doctors could refer these people when necessary.

The importance of co-professional education lies partly in the development of relationships between the professions and ensuring that both lawyers and HCPs are on the same page regarding the social determinants of health and the interconnectedness between health and legal problems. **Developing this knowledge and these relationships would improve patient care and client service and ultimately could have a significant impact on access to justice.**

Addressing concerns: Professionals may take time to recognize the interconnectedness of the professions, but when they do they will actually be setting themselves up to offer better outcomes to the people they serve.

Issues may arise around timing, who hosts the educational events, resources for hosting, enthusiasm on the part of professionals for interdisciplinary professional development events, and recognition of co-professional education as fulfilling professional development requirements to which lawyers and HCPs are subject. Resolving these issues may call for co-ordination not just between professionals, but also professional regulatory bodies.

2. Professional training education

Description: Professional training education refers specifically to education of students taking place in professional colleges. **The links between professions are only growing, and so it is important to begin forging relationships and understanding between professionals early in their careers.** One way to achieve this is through for-credit classes which include students from two or more professional colleges.

One example of this type of program is the Law and Psychiatry class at the University of Saskatchewan, which brings together law students and psychiatry students in the same classroom. The class is co-taught by law professor Glen Luther and psychiatry professor Dr. Mansfield Mela.

Interdisciplinary education of professionals to introduce collaboration early was identified by some consultees as the highest priority. This is because if professionals are able to build the foundations of collaboration and forge relationships with other professionals early in their careers, many of the other innovations described in this paper will develop organically.

One of the challenges of introducing interdisciplinary classes is that professional colleges do not necessarily maintain the same hours, term dates, credit allocation, or priorities. For that reason, is also worth considering what alternative interdisciplinary learning students could engage in during their educations. Options include: introducing public speaker series' which could emphasize much the same material as would interdisciplinary professional development meetings; online courses; or short-term intensive classes, similar to the annual Dispute Resolution Week for first year students at the College of Law.

Addressing concerns: In order to provide engaging interdisciplinary education 'buy-in' from faculty and administration in all colleges involved is required. As well, it is possible that some students may be reluctant to spend considerable time focusing on interdisciplinary areas. It would be useful to solicit feedback from students regarding what forms of interdisciplinary education they may find the most engaging.

3. Remote presence technology for use in education

Description: The University of Saskatchewan College of Nursing has developed a program utilizing remote presence technology to deliver a quality, learner-centered educational program across Saskatchewan. By using remote presence technology, nursing students living in northern communities are connected to faculty in the urban city centres of Prince Albert, Saskatoon and Regina. The RP7i mobile robot allows faculty to engage with learners at remote sites, which removes geographical barriers and supports student learning. The three communities utilizing the robots are Northlands College Nursing Skills Lab in Air Ronge, Keewatin Yatthe Regional Health Authority Health Centre and Yorkton Regional Health Centre. This program helps to address the nursing shortage in these communities.

Path toward implementation: The College of Nursing has had much success with this program, and it is possible that other colleges could experience similar success. In particular, it could be worth considering developing remote presence technology at the College of Law, especially considering its new partnership with Nunavut. **Distributed learning using telepresence could help to address the shortage of lawyers in rural and remote communities in the same way as it helps to address the shortage of HCPs.**

Distributed learning using telepresence could help to address the shortage of lawyers in rural and remote communities

Addressing concerns: There may be some concern that the quality of the education received by students via remote presence technology compares unfavourably to education at the College of Law in Saskatoon. As well, it is more difficult to provide adequate support to students when they are isolated from faculty and other students. In an area such as law where much emphasis is placed on reputation and relationships between lawyers, students receiving their legal education via remote presence technology may struggle. But these concerns may be more a matter of perception than reality: there is no indication that using telepresence affects the quality of the education provided by the College of Nursing to students in remote communities.

4. Patient and client education

While this topic is beyond the scope of our paper, it is important to note that further steps can and should be taken to ensure that individuals have access to useful and comprehensive information about their health and their legal needs and how to get assistance with either. Both HCPs and lawyers have taken steps to address the needs of the public for information. It is possible that some collaborations could be undertaken specifically regarding the provision of information. **When people have access to the resources that enable them to determine what their problems are and what their options are going forward, they are more likely to be able to address those problems.**[20]

[20] See generally Community Legal Education Ontario, "Building an Understanding of Legal Capability: An Online Scan of Legal Capability Research" (CLEO, 2016), online: <http://www.plelearningexchange.ca/wp-content/uploads/2016/09/online-scan-legal-capability.September-2016.final_.pdf>.

E. Measuring Success

In our consultations, we asked interviewees how to gauge the success of collaboration and education initiatives. Responses to the question tended to converge on two issues:

1. A conceptual question: How should success be defined?

2. A technical question: How should success be measured?

These are difficult questions, and answering them is outside the scope (and the expertise) of the authors. In speaking to them, this section tries to give a sense of the issues.

1. The conceptual question: How do we define success?

A partnership between HCPs and providers of legal services brings together two different sets of interests. HCPs will naturally tend to be most interested in improving health outcomes, and lawyers in enhancing access to justice. These interests are not inconsistent: the premise of this report is that they can and should be realized together. But they give rise to a challenge in framing the goals of collaboration in a way that enlists all stakeholders.

Some of our interviewees touched on the importance of framing in the context of particular collaborations: for example, casting the goal of one initiative as "making Saskatoon safer." Others emphasized that both the health care profession and lawyers should take a broader view of their own roles that embraces both health and legal needs.

2. The technical question: How do we measure success?

Setting aside the conceptual question, the interviewees made a range of suggestions about measuring success:

1. Several emphasized that **evaluation should be qualitative as well as quantitative**: some positive outcomes from collaboration may not lend themselves to quantification. By the same token, evaluation should take into account the character and needs of the communities were initiatives are undertaken.

2. Others indicated that **long-term assessments would be important**: some of the positive outcomes from collaboration may not be apparent immediately.

3. Finally, a number of interviewees spoke to the need to recognize that some health and legal needs may stem from underlying factors that collaboration cannot address. We should **recognize the limits of what partnerships can achieve, as well as their promise**.

F. Moving Forward

Several general conclusions flow from our consultations and the discussion above. We believe that they should inform efforts to build and reinforce connections between health and justice going forward.

1. Collaborations should be broad

First, the horizon of collaboration should not be limited to doctors and lawyers. **A range of professions – nursing, psychology and others – cooperate in providing health care, and all of them should be invited into the partnerships that are proposed here.** This observation may cut both ways. As the distinction between legal advice and legal information shifts, and delivery of legal services evolves, paralegals, court staff, and others may have a role in collaboration to promote health and justice. We view this as a possible meeting point between the topics discussed in this report and research about the relationship between legal services and legal information under the auspices of the Dean's Forum this year.

2. Collaboration and education are linked

Second, the goals articulated in this report – collaboration and enhancing education – are closely linked. **Many of the challenges for collaboration can be met through improving and expanding education that brings HCPs and lawyers together.** Collaboration through, for example, medical-legal partnerships can also provide valuable educational opportunities.[21] Some of the organizations that we envisage in this report as potential partners (e.g. CLASSIC) already involve students, and occupy dual roles service providers and educational programs. Collaboration and education should be pursued together.

3. Collaboration must be sustainable

Third, collaboration should be designed with a view to sustainability. Interviewees related accounts of promising initiatives that were cut short when a key person moved on, or expressed apprehension that partnerships would not outlast their own involvement. Commitment to collaboration on the part of individual service providers, educators, and decision-makers is important, but it should also be institutionalized. Support from the communities that collaboration is meant to serve may also be an important element in sustaining these initiatives.

G. Conclusions and further research

The authors view this report, organized around the two themes of collaboration and education, a first step – not the conclusion of an inquiry.

Many of the stakeholders and service providers we spoke to recommended further consultations which, though they fell outside the scope of our research, could disclose valuable new

[21] See Tobin-Tyler & Teitelbaum, *supra* note 13 at 763.

perspectives on the proposals set out here. Several interviewees emphasized the importance of consulting with groups representing the patient and client populations that partnerships between HCPs and providers of legal services would serve. In the same vein, we think that eliciting the perspectives of the residents of rural, remote, and northern communities, including Indigenous people, should be a priority.

Our review of overlapping and intersecting legal and health needs was conducted at a high level of generality. More focused investigation into the kinds of connected legal and health needs that arise for particular groups, especially marginalized groups, is imperative, with a view to tailoring effective, appropriate collaborations to meet those needs.

Finally, more study of possible organizational structures for collaboration, in education and service delivery, is called for, along with an assessment of the resource commitments involved in building connections between health and justice, and efficiencies that could be realized.

Accordingly, this report is offered in the spirit of opening a dialogue, not saying the last word.

H. Appendices

APPENDIX A: Health and Justice in the Cromwell Report and, the CBA Reaching Equal Justice Report, and previous Dean's Forum Reports

Access to Civil & Family Justice: A Roadmap for Change

The "Cromwell Report" (October 2013) states that two things are urgently needed in order to improve access to justice in civil and family matters for Canadian citizens.

First, a new way of thinking – a culture shift – is required to move away from old patterns and old approaches. The "Six Guiding Principles for Change" include:

1. Put the Public First
2. Collaborate and Coordinate
3. Prevent and Educate
4. Simplify, Make Coherent, Proportional and Sustainable
5. Take Action
6. Focus on Outcomes

Second, a specific action plan – a goal oriented access to justice roadmap – is urgently needed. The Access to Justice Roadmap consists of three main goals and sub-goals.[22]

The theme of justice and health partnerships was included as part of the innovation goals in the Cromwell Report. The report recognizes that justice and health issues are interconnected and therefore highlights the need for collaboration between justice and health services, and the positive outcomes that could come from increasing interdisciplinary connections between the health and legal professions working together. With respect to this topic, the Cromwell Report recommends that:

- The justice system should be equally important as our health care system.[23]
- Almost 40% of people with one or more legal problems reported having other social or health related problems that they directly attributed to a justiciable problem.[24]
- Money spent on the resolution of legal problems results in individual and collective social, health and economic benefits.[25]
- Collaboration among legal researchers, economists, social scientists, health care researchers and others should be encouraged.[26]

[22] Cromwell Report, *supra* note 3 at iv.
[23] *Ibid* at 5.
[24] *Ibid* at 3.
[25] *Ibid* at 23.
[26] *Ibid* at 23.

CBA Reaching Equal Justice Report

The Canadian Bar Association's Reaching Equal Justice Report (November 2013) identifies an invitation to envision and act in a four-part report. The goal is to enlarge and change the conversation about access to justice to invite and inspire action. The report sets out the Committee's proposed strategic framework for reaching equal justice.[27] The framework outlines a number of targets reflecting a consensus on what must be done in 31 key areas. The targets are to be achieved by 2030. Each target includes interim goals, a starting point rather than a detailed guide. The interconnection between health and legal service delivery is also addressed at various points throughout the CBA report.[28]

There are various examples of how the Justice and Health theme shows up in the CBA Report. The CBA report relies on the research of Canadian scholar Ab Currie, which indicates the relationship between legal problems and health problems, demonstrating a strong policy rationale for connecting access to justice policy with other public policy concerns.[29]

Considering the above information, to promote a broad understanding of expanding engagement and creating connections between the delivery of health and justice services, it is helpful for the legal profession to consider how health services are delivered. In this regard, the CBA Report illustrates: "Just as the health system aims to both prevent and treat disease, so too the justice system should aim to prevent legal problems in addition to providing assistance."[30] The Cromwell Report and the CBA Reaching Equal Justice Report identify the interconnectedness of justice and health problems by promoting interdisciplinary engagement and action, and envisioning how access to justice can be achieved by integrating health and justice services.

From Previous Dean's Forum Projects:

2015 Dean's Forum paper on "Access to Justice: A Legal Education Initiative"[31]: This paper discussed that access to justice must be a priority for law students and the benefit of exposing law students to interdisciplinary connections. Having future lawyers engage in dialogue with other faculties and colleges, allows law student to experience a learning environment outside of the traditional legal education. Introducing interdisciplinary education and connections during law school is key to inspiring collaboration between health and justice sectors.

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[28] CBA Report, *supra* note 3 at 9.
[29] *Ibid* at 53.
[30] *Ibid* at 70.
[31] See Susan Lee et al, "Access to Justice: A Legal Education Initiative" (2015) University of Saskatchewan College of Law Third Annual Dean's Forum Report, online: <http://law.usask.ca/documents/deansforum/09_LegalEducation_PolicyDiscussionPaper_2015DeansForum.pdf>.

2014 Dean's Forum Summer Student paper on "Improving early-integrated service delivery"[32]: This paper identified that the most effective organizations resolve problems by assessing the needs of the client. This paper is relative since including the needs of the client holistically in both health and justice service delivery would create a process that resolved problems rather than perpetuate an ongoing involvement in "the system". A client-centered approach builds investment with clients in resolving the problem. Isolating the legal issue from non-legal aspect is ignoring the root of the problem, which could include contextual and socio-economic factors such as poverty, housing, addictions and unemployment. Holistic-Problem Solving is putting legal problems back into their broader social context to help understand the factors that contribute to the problem. An example of holistic problem-solving approaches highlighted in the paper include the "hub" model, which involves members of various government organizations work collaboratively in connecting persons with serious high risk situations to the appropriate services in a timely manner.

[32] See "The Dean's Forum on Dispute Resolution and Access to Justice: Progress Report" (2015) University of Saskatchewan College of Law, online: <http://law.usask.ca/documents/deansforum/07_AppendixB%20_StrategiesforImprovingService%20DeliveryinSK_2014-2015.pdf>.

APPENDIX B: Literature Review

Elizabeth Tobin-Tyler & Joel Teitelbaum, "Training the 21st-Century Health Care Team: Maximizing Interprofessional Education Through Medical-Legal Partnership" (2016) 91:6 Academic Medicine 761.

> This paper focuses on the development and potential of MLPs, and in particular, their role in undergraduate and resident medical training. The development of MLPs is situated at the confluence of two important trends in health care: increasing emphasis on the social determinants of health, and team-based, interdisciplinary health care. These trends have in turn led to or accelerated reconsideration and reform of education for medical students and residents, and the authors argue that the goals of this reform can be advanced through education involving MLPs. The paper gives a concise account of MLPs and how they function: in the US, they tend to take the form of civil legal services embedded at institutions providing health care, e.g. clinics, hospitals and health centres, addressing the I-HELP domains (income/insurance; housing and utilities; education/employment; legal status (immigration); personal/family safety and stability). MLPs are conceived of as having a two-fold purpose: improving individual health outcomes, and serving as a platform for systemic and policy change through collaborative advocacy. The paper also covers or refers to literature that deals with a range of other salient issues, including sources of funding for MLPs, the role of law schools and law students in MLPs, and possible ethical conflicts arising in the MLP context.

Edward G Paul, Mallory Curran & Elizabeth Tobin Tyler, "The Medical-Legal Partnership Approach to Teaching Social Determinants of Health and Structural Competency in Residency Programs" (2016) Academic Medicine [forthcoming].

> This paper is concerned mainly with the role that MLPs can have in resident medical training, in view of recent changes to national standards for competency for residents in the United States set out in the Next Accreditation Standards (NAS). The authors propose that participation by residents in MLPs can help them to meet a range of competency standards, including knowledge of social determinants of health, interdisciplinary collaboration, and effective patient advocacy. The paper turns on a case study, which illustrates possible roles for lawyers and residents (and physicians) in an MLP, and possible outcomes from an effective MLP. Along with collaboration on individual cases, and population level advocacy, lawyers in MLPs can play a role in training physicians to screen for unmet legal needs, make appropriate referrals to legal services, and effectively engage with legal processes. In turn, effective MLPs can be the site of collaboration between physicians and lawyers to improve legal (and health outcomes) for individual patients, for example by addressing an eviction proceeding. They can also change institutional structures and intervene at the population level, for example by improving the accessibility of court processes for vulnerable groups. The paper also speaks to

dynamics in resident education that would likely also affect efforts to integrate programs akin to MLPs into legal education (e.g. competition for scarce time and resources).

Tishra Beeson, Brittany Dawn McAllister & Marsha Regenstein, "Making the Case for Medical-Legal Partnerships: A Review of the Evidence" (2013) National Center for Medical-Legal Partnership White Paper, online: <http://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf>.

This paper is 2013 review of literature around MLPs. It identifies a set of key components and activities of MLPs, surveys data about the impact of MLPs, and points out gaps in research about MLPs. Drawing on the literature, the authors find that the key components of an MLP are provision of legal services to individual patients, reform and redesign of legal and health institutions, pursuing legal and policy change to overcome barriers to health, along with educating health professionals about social determinants of health with a legal dimension. The authors find that MLPs serve diverse populations, including children, elderly patients, and veterans, and provide services covering a range of areas, including wills and other estate issues, bankruptcy, health powers of attorney, along with I-HELP. The range of services generally caters to the legal needs of the population being served. The authors find some preliminary evidence of benefits flowing from MLPs, including positive financial impacts for patients (recovery of denied benefit claims) and debt relief, improved health outcomes, and building competency in dealing with the social determinants of health among HCPs and lawyers. There are significant gaps in the literature with respect to the mechanisms that are used for assessing patients' legal needs, evaluation of the quality of service delivered by MLPs, and the effectiveness of efforts at legal and policy reform driven by MLPs.

Canadian Forum on Civil Justice, *Rural & Remote Access to Justice: A Literature Review* (Toronto: Canadian Forum on Civil Justice, 2015), online: <http://boldnessproject.ruralandremoteaccesstojustice.com/wp-content/uploads/2016/01/Rural-Remote-Lit-Review_newcoverpage.pdf>.

This report speaks to barriers to access to justice for rural and remote communities. Residents of rural and remote communities make up about 20% of the Canadian population; they have distinctive legal needs, and face special challenges in accessing legal services. The report is a literature review, covering material originating in Canada, the United States, Australia, Finland, and Sweden. It draws on sources dealing with barriers to accessing health services in rural areas, and takes inspiration from a range of initiatives to improve access to health services in the areas surveyed. Despite diversity among rural and remote communities, these communities exhibit common features, including higher homogeneity, demographic tilt toward the elderly, lower levels of literacy and education, higher levels of unemployment and precarious employment, along with stronger attachment to tradition, and tighter social integration. Although

populations in rural and remote areas have many of the same needs as the residents of urban areas, they do have some distinctive needs, revolving around aboriginal communities, youth justice, accessibility for elderly persons, persons with disabilities and persons with mental health conditions, and family law. Residents of remote and rural areas also face distinctive barriers to accessing legal services, stemming from remoteness from services, problems with economies of scale (e.g. the economic viability of delivery of legal services in rural and remote areas), transportation costs and infrastructure, high costs, scarcity of legal services, social dynamics, and limited access to communications technology, including the internet. The report canvasses a range of approaches to dealing with access to justice in rural and remote communities, including increasing the presence of lawyers and other persons delivering legal services in rural and remote areas, enhanced use of communications technology, including telepresence, improving distribution of legal information and building legal awareness, developing national strategies geared specifically to urban and rural communities, and most significantly in the context of this project, collaborative and inter-professional service provision and networks.

Canadian Forum on Civil Justice, *Nudging the Paradigm Shift: Everyday Legal Problems in Canada*, by Ab Currie (Toronto: Canadian Forum on Civil Justice, 2016), online: <http://cfcj-fcjc.org/sites/default/files//publications/reports/Nudging the Paradigm Shift, Everyday Legal Problems in Canada - Ab Currie.pdf>.

This report is an analysis of the results of a national survey conducted under the auspices of the Canadian Forum on Civil Justice in 2013 and 2014. The survey covers the incidence and effect of everyday legal problems, serious or difficult problems arising from justiciable events, e.g. entering into a contract, buying or selling goods, or creating or ending a domestic relationship. About 3000 respondents were asked about everyday legal problems occurring within three years of the survey. Questions centered on the nature of the problems experienced, steps taken to resolve them, consequences of the problems, assistance sought in dealing with them, and the costs of problems. An array of costs arose from everyday legal problems: monetary costs to individuals, intangible costs to individuals, and costs to the state. Based on the survey, the estimated annual monetary cost to individuals of everyday legal problems was about $7.7 billion. Intangible costs ranged from physical health problems to emotional problems and extreme stress. Physical and emotional problems and stress sometimes led to increased use of health care services. Costs to the state, taking the form of employment insurance, additional healthcare costs, and social assistance (along with loss of housing, the cost of which was not quantified) amounted to around $800 million per year.

Community Legal Education Ontario, “Building an Understanding of Legal Capability: An Online Scan of Legal Capability Research” (CLEO, 2016), online: <http://www.plelearningexchange.ca/wp-content/uploads/2016/09/online-scan-legal-capability.September-2016.final_.pdf>.

This report is a literature review prepared by Community Legal Education Ontario (CLEO), a public legal education and information organization. It canvasses literature from the UK, where the legal capabilities approach was formulated, Australia, where it has been developed further, and Canada, where it has begun to be integrated into access to justice projects. Legal capability is functional ability to recognize problems, access appropriate legal information and take steps to resolve legal problems. It has three components: (1) knowledge, viz. identifying rights, entitlements, legal problems; (2) skills, including communication skills and organizational skills; (3) psychological readiness to deal with legal problems and engage with legal processes. Together these dimensions of capability enable people to deal with legal problems, or disable them when capability is low. Levels of capability can be affected by social determinants, including health, education, employment and access to financial resources. The report covers literature dealing with a range of further issues, including the relationship between legal capability and PLEI, the distinctive needs of young people, the effect of the digital divide on legal capability, and the important role of general literacy as a constituent of legal capability. It draws recommendations for enhancing legal capability from the literature, including encouraging delivery of PLEI through non-legal service providers and organizations.

APPENDIX C: Existing Innovations

Medical-legal and justice and health partnerships

Community Advocacy and Legal Centre's (CALC) Rural Justice and Health Partnership (JHP)
http://www.communitylegalcentre.ca/JHP/Local/Background.html

JHP is a medical-legal partnership project between various community health centres, family health teams, and nurse practitioner-led clinics and CALC. It allows for the provision of various services including a service provider hotline, referral forms, onsite clinics, resources, presentations, and training for healthcare professionals (HCPs), and disability form review. It recognizes the connections between health and justice issues. The program aims to improve access to justice by encouraging and enabling HCPs to recognize when a patient may have an underlying legal issue and to direct patients to an organization that may be able to help with legal problems.

PBLO SickKids
http://www.sickkids.ca/patient-family-resources/child-family-centred-care/pro-bono-law/Pro-Bono-Law.html

This is a partnership between Pro Bono Law Ontario and SickKids. They developed a free legal service to be hosted in and offered to patients of SickKids. Its goal is to improve child health outcomes, and it recognizes that addressing certain legal issues can help to achieve this goal. Lee Ann Chapman works on-site at SickKids. Her job includes training hospital clinicians, consulting with clinicians and families specifically regarding legal information, advice, and/or referrals, and maintaining an involvement in systemic issues like law and policy.

Health Justice Initiative – St. Michael's Hospital Legal Services Project (Toronto, Ontario)
http://www.archdisabilitylaw.ca/Services/health-justice-initiative

This is a fairly large MLP including several partners which aims to improve access to justice and address social determinants of health. The project provides public legal education to HCPs and to other community members. It also provides direct legal information, advice, referrals, and representation to some patients.

The Centre for Effective Practice – TheWell™ (Canada)
https://thewellhealth.ca/about/

The Centre for Effective Practice was founded in 2004 by the University of Toronto's Department of Family and Community Medicine. TheWell™ is a resource aimed at HCPs. It provides information, supports, and tools to providers. Their poverty resources in particular acknowledge that poverty is one important social indicator of health and provides providers with specific screening questions as well as suggestions for where patients may be able to get further help with issues relating to Canadian Benefits, Family and Social Support, or the Canada Revenue Agency.

Existing health technologies and infrastructures

Technologies

Saskatchewan Ministry of Health's Remote Presence Technology Program, or "Doctor in a Box"
http://www.cbc.ca/news/canada/saskatchewan/5-ways-robots-are-delivering-health-care-in-saskatchewan-1.2966190
https://www.saskatchewan.ca/government/news-and-media/2014/may/12/tech-brings-health-care-to-north

This program makes use of remote presence technology in order to improve access to health services, particularly in rural settings. The technology enables a doctor to use a cell phone or laptop with a camera to sync with a robot in a rural community, then to use that robot to communicate with patients and conduct diagnostic tests. Similarly, smaller pieces of equipment, colloquially referred to as 'doctors in a box' allow doctors to connect with patients in their homes or to assist paramedics while in transit.

Organizations

Saskatoon's Student Wellness Initiative Toward Community Health (SWITCH)
http://switchclinic.com/

SWITCH is a student-run health clinic which provides a variety of free health and outreach services.

Saskatchewan's Rural and Remote Memory Clinic
http://www.cchsa-ccssma.usask.ca/ruraldementiacare/rrmc.html

This project addresses the accessibility of health care for those with dementia living in rural and remote areas. It recognizes the difficulty these individuals may face when required to attend a variety of appointments with a range of HCPs. In order to improve the accessibility of this care, the clinic integrates all of the required assessments into one day. As well, at the end of the day the patient and family have the chance to discuss any diagnoses and their implications. Importantly, a family-centred approach is taken. Follow-up appointments are able to be done via telecommunication, which reduces the stress that frequent travel would put upon patients and their families.

West Winds
http://www.usask.ca/medicine/family/wwphc/

West Winds is a community minded health centre that strives to deliver multiple services from various providers. They provide services for active lifestyles, parenting education, nutrition, counselling, various therapies (physical, occupational, speech), and medical information and

advice. They are supportive of integration and collaboration, as evidenced by their use of various different types of HCPs and their partnership with the University of Saskatchewan.

Health Providers Against Poverty (Toronto, Ontario)
https://healthprovidersagainstpoverty.ca/about/mission-objectives/

A movement of HCPs who recognize their privilege and power and seek to use those benefits in order to address poverty, which they recognize as an important social indicator of health.

Health Justice Partnerships Community of Practice (New South Wales, Australia)
https://healthjusticecop.wordpress.com/

A working group which seeks collaborative opportunities between health and justice in order to improve both in disadvantaged communities. Their website contains many resources on the subject of linkages between health and justice and MLPs.

The National Centre for Medical Legal Partnership (National – but based in Washington, DC)
http://medical-legalpartnership.org/mlp-response/

The Milken Institute School of Public Health, a part of the George Washington University, created the Centre to lead research and resource development for MLPs. They recognize the connection between legal and health problems. They aim to support the creation of MLPs. They accomplish this via research and development, providing information about MLPs, facilitating the creation of new MLPs, conducting surveys of existing MLPs, and seeking out public and private funding strategies.

Education programs or centres

University of Saskatchewan College of Nursing Remote Presence Learning and Teaching
http://www.usask.ca/nursing/remote/

The College uses the same remote presence technology as discussed above in order to allow students in northern communities to pursue their nursing education from their own communities. This reduces the geographical and financial barriers of attending school and could contribute to a solution to the nursing shortage in northern communities.

Division of Social Accountability at the University of Saskatchewan College of Medicine
http://medicine.usask.ca/department/schools-divisions/social-accountability.php

Developed to recognize the College's commitment to social accountability, this division supports programs which introduce medical students to the social determinants of health and build connections between medical students and the communities they will work with in the future. Ideally, this leads to a culture in the medical community which understands the needs of the community and strives to address those needs.

University of Saskatchewan School of Public Health
https://www.usask.ca/sph/

This is a graduate school which focuses on educating future public health professionals in a multi-disciplinary way in order to prepare them for the ongoing evolution of the field of public health.

Tools aimed at improving access to health/justice information

The Canadian Bar Association's "Legal Health Checks"
http://www.cba.org/CBA-Equal-Justice/Resources/Legal-Health-Checks

The CBA created a range of 1-2 page, plain language documents on various everyday legal problems people might face. These enable a person with access to the internet to quickly gain a basic understanding of the nature of the legal problem they are facing, options they may have when choosing to address it, and next steps to take to receive further assistance.

Halton Community Legal Services "Legal Health Check-Up" (Ontario)
https://www.legalhealthcheckup.ca/en/

This is an online resource wherein an individual can fill out a fairly extensive survey regarding their situation as it pertains to income, housing, education, employment, health, and family and community supports. Then, if they so choose, the individual can provide contact information so that an intake worker from the clinic can contact them regarding potential legal issues apparent in their survey responses, sending resources, or attending a free public education session. The goal is to provide assistance before someone's legal problem leaves them in a crisis or results in illness.

New Brunswick's Health Capsules Initiative
http://www.cpha.ca/uploads/progs/literacy/examples_e.pdf

The Health Capsules Initiative involved the creation of radio and television commercials containing culturally relevant health information. It utilized local vocabulary and built upon steps people in the community were already taking in order to make the messages in the capsules more relatable.

Existing legal technologies and infrastructures

Saskatoon's Community Legal Assistance Services for Saskatoon Inner City (CLASSIC)
http://www.classiclaw.ca/

CLASSIC is a student-run law clinic which provides free legal advice, information, and representation.

Civil Resolution Tribunal (CRT) – Solution Explorer
https://www.civilresolutionbc.ca/small-claims-solution-explorer/

The CRT is an administrative tribunal and is the first online tribunal in Canada, and one of the only ones in the world. It is a project aiming to build the justice system around the needs of the public. The CRT uses a program called the Solution Explorer to assist people in finding relevant legal information and determining for themselves whether they need to continue with a claim at the CRT. Solution Explorer is an online service which uses guided pathways to help people find free public information. It is available 24/7. It uses basic artificial intelligence to narrow down the user's issue and provide relevant information.

University of Toronto LLM with a Concentration in Health Law, Ethics, and Policy
http://www.law.utoronto.ca/academic-programs/graduate-programs/llm-program-master-laws/llm-concentration-in-health-law-ethics

This is a program which focuses on health law, ethics, and policy with an interdisciplinary approach.