



**Legal problems can be  
harmful to your health**

## Final Evaluation Report

**Legal Health Check-up Clinic at McMaster Family Practice**

November 15, 2017

Prepared by: Evaluation Team, Department of Family Medicine,  
McMaster University

# Acknowledgements

---

The Legal Health Check-up Clinic and this research study could not have been achieved if it were not for the key partnerships established between:

1. McMaster Family Practice (MFP): Location where the program took place (and continues) and patients were recruited. The inter-professional team was available to all patients (SW, System Navigator, Occupational Therapy, Dietician etc.) and they provided spaces for a lawyer to meet patients and to be part of the inter-professional team. The Legal Health Clinic and interactions leading from that were documented in the existing electronic medical record system (OSCAR) used by McMaster Family Practice.

2. McMaster University: Research and evaluation was led by Primary Care Epidemiologist, Gina Agarwal, who supported the ethics approval, data collection, analysis, and evaluation. The research staff were Bethany Delleman, Jessica Langevin, and Melissa Pirrie

3. Hamilton Community Legal Clinic (HCLC) - Hugh Tye Director: Provided the existing Legal Health Check-Up electronically to be completed with patients. HCLC also provided lawyers on site at MFP to provide legal advice as identified through the LHC. Focus was on providing 'traditional' poverty law services including Tenant Rights, Workers' Compensation (WSIB), Ontario Works (OW), Ontario Disability Support Program (ODSP), Canada Pension Plan (CPP), Employment Insurance (EI), Criminal Injuries Compensation Board (CICB), and Employment Standards.

4. Legal Aid Ontario (LAO) - Carmelo Runco (Director General) and Jayne Mallin (Senior Counsel, Clinic Transformation): LAO provided lawyers on site to provide legal advice as identified through the Legal Health Check-Up. The focus of these lawyers was on Consent & Capacity Board, Criminal Law, Family Law, and other areas of law not usually covered by HCLC services.

Please cite this report as: Agarwal G, Edwards D, Delleman B, Pirrie M, Langevin J. (2017) Legal problems can be harmful to your health: Final Evaluation Report of the Legal Health Check-up Clinic at McMaster Family Practice [November 15, 2017]. Hamilton, ON: Evaluation Team, Department of Family Medicine, McMaster University.

## Table of Contents

<b>Background</b> .....	<b>1</b>
Introduction.....	1
What does the research say? .....	1
Innovation .....	2
Target Population .....	2
Indicators of Success .....	3
References.....	3
<b>Research Questions</b> .....	<b>4</b>
Primary Question.....	4
Secondary Question .....	4
<b>Methods</b> .....	<b>5</b>
Legal Health Check-up Clinic Set-up and Implementation.....	5
Short-Term Outcomes & Outputs .....	5
Medium-Term Outcomes & Outputs .....	6
Long-Term Outcomes & Outputs .....	6
Ethical Review .....	6
<b>Results – Legal Health Check-up Clinic Set-up and Implementation</b> .....	<b>7</b>
Development of the Legal Health Check-Up Clinic .....	7
Participant Recruitment .....	7
Legal Health Check-Up Appointment Description .....	7
Legal Health Check-Ups Surveys Completed.....	8
Legal Needs Identified.....	9
Legal Appointments Completed.....	9
<b>Results – Short-Term Outcomes and Outputs</b> .....	<b>10</b>
Characteristics of Participants and their Use of the Legal Health Clinic.....	10
Demographic characteristics associated with booking an appointment.....	14
Changes in Participants who Attended the Legal Health Check-up Clinic .....	16
<b>Results – Medium-Term Outcomes and Outputs</b> .....	<b>19</b>
Participant Experiences.....	19
Participant Suggestions .....	29
Participant Satisfaction with the Program .....	32
Participant Impact Statements.....	33
Participant Stories .....	34
<b>Health Care and Legal Providers Perspectives</b> .....	<b>36</b>
Sustainability of the Legal Health Check-up Clinic .....	37
<b>Results – Long-Term Outcomes and Outputs</b> .....	<b>38</b>
Comparison Group Recruitment .....	38

Changes in Legal Health Clinic Attendees versus the Comparison Group .....	38
<b>Discussion.....</b>	<b>41</b>
Key Findings for the Research Questions.....	41
Significance.....	43
Challenges and Limitations .....	43
<b>Conclusion.....</b>	<b>44</b>
<b>Appendices.....</b>	<b>46</b>
Appendix A – Recruitment and Program Posters .....	46
Appendix B – Questionnaires and Interview Guides.....	48
Appendix C – Updated Logic Model .....	90
Appendix D – Supplemental Tables.....	91
Appendix E – OTF Evaluation Update Template .....	102



## Background

---

### Introduction

Many people do not think of their everyday problems as being "legal problems" and do not know that they can get help. People living in poverty are more likely to report multiple problems such as poor health, unemployment, low income, tenuous housing, and family breakdown. From a primary care perspective, by providing a legal clinic within the healthcare setting, we are seeking solutions to the legal problems in everyday life that may be harmful to a person's health and result in people falling into poverty or going deeper into poverty. Through legal screening and intervention, legal clinics assist participants in being able to access better housing, employment, and income assistance that will mitigate the instigators of poverty.

This project involves providing an already developed tool (the Legal Health Check-Up) to participants electronically (by means of an iPad) as they access our clinic (their primary health care), and is named the Legal Health Check-up Clinic. The tool is effective for uncovering specific problems and, importantly, for opening a conversation to bring acknowledged problems to the surface. As issues are identified through this tool, the participants are referred to the appropriate resources through two key partnerships: Hamilton Community Legal Clinic and Legal Aid Ontario. These organizations provide on-site legal advice, thus preventing issues related to poverty from occurring or worsening (for example homelessness or reduction of income).

### What does the research say?

Poverty is a serious problem in primary care. It is encountered by primary care physicians in areas of low socioeconomic status (SES) regularly, in the form of the social determinants of health. The World Health Organization describes the social determinants of health as, "the conditions in which people are born, grow, live, work and age," such that these factors are heavily influenced by wealth distribution, power, and resources (1). Hamilton is an area of low SES, with demonstrated poverty and high rates of chronic illness. Poverty impacts health in multiple ways (mental illness, chronic disease, multiple co-morbidities) such that individuals living in poverty often consult with their primary care physicians for assistance with the very health problems that are the result of unmet legal needs. Legal services have the power to impact the social determinants of health and thus the health of individuals. Therefore, medico-legal collaborations between health professionals and lawyers can present a novel way to approach these problems (2).

The inaccessibility of legal services to those that need them could itself be considered a social determinant of health. Therefore, actions to improve access may result in a healthier and more equitable society. One specific component of poverty is the inaccessibility of justice when required. The provision of this access to those in need can provide a myriad of ways to improve poverty indicators (such as the Low Income Measure 50 [individuals living at 50% of the median income line or lower] and the depth of poverty 40 [individuals living at 40% of the median income or lower] (3). Strategies possible in health care after one-on-one consultations could include appealing debtors, accessing known benefits, preventing eviction from housing, seeking court action to gain spousal support, and settling other court actions, to name a few. The path to breaking the cycle of poverty is not instant, and requires intense work from dedicated professionals working together as team to give the participant/client the best range of opportunities possible, and after-care support.

### **Innovation**

Medical-legal partnerships are a new concept in Canada and, so far, are untested. The innovation of proactively asking participants in a primary care setting about social issues and partnering with community legal experts who can provide legal service to participants in primary care is a unique endeavor and has the potential for a sustainable, integrated partnership. It is necessary to pilot test such a partnership in an urban primary care setting to investigate the effects on poverty and health of those attending the practice. Once this has been determined in a robust scientific way, it will be possible for policy makers to plan for more such collaborations in the future.

### **Target Population**

In primary care we provide care to the broadest range of populations. Although this program is being offered to all participants, our focus will be on vulnerable populations including: women, single parents, people with disabilities, youth, newcomers, visible minorities, seniors and Aboriginal Peoples who do not have access to resources otherwise. This provides increased access to legal services and connections to community resources for marginalized populations at a meaningful time in their life. By giving people access to the 'opportunity' to discuss legal problems and identify issues, we can support them with appropriate services before crises manifesting themselves to healthcare providers later on.

## Indicators of Success

The main indicators measured are from Ontario's Poverty Strategy, the low income measure (LIM 50) and the depth of poverty measure (LIM 40); a family unit is considered to be low income if its income is below 50% of the median of incomes of the entire population adjusted for the size and composition of the family units (LIM50), and in depth of poverty if the income is below 40% of the median (LIM40). Measures of success, such as health-related quality of life (EQ5D), numbers referred to the legal clinics, housing security, income security, and food security as a result of early intervention are also measured.

## References

1. Wilkinson, Richard G. and Marmot, M. G. (2003) Social determinants of health: the solid facts. World Health Organization, Geneva at 7.
2. Robin Nobleman. Are health problems legal problems in disguise? Canadian Forum on Civil Justice. Wednesday, July 17, 2013; accessed June 4th 2015: <http://www.cfcj-fcjc.org/a2jblog/are-health-problems-legal-problems-in-disguise#sthash.tCMUZMd1.dpuf>
3. Xuelin Zhang. Income Research Paper Series. Low Income Measurement in Canada: What Do Different Lines and Indexes Tell Us? Income Statistics Division, Statistics Canada. Catalogue no. 75F0002M — No. 3 ISSN 1707-2840. ISBN 978-1-100-15828-0

## Research Questions

---

### Primary Question

What is the impact on poverty, when Legal Health Check-up Clinic is instituted at McMaster Family Practice, using income (specifically the LIM50 and LIM40 as defined by Statistics Canada) as a proxy measure, before and after, on participants referred to the program?

### Secondary Question

What is the feasibility, sustainability and impact on McMaster Family Practice and its participants, of the Legal Health Check-up Clinic delivered over a 12 month period?

## Methods

---

The intervention and evaluation was completed in four stages, following the Program Logic Model (see Appendix C):

- 1) Legal Health Check-up Clinic Set-up and Implementation
- 2) Short Term Outcomes & Outputs
- 3) Medium Term Outcomes & Outputs
- 4) Long Term Outcomes & Outputs

Recruitment flyers and data collection tools are available in Appendices A and B, respectively.

### Legal Health Check-up Clinic Set-up and Implementation

*Description:* The first stage was developing and implementing the legal health clinic, or intervention, to be evaluated. Initial recruitment of the intervention participants from McMaster Family Practice occurred during this.

*Measurement tools:* The Legal Health Check-Up Survey was used to screen respondents and identify potential legal needs to be addressed. Also, the Baseline Intervention Questionnaire was completed by participants to provide baseline information on their household income, income security, housing security, food security, and sociodemographic factors. These surveys were completed via iPad tablet in the waiting room at McMaster Family Practice.

*Analysis:* Descriptive analysis (e.g. frequencies and means) was used to describe the implementation and recruitment completed.

### Short-Term Outcomes & Outputs

*Description:* The next stage focused on determining which participants opt to take advantage of the availability of the legal health clinic within the FHT and what changes can be observed within those attendees.

*Measurement tools:* In addition to the Legal Health Check-Up Survey and Baseline Intervention Questionnaire, we followed-up with participants by phone and requested that they complete an online 6-month Intervention Survey.

*Analysis:* Descriptive analysis and non-parametric tests of association (e.g. chi-square test) were used to compare the characteristics of those who chose to utilize the legal health clinic with those who did not. A logistic regression was used to evaluate the individual factors most strongly associated with choosing to attend the legal health

clinic (in those who had a legal need). Binomial tests and paired t-tests were used to evaluate changes in poverty and health indicators for legal health clinic attendees when comparing their scores after 6 months to their own baseline scores.

### Medium-Term Outcomes & Outputs

*Description:* The third stage of this evaluation focused on the satisfaction of those who attended the legal health clinic as well as the stakeholders involved in its implementation (e.g. lawyers, family physicians). The goal was to better understand the feasibility and sustainability of the program based on this feedback.

*Measurement tools:* Participant satisfaction was collected through key informant interviews conducted with participants via phone by a research assistant. Stakeholder satisfaction was collected using an online survey.

*Analysis:* Qualitative thematic analysis was conducted using transcripts from the participant satisfaction interviews and reconciled between three research staff. Stakeholder satisfaction was evaluated using a combination of descriptive (quantitative) and thematic (qualitative) analysis.

### Long-Term Outcomes & Outputs

*Description:* The final stage of evaluation was to compare changes in the legal health clinic attendees who had a household income below LIM 40 and/or LIM 50 with a similar comparison group. After the intervention recruitment was completed, a comparison group from the same waiting room at McMaster Family Practice was recruited for this purpose. Baseline data was collected, these individuals received their usual care, and then they were contacted again after 6 months for follow-up data collection.

*Measurement tool:* The comparison group was asked to complete a Baseline Comparison Questionnaire as well as a 6-month Comparison Questionnaire.

*Analysis conducted:* Mixed model ANOVAs and General Estimating Equations (GEEs) were used to evaluate changes in the intervention attendees compared to the comparison group, over a 6 month period. This analysis was restricted to only those living in households with low income (LIM40/LIM50).

### Ethical Review

This research study was reviewed and approved by the Hamilton Integrated Research Ethics Board (HIREB).

## Results – Legal Health Check-up Clinic Set-up and Implementation

---

### Development of the Legal Health Check-Up Clinic

This project involved providing legal aid services, in the form of a weekly clinic within a family health team (FHT) primary care medical clinic, for participants of the FHT's physicians. The legal health clinic was created through a three way partnership: between the FHT, Hamilton Community Legal Clinic (HCLC) and Legal Aid Ontario (LAO). A lawyer from each legal partner was onsite in the clinical space of the FHT, every week, on an alternating basis. The lawyers provided legal advice on multiple domains of law. The HCLC lawyer had expertise with housing, employment, and human rights issues while the LAO lawyer had expertise on criminal, family, refugee, and estate law. As a result, the McMaster Family Practice Legal Health Check-Up Clinic became available as a free service to participants of McMaster Family Practice, a clinic within the McMaster FHT, with approximately 13,000 participants.

### Participant Recruitment

Participants were either approached in the waiting room to complete a screening tool (Legal Health Check-Up; [www.legalhealthcheckup.ca](http://www.legalhealthcheckup.ca)). Participation was voluntary and consent was obtained from each participant. There were no exclusion criteria, however participants needed to bring their own translators if they did not speak English. The Legal Health Check-Up was used to identify areas of possible concern and to initiate a conversation with participants about legal problem areas. However, it was up to participants to decide if they wanted to pursue legal help or handle problems either on their own or with the help of the system navigator within the practice. Participants wanting to pursue legal help were matched to a lawyer with experience in the participant's area of legal concern.

### Legal Health Check-Up Appointment Description

At the legal appointment, participants were scheduled for a 30 minute consultation with one of the two lawyers. There were several possible outcomes. Some participants would be provided with resources or educated about an area of law and that would be sufficient to either solve or help their legal problem. Participants who needed more assistance would be referred on to either HCLC or LAO if they had demonstrated a lack of financial resources, or the case might be taken up by the legal health clinic lawyer. For those without finances, a private lawyer would be recommended. It was then up to the participant to pursue the help recommended to them by the legal health clinic.

Participants were able to return to the legal health clinic if they wanted more advice or had a new legal problem.

If the participant consented, by signing a consent form, information from their legal appointment was added to their electronic medical record along with the Legal Health Check-Up survey. The information was added by scanning the paper documentation and uploading it to the participant’s electronic medical record. Lawyers were not given access to the participant record. If the participant agreed, the legal team was able to communicate with the medical team to arrange necessary items such as physical examinations for the Workers Insurance Safety Board. The lawyers could also recommend that the participant visited other services, such as the system navigator.

### Legal Health Check-Ups Surveys Completed

Over the 6 month intervention recruitment period, 770 individuals completed the Legal Health Check-Up survey and Baseline Intervention Questionnaire. The majority of respondents were female (66%), White (82%), Canadian citizens (93%), completed post-secondary school (59%), not currently receiving benefits (e.g. ODSP) (55%), and owned or rented their residence (51% and 38%, respectively). Further demographic information can be seen in Figures 1 – 4 below.

Figure 1: Age Category

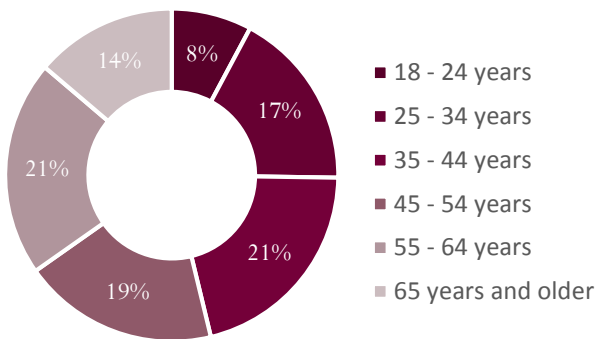


Figure 2: Employment

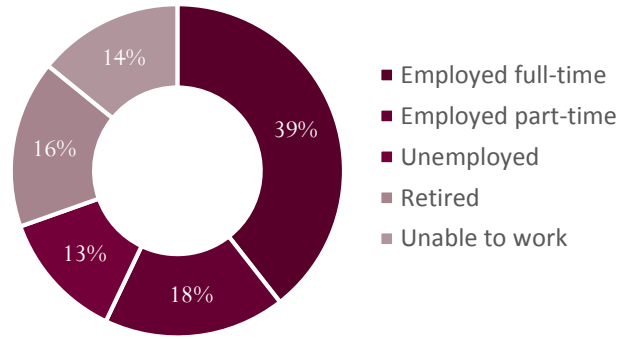


Figure 3: Monthly Household Income

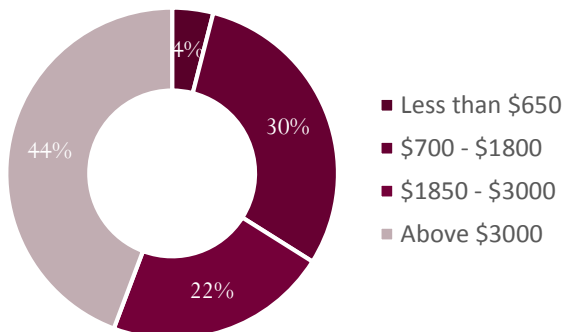
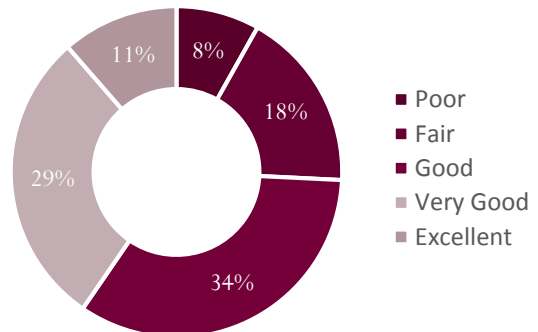


Figure 4: Self-reported Health Status





## Legal Needs Identified

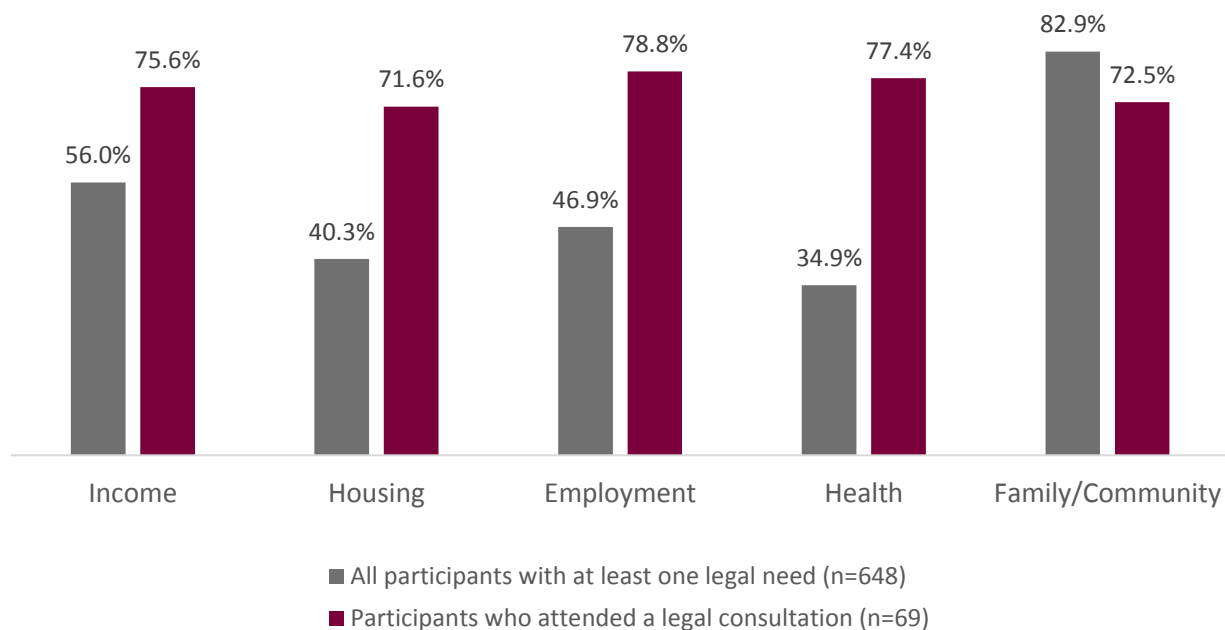
Of the 770 participants who completed the legal health check-up survey, 648 participants were identified as having at least one legal need (see Figure 5). The most prominent legal need indicated through the surveys were family/community legal needs (82.9%), followed by income legal needs (56.0%), employment legal need (46.9%), housing legal needs (40.3%), and health legal needs (34.9%). Please see Figure 5 below. It is important to note that legal needs were not mutually exclusive; a participant could have one or more legal needs; therefore, the percentages do not sum to 100%.

## Legal Appointments Completed

In total, 94 appointments were made with the lawyers at the Legal Health Check-up Clinic and 69 consultations were completed. In addition, 29 participants were referred to the system navigator for non-legal assistance and information.

Of the participants with legal needs who attended an appointment, the most common category of legal need among participants that attended an appointment was for employment (78.8%), followed by legal needs related to health (77.4%), income (75.6%), family/community (72.5%), and housing (71.6%). Please see Figure 5 below.

Figure 5: Types of Legal Needs



## Results – Short-Term Outcomes and Outputs

---

There were two main areas of focus for the short-term outcomes: (1) the characteristics of those who had legal need, those who booked a legal health clinic appointment, and those who attended their legal health clinic appointment; and, (2) the changes that occurred in those who attended, with respect to income security, housing security, food security, and health-related measures.

### Characteristics of Participants and their Use of the Legal Health Clinic

Participants who completed the Legal Health Check-up Survey and Baseline Intervention Questionnaire were categorized into three subsets for comparison:

- (1) Participants with no legal needs or at least one legal need.
- (2) Participants with legal needs who booked an appointment or did not.
- (3) Participants with legal appointments scheduled who attended or did not.

Detailed tables comparing these groups can be found in Appendix D. All comparisons below were made using Chi-square analysis, except where counts were low, in which case Fisher's Exact Test was used.

#### *Comparison #1: Participants with no legal need (n=122) versus at least one legal need (n=648)*

When comparing demographic variables between participants with legal needs and those without legal needs, there was a significant difference between all variables except for gender and the presence of pain/discomfort. A larger proportion of participants with legal needs were in the age groups 18-54 years, while a larger proportion of participants with no legal needs were in the age group 55 years and older.

While the majority of participants with and without legal needs had attained a level of education above high school, a larger proportion of participants with no legal needs had attained higher education levels than those with legal needs (89.8 % vs. 77.5%, respectively;  $p < .001$ ). In addition, a larger proportion of participants with legal needs had attained a high school education or lower compared to those without legal needs (22.5% vs. 10.2%, respectively;  $p < .01$ ).

With regards to employment, a larger proportion of participants with legal needs were working part-time, unemployed, or unable to work in comparison to those without legal needs (49.5 % vs. 16.3 %, respectively;  $p < 0.0001$ ). A larger proportion of participants with no legal needs were employed full-time or retired, in comparison to participants without legal needs (83.7 % vs. 50.5 %, respectively;  $p < .0001$ ).

A larger proportion of participants with legal needs reported a monthly household income equal to \$3,000.00 or below in comparison to participants with no legal needs (62% vs 21.9%, respectively;  $p < 0.0001$ ). Moreover, 39% of participants with legal needs reported a household income at or below the LIM 50, while only 7% of participants without legal needs reported a household income at or below the LIM 50 ( $p < 0.0001$ ).

With regards to benefits, a larger proportion of participants with legal needs reported receiving benefits (38.6%) in comparison to participants with no legal needs (14.8%;  $p < 0.0001$ ). The exception to this trend was for Canadian Pension Plan (retired) benefits, where 23.8% of participants with no legal needs had benefits and only 7.1% of participants with legal needs had benefits ( $p < .001$ ).

A larger proportion of participants with legal needs reported not owning housing (55.5%) in comparison to those without legal needs (14.8%;  $p < .001$ ).

While the majority of participants in both groups were married or in a common law relationship, a smaller proportion of those with legal needs were married or in a common law relationship (51.6%) compared to participants without legal needs (75%;  $p < 0.0001$ ). In addition A larger proportion of women with legal needs were single, divorced or separated (44.5%) in comparison to those without legal needs (18.5%,  $p < 0.0001$ ). Lastly, a larger proportion of participants without legal needs were widowed (7.6%) in comparison to those with legal needs (3.8%;  $p < 0.0001$ ).

Similarly for citizenship status and ethnicity, the majority of participants in both legal categories were Canadian citizens and White/Caucasian. However, a larger proportion of participants with legal needs were non-Canadian citizens (8.1%) in comparison to participants without legal needs (2.5%,;  $p < 0.0001$ ), and a larger proportion of participants with legal needs were non-White/Caucasian(20.7%) in comparison with those without legal needs (2.6%;  $p < 0.0001$ ).

With regards to poverty indicator demographics, a larger proportion of participants with legal needs reported income insecurity (trouble making ends meet) compared to those without legal needs (45.2% vs 0%, respectively;  $p < 0.0001$ ). Similar in both groups of participants, the majority of participants were able to afford to buy food and medication, however a larger proportion of individuals with legal needs in comparison to those without legal needs could not afford food (14.3% vs 0.9%, respectively;  $p < 0.0001$ ) or medication (25.5% vs 3.3%, respectively). Lastly, the majority of participants in both groups were not afraid of losing housing, however a larger proportion of individuals with legal needs did not have secure housing (12.6%) in comparison those without legal needs (2.7%;  $p = 0.002$ ).

For all of the quality of life (QoL) indicators, except for anxiety and depression, the majority of participants in both categories had no difficulty. For anxiety and depression, the majority of participants with legal needs had some or severe difficulty with anxiety and/or depression (55.6%) while the majority of participants with no legal needs had no reported difficulty with anxiety or depression (68.4%). For all QoL indicators, a larger proportion of participants with legal needs reported some or severe difficulty, while a larger proportion of participants with no legal needs reported no difficulty ( $p < 0.0001$ ).

With regards to overall health, the majority of participants without legal needs reported having excellent or very good overall health (62.1 %), which was a higher proportion compared to those with legal needs (36.4%;  $p < 0.0001$ ). In contrast, those with legal needs had a higher proportion of individuals having either good/fair or poor health (63.6%) compared to those with no legal needs (37.9%;  $p < 0.0001$ ).

### *Comparison #2: Participants with legal needs who booked an appointment (n=94) or did not (n=554)*

When comparing demographic variables between participants with legal needs that either booked or did not book an appointment with the legal health clinic, there was a significant difference between all variables except for age, gender, and citizenship status.

While the majority of participants that did and did not book an appointment with the legal health clinic had attained a level of education above high school, a larger proportion of participants that did not book an appointment had attained higher education levels than those that booked an appointment (78.9 % vs. 68.6%, respectively;  $p = 0.003$ ). In addition, a larger proportion of participants that booked an appointment had attained a high school education or lower compared to those who did not book an appointment (31.4 % vs. 21.1%, respectively;  $p = 0.003$ ).

With regards to employment, a larger proportion of participants that booked an appointment were unemployed or unable to work (58.4%) compared to participants that did not book an appointment (25.8%;  $p < 0.0001$ ). In contrast, a larger proportion of participants that did not book an appointment were employed (either full or part-time) or were retired (74.1%) compared to participants that did book an appointment (41.6%;  $p < 0.0001$ ).

A larger proportion of participants that booked an appointment reported a monthly household income equal to \$3,000.00 or below (90%) in comparison to participants that did not book an appointment (57.2%;  $p < 0.0001$ ). Moreover, 67.8% of participants that booked an appointment reported a household income at or below the

LIM 50, while 34% of participants that did not book an appointment reported a household income at or below the LIM 50 ( $p < 0.0001$ ).

With regards to benefits, a larger proportion of participants that booked an appointment had the following benefits: CPP-D, ODSP, and other (56.4%) compared to those that did not book an appointment (27.6;  $p < 0.0001$ ). In contrast, a larger proportion of participants that did not book an appointment had the following benefits: CPP-R, EI and EI Sick benefits (14.3%) compared to participants that booked an appointment (11.7%;  $p < 0.0001$ ).

A larger proportion of participants that did not book an appointment owned housing (48.5%) or reported living with family and friends (9.8%) in comparison with those that did not book an appointment (21.3% and 8.5%, respectively;  $p < 0.0001$ ). Overall, a larger proportion of participants that booked an appointment did not own housing (70.2%) compared to those who did not book an appointment (41.8%  $p < 0.0001$ ), except for the category 'living with friends or family.'

With regards to relationship status, a larger proportion of participants that booked an appointment reported being single, divorced, or separated (60.4%) compared to those that did not book an appointment (40.5%;  $p < 0.0001$ ). A larger proportion of participants that did not book an appointment were married, in a common law relationship, or were widows (59.6%) compared to those that booked an appointment (31.3%;  $p < 0.0001$ ).

While the majority of participants in both appointment categories for ethnicity were White/Caucasian, a smaller proportion of participants that booked an appointment were White/Caucasian (71.6%) compared to those that did not book an appointment (80.6%;  $p = 0.054$ ). Moreover, a larger proportion of participants that booked an appointment were non-White/Caucasian (28.4%) compared to those that did not book an appointment (19.4%;  $p = 0.054$ ).

With regards to poverty indicator demographics, a larger proportion of participants that booked an appointment reported income insecurity (trouble making ends meet) compared to those that did not book an appointment (78.7% vs 39.5%, respectively;  $p < 0.0001$ ). Similar among participants that booked an appointment, a larger proportion of participants could not afford medication (59.6%), afford to buy food (42.0%) or had secure housing (36.8%) compared to those that did not book an appointment (19.7%, 9.6%, 8.6%, respectively;  $p < 0.0001$ ).

For all of the quality of life (QoL) indicators, a larger proportion of participants that booked an appointment reported some or severe difficulty in comparison to

participants that did not book an appointment ( $P < 0.0001$ ). With regards to overall health, a larger proportion of participants that booked an appointment had good/fair overall health (57.3%) or poor health (30.3%) in comparison to those that did not book an appointment (53.4% and 6.2%, respectively;  $p < 0.0001$ ). In contrast, a larger proportion of participants that did not book an appointment reported having excellent/very good overall health (40.4%) compared to those that booked an appointment (12.4%;  $p < 0.0001$ ).

### *Comparison #3: Participants with legal appointments scheduled who attended ( $n=69$ ) or did not ( $n=25$ )*

When comparing demographic variables of participants with legal needs that either attended or did not attend their booked legal health clinic appointment, only three variables showed a significant difference. These variables include: relationship status, mobility, and overall health.

With regards to relationship status, a larger proportion of participants that attended the legal health clinic were divorced or separated (38.5%) compared to those who did not attend (24.0%;  $p = 0.04$ ). A larger proportion of participants was seen in every other relationship status category for those who did not attend the legal health clinic.

Moreover, with regards to mobility, a larger proportion of participants who had some or severe mobility difficulty attended the legal health clinic (65.6%) compared to those who did not attend (38.1%;  $p = 0.03$ ).

Lastly, a larger proportion of legal health clinic attendees reported good or fair health (67.7%) compared to non-attendees (29.2%;  $p = 0.003$ ). In contrast, a larger proportion of non-attendees reported poor health (45.8%) compared to attendees (24.6%;  $p = 0.003$ ).

### **Demographic characteristics associated with booking an appointment**

A binary logistic regression analysis was conducted to determine if the likelihood of booking an appointment with the McMaster Family Practice legal health clinic could be predicted from demographic variables. The source population were those that had at least one legal problem ( $N= 648$ ), however the number used in the analysis was reduced to 575 cases due to missing data. The following variables had missing response data coded as a category because the missing responses did not appear to be random: quality of life variables and overall health. Furthermore, variable for receiving benefits was removed from the analysis as it had a strong correlation with employment ( $\phi=0.83$ ,  $p < 0.0001$ ).

Overall, four variables were found to be significant predictors of booking an appointment with the legal health clinic: citizenship status, race, housing security, and overall health. With regards to citizenship status, the odds of booking an appointment with the legal health clinic were 2.99 greater for non-Canadian citizens compared to Canadian citizens (95% CI: 1.16-7.71;  $p = 0.02$ ). Similarly for race, non-white participants had greater odds (OR=2.34) of booking an appointment with the legal health clinic compared to white participants (95% CI: 1.16- 4.71;  $p = 0.02$ ). Not having secure housing increased the odds of booking a legal appointment by 2.45 compared to those with secure housing (95% CI: 1.23-4.87;  $p = 0.01$ ), while having poor overall health increased the odds by 3.7 compared to having excellent or very good overall health (95% CI: 1.16-11.82;  $p = 0.03$ ) (See Tables in Appendix D).

## Changes in Participants who Attended the Legal Health Check-up Clinic

Six months after participants attended the legal health clinic, they were asked to complete a follow-up survey to determine what changes had occurred over this time. Of the 69 participants who attended the legal health clinic at McMaster Family Practice, 35 participants (51%) completed the follow-up survey and expressed the changes below.

### *Connections with legal aid or duty council*

- 3 participants (13%) were referred to the Hamilton Legal Aid service, out of the 24 who responded to this question.
- Of these 3 participants, 2 (66%) retained a lawyer or were assisted by duty council.

### *Benefits (e.g. ODSP, EI)*

- 10 participants (33%) started receiving new benefits over the 6 months, out of the 30 who responded to this question.
- Of these 10 participants who started receiving benefits, 8 (80%) had a household income below LIM 50 and 6 (60%) had a household income below LIM40.
- Of the 23 participants who indicated at baseline that they needed help accessing or applying for a benefit, 16 (70%) no longer needed this kind of support after 6 months.

### *Childcare benefits and subsidies*

- None of the 4 participants who indicated that they needed assistance with obtaining child benefits completed the follow-up survey, so it cannot be determined if they had received this type of assistance.
- Of the 4 participants who indicated that they needed help with getting a daycare subsidy, one completed the follow-up survey and noted that they no longer needed assistance with getting this subsidy.

### *Employment*

Employment status was sustained or generally improved across the 6 months:

- The 4 participants employed full-time at baseline remained employed full-time.
- The number of participants employed casually or part-time increased from 6 to 7 (17% increase).
- The number of participants unemployed decreased from 9 to 7 (22% decrease).
- However, the number indicating they were unable to work increased from 10 to 11 (10% increase).
- 6 participants indicated at both time points that they were retired.



### *Income Security*

- At baseline, 27 (77%) participants indicated that they were unable to make ends meet, out of the 35 who responded to this question
- At follow-up, 4 (15%) of these 27 individuals reported that they were now able to make ends meet.
- This improvement was a statistically significant change using a binomial test for proportions ( $p < .001$ ).

### *Housing Security*

- Initially, 10 (31%) participants indicated that they were fearful of losing their housing, out of the 32 who responded to this question.
- At follow-up, 4 (40%) of these 10 individuals no longer had a fear of losing their housing.
- This improvement was a statistically significant change using a binomial test for proportions ( $p < .001$ ).

### *Food Security*

- 11 out of 35 (31%) respondents indicated at baseline that they, or someone in their family, had gone hungry in the last month due to the inability to buy food.
- After 6 months, only 3 (27%) out of these 11 respondents indicated that they, or someone in their family, had gone hungry in the last month due to the inability to buy food; meaning that 73% no longer had this marker for food insecurity.
- This improvement was a statistically significant change using a binomial test for proportions ( $p < .001$ ).

### *Access to Healthy Foods*

The inability to purchase affordable healthy foods remained consistent.

- At baseline, 20 (63%) respondents felt they could not buy affordable healthy foods, out of 32 respondents.
- After 6 months, 19 (95%) of these 20 respondents still indicated that they were unable to purchase affordable healthy foods.

### *Health-Related Quality of Life (EQ5D)*

- Mobility: Of the 21 (64%) respondents with mobility issues at baseline, 18 (86%) still had mobility issues after 6 months and 3 (14%) no longer had issues.
- Self-care: Of the 8 (24%) respondents with issues performing self-care at baseline, 4 (50%) no longer had issues after 6 months.
- Usual activities: Of the 26 (79%) respondents who had difficulties performing their usual activities, 5 (19%) no longer had difficulties after 6 months.

- Anxiety/depression: Of the 23 (72%) respondents with some or severe anxiety or depression at baseline, 21 (91%) were still experiencing this anxiety or depression after 6 months.
- Pain/discomfort: Of the 31 (94%) respondents who were experiencing some or severe pain or discomfort at baseline, 30 (97%) were still experiencing this pain or discomfort after 6 months.
- Using a binomial test to evaluate the changes in proportions, there was a statistically significant improvement for all domains, except pain/discomfort, after 6 months in those who reported difficulties or issues with these quality of life domains at baseline ( $p < .05$ ).

#### *Overall Health Status (Scale from 0 to 100)*

- In general, the mean health status on a scale from 0 to 100 was 45.0 (SD=24.7) at baseline and improved to 60.0 (SD=18.9) after 6 months.
- Using a paired t-test to evaluate each participant's overall health status at 6 months compared to their own baseline, there was a significant improvement ( $p < .05$ ).

#### *Self-reported Health Status*

- Participants are asked to rate their health status as Poor, Fair, Good, Very Good, or Excellent.
- Of the 19 (58%) respondents who rated their health status as Poor or Fair at baseline, only 13 (68%) still rated their health status as Poor or Fair after 6 months and 6 (32%) self-reported their health status to be Good, Very Good, or Excellent.
- This improvement is significant using a binomial test on the proportion ( $p < .001$ ).

## Results – Medium-Term Outcomes and Outputs

Participant and stakeholder satisfaction with the Legal Health Check-Up Clinic was assessed as one component of the feasibility and sustainability evaluation. Also, participant feedback provided through the interviews was a valuable complement to the quantitative surveys completed, providing more in-depth information about the experience and changes that occurred in this population.

### Participant Experiences

Consenting participants who had had legal health clinic appointments were contacted by telephone and asked for their perceptions of the legal health program. A research assistant followed a semi-structured interview guide with the 16 respondents (8 male, 8 female) to make sure a series of open-ended questions were asked. Thematic analysis was conducted by 3 independent researchers and the following is a list of themes, and representative quotes obtained.

Five major themes were identified and are detailed below: (1) Participant Perceptions, (2) Convenience, (3) Participant Knowledge, (4) Facilitation of Future Legal Direction, and (5) Perceived Barriers to Use.

1. Participant Perceptions	
<b>A) Positive Experience</b>	
Nine participants reported having a positive experience with the Legal Health Check-up Clinic.	
Through the integration of health and legal services provided by the legal health clinic, participants were able to feel a sense of comfort and familiarity with the experience of the service. The existing rapport participants had with their physician led to feelings of trustworthiness, confidence, and safety with the legal process. Additionally, it allowed participants to recognize the intertwined relationship between outstanding legal issues, social factors, and their personal health. This led to an appreciation that legal issues can impact health and vice versa. Others noted a positive experience through the provision of patient centered care, along with the helpfulness and kindness of their lawyers.	
	<b>Sense of Comfort</b>
	There was a sense of security, familiarity, and trustworthiness with accessing legal services at a healthcare clinic. They felt listened to, relaxed and comfortable during their appointment.
	<b>P330: I was a little more relaxed</b> because... <b>my doctor was around for help if I wasn't explaining well...</b>
	<b>P767: "It's really like a good place and... honestly like people feel more ... safe at the clinic environment than anywhere else, you know? It's the place you go there for- to get help and I think it's amazing that you are offering this service actually because</b>

	<p>I mean, first of all the place itself is <b>very trustworthy</b> so, people like <b>feel confident-comfortable talking in details</b>”</p>
	<p><b>P409:</b> “The fact that I can actually go get legal help and <b>not really be judged for it.</b> And be able to do it again without worrying about it so much.”</p>
	<p><b>P29:</b> “<b>It was just nice knowing that there’s something available</b> - like I wouldn’t have known where to go for that kind of information if I hadn’t done that survey with you so that was great...– I have a hard time going to find something like that. I am always intimidated because it’s usually expensive and you don’t know who you’re talking to and you don’t know their level of expertise, so <b>I like the referral and I trust my doctor’s office.</b> I probably wouldn’t have.”</p>
	<p><b>Appreciation of Link between Physical and Social Health through a ‘Dual Service’</b></p> <p>Although participants were initially going to their doctor to manage their physical health, they were provided with assistance in regards their legal situation (e.g. housing), which could eventually impact their physical health. Some participants became more aware of the impact their outstanding legal issue can have on their physical and mental health. This led to an appreciation for the connection between family physicians and legal help provided by the legal health clinic. One participant mentioned how emotions inevitably accompany legal problems and that it was helpful having the doctor involved. Another recognized the benefit of this connection of services and felt that if it had been implemented earlier they would have had a more positive legal experience and consequently better health outcomes.</p> <p><b>P767:</b> “... there's so many factors involved, but one of them is like being part of the health clinic, it's also a great thing, you know, to have alongside having doctors and just <b>worrying about the physical aspect because with legal issues there are so much emotions involved sometimes.</b>”</p> <p><b>P96:</b> “<b>It’s a health issue...</b> the reality is [using the service]... helped in giving me direction of what I’m going to do if anything...[it] helps me put [the legal issue] behind, and as we know ... <b>that is [what] makes people healthier to put stuff behind and all that kind of talk.</b>”</p> <p><b>P96:</b> “...[prior to utilizing the legal health clinic service, I got] sicker and sicker because of how everything went wrong. It meant me moving 200 km away. It’s beyond being upset. My life adjusted and it took two years out of my life because things didn’t go well for me. And <b>I truly believe they would have went a little bit better with having this system in place.</b>”</p> <p><b>P330:</b> So yeah it was a little easier being that it was in my doctor’s office because um, I... think that the representative also had contact with um, medical terms that I couldn’t understand so it was easier.</p>
	<p><b>Participant/Person-centred Care</b></p> <p>One participant felt that by going through the legal health clinic, they were able to be identified as a patient first and someone who is vulnerable with “health issues.” This status as a ‘patient’ allowed them to experience a different kind of treatment than what they had previously encountered when seeking out legal aid on their own.</p>

	<p>P96: “people don’t even look at us as sick, and might not be able to handle some of ...the issues that the brain has to handle you know. <b>We need that little bit of different treatment because it started in the doctor’s office.</b> It is very important...”</p>
	<p>P96: “...Walking to that office downtown, walking in with the rest of everybody else... [it] is not only intimidating, it can make a person give up and it gets worst [referring the Hamilton legal aid]. And there is just something not right about [that]...getting a person with a broken leg to run [that] sort of thing. So, things went really wrong for me with the legal aid in Hamilton because... <b>they just never treated me like someone... with health issues...</b>”</p>
	<p><b>Positive Perception of Lawyers and/or clinic staff</b></p> <p>While two participants described their interaction with lawyers and clinic staff as positive, using terms like “helpful” and “really nice,” one participant felt that the lawyers were just “looking for an easy case.”</p> <p>P61: “she was really helpful to me and actually I got really good results with the information and what she suggested ahh worked for me”</p> <p>P29: “Yea [satisfied], actually. She answered my questions, she was really nice.”</p> <p>P29: “...Her advice was solid, you know. She told me the parameters of what- how I could pursue it and there wasn’t anything beyond that for her to tell me about, so she did everything she could.”</p> <p>P643: “[They are] just ... looking for an easy case to take.</p>
	<p><b>B) Negative Experience</b></p> <p>Some participants felt that they would have liked more direct help with navigating their legal situation. Even when information was provided free, the participants were left to their own devices to follow up with the advice, but they were still not able to change the greater situation. They felt frustrated and expected the legal health clinic to do more and suggested that more patient advocacy may be a solution to assist with navigating the legal advice given.</p> <p>Some participants requested help for issues that were not covered by the service (e.g. divorce). A participant with a language barrier expressed that they felt their appointment was cut short, and that the lawyer was not willing to fully understand their issue.</p>
	<p><b>Did Not Meet Expectations</b></p> <p>Two participants highlighted their disappointment with the service in regards to it not meeting their initial expectations. Their visits were brief and the lawyer was quite short with them --- one (P229) felt he could have gain more from the interaction but was dismissed because they already had access to a lawyer elsewhere. The other (P643) was quickly referred to go to a different legal service without adequate council regarding their issue.</p> <p>P229: “I guess I <b>was disappointed that I felt like I could have gained more from that meeting.</b> But after I had said I already have a lawyer he’s like well I can’t do anything for you.”</p> <p>P643: “... go to legal service which I went already...and that was all. That’s when it taught me... <b>for me my expectation at that time was to talk if I have something legal to pursue...I can get help. But nothing like that happened.</b> Just couple of</p>

	<p>minutes then get out from the office. For me that isn't enough time to see the case completely because everyone ha[s] different case. Maybe mine is not so important than the other person. But I deserve a very at least to talk with me and say you know, what you try to pursue is... not worth it..... But that kind of advice I didn't get. Just I get go to the head office of them, who is the main like I told you. And that's it. For that, <b>for me I'm really disappointment for that. I have a lot of expectations for that ...when I ask for an appointment with that service. But after that, I don't...personally I don't recommend anybody for that kind of service."</b></p>
	<p><b>Lack of Person-Centred Care</b></p> <p>One participant was very dissatisfied with the service as the lawyer did not take the time to ask the participant questions to better understand his/her case. The lawyer failed to recognize the barriers and knowledge gaps of the participant. Instead of meeting the participant with empathy and patience, they were simply dismissive of the case. Thus, the participant felt that their case did not receive adequate attention. They note that all cases should be considered with equal care and consideration.</p> <p><b>P643:</b> "... go to legal service which I went already...and that was all. That's when it taught me... for me my expectation at that time was to talk if I have something legal to pursue...I can get help. But nothing like that happened. <b>Just couple of minutes then get out from the office. For me that isn't enough time to see the case completely because everyone ha[s] different case. Maybe mine is not so important than the other person. But I deserve a very at least to talk with me and say you know, what you try to pursue is... not worth it.....</b> But that kind of advice I didn't get. Just I get go to the head office of them, who is the main like I told you. And that's it. For that, for me I'm really disappointment for that. I have a lot of expectations for that ...when I ask for an appointment with that service. But after that, I don't...personally I don't recommend anybody for that kind of service."</p> <p><b>P643:</b> "But <b>doesn't take enough time to hear what was the problem is. [E]special[ly] for the people who doesn't is fluent in the language,</b> I mean the English. For me I understand I have lots of barrier to explain. But <b>I expect even if people doesn't understand me, they asking me again. That way I can explain in another way, looking for another word to make myself understand the other person."</b></p>
	<p><b>Feeling Frustrated with the Legal Process</b></p> <p>One participant felt frustrated throughout the legal process initiated through the legal health clinic. This frustration was caused by the inability of different players in his/her legal situation (the mediator, landlord, Ontario Welfare) to resolve the issue and recognize the participant's ongoing struggle.</p> <p><b>P409:</b> "the only comment I have is when I was going through mediation that the mediator ... wasn't on his side... but she felt sorry for him. You know what I mean? So kind of helped him along. Which she wasn't supposed to be, she is supposed to be neutral. She felt so sorry for him and believed his crap even though I had a pile of evidence in front of me, it didn't matter. <b>You know, that really kicked me off... She</b></p>

[the landlord's wife] basically said that she'll give me the \$950 and everyone has a hard time believing it because they never follow through with anything they say. So I found a new place to live, it's all inclusive its great, but I still have to come up with 950 or 940. And OW cut me off again...I have to deal with a disabled child and everything else. ...Maybe it's time to call today and find out. **So I'm tired of being cut off welfare when they know my situation. ...[the situation] is really irritating."**

**2. Convenience**

Participants appreciated how they could conveniently access a healthcare worker and a legal professional simultaneously. This saved them time, required no additional costs and was easy to access by public transportation. The process of receiving legal advice through the doctor's office was simple and quick, and helped alleviate the stresses and time that goes into seeking legal help independently.

**Ease of Access**

Many participants were thrilled with how these services provided adequate parking and were accessible via public transit. These connected services eliminated the exhaustive and timely step of independently seeking out legal assistance. Also, in attending the doctor's office one could access other useful resources. One participant contrasted legal health clinic with another Hamilton clinic, emphasizing the convenience and comfort that came with addressing their legal issues in the doctor's office rather than in a more intimidating setting.

**P229:** [A benefit of having legal help available through your doctor's office is] **"ease of access, practicality is a huge benefit"**

**P767:** "It's very accessible...at the clinic ...it's **very convenient... you can find parking, you can get by public transportation**, whatever.

**P767:** "It's just it's an easy access for me and ... **I would have to go and look for a place to- to get legal advice**, so it's always a good place to start.

**P29:** "well it's **a location I can get to on the bus, which is important for me 'cuz I don't drive...**"

**P61:** "Well I didn't know it was available and to... to know that it was available actually **saved a lot of time for me**. An uhm just having it accessible there..."

**P96:** "[being able to seek legal advice] without the hassle of ... walking off the street into legal aid."

**P96:** "...walking to that office downtown [Hamilton Legal Aid], walking in with the rest of everybody else... kind of cold...that process can be... intimidating...it can make a person give up and it gets worst."

**P409:** "Basically killed two birds on one stone... that way you have other resources there as well. So, say it was for something like OW and you need a special diet, you know, they can help you with that and the doctors can help you with that at the same time."

**Free**

	Some participants were pleased that this extra and often costly service was in fact, free.
	<b>P278:</b> “Well, it was free. So I <b>I didn’t have to pay for a consultation elsewhere.</b> ”
	<b>P729:</b> “... convenience I guess. Um... the fact that <b>it was free.</b> ”
	<b>P29:</b> “it was umm great that it’s free because I probably can’t afford to see a lawyer”
<b>Perfect Timing</b>	
	A participant noted that they were in the process of independently seeking legal help when they attended their doctor’s appointment. Their search came to a halt when they became aware of this more convenient service.
	<b>P767:</b> I just happened to be there, and ... looking for places, I didn't know where to go actually so that was really, uh, very helpful.
<b>Fast, Direct, Simple</b>	
	Participants were pleased with how easy and quick it was so set up an appointment and receive quality legal advice.
	<b>P767:</b> “It was really...straightforward, I didn't have any problems to start with”
	<b>P61:</b> “Well I didn't know it was available and to... to know that it was available actually saved a lot of time for me. An uhm just having it accessible there...”
	<b>P331:</b> “uh for circumstances, um, that are going on, you’re able to find out some brief information faster than searching for it.”
	<b>P29:</b> “...You told me about it and then the umm coordinator set it up for me and I met her and it was easy.”

### 3. Participant Knowledge

Through their encounter with the Legal Health Check-up Clinic, participants gained knowledge about the legal situation. This provided them with: (1) a recognition of the need for legal help, (2) a better understanding of what can and can’t be done in regards to the legal issue, and (3) feeling that they can act on the knowledge obtained to bring about a resolution.

#### Starting Point

The clinic provided a starting point for a legal discussion for those who did not initially know they needed legal help (or possibly lacked the confidence, understanding, self-efficacy, or resources to pursue the issue). Two participants realized they actually did need professional legal direction and advice.

**P278:** “I just was able to **talk to someone and get answers to the questions that ... I almost didn’t even know that I had.**”

**P330:** “So no it helped, it helped me, **it helped me investigate things that I wouldn’t have never investigated anywhere.**”

#### Led to Understanding the Legal Situation

Participants obtain knowledge by speaking with lawyers and clinic staff, who were able to answer questions, provided participants with legal options, and an idea of what to expect in the legal process. This led to a greater understanding of their legal situation.



Many participants understanding allowed them to accept the legal situation. For some, acceptance led to a sense of closure and feeling that they were on a ‘healing process.’ For others, understanding and accepting made them recognize that they did not have the power to alter the legal situation. One participant felt that some things ‘didn’t make sense’ and could have been explained better by their lawyer.

**Better Understanding**

**P330:** [P330 is on a child-abuse registry, but is unsure how they got onto it, or how to get off it.] “So it’s been almost 20 years with that registry over my head...it was a positive experience because **it let me know what I can do and can’t. Like adopt or, get off the registry.**”

**P767:** “I managed to...**get a more better understanding of what I need to do and even though they weren’t able to provide me with the service I wanted at the clinic** but... actually they guided me in the right direction so I’m very grateful for that.”

**P570:** “...they gave me **more of a direction** of what to do and.... By the end also kinda **knew more what to expect**”

**P582:** (Talking about if the service continues to be offered in the clinic) But yea, I’d be interested because like I say, umm **finding out things as opposed to guessing what might and what might be.**

**Lack of Understanding**

**P278:** “There were **some things that didn’t really make sense and didn’t get explained very well.** But, most of it was really good (Talking about advice received)”

**Understanding, Acceptance, but Feeling Powerless**

**P29:** “It was information and it kinda answered questions anyways so at least Im not in the dark about what I can do. Like I know that – **at least I know legally that I have done everything I can do and there’s nothing else that I can do, so I mean I’m not sitting around wondering if I should have done something else. So that was good, I mean it was good for closure anyways.** You know? **Good to get an answer about what –what’s possible and what’s not.** So, that was helpful. I mean, it was, otherwise I would just be wondering was there ever anything I could do to force those people to uh, you know be a good employer.”

**P29:** “**There’s nothing I can really do and at least now I can know that answer.** So that was good.”

**Understanding, Acceptance, and a Sense of Closure**

**P96:** “... I went in and used the two appointments to ask them why that happened to me. So basically, **I was able to be given enough information so that I understood what had happened – good or bad. And my mind was settled ...this is part of the healing process for me.**”

**P330:** “Yes, your program was able to allow me to go full, full circle and calm down, like there’s no way out of this and **to accept** that I’ve done nothing and this is just something, the cards that were dealt in my life like a lot of other things.”

**Participant Empowerment**

<p>Some participants reported that they were able to use the knowledge received from the clinic to develop an action plan to better or resolve their situation. By going through the experience of the legal health clinic, some participants felt they could make more informed decisions in the future. Others were informed of their rights and described this experience as “amazing” (P61).</p>
<p><b>P278:</b> “ It gave me the knowledge I needed to get out of the bad tenant situation. I was able to... leave my apartment without having to pay the extra fees ... I learned more about insurance, about policies... about things like that... <b>I have a little more knowledge going forward so I will be able to make more informed decisions.</b>”</p>
<p><b>P61:</b> “at that time that I required that help I was going through a lot emotionally and mentally. And I needed uhm legal advice on ... I’ll expand on this actually. I was in a... in a living situation at an apartment where I needed to end my lease early. And uhm <b>I didn’t know of the options that were available to me and I didn’t even know I could get out of the lease the way I was able to get out of it.</b> So uhm... because it was a danger to me. So uhm the person that gave me the advice... gave me information that I didn’t even know... <b>gave me advice that I didn’t even know was out there. And so with the help of my housing worker and through the advice of the person giving me the legal advice, I had rights that I didn’t even know that I had. So yea, it was amazing actually.</b>”</p>

#### 4. Facilitation of Future Legal Direction

Legal advice received at the clinic gave some participants guidance and a better sense of their next steps in further pursuing their legal issue. Others felt they received inadequate advice and felt the Legal Health Check-up Clinic was a dead end as they were not connected to other helpful services.

##### Received Referral/Direction

**P767:** “I managed to...get a more better understanding of what I need to do and even though they weren't able to provide me with the service I wanted at the clinic... **they guided me in the right direction** so I'm very grateful for that.”

**P729:** “It was mostly information, just kind of where I would go next. To – I guess the **next steps** with- with my issues, which I wouldn’t [have] known, so...”

**P570:** “They gave me **more of a direction** of what to do and.... By the end also kinda **knew more what to expect**”

##### Received No Referral/Direction

**P643:** “...the person who interview me **maybe they can say... you know, your case is not for a ... for the lawyer. It is for a ... with paralegal.** It’s enough about that. And you can go to this part or the other part whatever. **But I didn’t get that advice.**”

**P643:** “... what I was fighting with compensation and I I don’t know how to do. And **I didn’t get any advice how to do**”

**P582:** ...if they can't answer it, **point the patient in a direction that's gonna help,** and let them know "oh by the way it would cost you money" or "you don't have to worry it's not covered under our program."

P582: ("So you would have liked to know, if he couldn't answer your question, what the next step would be?) Yeah..... **here's a card for somebody that, you know, you could call.**"

## 5. Perceived Barriers to Use

Despite the service being offered to all participants at McMaster Family Practice, some participants felt they were not part of the service's target audience. Some participants were dismissed once the lawyer was informed that they already had a lawyer or adequate existing resources. One participant experienced a language barrier that affected their ability to receive advice. Additionally, many participants felt that the narrow scope of service provided by the clinic is a barrier to current and future use.

### Ineligible If You Already have Resources

One participant mentioned that they were dismissed when they told the legal health clinic lawyer that they already had a lawyer. The participant's reason to attend this consultation was to receive a second opinion but they were unsuccessful in doing so.

P229: "And even though I already had a lawyer, I was hoping that maybe he would... I guess I was looking for a second opinion about everything. And **he was sort of like... well you have a lawyer so ... so why did you... you don't really need me** type of thing. So... at least that was the impression I got. And he was like... no no no, your lawyers are going to know the right things about ... and since my current legal problem has been dragging out for... 9 months [and] it probably will not be resolved for at least two more months."

P229: "I guess I was disappointed that I felt like I could have gained more from that meeting. But **after I had said I already have a lawyer he's like well I can't do anything for you.**"

### Perception that Program is Only for Individuals with Low Income

P684: "I think that the service that's available at the practise...**is targeting a specific demographic of the practise. And I don't fall into that demographic.** So in that sense, if... if the intent of the legal practise is to make legal services available to all patients in the clinic, then yes there is a barrier there. Because it's not available to all patients in the clinic. If the intent is to make it available to a select subset of patients in the clinic then that...that's probably okay. But I don't think I qualify as being part of that subset."

P684: " ...if I understand it correctly from **talking to a few of the physicians that work there, it's to target people who have financial barriers that limit or prevent them from accessing legal services, and that may impact their health.** And I don't think I ... I don't think that those financial barriers would apply in my case...."

P684: " ...I was intrigued as to what was happening and so I attended an... I think it was an orientation session with ... one of the lawyers. **And then it was at that point that the lawyer made it very clear to me that I just.... You know, I didn't qualify for the service that they were targeting.**"

	<p>P338: “I just think that it was geared towards people in like a lower income bracket... I guess... is the... people who are of... you know kind of don’t have the necessary means to afford legal help. So I can see the benefit for that purpose. Having said that, I think that as patients of the MFP, you probably have a wide variety of patients, and it should encompass all income brackets and all living situations”</p>
<p><b>Language Barrier</b></p>	
	<p>One participant who was not fluent in English, felt the lawyer they were paired with did not have the patience or skills to deal with their language barrier.</p>
	<p>P643: “But doesn’t take enough time to hear what was the problem is. [E]special[ly] for the <b>people who doesn’t is fluent in the language, I mean the English</b>. For me I understand I have lots of barrier to explain. But <b>I expect even if people doesn’t understand me, they asking me again</b>. That way I can explain in another way, looking for another word to make myself understand the other person.”</p>
<p><b>Scope of the Service</b></p>	
	<p>Participants felt the scope of the service was too narrow. Some participants were denied advice once the lawyer was informed about the type of advice they were seeking.</p>
	<p>P582: “So, I filled it out, and I handed it back in, and then, they came and got me to meet with this lawyer. And, that’s when I found out, no they don’t get involved with divorces or... anything like that, and I didn’t want him to...[8:45] <b>I told him I’m already divorced, I just have, you know, some questions, he says "we don't even get into anything with divorce."</b></p>
	<p>P582: ... I was asking him questions about you know, like divorce, especially the post after all the paperwork is signed and delivered, and you get your cheque. And he says <b>‘Oh, we don’t get into that.’ Oh, okay.</b></p>
	<p>P338: “...<b>my current situation didn’t really apply to the services you are offering.</b>”</p>
	<p>P338: “there was ... there were no barriers persay. It’s just <b>the legal situation that I was looking to... to get some clarification on uhm was outside of the scope or realm of which the legal... or the lawyer was normally used to helping with. Uhm uh so she couldn’t really give me any advice one way or another.</b>”</p>
	<p>P331: “The only barrier...is because it was a union involved..... [what I received was] just some advice on what to do or not to do. And then from there... I didn’t proceed a lot because it was... a little complicated for me and I actually went on and did other things... The only thing is it’s <b>with legal there’s a fine line in what they can help and can’t help when there’s unions.</b>”</p>
<p><b>Personal Barrier</b></p>	
	<p>One participant admitted that they were not motivated to make an appointment with a legal professional although they qualified for one.</p>
	<p>P729: “[in response to did you experience any barriers when using the service] ...other than my own lack of motivation, no”</p>

## Participant Suggestions

The following table details the specific suggestions made by participants to improve the legal health clinic program at McMaster Family Practice.

<b>Suggestion: Need to provide more guidance</b>	
Some participants felt that if they were unable to receive advice during the appointment, they should still be directed to someone else that could help them.	
	<b>P643:</b> Everyone go with high expectations.... Everyone the problem is high. Even if the problem is very small but when you affected ... when the problem is affect you its high in a special..... you doesn't know the law, you doesn't know nothing. Ahh just take somebody who talk to you and make orientation. And think the program, you have to be more orientation than help."
	<b>P582:</b> ...if they can't answer it, point the patient in a direction that's gonna help, and let them know "oh by the way it would cost you money" or "you don't have to worry it's not, um... covered under our program."
	<b>P582:</b> (So you would have liked to know, if he couldn't answer your question, what the next step would be?) "Yeah..... here's a card for somebody that, you know, you could call."
<b>Suggestion: Patience</b>	
One participant felt the lawyer should take more time to listen to them and better understand their situation. Although the issue may be perceived by the lawyer as small or insignificant, the participant felt they still deserved the attention and empathy for their situation.	
	<b>P643:</b> But take the time to hear the person because...the person who is in there is because he have something who worry about in their life...
<b>Suggestion: Make it a service available to everyone</b>	
Although this service is intended for all participants, many felt that they did not qualify for it. They suggest that even though they do not fit what they perceive to be the intended audience of the service (i.e. a person without financial supports), they should still have access to legal advice from this program.	
	<b>P684:</b> " ...if I understand it correctly from talking to a few of the physicians that work there, it's to target people who have financial barriers that limit or prevent them from accessing legal services, and that may impact their health. And I don't think I ... I don't think that those financial barriers would apply in my case so um... yea I mean I think I think obviously if you had an unlimited amount of money you could make it fairly available as a consulting service to everybody. But I don't think that's very feasible."
	<b>P96:</b> "This is how it has to happen for people that have illnesses and still have to walk into that general process of getting legal aid because they have no money. 'Cus typically, we are hurt, something has gone wrong, and we need help. And we can get kicked out of that system when we walk in the door down there, as I did."

	<p>P61: “No it was really helpful to me. So I just think it should be like... uhm... I just think it should be accessible to everyone. Yea, I think it’s a great idea to have it in the doctor’s office. ‘Cus I think it can reach more people that way”</p>
	<p>P338: “I just think that it was geared towards people in like a lower income bracket... I guess... is the... people who are of... you know kind of don’t have the necessary means to afford legal help. So I can see the benefit for that purpose. Having said that, <b>I think that as patients of the MFP, you probably have a wide variety of patients, and it should encompass all income brackets and all living situations</b></p>
<p><b>Suggestion: Screening Process</b></p>	
<p>One participant suggested improvements in the screening process by providing a time frame around questions relating to participants’ fears/concerns. More clarity with the question in the screening tool may improve participant selection.</p>	
	<p>P684: “Some of the questions that were asked in that screening process you know, they <b>could be improved considerably</b>. Umm simply because the way that I answered the questions which was honestly... led me to the first consult. (At this consult, P684 was told they didn’t qualify for this service). So, some of the questions didn’t really have a <b>time frame around them</b>. Some of the questions asked about fears or concerns or things like that. And certainly some of those things apply to me. But they applied to me about 25 years ago. And the questions don’t really make that clear.”</p>
<p><b>Suggestion: Advertise the scope/details of the program (Services offered, price etc.)</b></p>	
<p>Participants felt that the Legal Health Check-up Clinic should more clearly advertise its scope, price, and objective to new or incoming participants prior to their utilization of the service. Participants express not knowing what kind of services are offering being offered at the clinic and being hesitant about utilizing the service due to potential costs associated with use.</p>	
	<p>P767: “I think... you should be able to provide direct services like if people are wanting to, use your services for specific issues... <b>I'm not sure what kind of... legal services that it's providing at the moment, what specifically but, it would be good that, you know if it is more advertised and if people are aware of- of the benefits of it, so it would be more useful.</b></p>
	<p>P582: (In response to: <b>So you were, you were hesitant because you weren't sure how much it was going to cost if you went and got legal help?</b>) Yeah, like I wasn't gonna jump into the fire without knowing "oh, the fire department's on strike, terrific."</p>
	<p>P582: ...if they can't answer it, point the patient in a direction that's gonna help, and let them know "oh by the way it would cost you money" or "<b>you don't have to worry it's not, um... covered under our program.</b>"</p>
	<p>P331: “not too much because... uh... <b>I don’t know what they [the program] can and can’t do so...</b>”</p>
	<p>P338 “... ahh I would just say that I think the program is useful and I think it... it’s something that definitely needs to be there... <b>It would just become a matter of</b></p>

whether or not you're capable of expanding your scope of help to cover more different situations."

**Suggestion: Needs more patient advocacy**

Participants who were frustrated with the legal process or who felt powerless to bring about a resolution for their legal situation suggest the need for increased patient advocacy. These participants felt they did not have the confidence or self-efficacy to advocate for their case. They suggest the need for a patient advocate who is physically present and is assigned to their case. This patient advocate would meet with them to guide them through the process, follow up on their case, and advocate on their behalf.

P409 "... a little **bit more advocacy on the patient's behalf**. Like maybe like a patient advocate. That would have actually been quite helpful ? (5:04) To meet you at whatever it is that you need help with. So like if it was tribunal, it would have been helpful to have someone from the legal/medical community to be able to say this is what's going on, this is acceptable?"

P29 "– I would love it if there was **some kind of advocate at the, like at the worker's level that could just go in and force them to, you know, do what they're supposed to do**. But, I don't think there's really ...[?, 6:38]. I don't think there's anything that can be done really. I mean, I –I guess the government needs to amend labour law, but that's also beyond the scope of the power of the work. Umm I don't know, I –I don't think there was really anything more that you could do."

**Suggestion: Lack of or poor communication with clinic**

One participant noted that poor communication between with them and the lawyer led them to "assume the worst." This was a barrier in terms of finding a speedy resolution.

P582: (After being dismissed after initial consultation because the lawyers mentioned that they do not deal with anything related to divorces) ... **number one thing is communication**. You know like I... **thought because I hadn't heard anything.....the line was cut, no communication at all**, that I think is the big one no matter what the topic is. Um... because when there's no communication people assume the worst."



## Participant Satisfaction with the Program

Participants were asked, “Were you satisfied with the help that you received through the e-Legal health [Legal Health Check-up Clinic] program?”

<b>Yes – 9 participants</b>	
Nine participants felt satisfied with the service they received, even if it did not result in changes for them. They appreciated receiving the extra information, and the facility to have questions answered	
	P278: “...Mostly. There were some things that didn’t really make sense and didn’t get explained very well. But, most of it was really good” (Talking about advice received)
	P312: Very much yea.
	P330: “Correct”
	P96 “Well, yes [I was satisfied]. It was an excellent service. I definitely appreciate it. So I was satisfied with uhm...the fact that the service was available... You know, like anything else in life... did it work out for me? No. But, I appreciated it and uhm, you know, it was all good so far.”
	P61 “Yes I was [satisfied].”
	P570 “Yes”
	P331 “Ah, yes.”
	P729 “Yes.”
	P29 “Yea, actually. She answered my questions, she was really nice.”
<b>No – 4 participants</b>	
4 participants did not feel satisfied with the service they received.	
	P643: No.
	P767: [No?]
	P582: “Oh umm not really”
	P338 “Uhhm... no not really. But not because that they weren’t helpful. It’s just that they ... uhmm my, my current situation didn’t really apply to the services you are offering.”
<b>N/A, Neither – 3 participants</b>	
Three participants felt neither satisfied nor dissatisfied with the service they received. This is largely due to the fact that they did not receive help from the program, or were able obtain legal help on their own.	
	P684: “I didn’t receive any help through the legal health program.”
	P229: “I was neither satisfied nor dissatisfied.”
	P409 “[in response to were you satisfied]...Uhhm... I pretty much did everything on my own. Nothing really actually happened. Uhm, I did get special diet for my son, but that’s about it.”



## Participant Impact Statements

Participants were asked, “Did the help that you received make a positive impact on your life or a negative one?”

<b>Positive – 11 participants</b>	
11 participants made statements about how this program has made a positive impact on their lives.	
	P278: “A positive impact for sure.”
	P312: Very positive one
	P330: A positive because I- I... a positive. P330: “ It was a positive experience because it’s let me know what I can do and can’t.”
	P767: Uh, definitely a positive one.
	P96 “yes [in response to whether the program had a positive impact on their life]. Yea it’s like... we gotta accept things. Not going in there thinking that they’re going to give me what I want, but the reality is, being able to go through a fair process, being listened to, and you know... just get through it without the hassle of that cold cervical? (10:21) side of walking off the street into legal aid.”
	P409 “uhh... I guess positive... [Interviewer: What kind of impact did it have?]?...That, the fact that I can actually go get legal help and ahhh not really be judged for it. And be able to do it again without worrying about it so much.
	P61 “A positive.”
	P570 “Ahh positive.”
	P331 “It was a positive impact.”
	P729 “Positive.”
	P29 “[Interviewer: ...do you feel like the help you received make a positive or negative impact on your life...] It was information and it kinda answered questions anyways so at least Im not in the dark about what I can do. Like I know that – at least I know legally that I have done everything I can do and there’s nothing else that I can do, so I mean I’m not sitting around wondering if I should have done something else. So that was good, I mean it was good for closure anyways...”
<b>Negative – 1 participant</b>	
11 participants made statements about how this program has made a negative impact on their life.	
	P643: “Negative.”
	P643: “My experience is so bad and I don’t want to repeat about that”
<b>Neutral – 1 participant</b>	
1 participant made statements about how this program has not made any impact on their life.	
	P338 “Yea, it was kind of indifferent really. I wouldn’t say either or.”

## Participant Stories

Patient's stories: a few summaries of the patients' legal stories and outcomes are shown below to enable the reader to get an idea of the context and impact of the Legal Health Check-up Clinic as a whole.

### *Story 1: Patient expresses the stark difference in treatment they received when using legal aid through the tool*

*P96: " the doctor was aware of this, that I was having issues and I needed legal assistance and it was very difficult because of the condition I was in at that time, my health. ... I was directed from someone at McMaster, ... at that the hospital... I was counselled into looking after a matter where I ended up in the legal aid department getting assistance... So I had a different route of requesting and finding out that I needed legal assistance... that way of doing things – walking to that office downtown, walking in with the rest of everybody else... [it] is not only intimidating, it can make a person give up and it gets worst. And there is just something not right about...getting a person with a broken leg to run [that] sort of thing. So, things went really wrong for me with the legal aid in Hamilton because... they just never treated me like someone... with health issues... So I utilized your service the past 2 years to actually go back in and have a much softer, more healthier environment, to actually readdress what happened to me back then. That's what I did, I readdressed what happened back then. And I experienced your process this year, and I wish it was there before because everything would have went better for me before because the legal aid would have acknowledged me coming out of this process at your.. ahh on the third floor there [health clinic]. ... And I experienced your process this year, and I wish it was there before because everything would have went better for me ... It has everything to do with the fact that ... Not to put patients that are definitely ill or having their issues, go through that rough and tough process of going downtown and going in like everybody else trying to get help... it's scary. Especially if your issues are hidden illness issues. ...[referral to the legal clinic] gets things started properly as opposed to throwing us out there and you know, people don't even look at us as sick, and might not be able to handle some of the, some of the issues that the brain has to handle you know. We need that little bit of different treatment because it started in the doctor's office."*

### *Story 2: Patient expresses frustration with the mediation process and feeling that they had no one who would stick up for them, despite receiving valuable legal advice*

*P409: "Uhhh... the only comment I have is when I was ahhh going through mediation that the mediator was actually on... she wasn't on his side... but she felt sorry for him. You know what I mean? So kind of helped him along. Which she wasn't supposed to be, she is supposed to be neutral. She felt so sorry for him and believed his crap even though I had a*

*pile of evidence in front of me, it didn't matter. You know, that really kicked me off. ...I had to drag my landlord to the tenant board for a lack of maintenance. And he basically lied, she felt sorry for him and all I was offered was one month free rent which I had to basically spend on my son because he ended up contacting pneumonia. And uhh .... (6:43) a quarter of last month's rent back, which I'll never see. Another \$940 and welfare won't help with that.. and now my landlord is nowhere to be seen. He's not even a landlord anymore. So I'm never gonna see that money again. And I can't take ...? (7:10) for it because nobody can find him. His wife is not even... she basically said that she'll give me the \$950 and everyone has a hard time believing it because they never follow through with anything they say. So I found a new place to live, it's all inclusive its great, but I still have to come up with 950 or 940. And OW cut me off again even though ...?(7:38) knows of the situation, I have to deal with a disabled child and everything else. So it might have been ....? (7:43) Maybe it's time to call today and find out. So I'm tired of being cut off welfare when they know my situation. ...(7:52) excuse is looking for work because of my son and they're still sending me the paperwork to put in hold for my cheques and banks. Which is really irritating."*

*Story 3: Patient expression frustration with the legal process, feeling powerless and unable to bring about a resolution, despite receiving valuable legal advice.*

*P29: "[after the initial assessment]...she told me uhh about the labour law so I had the doctor follow up by follow-up umm by sending a letter to my employer offering to have it um it the specialist there assess my work uhh station for umm accommodation, like suggested for accommodation, however my employer never followed through with that and then the manager quit and there was a new manager, so I'm still not working. I'm technically still staff there. Legally Im not really sure that I have any ... standing. Like I – I did what she said to do, which was have the doctor communicate to them, but they didn't –yea I don't really know how to force them to –to umm follow through with that. They ...? [4:30]. I'm just the little guy, what can I do?...I was like, ok well I've given them the info. This is legally what I am supposed to do. I guess I could follow-up, but what am I going to do. Im going to like, me as a person pay a lawyer to a board of directors? How to coop? Like, ya, its uhh – there's no way to force them to not be slack....That's life."*

## Health Care and Legal Providers Perspectives

There were 28 responses submitted to the online survey for health care and legal providers. The results were substantially positive:

- All 28 (100%) respondents felt the legal health clinic provided timely access to legal advocacy experts.
- Only 8 (28.6%) felt there were barriers for patients to access the clinic.
- Respondents felt the program improved patients' health (88.9%), improved patients' housing (80.8%), and improved patients' income (80%).
- The results were uncertain on the program's ability to improve patients' access to food with about half (52.4%) responding that they felt it did not improve access and the other half (47.6%) responding that they felt it did.
- Almost all respondents (92.6%) felt that the legal health clinic had been a success.

In addition to the closed questions reported above, providers completing the survey were given the opportunity to provide open comments on their experience and perception of the program.

### Provider Comments

*The project deepened our partnership and clients benefited from getting access to legal services from a trusted intermediary.*

*I believe the structure addressed the primary barrier [for patients] in these situations, which is trust, by having MFP make the appointments.*

*...has been easier to link patients to legal resources that I feel ill equipped to advise patients about.*

*It appears that the early intervention model is working - we tend to see patients/clients who are concerned about their rights or potential legal issues, rather than seeing them at the point of crisis. Having ready access to a client's health care providers has also been quite positive. Patients/clients of the LHCU have additional supports, which usually leads to improved outcomes (i.e. ease in accessing medical reports, bringing in social workers or OTs to respond in the context of a legal issue).*

### **Sustainability of the Legal Health Check-up Clinic**

As noted above, 92.6% of providers felt the program had been a success and there has been demonstrated support to continue offering the clinic within McMaster Family Practice. After a planning period with Hamilton Community Legal Clinic, Legal Aid Ontario, and McMaster Family Practice, the legal health clinic has continued to be offered for 11 months following the intervention period. A new, sustainable method of screening (i.e. not requiring the research assistant) has been adopted and early indicators show that it has been working well. There is a plan to sustain the program for as long as the lawyers can provided free of charge to the Legal Health Check-up Clinic.

## Results – Long-Term Outcomes and Outputs

---

### Comparison Group Recruitment

After the intervention period, a second group of participants (n = 160) were recruited from McMaster Family Practice to provide a comparison group, specifically to examine those with household incomes below LIM 40 and LIM 50 and the impact of the program on measures of poverty and health-related quality of life.

The comparison group participants with a household income below LIM50 (n=54) was not statistically different for sociodemographic variables from the legal health clinic attendees of the intervention group who also had a household income below LIM50 (n=149). Similarly, the comparison group participants with a household income below LIM40 (n=46) was not statistically different from the legal health clinic attendees of the intervention group who also had a household income below LIM40 (n=109). This result suggests that the two groups are comparable for assessing program impact.

### Changes in Legal Health Clinic Attendees versus the Comparison Group

Mixed model ANOVAs were used to evaluate the continuous outcome measures (Health Status Scale) and GEEs for the binary outcome measures (Food Security, Income Security, Housing Security, and each domain of health-related quality of life), comparing the intervention attendees with the comparison group.

Overall, health status improved significantly for those with household incomes below LIM 50 and attended an appointment with the legal health clinic, compared to those in the comparison group with household incomes below LIM50 ( $p < .001$ ); see Figure 6 on the following page. Similarly, health status improved significantly for those with household incomes below LIM 40 and attended an appointment with the legal health clinic, compared to those in the comparison group with household incomes below LIM40 ( $p < .001$ ); see Figure 7. In addition, although both groups had improved food security over the 6 months, the intervention attendees with household income below LIM40 had significantly greater improvement than the comparison group with household income below LIM40 ( $p < .05$ ); see Figure 8. The remaining measures of poverty (Income Security and Housing Security) and health-related quality of life (anxiety/depression, mobility, pain/discomfort, ability to do self-care, ability to do usual activities) did not improve significantly between the intervention and comparison groups after 6 months, compared to baseline.

Figure 6: Improvement in Health Status Scale (1 to 100) in legal health clinic attendees (LIM50) compared to comparison group (LIM50)

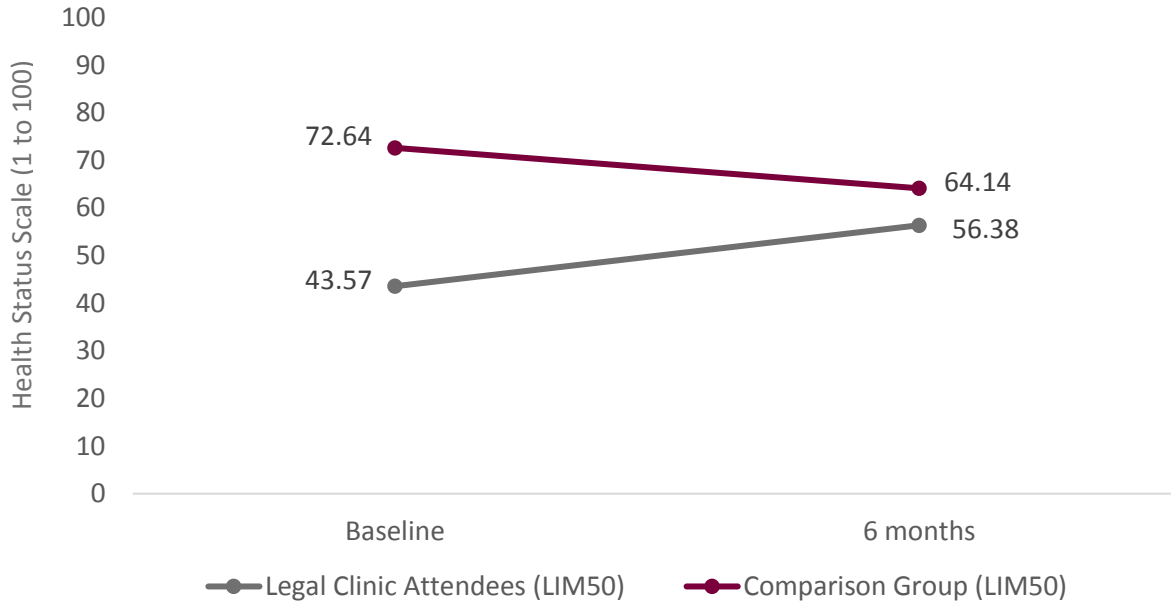


Figure 7: Improvement in Health Status Scale (1 to 100) in legal health clinic attendees (LIM40) compared to comparison group (LIM40)

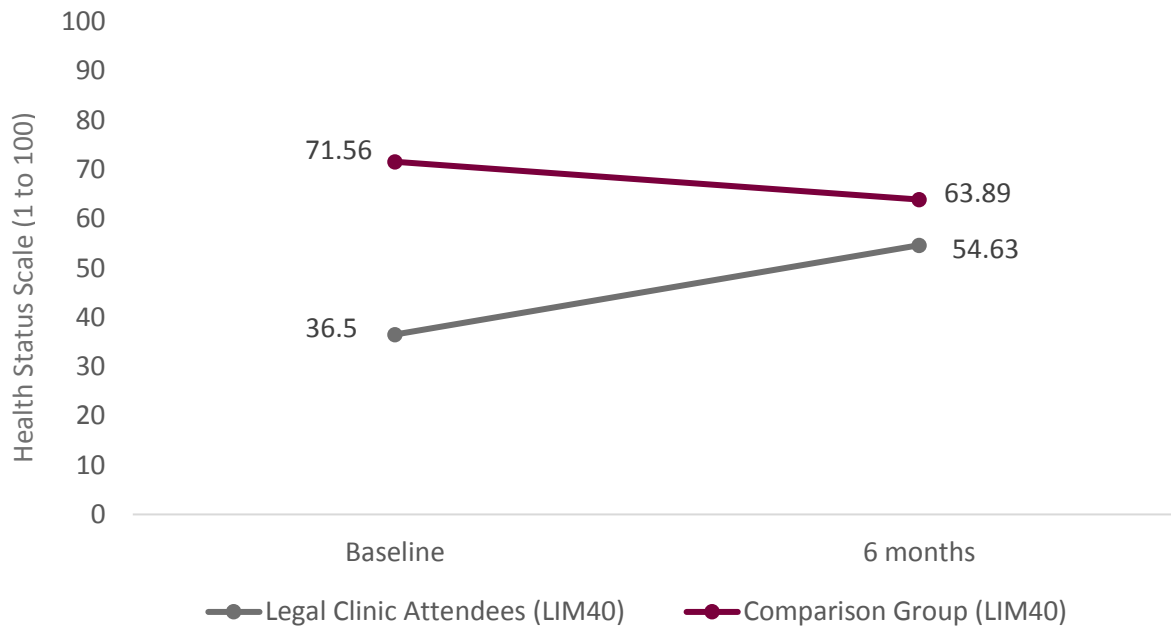
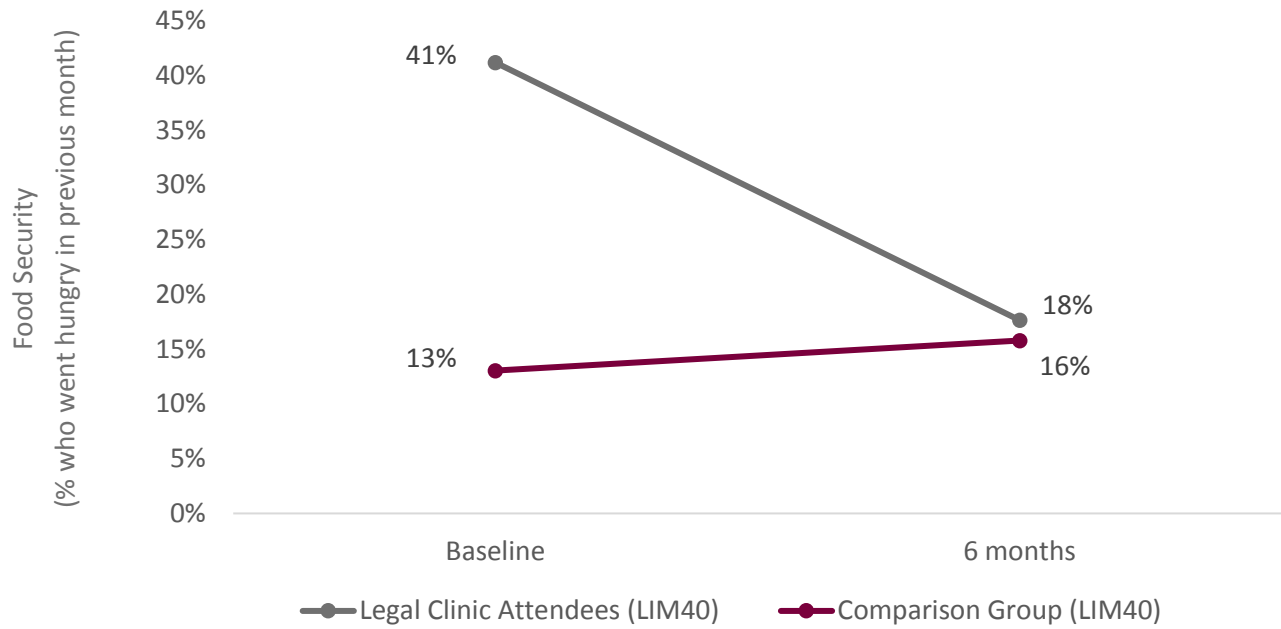


Figure 8: Improvement in Food Security in legal health clinic attendees (LIM40) compared to comparison group (LIM40)





## Discussion

---

Analysis of the Legal Health Check-up Clinic implementation led to several promising key findings related to the primary and secondary research questions and the positive impact that this program had on the health status, quality of life, and poverty indicators in those with legal needs.

### Key Findings for the Research Questions

#### *Primary research question:*

What is the impact on poverty, when the Legal Health Check-up Clinic is instituted at McMaster Family Practice, using income (specifically the LIM50 and LIM40 as defined by Statistics Canada) as a proxy measure, before and after, on patients referred to the program?

#### 1. Overall Health Status

- In intervention attendees with a household income below LIM 50, overall health status significantly improved compared to the comparison group of individuals with household incomes below LIM 50 ( $p < .05$ ).
- Similarly, in intervention attendees with a household income below LIM40, overall health status significantly improved compared to the comparison group of individuals with household incomes below LIM40 ( $p < .05$ ).
- This result indicates that providing the legal clinic in McMaster Family Practice improved the overall health status of those who attended and are living in poverty (LIM 40/LIM 50).

#### 2. Housing Security, Food Security, and Income Security

- In intervention attendees with a household income below LIM 50, the poverty indicators (housing security, food security, income security) did not change significantly compared to the comparison group of individuals with household incomes below LIM 50.
- Similarly, in intervention attendees with a household income below LIM 40, two of the poverty indicators (housing security and income security) did not change significantly compared to the comparison group of individuals with household incomes below LIM 40; however, food security did improve significantly.
- It is possible that any potential change in these indicators could not be detected for binary outcomes with the small number of participants included in this analysis.

### *Secondary research question:*

What is the feasibility, sustainability and impact on McMaster Family Practice and its patients, of the Legal Health Check-up Clinic delivered over a 12 month period?

#### 1. Feasibility

- In the 6 month intervention period, 770 patients completed the legal check survey in the waiting room and 648 had at least one legal need.
- In total, 94 appointments were made with the lawyers at the legal clinic and 69 consultations were completed. In addition, 29 patients were referred to the system navigator for non-legal assistance and information.
- With this number of appointments successfully held in a 6 month period (average of 4 appointments per weekly half-day session) and the substantial number of legal needs identified, it is evident that the legal health clinic is feasible.

#### 2. Sustainability

- Providers were satisfied (92.6%) with the Legal Health Clinic and were supportive of it continuing.
- Some comments received from providers were:
  - *It has been easier to link patients to legal resources that I feel ill equipped to advise patients about.*
  - *The project deepened our partnership and clients benefited from getting access to legal services from a trusted intermediary.*
  - *I believe the structure addressed the primary barrier [for patients] in these situations, which is trust, by having MFP make the appointments.*
  - *It appears that the early intervention model is working - we tend to see patients/clients who are concerned about their rights or potential legal issues, rather than seeing them at the point of crisis. Having ready access to a client's health care providers has also been quite positive. Patients/clients of the LHCU have additional supports, which usual.*
- The Program has continued 11 months post-intervention, after a planning period with Hamilton Community Legal Clinic, Legal Aid Ontario and McMaster Family Practice. A new sustainable method of screening has been adopted that seems to be working well, and the plan is for the Program to continue, as long as lawyers are provided free of charge.

### 3. Impact

- Participants who attended the legal clinic demonstrated significant improvements in income security, housing security, food security, health status, and health-related quality of life measures, with the exception of the presence of pain or discomfort.
- It also had a positive impact on the ability of health care providers within McMaster Family Practice to fully support their patients as demonstrated from their feedback to the provider survey.

### Significance

The Legal Health Clinic was feasible and has been sustained within McMaster Family Practice as an ongoing program post-intervention. The clinic had positive impact on indicators related to poverty, specifically, income security, housing security, and food security. The Legal Health Clinic may have a positive effect on reduction of poverty, though it is difficult to ascertain based on our small sample sizes and further research is needed.

The results demonstrate the potential for this type of model to be implemented in family health teams and large group practices and improve the social determinants of health for these patients. The findings may be generalizable to other primary care clinic based in urban downtown core areas that have similar patients who are from vulnerable populations, such as low income households.

### Challenges and Limitations

It was not possible to obtain a matched control group, which may have limited our results. Also, some of the changes in poverty and health indicators may require more than 6 months to be demonstrated, as legal processes can take time to be implemented and show results.

McMaster Family Practice is a unique environment, and therefore this intervention may only be successful in a large group practice setting with a large proportion on inner-city and vulnerable patients.

## Conclusion

---

The Legal Health Check-up Clinic at McMaster Family Practice was a successful endeavor for both the clinic and its patients. Now that there is evidence to support that there are positive changes occurring due to the implementation of the legal health clinic, further research is needed to delve into the specific interactions that are occurring, such as which legal needs have the greatest impact on health and what specific aspects of health are affected by each type of legal need.

This evaluation of a legal-health partnership will help inform moving the initiative forward within McMaster Family Practice as well as in other practices that may be considering if this type of initiative would be a good fit in their context.

In conclusion, we would like to share feedback from the partners about their experience with this partnership, the success of the intervention, and the future of this legal health clinic:

### *Legal Aid Ontario:*

*“I have found this project successful, very rewarding and I hope we are able to sustain and enhance the program in the future. The Legal Aid staff lawyers who have attended to provide advice have unilaterally said this was a positive experience. While there is a challenge in that, not every lawyer has expertise in all areas of law, we have built up a network of colleagues between the Hamilton Legal Clinic and McMaster Family Health Team to fill those gaps in our knowledge and provide assistance in a collaborative way. Clients have often expressed their gratitude in being able to access legal services in a setting that is familiar and comfortable. They have said things like: “thank you for listening, thank you for taking the time, thank you for that information, thank you for that referral, can I come back and see you again?” One person advised that even though the clinic was just down the road, they would not have gone because of their mental health. Client satisfaction surveys and informal queries have all validated the importance of having the client receive the service without additional barriers such as logistics.”*

### *Hamilton Community Legal Clinics:*

*“Anecdotally we knew that this medical legal collaborative was benefitting access to services as well as client outcomes. This evidence-based evaluation has demonstrated the positive impact for low income participants regarding income, housing and food security. It is gratifying to see the feedback from patients/clients that this integrated community- embedded model of service delivery is more respectful, confidential and trustworthy, for marginalized users in particular. We have benefitted from the*

*collaboration with MFP and clearly clinicians have been better able to link patients to legal services and resources as a result of the partnership. We are also thrilled that the evaluation has shown the model to be feasible and sustainable, as we are committed to the partnership and this holistic approach to service delivery.”*

**McMaster Family Practice:**

*“As the Clinic Director of McMaster Family Practice, I found the implementation of the Legal Aid Clinic caused minimal disruption to our operations and provides a unique service to patients in need. It also provides a more robust team to work with a patient’s social determinants of health, which we know are one of the biggest barriers to overall improved or good health. Having the Legal Team onsite to work with our healthcare providers improves communication and timeliness of interventions, and affords better coordination of services. Legal Aid assistance for key areas of patient need (as per the results thus far in this study) might allow for more targeted programs in the future.*

*Our team is happy to continue to be engaged in the partnership based on the evaluation and results, particularly because of the clinical benefits seen in patients directly. Any improvement in even a small number of patients’ overall health, as has been shown by this program to date, relieves a burden on the health care system and improves patient’s quality of life.”*

## Appendices

---

### Appendix A – Recruitment and Program Posters



# Legal problems can be harmful to your health

## We can help!

The **Legal Health Check Up Program (LHP)** is a fast, easy and confidential way to find some extra help for legal issues that could be impacting your health.

- Do you have trouble making ends meet?
- Is anyone contacting you about outstanding bills?
- Is anyone threatening to evict you?
- Do you need help to access adult education classes or a job training program?

If you answered **Yes** to any of those questions, then **LHP** may be right for you.

**Ask your McMaster Family Practice clinician how you can complete a Legal Health Check Up today!**

*Seeking solutions to the legal problems in everyday life that may be harmful to your health*



McMaster Family Practice

PHYSICIAN TEAM



Hamilton Community Legal Clinic  
Clinique juridique communautaire de Hamilton



# The e-Legal Health Check-up Program

**McMaster  
Family Health Team**  
DEPARTMENT OF FAMILY MEDICINE



**Hamilton Community Legal Clinic**  
Clinique juridique communautaire de Hamilton



**LEGAL AID ONTARIO**  
AIDE JURIDIQUE ONTARIO

## Why a Legal Clinic in a Medical Clinic?

The legal problems in a patient's everyday life may be harmful to that patient's health and result in falling into or deeper into poverty. Through legal screening and legal consult services, we will assist patients in being able to access better housing, employment and income assistance. We hope to show that access to legal help can improve quality of life, income, and even overall health!

### Patients are Referred in 3 Ways:



1. A health care provider believes a patient might have legal problems, refers to the program



2. Patients are approached in the waiting room and asked to complete e-Legal Health Check-Up



3. All new patients referred to the System Navigator will complete e-Legal Health Check-Up

4. *Patients answer questions about their lives:*

## Appendix B – Questionnaires and Interview Guides

### Legal Health Check-Up Survey

www.legalhealthcheckup.ca



## The Hamilton Legal Health Check-Up

www.hamiltonjustice.ca

This survey was distributed by:

Name of organization: McMaster Family Practice

### Hamilton Community Legal Clinic

Seeking solutions to the legal problems in everyday life that may be harmful to your health

#### How this check-up can help us help you

We want to help you before a problem makes you sick and leads to a crisis like eviction and homelessness.

We know problems can add up. It is best to deal with problems one at a time. Dealing with all your problems at once can be overwhelming. But we might be able to help you. How?

If you answer the questions in this legal health check-up and return it to us, we might be able to help you address any problems you have. We can also refer you to other community groups and agencies that might be able to help you.

#### If you decide to complete this check-up...

- ✓ All of your answers in this check-up will be confidential.
- ✓ There is a contact sheet at the end of the check-up that you can fill in if:
  - you would like someone from our legal clinic to call you about how we can help.
  - you would like us to send you helpful information about other community services that can help.
  - you would like to attend a free education and support session to learn about your legal rights with people sharing the same kind of experience.

✗ Answering these questions does not make you a client of the Hamilton Community Legal Clinic.

IF YOU NEED URGENT  
HELP WITH A PROBLEM,  
PLEASE CALL US AT 905-527-4572



Cet outil est également disponible en français.

#### Income

- 1 Do you ever have trouble making ends meet? YES  NO
- 2 Do you rely on food banks and community dinners? YES  NO
- 3 Can you afford to meet your dietary needs? YES  NO
- 4 Do you need help getting or keeping any of these benefits? If "yes", please indicate which ones: YES  NO 
  - Ontario Works
  - Ontario Disability
  - Canada Pension Plan
  - Old Age Security
  - Employment Insurance
  - Guaranteed Income Support
  - Child Benefits
  - Workers Compensation
  - Disability Tax Credit
- 5 Do you have a medical review date for ODSP? YES  NO
- 6 Do you need help when you do your taxes? YES  NO
- 7 Is anyone contacting you to pay outstanding bills? YES  NO
- 8 Can you afford transportation? YES  NO
- 9 Do you have someone to make financial decisions or to manage your money and pay your bills for you if you become unable to do so? YES  NO
- 10 Does anyone ever take things from you or use your money without your permission? YES  NO
- 11 Is there anything else you'd like to tell us about income issues?

(Describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Housing

1 Where do you sleep?

- |   |   |
|---|---|
| <input type="checkbox"/> Home I own             | <input type="checkbox"/> Retirement home        |
| <input type="checkbox"/> Home I rent            | <input type="checkbox"/> Long term care home    |
| <input type="checkbox"/> With family or friends | <input type="checkbox"/> Shelter                |
| <input type="checkbox"/> Assisted Living        | <input type="checkbox"/> Rooming house          |
| <input type="checkbox"/> Group home             | <input type="checkbox"/> Other (Specify): _____ |

2 Are you behind on your rent right now? YES  NO  DOESN'T APPLY

3 Is anyone threatening to evict you? YES  NO  DOESN'T APPLY

4 Are you on the waiting list for subsidized housing? YES  NO  DOESN'T APPLY

5 Are you worried your rent subsidy will be cancelled? YES  NO  DOESN'T APPLY

6 Have you been late paying your rent in the past year? If "yes", how many times?

- |   |                             |
|---|-----------------------------|
| <input type="checkbox"/> YES, 1 to 3 times      | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES, 4 to 6 times      |                             |
| <input type="checkbox"/> YES, more than 6 times |                             |

7 Are you behind with your utility bills (for example, electricity, gas, or water)?  YES  NO  DOESN'T APPLY

8 Do you have any of the following problems? If yes, please indicate which ones:  YES  NO

- Landlord doesn't make repairs
- Heat or air conditioning doesn't work
- Mould, bugs or rodents
- Other unhealthy and/or unsafe conditions (describe): \_\_\_\_\_

9 Do you have any problems with your neighbours? YES  NO

10 Have you been given any eviction papers? YES  NO

11 Have you been harassed, discriminated against or treated unfairly by your landlord? YES  NO

12 Have you ever been denied a unit because of the following (please check all that apply): YES  NO

- |  |  |
|--|--|
| <input type="checkbox"/> Race, colour or ethnic background       | <input type="checkbox"/> Gender identity   |
| <input type="checkbox"/> Religious beliefs or practices          | <input type="checkbox"/> Family status   |
| <input type="checkbox"/> Ancestry                                | <input type="checkbox"/> Marital status, including having a same-sex partner   |
| <input type="checkbox"/> First Nation, Metis or Inuit background | <input type="checkbox"/> Disability  |
| <input type="checkbox"/> Place of origin                         | <input type="checkbox"/> Age, including individuals who are 16 or 17 years old and no longer living with their parents |
| <input type="checkbox"/> Citizenship, including refugee status   | <input type="checkbox"/> Receiving social assistance   |
| <input type="checkbox"/> Sex, including pregnancy                | <input type="checkbox"/> Immigration status  |
| <input type="checkbox"/> Sexual orientation                      |  |
| <input type="checkbox"/> Gender expression                       |  |

13 Are there any court orders that impact who you live with or where you can live? YES  NO

14 Do you have anything else you would like to tell us about housing issues?

(Describe): \_\_\_\_\_

---



---



---



---



---



---

## Education

1 Do you get a Canada Learning Bond for your children? YES  NO  DOESN'T APPLY

2 Are you worried about your children's education, attendance or performance in school? YES  NO  DOESN'T APPLY

3 Are your children able to participate in activities offered at school? YES  NO  DOESN'T APPLY

4 Do you need subsidized day care so you can go to school? YES  NO  DOESN'T APPLY

5 Do you need help to access adult education classes or a job training program? YES  NO

6 Are you overdue on any student loans? YES  NO

7 Do you have anything else you would like to tell us about education issues?

(Describe): \_\_\_\_\_

---



---



---



---



---



---

## Employment

- 1 Do you have a disability that affects your ability to work? YES  NO
- 2 Are you concerned about telling an employer about any health problems that you have? YES  NO  DOESN'T APPLY
- 3 Have you ever been hurt at work? YES  NO  DOESN'T APPLY
- 4 Is your workplace safe? YES  NO  DOESN'T APPLY
- 5 Are you being harassed or discriminated against or being treated unfairly by your employer or a co-worker? YES  NO  DOESN'T APPLY
- 6 Are you having trouble finding work because of any of the following? YES  NO  DOESN'T APPLY   
Please check all that may apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Race, colour or ethnic background       | <input type="checkbox"/> Gender identity   |
| <input type="checkbox"/> Religious beliefs or practices          | <input type="checkbox"/> Family status   |
| <input type="checkbox"/> Ancestry                                | <input type="checkbox"/> Marital status, including having a same-sex partner   |
| <input type="checkbox"/> First Nation, Metis or Inuit background | <input type="checkbox"/> Disability  |
| <input type="checkbox"/> Place of origin                         | <input type="checkbox"/> Age, including individuals who are 16 or 17 years old and no longer living with their parents |
| <input type="checkbox"/> Citizenship, including refugee status   | <input type="checkbox"/> Receiving social assistance   |
| <input type="checkbox"/> Sex, including pregnancy                | <input type="checkbox"/> Immigration status  |
| <input type="checkbox"/> Sexual orientation                      | <input type="checkbox"/> Criminal record   |
| <input type="checkbox"/> Gender expression                       | <input type="checkbox"/> Not having enough Canadian experience or training   |

- 7 Do you worry about being fired, laid off or having your hours cut? YES  NO  DOESN'T APPLY
- 8 Do you have trouble getting time off when you need it to look after a family member? YES  NO  DOESN'T APPLY
- 9 Do you need subsidized child care so you can work? YES  NO  DOESN'T APPLY
- 10 Does your employer or past employer owe you money? YES  NO  DOESN'T APPLY
- 11 Is there anything else you would like to tell us about work issues?

(Describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Health

- 1 Do you have a family doctor? YES  NO
- 2 Are you able to get the health services and supports you or your family needs? If "no" please indicate which ones: YES  NO

- |  |   |
|--|---|
| <input type="checkbox"/> Assistive devices | <input type="checkbox"/> Services for children or adults with special needs |
| <input type="checkbox"/> Counselling       | <input type="checkbox"/> Mental health                                      |
| <input type="checkbox"/> Physiotherapy     | <input type="checkbox"/> Addictions   |
| <input type="checkbox"/> Glasses           | <input type="checkbox"/> Dental care  |
| <input type="checkbox"/> Special diet      |   |

- 3 Can you afford to buy prescription medicine when you need it? YES  NO
- 4 Do you have someone to make healthcare decisions for you if you become unable to do so? YES  NO
- 5 Are you having trouble getting healthcare because of your status in Canada? YES  NO
- 6 Is there anything else you would like to tell us about health issues?

(Describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Family and Community Supports

- 1 Are you going through divorce or separation? YES  NO
- 2 Have you ever been involved in a relationship where you worried about your safety or your children's safety? YES  NO
- 3 Do you have problems with child support, custody or access? YES  NO
- 4 Have you ever been involved in a relationship with someone who tried to control where you went or who you talked to or limited your access to money? YES  NO
- 5 Do you have a will? YES  NO
- 6 Do you have birth certificates or government ID for yourself and everyone in your family? YES  NO

- 7 Are you having trouble getting Canadian citizenship? YES  NO
- 8 Are you having trouble bringing family members to Canada? YES  NO
- 9 Do you or your children need financial help to get involved in social, fitness or recreation programs? YES  NO
- 10 Can you afford to participate in the life of your community? YES  NO
- 11 Is there anything else you would like to tell us about family and community issues?

(Describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return your check-up to us**



## Baseline Intervention Questionnaire



## Baseline Questionnaire eLHP

---

This is a survey that will ask some questions about your demographic information. Please select one answer that best describes you today.

### Which race/ethnicity best describes you? (Please choose only one)

- Aboriginal
- Asian
- Black (African American)
- Hispanic/Latino
- South Asian (India, Pakistan, Sri Lanka ect.)
- White/Caucasian
- Multiple or other ethnicity. Please Specify: \_\_\_\_\_

### What is your first language?

- Arabic
- Chinese
- English
- French
- German
- Greek
- Gujarati
- Hindi
- Italian
- Japanese
- Korean
- Persian



- Polish
- Portuguese
- Russian
- Spanish
- Tagalog
- Urdu
- Vietnamese
- Other. Please specify: \_\_\_\_\_

**Which of the following best describes your current relationship status?**

- Married
- Widowed
- Divorced
- Separated
- Common law or cohabiting
- Single, never married

**What is your approximate average monthly household income?**

- Less than \$650.00
- \$700.00 - \$1000.00
- \$1,000.00 - \$1,200.00
- \$1,250.00 - \$1,500.00
- \$1,550.00 - \$1,800.00
- \$1,850.00 - \$2,000.00
- \$2,050.00 - \$2,500.00
- \$2,550.00 - \$3,000.00
- More than \$3000.00

**Are you a member of any benefit programs?**

- ODSP (Ontario Disability Support Program)
- Ontario Works
- EI (Employment Insurance)
- EI Sick Benefits
- CPP-R (Canadian Pension Plan - Retired)
- CPP-D (Disability)
- Other. Please specify: \_\_\_\_\_

**What best describes your employment status?**

- Employed, full time
- Employed, part time (1 job)
- Employed, part time (multiple jobs)
- Employed, casual or temporary
- Unemployed, looking for work
- Unemployed, not looking for work (by choice)
- Retired
- Unable to work

**Do you ever have trouble making ends meet at the end of the month?**

- Yes
- No

**In the past month, was there any day when you or anyone in your family went hungry because you did not have enough money for food?**

- Yes
- No



**Please rate how much you agree with the following questions:**

**I am unable to afford healthy food on a regular basis.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**I worry about losing my place to live.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**In general, how would you rate your overall health?**

- Excellent
- Very good
- Good
- Fair
- Poor



**By placing a tick in one box in each group below, please indicate which statements best describe your own health state TODAY**

**Mobility**

- I have no problems walking about
- I have some problems walking about
- I am confined to a bed

**Self-care**

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to dress or wash myself

**Usual Activities (eg. work, study, housework, family, or leisure activities)**

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

**Pain/Discomfort**

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

**Anxiety/Depression**

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed





We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own  
health state  
today



## 6-month Intervention Questionnaire

### Post-Questionnaire eLegal Health Check-Up

#### Demographic Information

**[[Which of the following best describes your current relationship status?**

Please choose **only one** of the following:

- Married
- Widowed
- Divorced
- Separated
- Cohabiting or common law
- Single, never married

**[[What best describes your employment status?**

Please choose **only one** of the following:

- Employed, full time
- Employed, part time (1 job)
- Employed, part time (multiple jobs)
- Employed, casual or temporary
- Unemployed, looking for work
- Unemployed, not looking for work (by choice)
- Retired
- Unable to work

**[[Has your household income changed since you last filled out this questionnaire/in the last 6 months?**

Please choose **only one** of the following:

- Yes, it has increased
- Yes, it has decreased
- No, it is the same

**[[If your income INCREASED, please indicate the approximate amount by month here:**

Please write your answer here:

**[[If your income DECREASED, please indicate the approximate amount by month here:**

Please write your answer here:

**[[Have you STARTED receiving benefits in the last 6 months? (eg. ODSP, Ontario Works, CPP, transportation allowance etc.)**

Please choose **only one** of the following:

- No, please indicate if you applied:
- Yes, please indicate which benefits:

Make a comment on your choice here:

**[[Have you STOPPED receiving benefits in the last 6 months? (eg. ODSP, Ontario Works, CPP, transportation allowance etc.)**

Please choose **only one** of the following:

- No
- Yes, please indicate which benefits:

Make a comment on your choice here:

**[[If yes to either question, please describe what changed with your benefits:**

Please write your answer here:

**[[How many people live in your household, including adults and dependent children?**

Please choose **only one** of the following:

- 
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20

**How many people lived in your home 6 months ago when you first completed the survey?**

Please choose **only one** of the following:

- 
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20

**Do you ever have trouble making ends meet at the end of the month?**

Please choose **only one** of the following:

- Yes
- No

**[[In the past month, was there any day when you or anyone in your family went hungry because you did not have enough money for food?**

Please choose **only one** of the following:

- Yes
- No

**[[Please rate how much you agree with the following: I am able to regularly buy healthy foods that I can afford.**

Please choose **only one** of the following:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**[[Please rate how much you agree with the following: I worry about losing my place to live.**

Please choose **only one** of the following:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**Part 8: Continued**

**[[In general, how would you rate your overall health?**

Please choose **only one** of the following:

- Excellent
- Very good
- Good
- Fair
- Poor

**[[**

**By placing a tick in one box in each group below, please indicate which statements best describe your own health state TODAY**

### Mobility

Please choose **only one** of the following:

- I have no problems walking about
- I have some problems walking about
- I am confined to a bed

### [[Self-Care

Please choose **only one** of the following:

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to dress or wash myself

### [[Usual activities (eg. work, study, housework, family, or leisure activities)

Please choose **only one** of the following:

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

### [[Pain/Discomfort

Please choose **only one** of the following:

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

### [[Anxiety/Depression

Please choose **only one** of the following:

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

**[[We would like you to indicate from 1 to 100 how good or bad your own health is today, in your opinion. Please enter a number in below, with 1 being your worst imaginable health state, and 100 being the best imaginable.**

Only numbers may be entered in this field.

Please write your answer here:

•

**[[Did you have a legal consult with the lawyer at McMaster Family Practice?**

Please choose **only one** of the following:

- Yes, I came in once
- Yes, I came in more than once
- No

[[

**If yes, what was the nature of the legal problem you received help with? Please select the FIRST area of law discussed:**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' *or* 'Yes, I came in more than once' at question '82 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **only one** of the following:

- Family law
- Disability law
- Employment law
- Criminal law
- Human rights
- Housing
- Violence
- Wills/Advanced Care
- Personal injury
- Civil litigation
- Income supports (benefits programs)
- Other

**[[What was the result for the FIRST concern? Select all that apply.**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' *or* 'Yes, I came in more than once' at question '82 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **all** that apply:

- Problem was resolved
- Problem continues
- I received information about my problem
- I was put in contact with another lawyer
- I was put in contact with other resources
- The lawyer took on my case
- Other:

II

**What was the nature of the legal problem you received help with? Please select the SECOND area of law discussed:**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' or 'Yes, I came in more than once' at question '82 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **only one** of the following:

- Family law
- Disability law
- Employment law
- Criminal law
- Human rights
- Housing
- Violence
- Wills/Advanced Care
- Personal injury
- Civil litigation
- Income supports (benefits programs)
- Other

**[[What was the result for the SECOND concern? Select all that apply.**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' or 'Yes, I came in more than once' at question '82 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **all** that apply:

- Problem was resolved
- Problem continues



- I received information about my problem
- I was put in contact with another lawyer
- I was put in contact with other resources
- The lawyer took on my case
- Other:

]]

**What was the nature of the legal problem you received help with? Please select the THIRD area of law discussed:**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' *or* 'Yes, I came in more than once' at question '82 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **only one** of the following:

- Family law
- Disability law
- Employment law
- Criminal law
- Human rights
- Housing
- Violence
- Wills/Advanced Care
- Personal injury
- Civil litigation
- Income supports (benefits programs)
- Other

**[[What was the result for the THIRD concern? Select all that apply.**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' *or* 'Yes, I came in more than once' at question '82 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **all** that apply:

- Problem was resolved
- Problem continues
- I received information about my problem
- I was put in contact with another lawyer

- I was put in contact with other resources
- The lawyer took on my case
- Other:

]]

**What was the nature of the legal problem you received help with? Please select the FOURTH area of law discussed:**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' or 'Yes, I came in more than once' at question '82 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **only one** of the following:

- Family law
- Disability law
- Employment law
- Criminal law
- Human rights
- Housing
- Violence
- Wills/Advanced Care
- Personal injury
- Civil litigation
- Income supports (benefits programs)
- Other

**[[What was the result for the FOURTH concern? Select all that apply.**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' or 'Yes, I came in more than once' at question '82 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **all** that apply:

- Problem was resolved
- Problem continues
- I received information about my problem
- I was put in contact with another lawyer
- I was put in contact with other resources
- The lawyer took on my case

- Other:

**[[If you were referred during your appointment to the Hamilton Community Legal Clinic, Legal Aid Ontario, or another legal service outside of the McMaster Family Practice Legal Clinic, did you attend an appointment or receive help?**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' *or* 'Yes, I came in more than once' at question '82 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **only one** of the following:

- Yes, I went to an appointment for further legal help.
- No, I was not able to go to a follow-up appointment.
- No, I did not think I needed a follow-up appointment.
- This does not apply to me
- Other

**[[If you applicable, were you able to retain a lawyer or receive help from duty council?**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' *or* 'Yes, I came in more than once' at question '82 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **only one** of the following:

- Yes, I was able to retain a lawyer
- Yes, I was helped by duty council.
- No, I was not able to get help.
- This does not apply to me.
- Other

**[[Please provide any feedback or other comments about the legal clinic and the help you received:**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' *or* 'Yes, I came in more than once' at question '82 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please write your answer here:

**[] Were you referred to the system navigator at McMaster Family Practice and have an appointment or phone call?**

Please choose **only one** of the following:

- I was already a patient with the system navigator before I completed the survey
- Yes, I was referred.
- No

**[]**

Please provide any feedback or other comments about the system navigator and the help you received:

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I was referred.' at question '92 [Q090]' ( Were you referred to the system navigator at McMaster Family Practice and have an appointment or phone call?)

Please write your answer here:

## Baseline Comparison Questionnaire

### Part 1: Demographic Information

#### [[What is your age?

Please choose **only one** of the following:

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 and older

#### [[What is your gender?

Please choose **only one** of the following:

- Female
- Male
- Transgender

#### [[What is your highest level of education?

Please choose **only one** of the following:

- Less than high school
- High school
- Some college or university
- University or college graduate

#### [[What is your immigration status?

Please choose **only one** of the following:

- Canadian citizen
- Refugee
- Failed refugee
- Permanent resident
- Without status
- Other

#### [[If you are a non-citizen, please indicate your length of time in Canada:

---

Please choose **only one** of the following:

- Does not apply
- Less than six months
- One year to three years
- Three to five years
- More than five years

**[[Is your country of origin outside Canada? If so please specify:**

Please write your answer here:

**[[Which race/ethnicity best describes you?**

Please choose **only one** of the following:

- Aboriginal
- Asian
- Black (African American)
- Hispanic/Latino
- South Asian (India, Pakistan, Sri Lanka, etc.)
- White/Caucasian
- Other

**[[What is your first language?**

Please choose **only one** of the following:

- Arabic
- Chinese
- English
- French
- German
- Greek
- Gujarati
- Hindi
- Italian
- Japanese
- Korean
- Persian
- Polish
- Portuguese

- Russian
- Spanish
- Tagalog
- Urdu
- Vietnamese
- Other

**[[Which of the following best describes your current relationship status?**

Please choose **only one** of the following:

- Married
- Widowed
- Divorced
- Separated
- Cohabiting or common law
- Single, never married

**[[What best describes your employment status?**

Please choose **only one** of the following:

- Employed, full time
- Employed, part time (1 job)
- Employed, part time (multiple jobs)
- Employed, casual or temporary
- Unemployed, looking for work
- Unemployed, not looking for work (by choice)
- Retired
- Unable to work

**[[What is your approximate average monthly household income?**

Please choose **only one** of the following:

- Less than \$650.00
- \$700.00 - \$1000.00
- \$1,050.00 - \$1,200.00
- \$1,250.00 - \$1,500.00
- \$1,550.00 - \$1,800.00
- \$1,850.00 - \$2,000.00
- \$2,050.00 - \$2,500.00
- \$2,550.00 - \$3,000.00
- More than \$3000.00

**[[Are you a member of any benefit programs?**

Please choose **all** that apply:

- ODSP (Ontario Disability Support Program)
- Ontario Works
- EI (Employment Insurance)
- EI Sick Benefits
- CPP-R (Canadian Pension Plan - Retired)
- CPP-D (Disability)
- Other:

**[[How many people live in your household, including adults and dependent children?**

Please choose **only one** of the following:

- 
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20

**[[Do you ever have trouble making ends meet at the end of the month?**

Please choose **only one** of the following:

- Yes
- No



**[[In the past month, was there any day when you or anyone in your family went hungry because you did not have enough money for food?**

Please choose **only one** of the following:

- Yes
- No

**[[Please rate how much you agree with the following: I am able to regularly buy healthy foods that I can afford.**

Please choose **only one** of the following:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**[[Please rate how much you agree with the following: I worry about losing my place to live.**

Please choose **only one** of the following:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

## **Part 2: Health Information**

**[[In general, how would you rate your overall health?**

Please choose **only one** of the following:

- Excellent
- Very good
- Good
- Fair
- Poor

**[[**

**By placing a tick in one box in each group below, please indicate which statements best describe your own health state TODAY**

### Mobility

Please choose **only one** of the following:

- I have no problems walking about
- I have some problems walking about
- I am confined to a bed

### [[Self-Care

Please choose **only one** of the following:

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to dress or wash myself

### [[Usual activities (eg. work, study, housework, family, or leisure activities)

Please choose **only one** of the following:

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

### [[Pain/Discomfort

Please choose **only one** of the following:

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

### [[Anxiety/Depression

Please choose **only one** of the following:

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

**[[We would like you to indicate from 1 to 100 how good or bad your own health is today, in your opinion. Please enter a number in below, with 1 being your worst imaginable health state, and 100 being the best imaginable.**

Only numbers may be entered in this field.

## 6-month Comparison Questionnaire

### Part 1: Demographic Information

**[[Which of the following best describes your current relationship status?**

Please choose **only one** of the following:

- Married
- Widowed
- Divorced
- Separated
- Cohabiting or common law
- Single, never married

**[[What best describes your employment status?**

Please choose **only one** of the following:

- Employed, full time
- Employed, part time (1 job)
- Employed, part time (multiple jobs)
- Employed, casual or temporary
- Unemployed, looking for work
- Unemployed, not looking for work (by choice)
- Retired
- Unable to work

**[[Has your household income changed since you last filled out this questionnaire/in the last 6 months?**

Please choose **only one** of the following:

- Yes, it has increased
- Yes, it has decreased
- No, it is the same

**[[If your income INCREASED, please indicate the approximate amount by month here:**

Please write your answer here:

**[[If your income DECREASED, please indicate the approximate amount by month here:**

Please write your answer here:

**[[Have you STARTED receiving benefits in the last 6 months? (eg. ODSP, Ontario Works, CPP, transportation allowance etc.)**

Please choose **only one** of the following:

- No, please indicate if you applied:
- Yes, please indicate which benefits:

Make a comment on your choice here:

**[[Have you STOPPED receiving benefits in the last 6 months? (eg. ODSP, Ontario Works, CPP, transportation allowance etc.)**

Please choose **only one** of the following:

- No
- Yes, please indicate which benefits:

Make a comment on your choice here:

**[[If yes to either question, please describe what changed with your benefits:**

Please write your answer here:

[]

How many people live in your household, including adults and dependent children?

Please choose **only one** of the following:

- 
- 1
- 2
- 3
- 4

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20

**[[Do you ever have trouble making ends meet at the end of the month?**

Please choose **only one** of the following:

- Yes
- No

**[[In the past month, was there any day when you or anyone in your family went hungry because you did not have enough money for food?**

Please choose **only one** of the following:

- Yes
- No

**[[Please rate how much you agree with the following: I am able to regularly buy healthy foods that I can afford.**

Please choose **only one** of the following:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**[[Please rate how much you agree with the following: I worry about losing my place to live.**

Please choose **only one** of the following:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

## **Part 2: Health Information**

**[[In general, how would you rate your overall health?**

Please choose **only one** of the following:

- Excellent
- Very good
- Good
- Fair
- Poor

**[[**

**By placing a tick in one box in each group below, please indicate which statements best describe your own health state TODAY**

Mobility

Please choose **only one** of the following:

- I have no problems walking about
- I have some problems walking about
- I am confined to a bed

**[[Self-Care**

Please choose **only one** of the following:

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to dress or wash myself

**[[Usual activities (eg. work, study, housework, family, or leisure activities)**

Please choose **only one** of the following:

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

**[[Pain/Discomfort**

Please choose **only one** of the following:

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

**[[Anxiety/Depression**

Please choose **only one** of the following:

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

**[[We would like you to indicate from 1 to 100 how good or bad your own health is today, in your opinion. Please enter a number in below, with 1 being your worst imaginable health state, and 100 being the best imaginable.**

Only numbers may be entered in this field.

Please write your answer here:

•

**[[Did you have a legal consult with the lawyer at McMaster Family Practice?**

Please choose **only one** of the following:

- Yes, I came in once
- Yes, I came in more than once
- No

[[

**If yes, what was the nature of the legal problem you received help with? Please select the FIRST area of law discussed:**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in more than once' or 'Yes, I came in once' at question '21 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **only one** of the following:

- Family law
- Disability law
- Employment law
- Criminal law
- Human rights
- Housing
- Violence
- Wills/Advanced Care
- Personal injury
- Civil litigation
- Income supports (benefits programs)
- Other

**[] What was the result for the FIRST concern? Select all that apply.**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in more than once' or 'Yes, I came in once' at question '21 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **all** that apply:

- Problem was resolved
- Problem continues
- I received information about my problem
- I was put in contact with another lawyer
- I was put in contact with other resources
- The lawyer took on my case
- Other:

[]

**What was the nature of the legal problem you received help with? Please select the SECOND area of law discussed:**



**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in more than once' or 'Yes, I came in once' at question '21 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **only one** of the following:

- Family law
- Disability law
- Employment law
- Criminal law
- Human rights
- Housing
- Violence
- Wills/Advanced Care
- Personal injury
- Civil litigation
- Income supports (benefits programs)
- Other

**[] What was the result for the SECOND concern? Select all that apply.**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in more than once' or 'Yes, I came in once' at question '21 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **all** that apply:

- Problem was resolved
- Problem continues
- I received information about my problem
- I was put in contact with another lawyer
- I was put in contact with other resources
- The lawyer took on my case
- Other:

[]

**What was the nature of the legal problem you received help with? Please select the THIRD area of law discussed:**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in more than once' or 'Yes, I came in once' at question '21 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **only one** of the following:

- Family law
- Disability law
- Employment law
- Criminal law
- Human rights
- Housing
- Violence
- Wills/Advanced Care
- Personal injury
- Civil litigation
- Income supports (benefits programs)
- Other

**[] What was the result for the THIRD concern? Select all that apply.**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in more than once' or 'Yes, I came in once' at question '21 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **all** that apply:

- Problem was resolved
- Problem continues
- I received information about my problem
- I was put in contact with another lawyer
- I was put in contact with other resources
- The lawyer took on my case
- Other:

[]

**What was the nature of the legal problem you received help with? Please select the FOURTH area of law discussed:**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in more than once' or 'Yes, I came in once' at question '21 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **only one** of the following:

- Family law
- Disability law
- Employment law
- Criminal law
- Human rights
- Housing
- Violence
- Wills/Advanced Care
- Personal injury
- Civil litigation
- Income supports (benefits programs)
- Other

**[ ] What was the result for the FOURTH concern? Select all that apply.**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in more than once' or 'Yes, I came in once' at question '21 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **all** that apply:

- Problem was resolved
- Problem continues
- I received information about my problem
- I was put in contact with another lawyer
- I was put in contact with other resources
- The lawyer took on my case
- Other:

**[ ] If you were referred during your appointment to the Hamilton Community Legal Clinic, Legal Aid Ontario, or another legal service outside of the McMaster Family Practice Legal Clinic, did you attend an appointment or receive help?**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' or 'Yes, I came in more than once' at question '82 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **only one** of the following:

- Yes, I went to an appointment for further legal help.
- No, I was not able to go to a follow-up appointment.
- No, I did not think I needed a follow-up appointment.
- This does not apply to me
- Other

**[[If you applicable, were you able to retain a lawyer or receive help from duty council?**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' or 'Yes, I came in more than once' at question '82 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please choose **only one** of the following:

- Yes, I was able to retain a lawyer
- Yes, I was helped by duty council.
- No, I was not able to get help.
- This does not apply to me.
- Other

**[[Please provide any feedback or other comments about the legal clinic and the help you received:**

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I came in once' or 'Yes, I came in more than once' at question '21 [Q080]' (Did you have a legal consult with the lawyer at McMaster Family Practice?)

Please write your answer here:

**[[Were you referred to the system navigator at McMaster Family Practice and have an appointment or phone call in the last 6 months?**

Please choose **only one** of the following:

- I was already a patient with the system navigator before I completed the survey
- Yes, I was referred.
- No

]]

Please provide any feedback or other comments about the system navigator and the help you received:

**Only answer this question if the following conditions are met:**

Answer was 'Yes, I was referred.' at question '31 [Q090]' (Were you referred to the system navigator at McMaster Family Practice and have an appointment or phone call in the last 6 months?)

Please write your answer here:

## Patient Key Informant Interview Guide



LEGAL AID ONTARIO  
AIDE JURIDIQUE ONTARIO



Hamilton Community Legal Clinic  
Clinique juridique communautaire de Hamilton

### The e-Legal Health Check-Up Program (eLHP) Interview Guide

Patient Version

#### Preamble:

- Thanks and welcome
- There are no right or wrong answers, all about finding out what people think
- Audio recording
- Going to be talking about their experience with the e-Legal Health Check-Up Program

#### Satisfaction/Benefits of the e-Legal Health Check-Up

- Were you satisfied with the help you received through the eLHP program?
- What were the benefits of having legal help available through your doctor's office?
- Would you have sought legal help with Legal Aid Ontario or the Hamilton Legal clinic without the screening tool and availability within McMaster Family Practice?

#### Barriers to Use:

- Did you encounter any barriers to the use of the legal services offered at McMaster Family Practice?
- Did you encounter any barriers to the use of the legal services after your initial assessment in the McMaster Family Practice legal clinic?

#### Types of Legal Help:

- What kind of legal help did you receive? (Let them know they can be vague).
- Did the help you received make a positive impact on your life, a negative one?

#### Improvement:

- Do you have any suggestions of how we could improve this program?

Thank you and goodbye.

## Provider Perceptions Survey

### Legal Health Clinic Follow up Survey

Health care provider OR Legal Aid Lawyers' perceptions of the program

**1. Do you think the legal health clinic provided timely access to legal advocacy experts?**

*Mark only one oval.*

Yes

No

**2. Please give your reason why:**

---

---

---

---

---

**3. Were there any barriers for patients in accessing the legal health clinic?**

*Mark only one oval.*

Yes

No

**4. Please give your reasons why:**

---

---

---

---

---

**5. Do you think the legal health clinic improved patients' health?**

*Mark only one oval.*

Yes

No

**6. Please give your reasons why:**

---

---

---

---

---

**7. 4. Do you think the legal health clinic improved patients' housing?**

*Mark only one oval.*

Yes

No

**8. Please give your reasons why:**

---

---

---

---

---

**9. 5. Do you think the legal health clinic improved patients' income?**

*Mark only one oval.*

Yes

No

**10. Please give your reasons why:**

---

---

---

---

---

**11. 6. Do you think the legal health clinic improved patients' access to food?**

*Mark only one oval.*

Yes

No



**12. Please give your reasons why?**

---

---

---

---

---

**13. 7. Do you think the legal health clinic has been a success?**

*Mark only one oval.*

Yes

No

**14. If yes, why:**

---

---

---

---

---

**15. If no, why not:**

---

---

---

---

---

**16. 7. Do you have any other comments - please add below:**

---

---

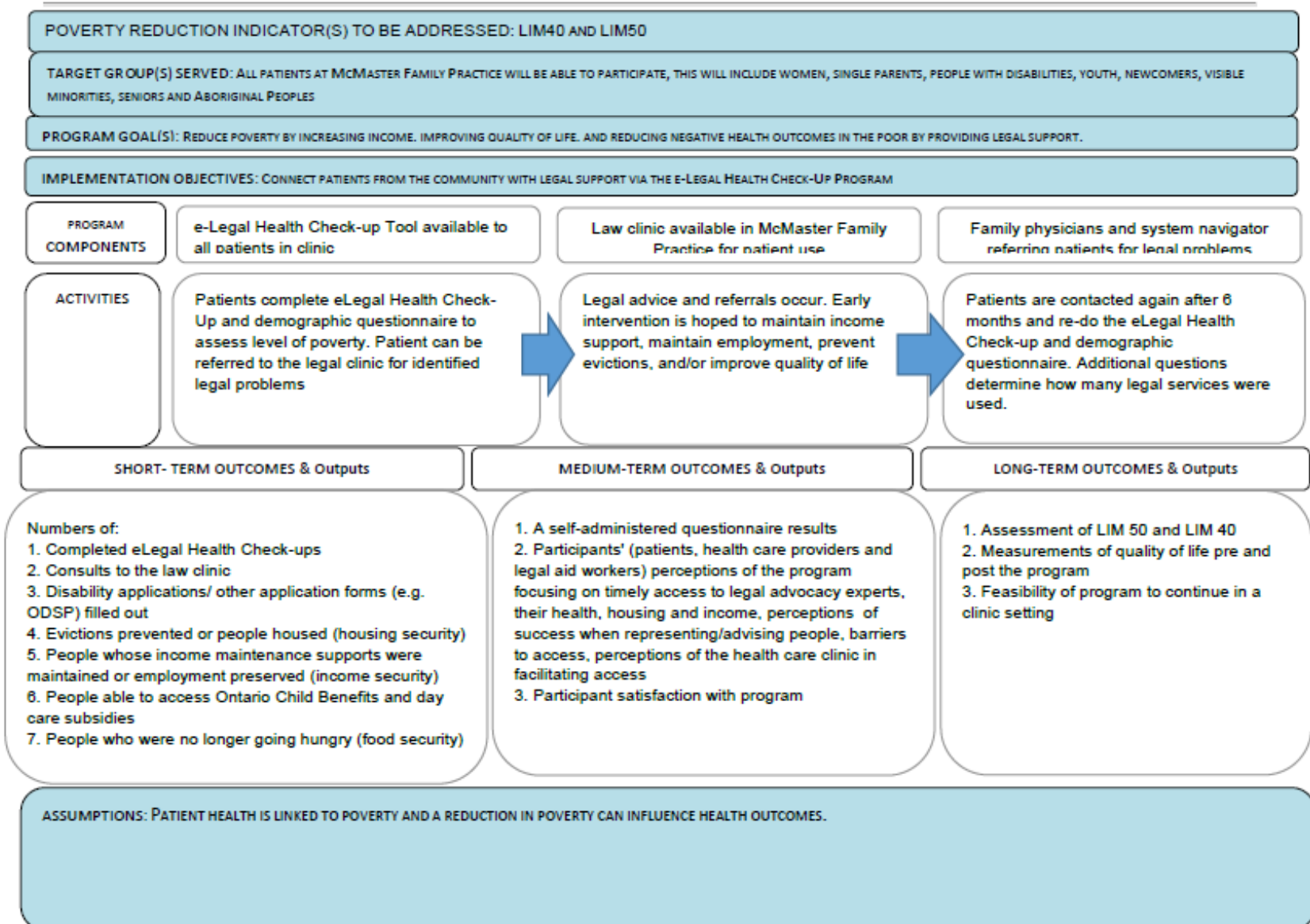
---

---

---

## Appendix C – Updated Logic Model

### PROGRAM LOGIC MODEL FOR THE E-LEGAL HEALTH CHECK-UP PROGRAM



## Appendix D – Supplemental Tables

Table 1. Legal needs of McMaster Family Practice patients that completed the legal health check-up survey

Survey Response positive for having at least one legal need N= 648	Booked an Appointment n (%)	Did not book an appointment n (%)	Attended booked appointment n (%)	Did not attend booked appointment n (%)
<b>Issue Possibly Requiring Lawyer (N=648)</b>	94/648 (14.5)	554/648 (85.5)	69/94 (73.4)	25/94 (26.6)
<b><i>Income legal needs 363/648 (56.0)</i></b>	<b>82/363 (22.6)</b>	<b>281/363 (77.4)</b>	<b>62/82 (75.6)</b>	20/82 (24.4)
‘Trouble making ends meet’ (n=293) [80.72% of those with income problems]	74	219	54	20
Needing help getting or keeping benefits	53	108	39	14
Medical review date for ODSP	5	13	4	1
Someone taking their money without permission	21	21	14	7
Other/ unspecified income issue	37	55	30	7
<b><i>Housing 261/648 (40.3)</i></b>	<b>67/261 (25.7)</b>	<b>194/261 (74.3)</b>	<b>48/67 (71.6)</b>	<b>19/67 (28.4)</b>
Behind with rent	7	18	3	4
Being threatened with eviction	11	5	6	5
Worried rent subsidy will be cancelled	13	16	9	4
Late with rent this year	24	61	14	10

Problems with home, heat not working, bed bugs, etc.	35	77	25	10
Served eviction papers	8	16	6	2
Being harassed by their landlord	18	14	14	4
Denied a rental unit due to discrimination	27	48	19	8
Court order	8	13	5	3
Other/unspecified housing issue	23	22	17	6
<b>Employment 304/648 (46.9)</b>	<b>66/304 (21.7)</b>	<b>238/304 (78.3)</b>	<b>52/66 (78.8)</b>	<b>14/66 (22.2)</b>
Has been hurt at work	38	157	30	8
Has been harassed by your employer or colleagues	9	31	8	1
Having trouble finding work due to discrimination	32	75	25	7
Current or past employer owes them money	9	13	9	0
Other/ unspecified employment issues	16	37	15	1
<b>Health 226/648 (34.9)</b>	<b>53/226 (23.5)</b>	<b>173/226 (76.5)</b>	<b>41/53 (77.4)</b>	<b>12/53 (22.6)</b>
Doesn't have someone to make health decisions	49	153	37	12
Other/unspecified health issues	13	33	12	1
<b>Family/Community 537/648 (82.9)</b>	<b>91/537 (16.9)</b>	<b>446/537 (83.1)</b>	<b>66/91 (72.5)</b>	<b>25/91 (27.5)</b>
Going through a divorce or separation	18	45	14	4

Problems with child support or access	24	30	14	10
Relationship where someone tries to control them	46	110	30	16
Doesn't have a will	80	406	59	21
Trouble attaining citizenship	5	10	5	0
Trouble bringing family members to Canada	13	16	9	4
Other/unspecified	14	21	11	3

Table 2. Socio-demographic information for patients with legal needs compared to patients without legal needs

Socio-Demographics	Legal Needs		Comparison	Appointment Booked		Comparison	Appointment Attendance		Comparison
	Yes N = 648	No N = 122		Yes N = 94	No N = 554		Yes N = 69	No N = 25	
	n (%)	n (%)		n (%)	n (%)		n (%)	n (%)	
<b>Age</b>									
18 - 24	63 (9.8)	1 (0.8)	X <sup>2</sup> (5, N= 764) = 79.08, p < 0.0001	9 (9.8)	54 (9.8)	X <sup>2</sup> (5, N= 644) = 79.08, p = 0.942	5 (7.4)	4 (16.7)	+X <sup>2</sup> (2, N= 92) = 6.05, p = 0.291
25 - 34	132 (20.5)	11 (9.2)		19 (20.7)	113 (20.5)		12 (17.6)	7 (29.2)	
35 - 44	156 (24.2)	16 (13.3)		24 (26.1)	132 (23.9)		17 (25.0)	7 (29.2)	
45 - 54	138 (21.4)	18 (15.0)		21 (22.8)	117 (21.2)		17 (25.0)	4 (16.7)	
55 - 64	86 (13.4)	86 (21.4)		12 (13.0)	74 (13.4)		10 (14.7)	2 (8.3)	
65 and older	69 (10.7)	44 (17.7)		7 (7.6)	62 (11.2)		7 (10.3)	0 (0)	
<b>N<sub>valid</sub></b>	644	120		92	552		68	24	
<b>Gender</b>									
Female	433 (66.8)	72 (59.0)	+X <sup>2</sup> (2, N= 770) = 3.04, p = 0.188	57 (60.6)	376 (67.9)	+X <sup>2</sup> (2, N= 648) = 4.54, p = 0.09	41 (59.4)	16 (64.0)	+X <sup>2</sup> (2, N= 94) = 0.670, p = 0.838
Male	207 (31.9)	48 (39.3)		34 (36.2)	173 (31.2)		25 (36.2)	9 (36.0)	
Transgender	8 (1.2)	2 (1.6)		3 (3.2)	5 (0.9)		3 (4.3)	0 (0)	
<b>N<sub>valid</sub></b>	648	122		94	554		69	25	
<b>Education</b>									
University or college graduate	353 (56.4)	89 (75.4)	X <sup>2</sup> (5, N= 744) = 15.82, p = 0.001	35 (40.7)	318 (58.9)	+X <sup>2</sup> (2, N= 626) = 13.44, p = 0.003	25 (41.0)	10 (40.0)	+X <sup>2</sup> (3, N= 86) = 1.95, p = 0.605
Some college or university	132 (21.1)	17 (14.4)		24 (27.9)	108 (20.0)		16 (26.2)	9 (32.0)	
High School	107 (17.1)	10 (8.5)		17 (19.8)	90 (16.7)		14 (23.0)	3 (12.0)	
Less than high school	34 (5.4)	2 (1.7)		10 (11.6)	24 (4.4)		6 (9.8)	4 (16.0)	
<b>N<sub>valid</sub></b>	626	118		86	540		61	25	
<b>Employment</b>									
Employed, full time	244 (38.9)	49 (42.2)	X <sup>2</sup> (4, N= 743) = 79.56, p < 0.0001	13 (14.6)	231 (42.9)	X <sup>2</sup> (4, N= 627) = 44.86, p < 0.0001	7 (10.9)	6 (24.0)	+X <sup>2</sup> (4, N= 89) = 8.76, p = 0.058
Employed, part time <sup>a</sup>	119 (19.0)	12 (10.3)		16 (18.0)	103 (19.1)		14 (21.9)	2 (8.0)	
Unemployed <sup>a</sup>	89 (14.2)	4 (3.4)		21 (23.6)	68 (12.6)		16 (25.0)	5 (20.0)	
Retired	73 (11.6)	48 (41.4)		8 (9.0%)	65 (12.1)		8 (12.5)	0 (0)	
Unable to work	102 (16.3)	3 (2.6)		31 (34.8)	71 (13.2)		19 (29.7)	12 (48.0)	
<b>N<sub>valid</sub></b>	627	116		89	538		64	25	

<b>Monthly Household Income</b>									
Less than \$650.00	28 (4.6)	1 (0.9)	χ <sup>2</sup> (1, N= 725) = 70.86, p < 0.0001	10 (11.1)	18 (3.5)	χ <sup>2</sup> (3, N= 611) = 49.98, p < 0.0001	6 (9.2)	4 (16.0)	χ <sup>2</sup> (3, N= 90) = 2.75, p = 0.45
\$700.00 to LIM50	210 (34.4)	7 (6.1)		51 (56.7)	159 (30.5)		40 (61.5)	11 (44.0)	
\$1850.00 to \$3000.00	141 (23.1)	17 (14.9)		20 (22.2)	121 (23.2)		13 (20.0)	7 (28.0)	
Above \$3000.00	232 (38.0)	89 (78.1)		9 (10.0)	223 (42.8)		6 (9.2)	3 (12.0)	
<b>N<sub>valid</sub></b>	611	114		90	521		65	25	
<b>Benefits</b>									
CPP-R (Canadian Pension Plan, retired)	46 (7.1)	29 (23.8)	χ <sup>2</sup> (4, N= 770) = 50.22, p < 0.0001	5 (5.3)	41 (7.4)	χ <sup>2</sup> (4, N= 648) = 33.55, p < 0.0001	4 (5.8)	1 (4.0)	χ <sup>2</sup> (3, N= 94), =0.727, p = 0.970
CPP-D (Canadian Pension Plan, disability) and ODSP (Ontario Disability Support Plan)	99 (15.3)	2 (1.6)		29 (30.9)	70 (12.6)		22 (31.9)	7 (28.0)	
EI (Employment Insurance) and EI Sick Benefits	44 (6.8)	3 (2.5)		6 (6.4)	38 (6.9)		5 (7.2)	1 (4.0)	
Other (includes Ontario works)	107 (16.5)	13 (10.7)		24 (25.5)	83 (15.0)		17 (24.6)	7 (28.0)	
No response	352 (54.3)	75 (61.5)		30 (31.9)	322 (58.1)		21 (30.4)	9 (36.0)	
<b>N<sub>valid</sub></b>	648	122			94		554		
<b>Housing</b>									
Owns residence	288 (44.5)	104 (85.2)	χ <sup>2</sup> (1, N = 769) = 73.36 P < 0.0001	20 (21.3)	268 (48.5)	χ <sup>2</sup> (3, N= 647) = 32.39, p < 0.0001	14 (20.3)	6 (24.0)	χ <sup>2</sup> (3, N= 94), =2.06, p = 0.571
Rents residence	277 (42.8)	12 (9.8)		58 (61.7)	219 (39.6)		45 (65.2)	13 (52.0)	
Lives with friends or family	62 (9.6)	5 (4.1)		8 (8.5)	54 (9.8)		5 (7.2)	3 (12.0)	
Other <sup>a</sup>	20 (3.1)	1 (0.8)		8 (8.5)	12 (2.2)		5 (7.2)	3 (12.0)	
<b>N<sub>valid</sub></b>	647	122			94		553		
<b>Relationship Status</b>									
Married	240 (37.9)	81 (68.1)	χ <sup>2</sup> (4, N= 752) = 48.24, p < 0.0001	16 (17.8)	224 (41.3)	χ <sup>2</sup> (5, N= 633) = 30.20, p < 0.0001	14 (21.5)	2 (8.0)	χ <sup>2</sup> (3, N= 90), =7.96, p = 0.040
Common law or cohabiting	87 (13.7)	7 (5.9)		10 (11.1)	77 (14.2)		4 (6.2)	6 (24.0)	
Single (never married)	168 (26.5)	10 (8.4)		31 (34.4)	137 (25.2)		22 (33.8)	11 (44.0)	
Widowed	24 (3.8)	9 (7.6)		2 (2.2)	22 (4.1)				
Divorced	64 (10.1)	9 (7.6)		17 (18.9)	47 (8.7)		25 (38.5)	6 (24.0)	
Separated	50 (7.9)	3 (2.5)		14 (7.1)	36 (6.6)				
<b>N<sub>valid</sub></b>	633	119			90		543		

<b>Citizenship Status</b>									
Canadian Citizen	576 (91.9)	115 (97.5)	X <sup>2</sup> (4, N= 745) = 4.62, p = 0.032	77 (88.5)	499 (92.4)	X <sup>2</sup> (1, N= 627) = 1.53, p = 0.217	53 (85.5)	24 (96)	X <sup>2</sup> (1, N= 87), =1.937, p = 0.164
Other	51 (8.1)	3 (2.5)		10 (11.5)	41 (7.6)		9 (14.5)	1 (4.0)	
<b>N<sub>valid</sub></b>	627	118		87	540		62	25	
<b>Race</b>									
White/Caucasian	498 (79.3)	114 (97.4)	X <sup>2</sup> (4, N= 745) = 22.12, p < 0.0001	63 (71.6)	435 (80.6)	X <sup>2</sup> (14, N= 628) = 3.71, p = 0.054	45 (69.2)	18 (78.3)	X <sup>2</sup> (1, N= 88), =0.681, p = 0.409
Other	130 (20.7)	3 (2.6)		25 (28.4)	105 (19.4)		20 (30.8)	5 (21.7)	
<b>N<sub>valid</sub></b>				88	540		65	23	



Table 3. Poverty Indicators for patients with legal needs compared to patients without legal needs

Poverty Indicators	Legal Needs		Comparison	Appointment Booked		Comparison	Appointment Attendance		Comparison
	Yes N = 648	No N = 122		Yes N = 94	No N = 554		Yes N = 69	No N = 25	
	n (%)	n (%)		n (%)	n (%)		n (%)	n (%)	
<b>Income Insecurity</b>									
Yes	293 (45.2)	0 (0)	$X^2(4, N= 770)$ = 89.05, $p < 0.0001$	74 (78.7)	219 (39.5)	$X^2(1, N= 648) =$ 349.83, $p < 0.0001$	54 (78.3)	20 (80.0)	$X^2(1, N= 94),$ =0.033, $p = 0.856$
No	355 (54.8)	122 (100)		20 (21.3)	335 (60.5)		15 (21.7)	5 (20.0)	
<b>N<sub>valid</sub></b>	648	122		94	554		69	25	
<b>Household Income</b>									
Above LIM 50	373 (61.0)	106 (93.0)	$X^2(1, N= 725)$ = 43.71, $p < 0.0001$	29 (32.2)	344 (66.0)	$X^2(1, N= 648) =$ 349.83, $p < 0.0001$	46 (70.8)	15 (60.0)	$X^2(1, N= 90),$ =0.959, $p = 0.327$
Below LIM 50	238 (39.0)	8 (7.0)		61 (67.8)	177 (34.0)		19 (29.2)	10 (40.0)	
<b>N<sub>valid</sub></b>	611	114		90	521		65	25	
<b>Afford to Buy Medication</b>									
Yes	483 (74.5)	118 (96.7)	$X^2(1, N= 770)$ = 29.50, $p < 0.0001$	38 (40.4)	445 (80.3)	$X^2(1, N= 648) =$ 67.41, $p < 0.0001$	29 (42.0)	9 (36.0)	$X^2(1, N= 94),$ =0.277, $p = 0.599$
No	165 (25.5)	4 (3.3)		56 (59.6)	109 (19.7)		40 (58.0)	16 (64.0)	
<b>N<sub>valid</sub></b>	648	122		94	554		69	25	
<b>Afford to Buy Food</b>									
Yes	529 (85.7)	112 (99.1)	$X^2(1, N= 730)$ = 15.97, $p < 0.0001$	51 (58.0)	478 (90.4)	$X^2(1, N= 617) =$ 64.79, $p < 0.0001$	37 (56.9)	14 (60.9)	$X^2(1, N= 88),$ =0.109, $p = 0.742$
No	88 (14.3)	1 (0.9)		37 (42.0)	51 (9.6)		28 (43.1)	9 (39.19)	
<b>N<sub>valid</sub></b>	617	113		88	529		65	23	
<b>Housing Security</b>									
Yes	536 (87.4)	109 (97.3)	$X^2(1, N= 725)$ = 9.42, $p = 0.002$	55 (63.2)	481 (91.4)	$X^2(1, N= 613) =$ 54.15, $p < 0.0001$	39 (60.9)	16 (69.6)	$X^2(1, N= 87),$ =0.542, $p = 0.462$
No	77 (12.6)	3 (2.7)		32 (36.8)	45 (8.6)		25 (39.1)	7 (30.4)	
<b>N<sub>valid</sub></b>	613	112		87	526		64	23	

Table 4. Quality of Life Indicators for patients with legal needs compared to patients without legal needs

Quality of Life Indicators	Legal Needs		Comparison	Appointment Booked		Comparison	Appointment Attendance		Comparison
	Yes N = 648	No N = 122		Yes N = 94	No N = 554		Yes N = 69	No N = 25	
	n (%)	n (%)		n (%)	n (%)		n (%)	n (%)	
<b>Mobility</b>									
No difficulty	426 (30.6)	96 (82.8)	X <sup>2</sup> (1, N= 730) = 8.57, p = 0.003	35 (41.2)	391 (73.9)	X <sup>2</sup> (1, N= 614) = 36.94, p < 0.0001	22 (34.4)	13 (61.9)	X <sup>2</sup> (1, N= 85), = 4.947, p = 0.026
Some/Severe difficulty	188 (30.6)	20 (17.2)		50 (58.8)	138 (26.1)		42 (65.6)	8 (38.1)	
<b>N<sub>valid</sub></b>	614	116		85	529		64	21	
<b>Self-care</b>									
No difficulty	557 (90.9)	113 (98.3)	X <sup>2</sup> (1, N= 728) = 7.33, p = 0.007	65 (75.6)	492 (93.4)	X <sup>2</sup> (1, N= 613) = 28.15, p < 0.0001	48 (75.0)	17 (77.3)	X <sup>2</sup> (1, N= 86), =0.046, p = 0.831
Some/Severe difficulty	56 (9.1)	2 (1.7)		21 (24.4)	35 (6.6)		16 (25.0)	5 (22.7)	
<b>N<sub>valid</sub></b>	613	115		86	527		64	22	
<b>Performing usual activities</b>									
No difficulty	379 (61.7)	98 (84.5)	X <sup>2</sup> (1, N= 730) = 22.31, p <0.001	23 (26.7)	356 (67.4)	X <sup>2</sup> (1, N= 614) = 51.80, p < 0.0001	14 (21.9)	9 (40.9)	X <sup>2</sup> (1, N= 86) p = 0.099
Some/Severe difficulty	235 (38.3)	18 (15.5)		63 (73.3)	172 (32.6)		50 (78.1)	13 (59.1)	
<b>N<sub>valid</sub></b>				86	528		64	22	
<b>Pain and discomfort</b>									
No difficulty	236 (38.4)	52 (44.8)	X <sup>2</sup> (1, N= 731) = 1.70, p = 0.192	13 (15.1)	223 (42.2)	X <sup>2</sup> (1, N= 615) = 22.87, p < 0.0001	9 (14.1)	4 (18.2)	X <sup>2</sup> (1, N= 86) p = 0.732
Some/Severe difficulty	379 (61.6)	64 (55.2)		73 (84.9)	306 (57.8)		55 (85.9)	18 (81.8)	
<b>N<sub>valid</sub></b>	615	116		86	529		64	22	
<b>Anxiety and depression</b>									
No difficulty	271 (44.4)	78 (68.4)	X <sup>2</sup> (1, N= 725) = 22.29, p < 0.0001	18 (21.2)	253 (48.1)	X <sup>2</sup> (1, N= 611) = 21.49, p < 0.0001	16 (25.4)	2 (9.1)	X <sup>2</sup> (1, N= 86) p = 0.137
Some/Severe difficulty	340 (55.6)	36 (31.6)		67 (78.8)	273 (51.9)		47 (74.6)	20 (90.3)	
<b>N<sub>valid</sub></b>	611	114		85	526		63	22	
<b>Overall Health</b>									
<b>Overall Health</b>									
Excellent/Very good	226 (36.4)	72 (62.1)	X <sup>2</sup> (1, N= 737) = 32.02, p < 0.0001	11 (12.4)	215 (40.4)	X <sup>2</sup> (1, N= 621) = 62.67, p <0.0001	5 (7.7)	6 (25.0)	X <sup>2</sup> (2, N= 89) = 11.32, p = 0.003
Good/Fair	335 (53.9)	44 (37.9)		51 (57.3)	284 (53.4)		44 (67.7)	7 (29.2)	
Poor	60 (9.7)	0 (0)		27 (30.3)	33 (6.2)		16 (24.6)	11 (45.8)	
<b>N<sub>valid</sub></b>	621	116		89	532		65	24	

Table 5. Logistic regression of variables associated with booking a legal health clinic appointment

Variables (N=648)	Odds Ratio	95% Confidence Interval		Significance
		Upper Limit	Lower Limit	
<b>Age</b>				
18-34 years	REF			0.64
35-54 years	0.75	1.58	0.36	0.45
55 years and older	0.64	1.66	0.25	0.36
<b>Gender</b>				
Female	REF			
Male	0.95	1.78	0.51	0.87
<b>Education</b>				
Up to high school	REF			
Post-secondary	0.66	1.34	0.33	0.25
<b>Employment</b>				
Employed	REF			
Not employed	1.66	3.39	0.81	0.17
<b>Household Income</b>				
Above LIM50	REF			0.14
Below LIM50	1.47	3.05	0.70	0.31
No response	0.16	1.94	0.01	0.15
<b>Housing</b>				
Owens house	REF			
Does not own a house	1.45	3.10	0.68	0.33
<b>Relationship Status</b>				

Married/Common Law	REF			
Single	1.00	1.98	0.50	0.99
<b>Citizenship Status</b>				
Canadian Citizen	REF			
Other	2.99	7.71	1.16	0.02*
<b>Ethnicity</b>				
White	REF			
Other	2.34	4.71	1.16	0.02*
<b>Trouble Making Ends Meet</b>				
No	REF			
Yes	1.65	3.55	0.77	0.20
<b>Afford to Buy Medication</b>				
Yes	REF			
No	1.60	3.21	0.80	0.19
<b>Afford to Buy Food</b>				
Yes	REF			
No	1.40	2.92	0.67	0.37
<b>Housing Security</b>				
Yes	REF			
No	2.45	4.87	1.23	0.01*
<b>Mobility</b>				
No difficulty	REF			0.35
Some/severe difficulty	1.43	3.08	0.66	0.36

No response	9.67	363.64	0.26	0.22
<b>Self-care</b>				
No difficulty	REF			0.59
Some/severe difficulty	0.63	1.57	0.26	0.32
No response	0.47	99.5	0.002	0.78
<b>Performing usual activities</b>				
No difficulty	REF			0.60
Some/severe difficulty	1.37	3.08	0.61	0.45
No response	4.38	256.45	0.08	0.48
<b>Pain and discomfort</b>				
No difficulty	REF			0.33
Some/severe difficulty	1.90	4.59	0.79	0.15
No response	0.51	82.96	0.003	0.79
<b>Anxiety and Depression</b>				
No difficulty	REF			0.34
Some/severe difficulty	1.38	2.93	0.65	0.41
No response	5.59	63.56	0.49	0.17
<b>Overall Health</b>				
Excellent/Very good	REF			0.15
Good/Fair	1.71	4.24	0.69	0.25
Poor	3.70	11.82	1.16	0.03*
No response	0.00	0.000	0.000	1

## Appendix E – OTF Evaluation Update Template



### Evaluation Update Template Local Poverty Reduction Fund

### Organizational Information and Signatures

#### Lead Organization Information

Legal Name of Lead Organization  
McMaster Family Practice

Mailing Address  
David Braley Health Sciences Centre, McMaster University  
3rd Floor, 100 Main St W,  
Hamilton, ON L8P 1H6

Contact Person for the Initiative: Dan Edwards	Phone number : (905) 575-9140 x28946	Email address : edwardsd@hhsc.ca
---	---	-------------------------------------

#### Third-Party Evaluator Information – to be completed with Third-Party Evaluator

Name of Third Party Evaluator (institution/organization)  
Department of Family Medicine, Department of Clinical Epidemiology and Biostatistics, McMaster University

Name of Contact Person: Dr. Gina Agarwal	Phone number : (905) 525-9140 x28520	Email address: gina.agarwal@gmail.com
---	---	--

#### Declaration by Third Party Evaluator

Gina Agarwal, Associate Professor, McMaster University, MBBS PHD MRCGP CCFP FCFP \_\_\_\_\_  
*Qualification/ Affiliation/ Designation*

I declare that as the Third Party Evaluator of this initiative I am qualified in accordance with the requirements set out in the Call for Proposals Application Guidelines for the Local Poverty Reduction Fund. Further, I declare that in order to support the reliability and validity of the findings of this evaluation, every effort has been made to ensure the robustness of the research methodology.

Signature of Third-Party Evaluator

*GAR*

X \_\_\_\_\_ Date October 18<sup>th</sup> 2017

Signature of Lead Organization (Signing Authority)

X *Greg Weiler* \_\_\_\_\_

**Greg Weiler**  
Director, Health Research Services  
Faculty of Health Sciences  
McMaster University

Date NOV 09 2017

## ***Table of Contents***

The **Evaluation Report Template** has three sections. You must complete the section of the document that corresponds to your grant's reporting cycle as shown in the table below. Though we encourage you to review the entire document, **please only complete the section that is due in accordance with your grant's reporting cycle.**

<b>Section</b>	<b>Title</b>	<b>Grant Reporting Cycle</b>
<b>Cover</b>	Organizational Information and Signatures	All submissions
<b>A</b>	Detailed Evaluation Plan	First submission
<b>B</b>	Evaluation Update	All subsequent update submissions, including your final report
<b>C</b>	Final Evaluation Report	Final report submission

We strongly recommend that you complete all LPRF evaluation reporting with your third-party evaluator.

## **Part A - Detailed Evaluation Plan**

### **1. Initiative Description**

**NEW**

**Please provide an overview and the context of your initiative.**

Many people do not think of their everyday problems as being "legal problems" and do not know that they can get help. People living in poverty are more likely to report multiple problems such as bad health, unemployment, low income, poor housing and family breakdown. From a primary care perspective, through this program, we are seeking solutions to the legal problems in everyday life that may be harmful to a person's health and result in people falling into, or deeper into poverty. Through legal screening and intervention, we will assist patients in being able to access better housing, employment and income assistance that will mitigate their situation of poverty.

In primary care we provide care to the broadest range of populations. Although this program will be offered to all patients, our focus will be on vulnerable populations including women, single parents, people with disabilities, youth, newcomers, visible minorities, seniors and Aboriginal Peoples who do not have access to resources otherwise. This would provide increased access to legal services and connections to community resources for marginalized populations at a meaningful time in their life. By giving people access to the 'opportunity' to discuss legal problems and identify issues, we can support them with appropriate services before crises manifesting themselves to us as healthcare providers later on.

**What are the goals of your initiative?**

Reduce poverty by increasing income, improving quality of life and reducing negative health outcomes in the poor by providing legal support

**List any assumptions.**

Patient health is linked to poverty and a reduction in poverty can influence health outcomes

### **2. Theory of Change**

**What is your Theory of Change?**

Poverty is a serious problem in primary care. It is encountered by primary care physicians in areas of low socioeconomic status (SES) regularly, in the form of the social determinants of health. The World Health Organization describes the social determinants of health as "the conditions in which people are born, grow, live, work and age" such that these factors are heavily influenced by wealth distribution, power and resources. Hamilton is an area of low SES, with demonstrated poverty and high rates of chronic illness. Poverty impacts health in multiple ways (mental illness, chronic disease, multiple co-morbidities) such that individuals living in poverty often consult with their primary care physicians for assistance with the very health problems that are the result of unmet legal needs. Legal services have the power to impact the social determinants of health and thus the health of individuals. Therefore, medico-legal collaborations between health professionals and lawyers can present a novel way to approach these problems.



### 3. Poverty Reduction Strategy Target Population and Indicators NEW

Select all applicable Poverty Reduction Strategy **target population(s)** impacted by your initiative.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Women                                    | <input checked="" type="checkbox"/> Single parents and children                            |
| <input checked="" type="checkbox"/> Youth                                    | <input checked="" type="checkbox"/> People with disabilities                               |
| <input checked="" type="checkbox"/> Newcomers                                | <input checked="" type="checkbox"/> People who are visible minorities                      |
| <input checked="" type="checkbox"/> Seniors                                  | <input checked="" type="checkbox"/> First Nations, Métis, Inuit or urban Indigenous people |
| <input checked="" type="checkbox"/> Homeless or at risk of becoming homeless | <input checked="" type="checkbox"/> Unattached adults 45-64                                |

Select all applicable Poverty Reduction Strategy **Indicator(s)** impacted by your initiative.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 1. Child poverty target (Fixed LIM-50) | <input type="checkbox"/> 7. Ontario Housing Measure                               |
| <input checked="" type="checkbox"/> 2. Depth of poverty (Fixed LIM-40)     | <input type="checkbox"/> 8. Youth not in education, employment or training (NEET) |
| <input type="checkbox"/> 3. Birth Weight                                   | <input type="checkbox"/> 9. Long-term unemployment                                |
| <input type="checkbox"/> 4. School Readiness                               | <input checked="" type="checkbox"/> 10. Poverty rates of vulnerable               |
| <input type="checkbox"/> 5. Educational Progress                           | <input type="checkbox"/> 11. New homelessness indicator                           |
| <input type="checkbox"/> 6. High School Graduation Rates                   | <input type="checkbox"/> 12. Other: _____ (Indigenous Stream only)                |

### 4. Evaluation Approach – to be completed by Third Party Evaluator

What **type of evaluation** was used? Select one. NEW

- Process     Impact     Both (Process & Impact)     Other (specify below)

If 'Other', please explain how this method is necessary for the completion of a **process** or **impact** evaluation. Note that **Indigenous Stream grantees only** may use alternative evaluation methodologies (such as culturally-based evaluation methods). NEW

Please elaborate on the purpose of the chosen evaluation type.

The main indicators measured will be from Ontario's Poverty Strategy, the low income measure (LIM 50) and the depth of poverty measure (LIM 40). A family unit is considered to be low income if its income is below 50% of the median of incomes of the entire population adjusted for the size and composition of the family units, and in depth of poverty if the income is below 40% of the median. Other measures of success, such as health related quality of life (EQ5D), numbers referred to the legal clinics, numbers of evictions prevented, numbers of people housed, numbers of people whose income maintenance supports were maintained and employment preserved all as a result of as a result of the early intervention will be measured

Please list your key research or evaluation question(s).

Primary research question: What is the impact on poverty, when the Legal Health Check-Up Clinic is instituted at McMaster Family Practice, using income (specifically the LIM50 and LIM40 as defined by Statistics Canada)

as a proxy measure, before and after, on patients referred to the program compared with the clinic population?

Secondary research question: What is the feasibility, sustainability and impact on McMaster Family Practice and its patients, of the Legal Health Check-up Clinic delivered over a 6-month period? Are there improvements also improvements in health or quality of life after the intervention?

**Please describe your evaluation and research methodologies.**

A logistic regression will be performed, comparing those who attended the e-LHP versus a sample matched on age, gender and postal code (and thus SES) from the family practice of those who did not attend the e-LHP, to assess the effect of contributing variables to the dependent outcome (presence of positive increase in LIM 50 variable or LIM 40 variable). Independent variables that will be entered in to the regression analysis will include all demographic data (age, gender, employment status, ethnic background, language spoken, marital status etc.), health data (presence of chronic disease, medications used, drug abuse etc), e-LHP variables (attended clinic vs not, lawyer appointment versus not, court appearance versus not, applications made versus not etc). This multi-level modelling will ensure that the effect of the e-LHP on LIM 50 as a measure of poverty is statistically analysed to determine its true effectiveness.

**What approach are you taking to data collection?**

Patients will be asked to complete the Legal Health Check-up (<https://leaalhealthcheckup.ca/>) on an iPad while waiting for their doctor appointment in addition to a short survey of demographic information (see additional uploaded files on the website). The additional demographic information will be collected using a secure electronic survey. The research assistant will then analyze the responses on the Legal Health Check-up and patients will either be referred to the MFP legal clinic, where a lawyer will be at MFP to meet patients once a week, to the system navigator at MFP, or will not require a referral. Patients referred to the legal clinic will have an additional consent form, which will allow sharing of information between the legal and health clinics. Sharing information between the two clinics is not mandatory but is the patient's choice.

Participants will then be contacted by phone six months after the initial survey and given a second survey (see additional uploaded files) which will look into the outcomes of the legal clinic and change in demographic information. Patients might also be asked at this time to participate in a focus group or interview examining their experience with the legal clinic.

**What is/are the sample size(s) used?**

**NEW**

We have given the initial survey to 774 participants and of those 69 attended at least one appointment at the Legal Clinic at McMaster Family Practice. All participants will be contacted for a follow-up survey. In addition, 100 participants will be surveyed as part of the control group.

**What are the risks or limitations of your approach?**

**NEW**

This study was considered minimal/no risk by the McMaster University ethics board. There are some inherent risks to data transfer over the internet and the possibility of a data breach but the host institutions, McMaster University and McMaster Family Practice, take all reasonable precautions against these possibilities. Most data is also stored without patient identifiers.

**List your ethical considerations (review the [TCPS guidelines](#) if necessary).**

**NEW**

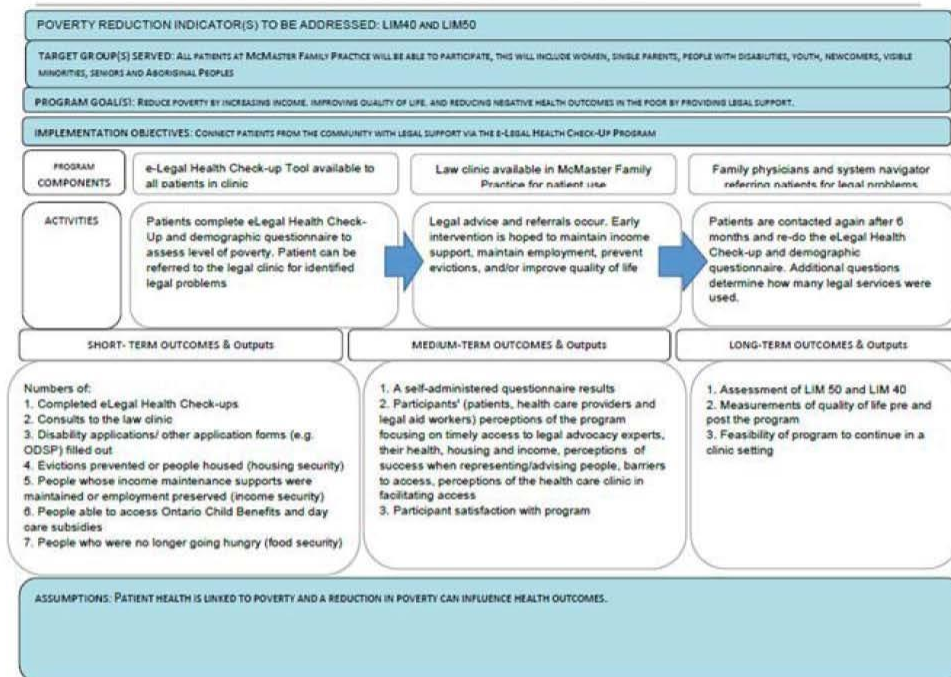
We had one ethical consideration which was data sharing between the patient's health and legal teams given that both doctors and lawyers maintain patient or client confidentiality. We decided not to share medical information directly between McMaster Family Practice and the Legal Clinic. Legal information was shared with the patient's physician only after the patient provided written consent. This ensured that all information sharing was known to and approved by the patient.

**Is there any other information about your evaluation you would like to share?**

### 5. Program Logic Model

On the next page, please insert your Program Logic Model using the format provided, or attach your updated Program Logic Model in a format that includes, but may not be limited to, the elements in the template.

### PROGRAM LOGIC MODEL FOR THE E-LEGAL HEALTH CHECK-UP PROGRAM





## **Part B - Evaluation Update**

**To be completed by Third Party Evaluator**

### **1. Logic Model Update**

**Please review your submitted Program Logic Model, attached on previous page. Have any elements in the Logic Model changed since you began? If so, please provide a detailed description and attach an updated Program Logic Model to this report.**

No

### **2. Evaluation Approach Update**

**Has your evaluation approach and/or methodology changed from your original proposal or design? If so, how?**

No

**Have you experienced any major methodological challenges in carrying out your evaluation? If so, what corrective actions are you taking to ensure the evaluation will be conducted as planned?**

No

**How are you ensuring the methods used are providing the most reliable and valid results?**

We are doing process checks and interim data analysis to ensure that everything is how we anticipated.

### **3. Evaluation Progress Update**

**Please provide an update on completed and in-progress evaluation activities since your last report.**

We have completed our initial recruitment phase after surveying 770 participants. We are now in progress with the long-term future planning for the legal clinic, beginning the collection of the follow-up surveys, and we have begun collecting control data.

**Have you encountered challenges impacting your progress?**

We had trouble having the collaborative agreements signed in time. This was completed in April 2016 and the clinic started immediately after the signing.

**Describe lessons learned through your evaluation.**

Not all people who need legal help are found at a legal aid clinic. We identified many legal problems in the patients of McMaster Family Practice. Some of the patients identified had not thought to pursue legal help and were unaware of what they could do about their problems.

**Describe your qualitative findings, providing a quote, story, or case example, if available and applicable.**

We do not have these yet.

**Describe the datasets from this reporting period which could readily be made available to the Poverty Reduction Strategy Office upon request. If you have no data ready to share as of yet, please provide an estimate of when data will be available.**

We will not be able to share raw data due to patient and client confidentiality. A summary of results can be made available once analysis is completed.

**Describe any measures, questionnaires, surveys or other evaluation tools that may be shared with the Poverty Reduction Strategy Office upon request.**

As we do not own the Legal Health Check-Up, we cannot share that tool without permission.

**Describe the evaluation's next steps.**

Our next steps are to secure the long-term future of the legal clinic within McMaster Family Practice, to collect the control data, and to collect the follow-up questionnaires. This will be happening over the next six months.

**Is there any other information about your evaluation you would like to share in this update?**

No

## *Part B - Evaluation Update*

**To be completed by Third Party Evaluator**

### 1. Logic Model Update

**Please review your submitted Program Logic Model, attached on previous page. Have any elements in the Logic Model changed since your project began? If so, please provide a detailed description and attach an updated Program Logic Model to this report.**

The logic model was modified according to the following specifications:

Some variables were removed (unable to be pulled from lawyer charts and health charts due to privacy of the patients)

- Review of lawyers records to determine court attendance or mediations
- Use of the e-Legal Health Check Up note in the medical chart by healthcare providers
- Review of health record to determine program's impact on health outcomes

One variable was added:

- Food security

Updated Logic Model is attached in the Final Report (Appendix 3: Updated Logic Model)

### 2. Evaluation Approach Update

**Has your evaluation approach and/or methodology changed from your original proposal or design? If so, how?**

Our original methodology and approach were consistent throughout the project.

**Have you experienced any important methodological challenges in carrying out your evaluation? If so, what corrective actions are you taking to ensure the evaluation will be conducted as planned?**

There were methodological challenges that we encountered:

(1) Privacy of the patients

- Patients' health records and their legal records through the lawyers were confidential and our Ethics did not allow us to look at these records for the purposes of the evaluation of the Clinic. Furthermore, lawyers were not allowed to have access to the health records either. This meant that we were not able to look at the health outcomes and court related outcomes of participants and the effect of the Legal Health Clinic on these specific outcomes.

(2) Control group, access for screening legal health

- The sustainability of the Legal Health Clinic was challenged, and meant that the screening for participants was not able to occur in the waiting room. As a result, we were not able to screen all our control group participants using the Legal Health check up tool.

(3) Validity of Income questions

- Participants were asked to provide their monthly income. This question though necessary, was difficult for respondents to answer, as they were not aware of the exact monthly income. Though this could be approximated, in situations where the income had changed by a small amount, it may not have been reported.

**(4) Missing Data**

- The data collected had many areas in which data was incomplete or missing. This is due to the recall of the population and their general education/SES level.

**(5) Poverty Measure**

- The LIM 40 and 50 are cumbersome measures, that vary by year and household size; therefore, they may not be accurate.

**How are you ensuring the methods used are providing the most reliable and valid results?**

We have used a detailed logic model, with different levels of evaluation, and factored in:

- robust analysis using appropriate statistical testing for effect size
- pre-post analysis of attendees
- comparison group of patients from the waiting room of the Family Practice
- a qualitative evaluation to confirm and complement the quantitative findings
- a survey of providers to assess their perceptions of the Legal Health Clinic and its feasibility

### 3. Evaluation Progress Update

**Please provide an update on completed and in-progress evaluation activities since your last report.**

We have completed our evaluation. Please see attached Final Evaluation Report.

**Have you encountered challenges impacting your progress?**

The following challenges were encountered:

- We needed additional time to get the comparison group surveys completed
- Intervention and Comparison groups were both difficult to access in order to survey 6 months later

**Describe any lessons learned through your evaluation.**

We recognise that this group of participants are more difficult to access, probably due to low SES, poverty and health issues. One technique that may increase the response rates from this group may be to vary the research assistants recruiting participants for surveys (each type of research assistant may have high response rates from different respondent categories, e.g. seniors, students).

**Describe your qualitative findings, providing a quote, story, or case example, if available and applicable.**

Detailed findings are in the Final Report.

Three participant stories are quoted here:

**Patient's stories: a few summaries of the patients' legal stories and outcomes are shown below to enable the reader to get an idea of the context and impact of the Legal Health Clinic as a whole.**



**Story 1: Patient expresses the stark difference in treatment they received when using legal aid through the tool**

**P96:** “ the doctor was aware of this, that I was having issues and I needed legal assistance and it was very difficult because of the condition I was in at that time, my health. ... I was directed from someone at McMaster, ... at that the hospital... I was counselled into looking after a matter where I ended up in the legal aid department getting assistance... So I had a different route of requesting and finding out that I needed legal assistance... that way of doing things – walking to that office downtown, walking in with the rest of everybody else... [it] is not only intimidating, it can make a person give up and it gets worst. And there is just something not right about...getting a person with a broken leg to run [that] sort of thing. So, things went really wrong for me with the legal aid in Hamilton because... they just never treated me like someone... with health issues... So I utilized your service the past 2 years to actually go back in and have a much softer, more healthier environment, to actually readdress what happened to me back then. That’s what I did, I readdressed what happened back then. And I experienced your process this year, and I wish it was there before because everything would have went better for me before because the legal aid would have acknowledged me coming out of this process at your.. ah on the third floor there [health clinic]. ... And I experienced your process this year, and I wish it was there before because everything would have went better for me ... It has everything to do with the fact that ... Not to put patients that are definitely ill or having their issues, go through that rough and tough process of going downtown and going in like everybody else trying to get help... it’s scary. Especially if your issues are hidden illness issues. ...[referral to the legal clinic] gets things started properly as opposed to throwing us out there and you know, people don’t even look at us as sick, and might not be able to handle some of the, some of the issues that the brain has to handle you know. We need that little bit of different treatment because it started in the doctor’s office.”

**Story 2: Patient expresses frustration with the mediation process and feeling that they had no one who would stick up for them, despite receiving valuable legal advice**

**P409:** “Uhhh... the only comment I have is when I was ahhh going through mediation that the mediator was actually on... she wasn’t on his side... but she felt sorry for him. You know what I mean? So kind of helped him along. Which she wasn’t supposed to be, she is supposed to be neutral. She felt so sorry for him and believed his crap even though I had a pile of evidence in front of me, it didn’t matter. You know, that really kicked me off. ...I had to drag my landlord to the tenant board for a lack of maintenance. And he basically lied, she felt sorry for him and all I was offered was one month free rent which I had to basically spend on my son because he ended up contacting pneumonia. And uhh .... (6:43) a quarter of last month’s rent back, which I’ll never see. Another \$940 and welfare won’t help with that.. and now my landlord is nowhere to be seen. He’s not even a landlord anymore. So I’m never gonna see that money again. And I can’t take ...? (7:10) for it because nobody can find him. His wife is not even... she basically said that she’ll give me the \$950 and everyone has a hard time believing it because they never follow through with anything they say. So I found a new place to live, it’s all inclusive its great, but I still have to come up with 950 or 940. And OW cut me off again

even though ...?(7:38) knows of the situation, I have to deal with a disabled child and everything else. So it might have been ....? (7:43) Maybe it's time to call today and find out. So I'm tired of being cut off welfare when they know my situation. ...(7:52) excuse is looking for work because of my son and they're still sending me the paperwork to put in hold for my cheques and banks. Which is really irritating."

**Story 3: Patient expression frustration with the legal process, feeling powerless and unable to bring about a resolution, despite receiving valuable legal advice.**

**P29:** "[after the initial assessment]...she told me uhh about the labour law so I had the doctor follow up by follow-up umm by sending a letter to my employer offering to have it um it the specialist there assess my work uhh station for umm accommodation, like suggested for accommodation, however my employer never followed through with that and then the manager quit and there was a new manager, so I'm still not working. I'm technically still staff there. Legally Im not really sure that I have any ... standing. Like I – I did what she said to do, which was have the doctor communicate to them, but they didn't –yea I don't really know how to force them to –to umm follow through with that. They ...? [4:30]. I'm just the little guy, what can I do?...I was like, ok well I've given them the info. This is legally what I am supposed to do. I guess I could follow-up, but what am I going to do. Im going to like, me as a person pay a lawyer to a board of directors? How to coop? Like, ya, its uhh – there's no way to force them to not be slack....That's life."

**Describe the datasets from this reporting period which could readily be made available to the Poverty Reduction Strategy Office upon request. If you have no data ready to share as of yet, please provide an estimate of when data will be available.**

The Hamilton Integrated Research Ethics Board (HIREB) and our consent process does not allow data to be shared with external parties.

**Describe any measures, questionnaires, surveys or other evaluation tools that may be shared with the Poverty Reduction Strategy Office upon request.**

All of the recruitment and data collection tools will be shared and are in the Final Report, which is attached.

- Legal Health Check
- Evaluation surveys
- Qualitative interview guide
- Recruitment Posters

**Describe the evaluation's next steps.**

- Knowledge translation (academic papers)
- Feedback to partners (has been completed already in a series of sustainability meetings)

**Is there any other information about your evaluation you would like to share in this update?**

We have prepared a full report which has all the details of our outcomes, findings and tools that were used. Please see attached.



## **Part C – Final Evaluation Report**

**To be completed by Third Party Evaluator**

### **Executive Summary**

#### **1. Final Evaluation Results**

**What are the key findings of your evaluation? Please provide an analysis using your Evaluation Questions as main sub-headings, and identify statistical analysis used.**

**Primary research question:**

What is the impact on poverty, when the Legal Health Check Up Clinic is instituted at McMaster Family Practice, using income (specifically the LIM50 and LIM40 as defined by Statistics Canada) as a proxy measure, before and after, on patients referred to the program?

**Key findings:**

**(1) Overall Health Status**

- In intervention attendees with a household income below LIM 50, overall health status significantly improved compared to the comparison group of individuals with household incomes below LIM 50 ( $p < .05$ ).
- Similarly, in intervention attendees with a household income below LIM 40, overall health status significantly improved compared to the comparison group of individuals with household incomes below LIM 40 ( $p < .05$ ).
- These comparisons were made using a mixed model ANOVA, which evaluates how the health status measure changes over time between the two groups.
- This result indicates that providing the legal clinic in McMaster Family Practice improved the overall health status of those who attended and are living in poverty (LIM 40/LIM 50).

**(2) Housing Security, Food Security, and Income Security**

- In intervention attendees with a household income below LIM 50, the poverty indicators (housing security, food security, income security) did not change significantly compared to the comparison group of individuals with household incomes below LIM 50.
- Similarly, in intervention attendees with a household income below LIM 40, two of the poverty indicators (housing security and income security) did not change significantly compared to the comparison group of individuals with household incomes below LIM 40; however, food security did improve significantly.
- These comparisons were made using mixed model ANOVAs for the continuous outcomes and generalized estimating equations for the binary outcomes, which both allow us to evaluate the change over time between the two groups.
- It is possible that any potential change in these indicators was too small to detect with the number of participants included in this analysis (fewer than 25 individuals per group).

### Secondary research question:

What is the feasibility, sustainability and impact on McMaster Family Practice and its patients, of the e-LHP delivered over a 12 month period?

### Key findings:

#### (1) Feasibility

In the 6 month intervention period of the program, 770 patients completed the legal check survey in the waiting room. In total, 94 appointments were made with the lawyers at the legal clinic and 69 consultations were completed. In addition, 29 patients were referred to the system navigator for non-legal assistance and information.

Of the 770 participants that completed the legal health check-up survey, 648 unique responses were positive for having at least one legal need. The most prominent legal need indicated through the surveys were family/community legal needs (82.9%), followed by income legal needs (56.0%), employment legal need (46.9%), housing legal needs (40.3%), and health legal needs (34.9%). It is important to note that legal needs were not mutually exclusive; a participant could have one or more legal needs.

Therefore, the fact that there were so many appointments made in a 6 month period (16 per month, 4 per weekly half day session), and so many legal needs identified, confirms the feasibility of the project.

#### (2) Sustainability

Providers were satisfied (92.6%) with the Legal Health Clinic and were supportive of it continuing.

Some comments received were:

- has been easier to link patients to legal resources that I feel ill equipped to advise patients about
- The project deepened our partnership and clients benefited from getting access to legal services from a trusted intermediary.
- I believe the structure addressed the primary barrier [for patients] in these situations, which is trust, by having MFP make the appointments.
- It appears that the early intervention model is working - we tend to see patients/clients who are concerned about their rights or potential legal issues, rather than seeing them at the point of crisis. Having ready access to a client's health care providers has also been quite positive. Patients/clients of the LHCU have additional supports, which usual

The Program has continued 11 months post-intervention, after a planning period with Hamilton Community Legal Clinic, Legal Aid Ontario and McMaster Family Practice. A new sustainable method of screening has been adopted that seems to be working well, and the plan is for the Program to continue, as long as lawyers are provided free of charge.

#### (3) Impact

- Income Security
  - At baseline, 27 (77%) participants indicated that they were unable to make ends meet, out of the 35 who responded to this question

- At follow-up, 4 (15%) of these 27 individuals reported that they were no longer unable to make ends meet.
- This improvement was a statistically significant change using a binomial test for proportions ( $p < .001$ ).
- **Housing Security**
  - Initially, 10 (31%) participants indicated that they were fearful of losing their housing, out of the 32 who responded to this question
  - At follow-up, 4 (40%) of individuals no longer had a fear of losing their housing
  - This improvement was a statistically significant change using a binomial test for proportions ( $p < .001$ ).
- **Food Security**
  - 11 out of 35 (31%) respondents indicated at baseline that they, or someone in their family, had gone hungry in the last month due to the inability to buy food.
  - After 6 months, only 3 (27%) out of these 11 respondents indicated that they, or someone in their family, had gone hungry in the last month due to the inability to buy food; meaning that 83% no longer had this marker for food insecurity.
  - This improvement was a statistically significant change using a binomial test for proportions ( $p < .001$ ).
- **Access to Healthy Foods**
  - The inability to purchase affordable healthy foods remained consistent.
  - At baseline, 20 (63%) respondents felt they could not buy affordable healthy foods, out of 32 respondents.
  - After 6 months, 19 (95%) of these 20 respondents still indicated that they were unable to purchase affordable healthy foods.
- **Health-Related Quality of Life (EQ5D)**
  - **Mobility:** Of the 21 (64%) respondents with mobility issues at baseline, 18 (86%) still had mobility issues after 6 months and 3 (14%) no longer had issues.
  - **Self-care:** Of the 8 (24%) respondents with issues performing self-care at baseline, 4 (50%) no longer had issues after 6 months.
  - **Usual activities:** Of the 26 (79%) respondents who had difficulties performing their usual activities, 5 (19%) no longer had difficulties after 6 months.
  - **Anxiety/depression:** Of the 23 (72%) respondents with some or severe anxiety or depression at baseline, 21 (91%) were still experiencing this anxiety or depression after 6 months.
  - **Pain/discomfort:** Of the 31 (94%) respondents who were experiencing some or severe pain or discomfort at baseline, 30 (97%) were still experiencing this pain or discomfort after 6 months.
  - Using a binomial test to evaluate the changes in proportions, there was a statistically significant improvement for all domains, except pain/discomfort, after 6 months in those who reported difficulties or issues with these quality of life domains at baseline ( $p < .05$ ).
- **Overall Health Status (Scale from 0 to 100)**
  - In general, the mean health status on a scale from 0 to 100 was 45.0 (SD=24.7) at baseline and improved to 60.0 (SD=18.9) after 6 months.
  - Using a paired t-test to evaluate each participant's overall health status at 6 months compared to their own baseline, there was a significant improvement ( $p < .05$ ).



- **Self-reported Health Status**
  - Participants are asked to rate their health status as Poor, Fair, Good, Very Good, or Excellent.
  - Of the 19 (58%) respondents who rated their health status as Poor or Fair at baseline, only 13 (68%) still rated their health status as Poor or Fair after 6 months and 6 (32%) self-reported their health status to be Good, Very Good, or Excellent.
  - This improvement is significant using a binomial test on the proportion ( $p < .001$ ).

**Discuss the significance and limitation of the findings, using your Evaluation Questions as main sub-headings.**

**Primary research question:**

What is the impact on poverty, when the e-Legal Health Check Up Program (e-LHP) is instituted at McMaster Family Practice, using income (specifically the LIM50 and LIM40 as defined by Statistics Canada) as a proxy measure, before and after, on patients referred to the program?

**Significance:** The Legal Health Clinic may have a positive effect on reduction of poverty, though it is difficult to ascertain based on our small sample sizes. The findings may be generalizable to other primary care clinic based in urban downtown core areas, that have similar patients.

**Limitations:** It was not possible to obtain a matched control group, and an exactly comparable control group, which may have limited our results. The other issue was that changes may require more than 6 months to be demonstrated, as legal processes can take time to be implemented and show results.

**Secondary research question:**

What is the feasibility, sustainability and impact on McMaster Family Practice and it's patients, of the e-LHP delivered over a 12 month period?

**Significance:** The Legal Health Clinic was feasible and has been sustained within McMaster Family Practice as an ongoing program post-intervention. The clinic had positive impact on indicators related to poverty, specifically, income security, housing security, and food security. This demonstrates the potential for this type of model to be implemented in family health teams and large group practices and improve the social determinants of health for these patients.

**Limitations:** McMaster Family Practice is a unique environment, and therefore this intervention may only be successful in a large group practice setting with a large proportion on inner-city and vulnerable patients.

## 2. Conclusions

**What are the key lessons learned from the evaluation?**

- the program is feasible
- the program does have a positive impact on poverty

**How will this evaluation help inform the initiative moving forward?**

other practice can determine if they think this intervention will be a good fit for their practices  
the lawyer/health clinic partnership has been proven to be feasible and sustainable - there may be other health models that can benefit from a legal intervention

**Please provide your recommendations and conclusions.**

Inner city Primary Care practices determine whether partnership with Legal Aid are possible in their locations and explore the potential partnerships possible, with a view to initiating such a program for their population.

**If you could do another evaluation of the initiative subsequent to this one, what would be the next research question(s) you would investigate?**

Does a Legal health program intervention in a primary care clinic have any effect on the health of participants?

### 3. Stakeholder Feedback

**Please provide a comment or feedback from a participant or stakeholder regarding your completed evaluation and results. This can also be provided in a separate document as an attachment.**

Feedback was sought and received as per the following comments:

**Legal Aid Ontario:**

I have found this project successful, very rewarding and I hope we are able to sustain and enhance the program in the future. The Legal Aid staff lawyers who have attended to provide advice have unilaterally said this was a positive experience. While there is a challenge in that, not every lawyer has expertise in all areas of law, we have built up a network of colleagues between the Hamilton Legal Clinic and McMaster Family Health Team to fill those gaps in our knowledge and provide assistance in a collaborative way. Clients have often expressed their gratitude in being able to access legal services in a setting that is familiar and comfortable. They have said things like:

“thank you for listening, thank you for taking the time, thank you for that information, thank you for that referral, can I come back and see you again?” One person advised that even though the clinic was just down the road, they would not have gone because of their mental health.

Client satisfaction surveys and informal queries have all validated the importance of having the client receive the service without additional barriers such as logistics.

**Hamilton Community Legal Clinics:**

“Anecdotally we knew that this medical legal collaborative was benefitting access to services as well as client outcomes. This evidence-based evaluation has demonstrated the positive impact for low income participants regarding income, housing and food security. It is gratifying to see the feedback from patients/clients that this integrated community-embedded model of service delivery is more respectful, confidential and trustworthy, for marginalized users in particular. We have benefitted from the collaboration with MFP and clearly clinicians have been better able to link patients to legal services and resources as a result of the partnership. We are also thrilled that the evaluation has shown the model to be feasible and sustainable, as we are committed to the partnership and this holistic approach to service delivery.”

**McMaster Family Practice:**

As the Clinic Director of McMaster Family Practice, I found the implementation of the Legal Aid Clinic caused minimal disruption to our operations and provides a unique service to patients in need. It also provides a more robust team to work with a patient’s social determinants of health, which we know are one of the biggest barriers to overall improved or good health. Having the Legal Team onsite to work with our healthcare providers improves communication and timeliness of interventions, and affords better coordination of services. Legal Aid assistance for key areas of patient need (as per the results thus far in this study) might allow for more targeted programs in the future.

Our team is happy to continue to be engaged in the partnership based on the evaluation and results, particularly because of the clinical benefits seen in patients directly. Any improvement in even a small number of patients' overall health, as has been shown by this program to date, relieves a burden on the health care system and improves patients quality of life.

#### 4. References

**Please provide references if applicable.**

1. Wilkinson, Richard G. and Marmot, M. G. (2003) Social determinants of health: the solid facts. World Health Organization, Geneva at 7.
2. Robin Nobleman. Are health problems legal problems in disguise? Canadian Forum on Civil Justice. Wednesday, July 17, 2013; accessed June 4th 2015:  
<http://www.cfcj-fcjc.org/a2jblog/are-health-problems-legal-problems-in-disguise#sthash.tCMUZMd1.dpuf>
3. Xuelin Zhang. Income Research Paper Series. Low Income Measurement in Canada: What Do Different Lines and Indexes Tell Us? Income Statistics Division, Statistics Canada. Catalogue no. 75F0002M — No. 3 ISSN 1707-2840. ISBN 978-1-100-15828-0

#### 5. Appendix List

**Please provide a list of all the documents attached to this final report.**

Final Report Manuscript containing appendices with all requested attachments

**Thank you!**