Health co-ops in Canada and around the world

A Report on 15 Years of Commitment (1996-2011)

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Foreword

I prepared the original version of this report in September 2011 for the attention of board members of the new Health Care Co-operative Federation of Canada in order to summarize the health co-op research, conferences and promotion that have occurred over the 15 years prior to the creation of the Federation. Thus, the report covers the period 1996 - 2011.

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Introduction

In 1995, as a full-time researcher in a University Chair dedicated to co-op studies, I suggested that a research project commence relating to health co-ops (HC). From then until 2001 (when I left this academic position), I tried to link research closely to practice, from both a Québec and international perspective. The first working paper, written in collaboration with Yvan Comeau (1996) portrayed the experiences of 11 health co-ops in different countries. Fortunately, it was released at the same time as the United Nations' report, *Health Co-ops around the world, A global survey*. Consequently, I was able to connect quickly with the establishment of the International Health Co-operative Organisation (IHCO), the sectoral health co-op organisation of the International Co-operative Alliance (ICA), and, as an observer, attend the founding meeting in 1996 in San Jose, Costa Rica. From then on, I stayed close in touch with the IHCO and in 2001, in answer to a request from ICA staff responsible for the relationship with the IHCO, considered the opportunity to become a board member. After receiving the official support of the Conseil Canadien de la Coopération (CCC - one of the two Canadian ICA members) at the IHCO general meeting in Seoul, South Korea in October 2001, I was elected to the board.

Since then, I have tried to combine as best I can the roles of researcher and representative, while remaining in close connection with the CCC and since 2006, the Canadian Co-operative Association (CCA). (At that time, there was no Canadian Federation of Health Co-ops.) I see my role on the IHCO board primarily as a link between the international health co-op movement and Canadian co-op movement. At the same time, I have encouraged many projects, conferences, study tours, etc. to enhance interest in the subject all around the country. With the incorporation of the *Health Care Co-operatives Federation of Canada* in the summer of 2011, it is time to summarize the developments of the past 15 years. It’s time to start a new chapter - whatever it is!

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1 Special thank to Vanessa Hammond for their kind suggestions in order to improve the English writing of this report.
2 Chaire de coopération Guy-Bernier (CCGB), Université du Québec à Montréal : [http://www.chaire-ccgb.uqam.ca/](http://www.chaire-ccgb.uqam.ca/)
3 Since that time, Yvan Comeau work as a professor in social work in Laval University (Québec City). He became a well renewed researcher in social economy.

We adapted this content for the purpose of France well-renewed social economy review, la RECMA : Comeau, Yvan and Jean-Pierre Girard (1996) « Les coopératives de santé : une modalité d’offre des services médicaux », La revue d’études coopératives, mutualistes et associatives, (RECMA), n°261, 3e trimestre, pp. 48-57 [http://www.recma.org/node/475](http://www.recma.org/node/475)
1- 1995-2001: Understanding health co-ops from the ground up

When I started to study health co-ops at UQAM’s CCGB, it was because, as a former professional and executive director of two Québec provincial federations and confederations of co-ops, and closely involved as I was in the Conseil de la coopération du Québec (CCQ)\(^5\), I felt that the health sector would be a promising new area for co-op development - in Québec, at least,. Being aware of a few examples in other countries, I started to study from a global perspective and quickly realised that you can’t have a clear comprehension of the role played by a country's health co-ops if you don’t clearly understand three basic aspects of the organisation of national health systems: the rules of governance of the health services network, including professional associations; the funding principles (public, private, mixed); and the provisions or delivery scheme (public, for profit, not for profit, co-op).

Yvan Comeau and I were greatly surprised that, just when we started to work on the 1996 study, two things occurred:

- The UN conducted a global survey on the same subject\(^6\). This helped connect us with different health co-op organisations. At the same time, we offered to the UN our own, on-the-ground findings for one country, Costa Rica\(^7\);
- Coming from grassroots, an executive director of caisse populaire Desjardins, Jacques Duranleau, conducted a project on the first health co-op to be set up in Québec. This was the Coop de santé Les Grès (CSLG) established in 1995 in Saint-Étienne-des-Grès, a municipality of 3,600 inhabitants located between Trois-Rivières and Shawinigan along Québec's Highway 55. In fact, most of the subsequent HC projects in Québec\(^8\) will reflect the business model created for this co-op.

In the spring of 1996, as a lecturer in a Masters degree program in Co-op Studies at Sherbrooke University (IRECUS), I took a group of students on a 10-day Co-op Study Tour of Saskatchewan where we were hosted by the Centre for the Study of Co-operatives (University of Saskatchewan). Other than the dramatic change occurring at that time in the capitalization of the Saskatchewan Wheat Pool, our major discovery was the radical difference between HCs in Québec and those in Saskatchewan. The Prince Albert, Saskatoon and Regina co-ops differed from those in Québec not only in terms of funding but, perhaps more significantly in my view, in terms of health philosophy\(^9\).

\(^5\) From 1988 to 1994, as coordinator and then, executive director of Confédération québécoise des cooperatives d'habitation, I replace the CQCH chair board at many occasions on the board of CCQ.
\(^6\) This study, originally released in English, was been translated into French and in Spanish. In 2011, in my view, it still the most important one ever undertaken at this scale (worldwide).
\(^7\) In fact, during summer 1995, we were able to send a Costa-Rican student at UQAM on a field study in Costa Rica! So by this means, he could collect first hand information on health co-ops in this Central America country.
\(^8\) Renting space to health professional including doctors. This source of revenue became the most important income for the co-op.
\(^9\) In 1996, the development of HC was very limited in Québec, and the trend was to operate a clinic on a traditional way which means whiteout any major difference from other medical clinics in term of curative approach. In Saskatchewan, the focus was to put focus on both dimensions, preventive and curative with an open mind to the social dimensions (health services to poor, to native people, etc.).
In 2000, drawing in part on what I learned from that Tour, I wrote a working paper with a former student of IRECUS that compared Québec and Saskatchewan agri-coops and health co-ops\textsuperscript{10}.

From 1996-99, I was involved with a sub-committee of CCQ\textsuperscript{11} trying to encourage the idea of health co-ops in Québec. The timing was not so good. At the same time, I undertook other studies of health co-ops at CCGB to show, for instance, that the experience of CSLG in Saint-Étienne-des-Grès was not isolated: many other municipalities in Québec with a population of 3,000-10,000 inhabitants suffer from a lack of doctors\textsuperscript{12}. In another study, my colleague Comeau and I compared 4 different kinds of primary care clinic (public, FP, NFP, co-op) in terms of their institutional and organisational dimensions\textsuperscript{13}.

In 1999, taking advantage of the ICA congress in Québec City, I organised a conference there with Dr Kato, the chairman of the Health Co-op Association of the Japanese Consumers’ Cooperative Union (HCA-JCCU). It was the first opportunity in Québec to present this unique example of health co-ops. Dr Kato, with the help of a translator, explained in detail the philosophy and the practices of the association, including Han groups. In my case, it was the beginning of a very rich relationship with HCA-JCCU.

2-2001-… The IHCO board experience: the international perspective

As aforementioned, in 2001, after formal recognition by the CCC\textsuperscript{14}, I accepted an invitation to sit on the board of the IHCO as its sole North American representative. It is important to note that I did this on a voluntary base; no organisation pays for the time I spend on this work (board preparation, board meetings, and follow-up between meetings). On the other hand, by combining


\textsuperscript{11} The official name was « le sous-comité du développement coopératif dans le domaine de la santé » and the most relevant activity of this working group was the organisation in October 1998 of a study day gathering up to 80 participants from different kinds of co-ops getting involved in this field (clinic, para-medic, home services, professional). The CCQ published the 65 page report of this study day.


\textsuperscript{15} I take this opportunity to warmly thank Réjean Laflamme for the permanent support he offered me over the years from his position at CCC. He is currently the acting executive director of CCCM (the new name of CCC). Réjean also attended the IHCO session with me in Oslo in 2003.

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funds from Federal and University sources I can afford the travel costs incurred from these activities 15.

From that moment, it was clear in my mind that it would be relevant to invite the IHCO board to Canada and to take advantage of the members’ presence by combining board sessions with public conferences. I tried first in 2003 but due to the SRAS outbreak in Canada, the Japanese delegation postponed its participation. I sent another invitation for 2004, and this time enjoyed complete success! There were three events:

- With the support of the CCC, a week-long study tour of health co-ops in Québec was organised for 6 Japanese representatives of the HCA-JCCU. Stéphane Audet accompanied them for the whole week;
- A public conference was organised with the collaboration of the CCC, CCA and Coop Secretariat in Ottawa’s former City Hall. It was an opportunity to present different HC models from around the world - Japan, Sweden, Spain, etc. In addition, Patrick Lapointe made a presentation about the Saskatoon Community Health Clinic;
- Finally, the IHCO board meeting took place in the CCA board room on Bank Street in Ottawa.

The Aylmer Health Co-op offered a warm reception to the IHCO members, including presentations in the various languages of the board members. These IHCO activities in Ottawa also occasioned a meeting with Geraint Day and Mo Girach from the UK, with whom I would go on to develop a fruitful relationship.

In June 2005, the CCC took advantage of the ICA America meeting in Ottawa to organise a study day that compared the experience of health co-ops in Canada with those in Columbia (especially the model of the Salud Co-op). I was among the speakers.

In October 2008, with the support of the Saskatoon Community Health Clinic and the Centre for the Study of Co-operatives at the University of Saskatchewan16, I repeated the activities of 2004, but in Western Canada. In brief:

- I organised and led participants from Québec and from Japan’s Nagano health co-ops on a study tour of community health clinics in Saskatchewan17;
- Under the leadership of the Centre for the Study of Co-operatives and the Saskatchewan Community Health Co-operative Federation, a one-day public conference was organised in Saskatoon, "The role of Co-operatives in Health Care National & International

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15 Even though I left my university position in 2001, since 1989 I have worked on a part-time basis as a lecturer specializing in co-ops in various universities in Quebec and Africa.
16 A special thanks to helpful support from Catherine Leviten-Reid, at this time, a researcher at CSC and a board member of Saskatoon Community Health Clinic. She is now assistant professor in the University of Cape-Breton in Community Economic Development program.
17 Interestingly, in Regina, we decided to stop at the Legislative Assembly. At the beginning of the session, a member of LA informed the Assembly of our presence!
Perspectives”. In addition to presentations about Spain, Sweden and Japan, we welcomed one from Argentina (Federacion Argentina de Entidades Solidarias de Salud Cooperativa). For my part, I made 2 presentations, one explaining the framework of health co-ops around the world and another one about Canadian and American models of co-operative health care18.

• The IHCO board meeting took place in Saskatoon in the board room of the Saskatchewan Community Health Co-operative Federation19.

Catherine Leviten-Reid prepared a report on this journey and the Centre for the Study of Co-operatives put the various PPT presentations on its Web site.

3- 2006-2010: The Knowledge Base Project 2007

Since the moment I started to sit on the IHCO board, it was clear to me that we needed to update the UN's 1997 study of health co-ops. I raised this issue in 2003. Over time, it came to be known at the board as the Knowledge Base Project 2007 (KBP07). The basic idea was to undertake a worldwide research project to describe, country by country, where health co-ops were to be found; to provide a basic explanation of the national health system (management, funding and delivery); and to explain the place and the role of health co-ops (including their address, WEB site, e-mail, etc).

Even though I received good feedback about this project from colleagues on the IHCO board, no IHCO member organisations were prepared to put money towards the project. In 2006 I therefore took a few months to convince some Canadian co-op organisations to fund at least the research, through the hiring of a full-time research professional. The Co-operators, Desjardins20 and University of Sherbrooke’s IRECUS were the main contributors. In 2007, Geneviève Bussière worked on this project on a full-time basis. I became its coordinator. I was delighted with the selection of Geneviève; her trilingual ability (French, English and Spanish)21 was extremely useful to the project. Its purpose was simple: we coordinated the project globally; developed common questionnaires (for single organisations and for federations or associations of co-operatives) and all the software; collected data from North America and Africa; and asked colleagues from three other main organisations to collect data from their own regions (Europe, Asia-Pacific and South and Central America).

18 The summary can be read and the presentations (PPT) can be downloaded at:
http://www.coop.gc.ca/COOP/display-afficher.do?id=1254937471500
A PDF version of the conference is also available at:
http://www.ssc.wisc.edu/~wright/Social%20Economy%20PDFs/Home%20Care%20Services/Leviten%20Reid%202009.pdf
19 Special thanks to Patrick Lapointe for their support at this event.
20 Warm thanks to Daniel Roussel. Over the years, from their position in Desjardins organisation, Daniel always support the best he can some of my project including the Study Tour in Japan in 2007
21 Geneviève left the project in 2008. She works now at Canadian International Development Agency in Gatineau. Catherine Larouche completed the mandate.
For reasons beyond our control, this final component did not materialize. Nevertheless, we succeeded on our part of the task, and produced common tools, 5 national case studies and the analytical paper. A first version was published in English; with the support of the Co-op Secretariat, all the reports have since been translated into French. All are now available on the IRECUS WEB site22, including:

- Canada;
- United States of America;
- Benin;
- Uganda;
- Mali and
- Global Background and Trends from a Health and Social Care Perspective.

4- 2001-…Advancing the understanding of health co-ops

Although I left my university position in co-op research in 2001, my engagement in health co-op research never stopped. From that point, I worked as a consultant. I completed two studies for the Federal Co-op Secretariat:

- 2011: The potential of health co-ops in Northern Canada and a description of Northern Canada health systems23;
- 2005: The Role of Health Care Co-operatives in the Delivery of Front Line Services: Links with the Health Care System and Socio-Economic Impacts24.

With regard to Québec, I received three separate assignments from the CCQ:

- 2008: Financing health co-ops in Québec: exploratory research;
- 2005: Co-ops in the health sector in Québec: a survey of the success and failure factors;
- 2004: Problems and solutions for the development of co-ops in the health sector.

Helpful to this work (which occurred before the Fédération des coopératives de services à domicile et de santé du Québec opened its doors to health co-ops in 2008) was the fact that I was a member of the CCQ health committee 2003-08. I also presented the results of my work at two conferences that the CCQ organised concerning health co-ops, one in 2005 and the other in 200725.

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23 Jean-François Allaire and Catherine Larouche makes the research and wrote the report describing Northern Canada different health systems under my supervision.
24 For most of the reports, I worked with colleagues. In this case, I prepared the report with Lise Lamothe, a professor in health management of Medecine Faculty, University of Montreal.
2005 : Séminaire la place du citoyen dans la gouverne de leur santé, une alternative à bâtir.
Finally, I undertook with colleagues in 2005 what was perhaps the most satisfying of my research projects:


Completed with the support of the Montreal Clinical Research Institute, the Bioethics Centre, the CCQ and a major union in Québec (CSN), this report describes the growing importance of a new business model: the super-sized pharmacy that owns and operates a medical clinic. This research has contributed much to our understanding of the markets with which health coops must compete in order to attract GPs.

In the same year, at the request of the Community Economic Development Technical Assistance Program (CEDTAP), I wrote a practical guide to the set-up of health care co-ops (now translated):

- **2005**: Implementation of a health service co-operatives: Factors for success and failure

At the same time I wrote several papers related to the subject. In 2009, the OECD asked me to contribute a chapter to a book. In the chapter I explained the concept of the multistakeholder co-op ("solidarity co-op") in Québec and its application to the health field. Most health co-ops in Québec use the solidarity co-op legal framework instead of the consumer or worker co-op structure.

### 5- 2001… Promoting Canadian health co-ops around the world

Since my election to the board of IHCO in 2001, having been invited to or attended numerous IHCO activities, I have made presentations concerning Canadian health co-ops in many countries:

- March 2011, Conference: Creating Not-for-Profit Providers of Health and Social Care, London, UK

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26 I get involved in few research activity with this Centre from 1998 to 2005, for instance, directed an exploratory research on the question of distance for the health services accessibility. I also wrote short paper: Girard, Jean-Pierre (1999) «Organisation des soins et distribution des ressources Éléments pour une problématique», Au chevet, bulletin de liaison, réseau FRSQ de recherche en éthique clinique, Centre de Bioéthique, Institut de recherche clinique de Montréal, n° 45, p. 10


March 2006, *First Meeting, Cooperatives of Health of America: present reality, necessity of the future*, Buenos Aires, Argentina

April 2005, *International seminar on health care and co-operatives*, Barcelona, Spain


October 2003, *ICA America, GM*, San Juan, Porto-Rico

August 2003, *IHCO GM*, Oslo, Norway

October 2001, *IHCO GM*, Seoul, South Korea

6- 1996… Promoting health co-ops in Canada

From a Canadian perspective, I received numerous invitations to speak about health co-ops from, among others:

- CCA, annual congress
- CCC, annual congress
- Réseau canadien santé en français
- Ontario Co-operative Association
- Notre-Dame hospital, Hearst, Ontario
- Mouvement Acadien des Communautés en Santé du Nouveau-Brunswick
- Municipality of Edmundston, New-Brunswick
- Coopérative de développement régional, Acadie, New-Brunswick
- British Columbia Co-operative Association
- Ontario Rural Council Health Forum
- Association of Co-operative Educators
- The Co-operators, Annual General Meeting
- Manitoba Co-operative Association
- University of Toronto
- Université de Moncton

Due in part to the business model of the CSLG (renting space to health professionals including doctors), health co-ops have sometimes been seen to introduce privatization to the Canadian health system. To sceptical listeners, I have tried to explain the meaning of this new trend at meetings of:

- Canadian Alliance of Community Health Centre Associations;
- Canadian Centre for Policy Alternatives, BC Office.
Over the years, I have also made over 50 presentations in my own province, Québec, at the invitation of co-op associations, health associations, university colleagues and other organisations.

7- 1999-…Examples of Japanese health co-ops

Since the time of my first study of health co-ops with Comeau in 1996, it was clear to me that the Japanese example could be most inspiring to Canadians for many reasons:

- It entrusts citizens with great responsibility in the organisation's governance, even if doctors and other staff also play a role in this matter. It resembles a multistakeholder co-op, gathering diverse stakeholders around the co-op's mission;

- The main philosophy of these organizations is simply health promotion and disease prevention. This is reflected at every stage and in every program of the organisation. The Han group is the cornerstone of this practice;

- They are grassroots organizations with a very strong link to the milieu in which they operate.

Consequently, I have worked hard to promote this model:

- **Canadian Study Tours of Japan.** I organised tours in 2007 and 2010 with the support of various Canadian co-op organisations, like Desjardins Financial Securities and The Co-operators. Most of the participants came from Québec but also from New-Brunswick, Manitoba and British Columbia. Reports have been completed about both tours to promulgate the main learnings.

- **A series of conferences in Québec on Japan's health co-op model.** With the support of Fondation Lucie et André Chagnon (the wealthiest Canadian foundation, but serving only Québec) and in collaboration with local health co-ops and other regional organisations, I organised a series of 4 conferences 2008-11 that combined presentations about the Japanese health co-op experience with local or regional challenges in health promotion:
  - November 2008: Coop de santé Robert-Cliche, Centre Local de développement Robert-Cliche - St-Joseph-de-Beauce (Québec City region)
  - October 2009: Coop de santé Villeray, Coopérative de développement régional, Montréal-Laval - Montreal
  - June 2010: coop de santé de l’Université de Sherbrooke - Sherbrooke
  - January 2011: coop quartier en santé, coop de santé Les Collines - Gatineau

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29 In 2010, I made such a presentation at the annual conference on health co-ops of the Fédération des coopératives de services à domicile et de santé du Québec.

30 I recently had a mail exchange with Akira Kurimoto, the director and principal researcher of the Consumer Institute of Japan and he confirms this perception.

In every case, we succeeded in getting a representative from Japan, Nobusama Kitajima (St-Joseph and Montreal), Akira Kurimoto (Sherbrooke) and Dr Machiko Inoue (Gatineau). Every conference attracted 60-90 participants. Dr Bernard Gélinas, a key player in the establishment of the Aylmer Health Co-op, attended every conference. Moreover, he was the only person to participate in both the Japan Study Tours.

In January 2011, we took advantage of the presence of Dr Inoue to organize with Dr Gélinas and Michel Desrosiers two more public conferences (in Québec City and Sherbrooke) to present Age-Friendly PHC, a WHO program implemented in Japan by the health co-ops network. Over the years, I have made many presentations on Japan's health co-op model and on social health determinants as well as writing numerous chapters, articles and so on. In fact, it is a key part of my book:


**In conclusion…**

Many things have been achieved since 1996, but what I have found most satisfying is perhaps the promotion of the Japanese health co-op model in our country. Today, health co-ops in at least three Canadian provinces follow the Han model, thanks to the Study Tour (2007 and 2010). In my view, it offers one of the most inspiring examples of preventive practice in the world.

Sitting on the board of the IHCO since 2001 has afforded me the unique opportunity to develop a global view of health co-ops, to create links, and to develop a remarkable international network. It takes time to produce information in both languages for communication in Canada (French and English), but I am happy with the results. I hope this report will help clarify what has been achieved hitherto in the absence of a national federation of health care co-ops, and provide some inspiring ideas for the coming development of health co-ops in Canada.

Jean-Pierre Girard
Montreal, September 13th 2011

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32 Michel was a former student of mine in an MBA program at UQAM and also a member of the 2010 Study Tour. He works as a community organiser in Quebec City Public Health Centre.

33 I guess it is one of the reason I’ve been choses as a panel member of the 2011, 3M Health Leadership Award. This Canadian Award links community leadership with a growing movement towards the integration of the social determinants of health in program planning, encouraging changes to current public health policies.

34 Québec, New-Brunswick and Manitoba. At this moment, the coop de santé Robert-Cliche is, in my view, the one that has the biggest project of this type. It has become a kind of bench-mark.