

Health Co-ops in Canada and Around the World

Report on 15 years commitment (1996-2011) submitted to the
Health Care Co-operatives Federation of Canada



Jean-Pierre Girard
Jpg282000@yahoo.ca

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Introduction¹

In 1995, as a full time researcher in a University Chair dedicated to co-op studies², I suggested starting research project related to health co-ops (HC). From then up to 2001 (when I left this academic position), I tried to combine research with a close link to practice, in both the Québec and international perspective. Fortunately, the first working paper I wrote in collaboration with Yvan Comeau³ in 1996, which was a portrayal of the experiences of 11 health co-ops in different countries⁴, was produced at the same time as the United Nations produced the report, *Health Co-op around the world, A global survey*. By this means, I was able to be connect quickly with the set up 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, was present at the constitution meeting in 1996 in San Jose, Costa-Rica.

From then on, I kept a close connection with IHCO and in 2001, following a request of the ICA staff responsible of the relationship with IHCO, I need to think about the option to become a board member. After receiving official support from one of the two Canadian members of ICA, the Conseil Canadien de la Coopération, in the October 2001 IHCO general meeting in Seoul, South Korea, I was elected to the board.

Since that time up to now, I have tried to combine as well as I can, the research and representation roles, always trying to be closely connected with CCC and since 2006, the CCA, since at that time, there was no Canadian Federation of health co-op.

I see my role on the IHCO board primarily as a link between the international health co-op movement and Canadian co-op movement but at the same time, I encourage many projects, conferences, Study Tours and so on to enhance interest in the subject all around the country. With the incorporation of the new *Health Care Co-operatives Federation of Canada* in summer 2011, it is time to summarize this information covering the past 15 years. It's time to start a new chapter whatever it is!

1- 1995-2001: Understanding health co-op from the beginning

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 getting closely involved in Conseil de la coopération du

¹ Special thank to Vanessa Hammond for their kind review of the English writing of this report.

² Chaire de coopération Guy-Bernier (CCGB), Université du Québec à Montréal : <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 renowned researcher in the social economy.

⁴ Comeau, Yvan and Jean-Pierre Girard (1996) « Les coopératives de santé dans le monde: une pratique préventive et éducative de la santé », Montréal, *Cahier de recherche 074*, Chaire de coopération Guy-Bernier (UQAM), 138 p.

<http://www.chaire-ccgb.uqam.ca/fr/recherche/74.pdf>

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, 3^e trimestre, pp. 48-57

<http://www.recma.org/node/475>

Québec (CCQ)⁵, I felt that the health sector would be a promising new area for co-op development at least, in Québec. Being aware of a few examples of 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 the health co-ops in a country if you don't have a clear comprehension of three basic aspects of the organisation of national health system: the legal or managing rule including professional associations, the funding principles (public, private, mix), and the provisions or delivery scheme (public, for profit, not for profit, co-op).

Yvan Comeau and I were greatly surprised that, at the same moment when we started to work on the 1996 study, two events happened:

- UN conducted a global survey on the same subject⁶. This helped us to be connected with different health co-op organisations. At the same time, we offered to UN our own on-the-ground findings for one country, Costa Rica⁷;
- Coming from grass roots was a project conducted by an executive director of caisse populaire Desjardins, Jacques Duranleau, on the first health co-op that had been set-up in Québec. This was in 1995 Coop de santé Les Grès (CSLG) which is located between Trois-Rivières and Shawinigan along the 55 highway in Québec. In fact, the business model that was created for this co-op will be the one that is reflected in most of the subsequent HC projects in Québec⁸.

In the spring of 1996, as a lecturer in Masters degree program on Co-op study at Sherbrooke University (IRECUS), I guided a group of students for a 10 day Co-op Study Tour in Saskatchewan where we were hosted by the Centre for the Study of Co-operatives (University of Saskatchewan). Other than the dramatic change taking place at this moment in the capitalization base of Saskatchewan Wheat Pool, our major discovery was the radical difference between HC in Québec and those in Saskatchewan. The difference in the Prince-Albert, Saskatoon and Regina co-ops was not only from the funding side but, maybe more important in my view, in the health philosophy⁹. In 2000, based in part on the learning drawn from that Tour, I wrote a working paper with a former student of IRECUS, comparing Québec and Saskatchewan agri-coops and health co-ops¹⁰.

⁵ From 1988 to 1994, as coordinator and then, executive director of Confédération québécoise des coopératives d'habitation, I replaced the CQCH chair board at many occasions on the board of CCQ.

⁶ This study, originally released in English, was 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 without any major difference from other medical clinics in terms 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.)

¹⁰ Assoumou Ndong, Franklin and Jean-Pierre Girard (2000) « Développement coopératif comparé, Québec-Saskatchewan : les formes organisationnelles des coopératives dans le domaine de la santé; la capitalisation dans le

From 1996 to 1999, I was involved with a sub-committee of CCQ¹¹ trying to encourage the idea of health co-ops in Québec but the timing was not so good at this time. At the same moment, I undertook other studies on health co-ops at CCGB showing, for instance, that the case of CSLG in Saint-Étienne-Les-Grès was not alone: many other municipalities in Québec with a population range of 3000 to 10000 inhabitants suffer from the lack of doctors¹². In another study, colleague Comeau and I compared 4 different kinds of primary care clinics (public, FP, NFP, co-op) in term of institutional and organisational dimensions¹³.

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

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

As explained earlier in this report, in 2001, I accepted the invitation to sit on the board of IHCO after formal recognition by CCC¹⁴, being the only North American representative on this board. It is important to specify I always sit on this board on a voluntary base, no organisation pays for the time I spent on this work (board preparation, board meeting, and follow up between the meetings). On the other hand, I can afford the traveling cost of such activities by putting together funds from Federal and University sources¹⁵.

secteur agro-alimentaire », Sherbrooke, *Cahiers de recherche IREC-00-02*, Institut de recherche et d'enseignement sur les coopératives de l'Université de Sherbrooke, Université de Sherbrooke, 138 p.

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.

¹² Girard, Jean-Pierre (1997) « État de la disponibilité des services de santé au Québec, une réflexion sur la contribution de modèles d'entreprises collectives à un virage santé par et pour les citoyens », Montréal, *Cahier de recherche 081*, Chaire de coopération Guy-Bernier (UQAM), 49 p.

<http://www.chaire-ccgb.uqam.ca/fr/recherche/81.asp>

¹³ Comeau, Yvan and Jean-Pierre Girard (1997) « Analyse comparative de différents types d'organismes offrant des services de première ligne en matière de santé », Montréal, *Cahier de recherche 086*, Chaire de coopération Guy-Bernier (UQAM), 46 p. <http://www.chaire-ccgb.uqam.ca/fr/recherche/86.pdf>

In fact, we published an article based on this working paper in the *Ciriec-International review*, the *Annals* :

Comeau, Yvan and Jean-Pierre Girard (2000) « Une comparaison entre divers établissements de services de première ligne en santé au Québec (Canada) », *Annals of Public and Cooperative Economics/Annales de l'économie publique sociale et coopérative*, volume 71, n° 3, Blackwell, Ciriec-International, pp.319-345

<http://www.blackwell-synergy.com/doi/abs/10.1111/1467-8292.00144>

¹⁴ I take this opportunity to warmly thank Réjean Laflamme for the permanent support he offered me over the years from his position at CCC. Réjean also attended the IHCO session with me in Oslo in 2003.

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.

From that moment, it was clear in my mind, that it would be relevant to invite the IHCO board to Canada and try to combine board sessions AND public conferences in order to take advantage of board members' presence. I tried first in 2003 but due to SRAS in Canada, the Japanese delegation postponed their participation. I sent another invitation for 2004, and this time, it was fully successful, all the way! Three events took place:

- A week long Study Tour among health co-ops was organised in Quebec for a group of 6 representatives of HCA-JCCU with the support of CCC. Stéphane Audet was with this Japanese group for the whole week;
- A public conference was organised with the collaboration of CCC, CCA and Co-op Secretariat in the former City Hall of Ottawa. It was an occasion to present the different HC model around the world, from Japan, Sweden, Spain, etc. Patrick Lapointe from the Saskatoon Community Health Clinic also presented the model of that clinic;
- Finally, the IHCO board meeting took place in CCA board room on Bank Street in Ottawa.

The Aylmer Health co-op offered a warm reception to the IHCO members including presentation in the various languages of the board members. During this IHCO activities in Ottawa, it was also an occasion to meet Geraint Day and Mo Girach, representatives from UK, with whom, I would develop a fruitful relationship over time.

In June 2005, CCC took advantage of the ICA America meeting in Ottawa to organise a Study Day comparing the experience of health co-ops in Canada and in Columbia (especially the model of Salud co-op). I was among the speakers.

In October 2008, with the support of Saskatoon Community Health Clinic and University of Saskatchewan, Centre for the Study of Co-ops¹⁶, I repeated the 2004 events, but this time, in Western Canada. In few words:

- I organised and led a Study tour among community health clinics in Saskatchewan¹⁷ gathering participants from the Québec and Japan's Nagano health co-ops;
- Under the name *The role of Co-operatives in Health Care National & International Perspectives*, with the lead of the Centre for the Studies of Co-operative and the Saskatchewan Community Health Co-operative Federation, a one day public conference was organised in Saskatoon. As well as Spain, Sweden and Japan, this time, we had the pleasure of welcoming a presentation from Argentina (Federacion Argentina de Entidades Solidarias de Salud Cooperativa). From my side, I made 2 presentations: one explaining the global framework of health co-ops around the world and another one, showing Canadian and American health co-op examples.

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!

- The IHCO board session took place in the board room of Federated head office in Saskatoon¹⁸.

Catherine Leviten-Reid prepared the report on this journey and the Centre put on the various PPT presentations on their Web site.

3- 2006-2010: The Knowledge Base Project 2007

Since the moment I started to sit on the IHCO board, it was clear in my mind we needed to update the UN 1997's Study on health co-ops. So I began to talk about this question in 2003. Over time, this discussion at the IHCO board received the name of Knowledge Base Project 2007 (KBP07). The basic idea was to undertake a worldwide research project describing country by country where we found health co-ops, a basic explanation of the national health system (management, funding and delivery) and the place and the role of health co-ops including practical information (address, WEB site, e-mail...).

Even though I received good feed-back from IHCO board colleagues, it appeared no IHCO members organisations would put money into the project. So in 2006, I took a few months in order to convince some Canadian co-op organisations to fund the research at least, in order to hire a full time research professional. The Co-operators, Desjardins¹⁹ and University of Sherbrooke's IRECUS were the main contributors and in 2007, Geneviève Bussière worked on this project on a full time basis. I became the coordinator of the project. I was really happy with the choice of Geneviève since she is trilingual (French, English and Spanish)²⁰ which were extremely helpful for the project. The purpose of the project was simple: we coordinated the project globally, developing common questionnaires (for single organisations and for federations or associations of co-operatives) and all the software, collecting data from North America and Africa and asking colleagues from three other main organisations to collect data from their own regions (Europe, Asia-Pacific and South and Central America). For reasons beyond our control, this final component did not materialize. Nevertheless, we succeeded in our part of the mandate producing common tools, 5 national cases and the analytical paper. A first version was published in English and, with the support of Co-op Secretariat, all the reports have been translated into French. All the reports are now available on IRECUS WEB site²¹ including:

- Canada;
- United States of America;
- Benin;
- Uganda;
- Mali and

¹⁸ Special thanks to Patrick Lapointe for their support at this event.

¹⁹ 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.

²⁰ Geneviève left the project in 2008. She works now at CIDA in Gatineau. Catherine Larouche completed the mandate.

²¹ <http://www.usherbrooke.ca/irecus/publications-irecus/autres-publications/coops-sante-monde/>

- Global Background and Trends from a Health and Social Care Perspective.

4- 2001-...pushing ahead the understanding of health co-ops

Even though I left my university co-op researcher position in 2001, I never stopped my involvement in health co-op research. From then on, I worked as a consultant. I completed two studies for the Federal Co-ops Secretariat:

- *2011: The potential of health co-ops in Northern Canada and a description of Northern Canada health systems;*
- *2005: The Role of Health Care Co-operatives in the Delivery of Front Line Services: Links with the Health Care System and Socio-Economic Impacts*²².

At the Quebec level, I received separate assignments from the CCQ:

- *2008: Financing health co-op in Québec, exploratory research;*
- *2005: Co-ops in the health sector in Québec: survey on the success and failure factors;*
- *2004: Problem and solutions for the development of co-op in the health sector.*

For this work for the CCQ, which was before the Fédération des coopératives de services à domicile et de santé du Québec opened its doors to health co-ops, (2008), it was useful that I was a member of health committee of CCQ from 2003 to 2008.

Finally, perhaps the most satisfying of my research projects, was undertaken with colleagues in 2005:

- *The Development of the One-Stop Shopping Business Model and the Ownership and Management of Health Clinics in Québec by Retail and Pharmacy Chains: An Exploratory Research.*

With the support of Montreal Clinical Research Institute, Bioethics Centre, CCQ and a major union in Québec (CSN), this report described the growing importance of a new business model: the super sized pharmacy owning and operating a medical clinic. This research has been really helpful in understanding the kind of markets in which health co-ops must to compete in order to attract GPs.

In the same year, at the request of the Community Economic Development Technical Assistance Program (CEDTAP), I created a practical guide, which has been translated, for the set up of health care co-ops:

- *Implementation of a health service co-operative: factors of success and failure*²³

²² 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 Medicine Faculty, University of Montreal.

²³ http://www3.carleton.ca/cedtap/whatsnew/_files/Health_Study.pdf

5- 2001... Promoting Canadian health co-ops around the world

Since my election to the board of IHCO in 2001, receiving invitations or being present at IHCO activities, I have made presentations in many countries showing the examples of Canadian Health Co-ops:

- March 2011, *Conference Creating Not-for-Profit Providers of Health and Social Care*, London, UK
- May 2007, *Conference Co-operation, Subcontracting and Public Procurement within Health Care and Welfare*, Östersund, Sweden
- 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
- February 2005, *Conference health co-operatives: an international perspective*, London, UK
- 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
- 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
- The Co-operators, Annual General Meeting
- Manitoba Co-operative Association
- University of Toronto
- Université de Moncton

Sometime, health co-ops, at least the new business model coming from CSLG (renting space to health professionals including doctors) has been seen as introducing privatization

into the Canadian health system. In front of sceptical participants, I have tried to explain the meaning of this new trend. I have made this kind of presentation in meetings of;

- Canadian Alliance of Community Health Centre Association;
- 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 associations²⁴, health associations, university colleagues and other organisations.

7- 1999-...The Japanese health co-op examples

From the time I made my first study of health co-ops with Comeau in 1996, I clearly understood that the Japanese example could be the most inspiring to Canadians for many reasons:

- It gave a large place to citizens in the governance of the organisation even if the doctors and others staff also play a role in this matter. It looks like a multi-stakeholder co-op gathering diverse stakeholders around the mission of the co-op²⁵;
- The main philosophy of such organizations is simply health promotion and disease prevention. This idea is reflected in every stage and program of the organisation. Han groups are the cornerstone of this practice;
- These are grassroots organizations with a very strong link with the milieu in which they operate.

For these reasons I have worked hard to promote this model:

- **Canadian Study Tour in Japan.** I organised such Tour in 2007 and 2010 with the support of different Canadian co-op organisations such Desjardins Financial Securities and The Co-operators. Most of the participants came from Québec but also from New-Brunswick, Manitoba and British-Columbia. Reports of both missions have been produced in order to keep alive the main ideas²⁶.
- **Series of conferences on the Japan health co-op model in Québec.** With the support of Fondation Lucie et André Chagnon (the wealthiest Canadian foundation) in collaboration with local health co-op and others regional organizations, I organized a series of 4 conferences from 2008 to 2011

²⁴ In 2010, I made such a presentation at the annual conference of the Fédération des coopératives de services à domicile et de santé du Québec.

²⁵ 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.

²⁶ Only in French : http://www.productionslps.com/fr/user/Rapport_mission_japon.pdf

I also wrote with John Restakis (BCCA) in English a short explanation of the Hans model:
http://www.ica.coop/ihco/documents/MW1901-2_To%20Life.pdf

combining presentation about the Japan health co-op experience and local or regional challenges for health promotion:

- November 2008: Coop de santé Robert-Cliche, Centre Local de développement Robert-Cliche: St-Joseph-de-Beauce (Québec City large 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

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 attract from 60 to 90 participants. Dr Bernard Gélinas who was a key player in the set up of Aylmer health co-op, was present for every conference. Moreover, he was the only one in both Study Tours in Japan (2007-2010).

In January 2011, we took advantage of the presence of Dr Inoue for a week in Québec to organized with Dr Gélinas and Michel Desrosiers²⁷ two other public conferences in Québec City and Sherbrooke, presenting Age-Friendly PHC, which is a WHO program taking in charge in Japan by health co-ops network.

Over the years, I made many presentations on the Japan health co-op model, promoting social health determinants²⁸ and I wrote numerous chapters, articles and so on. In fact, it is a key part on the book I wrote in 2006 (in French):

- *Notre système de santé autrement : L'engagement citoyen par les coopératives*

In conclusion...

Many things have been done since 1996 but maybe the project I find most satisfying is the promotion of the Japanese health co-op model in our country. Today in Canada, based on participants in the Study Tour (2007 and 2010), in at least three provinces²⁹, health co-ops follow the Han model, in my view, one of the most inspiring prevention practices around the world.

Being a board member of IHCO since 2001, offered me a unique opportunity to develop a global view of health co-ops around the world, to create links, and to develop a

²⁷ 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.

²⁸ I guess it is one of the reason I've been chose 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.

²⁹ 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.

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remarkable international network. It needs time to produce information in both language (French and English) at least for communication in Canada but I am happy with the results.

I hope this report will be helpful to understand what has been done in the absence of national federation of health care co-ops and provides some inspiring ideas for the upcoming development of health co-ops in Canada.

Jean-Pierre Girard
Montreal, September 13th 2011