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Better Health & Social Care: How are Co-ops & Mutuals Boosting Innovation & Access Worldwide?
An International survey of co-ops and mutuals at work in the health and social care sector (CMHSC14)
Volume 2: National Cases

For the research framework, the analysis of the national cases, and other research components, including a description of the research team members, refer to Volume 1: Report.

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CANADA[1]

2014

Paramedic cooperators attend to an accident. Photo: Philippe Serafino

HEALTH SYSTEM

The second largest country in the world, Canada adopted a universal health coverage scheme in the mid-1950s. It was based, at least conceptually, on the United Kingdom's experience. In the main, the system is publicly financed with services provided through private (for-profit and not-for-profit) and public bodies. Based on provincial and territorial jurisdictions, there are 13 single-payer, universal systems for "medically required" services, mostly hospital and physician services defined as insured services under the federal Canada Health Act.[2] It maintains that all residents of the country are eligible to receive insured services free at the point of delivery. However, the financing, administration, delivery modes, and range of public health care services are different in each province and territory. Over the past years many initiatives have been taken to improve the control of First Nations (the indigenous population) over local and regional health systems and resources.[3]

The main source of health care financing in Canada is taxation by the provincial, territorial, and federal governments (70% of total health expenditure). Private financing (30%) is split between out-of-pocket payments and private health insurance, including plans offered by co-ops and mutuals. The remaining expenditures come from social insurance funds, mainly for health benefits through workers compensation and charitable donations.

Population (in thousands): 34,838

Population median age (years): 39.99

Population under 15 (%): 16.37

Population over 60 (%): 20.82

Total expenditure on health as a % of Gross Domestic Product: 10.9

General government expenditure on health as a % of total government expenditure: 17.4

Private expenditure on health as a % of total expenditure: 30

General practitioners (family physicians) serve as the patient's first point of contact with the health system. Physicians generally work independently on a fee-for-service basis except for a minority who work on a salaried basis, for instance in some community health centres (including some health cooperatives and public clinics).

Almost all secondary, tertiary, and emergency care, including the majority of specialized ambulatory care and elective surgery services, is offered within hospitals. Primary care is left to clinics owned by physicians, pharmacies, or community-based organizations, including cooperatives. Both public and private (for-profit and not-for-profit) organizations own and operate long-term care facilities, nursing homes, and similar institutions across Canada.

Even if the Canadian health system has been successful in maintaining a high level of population health, the future is rife with challenges. Among them, the increase in health care expenditure, especially for pharmaceuticals, lengthy wait times, and shortages of health care human resources. Moreover, the population is aging so the need for health services will increase over the coming years. In some provinces, the health system cost is close to 50% of the government's entire programme spending. So there is pressure to make the system more efficient and to introduce more private or community involvement.

HEALTH CO-OPERATIVES

The development of health co-ops in Canada is closely linked to the establishment of the universal health care system.

In Canada, the first universal health coverage, known as Medicare, was implemented in the province of Saskatchewan in 1962. In response, the provincial association of doctors went on strike to denounce what they called a "socialist takeover of the medical profession." By contrast, doctors who disagreed with this position and citizens sympathetic to Medicare decided to organize community-based health centres. Over time they managed to secure recognition from the Ministry of Health and received appropriate funding on a multi-year basis.[4] They also set up the Community Health Co-operative Federation. In 2014, the Saskatoon and Regina community clinics are among the largest health co-ops in Canada. In 1972, Saskatchewan's community health clinics served as models for the NorWest Co-op Community Health Centre when it was established in one of the poorest areas of Winnipeg, capital of the neighbouring province of Manitoba. Over time, NorWest too has become one of the leading health co-ops in the country.

Saint-Étienne-des-Grès, a village of 3,600 in Québec, learned in 1992 that its doctors were going to retire. For two years, the community tried without success to convince doctors to open a clinic. Finally, the citizens decided to form a co-op. They prepared a business plan and financial strategy (the membership's subscription of social and privilege shares was an important component), then built a clinic and advertised for professional tenants, including doctors, a dental surgeon, and a psychologist. Support from the municipality and the local Desjardins credit union were crucial to the venture. The Coopérative de santé Les Grès started operations in 1995, the first health co-op of the post-universal health coverage period. A major inspiration to other communities in a Québec searching for practical solutions to the family doctor shortage, Les Grès itself has never stopped innovating. Since 1995 it has created a long-term care residence, extended the main building, and opened a satellite clinic.[5]

Over the next 18 years, more than 54 health co-ops were founded in Québec, of which 37 are still active. Most operate a health clinic.

Since 2008, the presence of a Health Co-op Federation in Quebec, **La Fédération des coopératives de services à domicile et de santé du Québec** (FCSDSQ) has been very advantageous for the development of health co-ops in this francophone province. It main goals are to:

- ensure the promotion and development of cooperatives in the sectors of home care and health.
- facilitate the exchange of information and expertise and take concerted action on joint projects.
- protect, defend, and promote the interests of the entire network and each of its members.
- offer and provide technical and professional assistance in organizing and promoting the services of funding, training, and other support needs.
- support members in improving the quality of services and the development of employment.

In many parts of Québec in the 1980s, paramedics strove to improve their working conditions, training, and public recognition of their profession, and to offer better services to the public. In the years 1988-1990, with the help of unions, five paramedic worker co-ops were established, followed by three more shortly thereafter. Finally, in 2005, these paramedic co-ops combined into a federation, la Fédération des coopératives de paramédics du Québec.

Apart from what was achieved in Saskatchewan and Manitoba during the 1960s, the development of health co-ops has not benefited from major resources nor from an equivalent model. Nevertheless, in most provinces, projects initiated by communities or co-op developers have benefited from the support of provincial or regional associations of cooperatives.[6]

After several years of discussion between health co-op leaders outside Québec, and thanks to support from The Co-operators insurance co-op and the Canadian Co-operative Association, the **Health Care Co-operative Federation of Canada** (HCCFC)[7] was incorporated in 2011. Its aims are to:

- serve health co-ops across Canada (except in Québec).
- raise public awareness of the benefits which health co-ops create for their members and their communities.
- facilitate the sharing of information and resources among members.
- provide information at all levels (from municipal to federal, and internationally) about the achievements and potential of the sector.

As a satellite to the 2012 International Summit of Cooperatives, an International Forum on Health Co-operatives was organized in Lévis, Québec in that year. It was to serve as a basis for collaboration between the FCSDSQ and the HCCFC with the recognition of the International Health Co-operative Organisation (IHCO). Study tours to health co-ops in Japan were organized for Canadian health co-ops in 2007 and 2010. The very innovative idea of HANS Kai (a small group health promotion and prevention programme) was brought to Canada and is now being implemented by health cooperatives in six provinces. (See the NorWest case study, below.)

Funding of Health Cooperatives

The funding base of health co-ops is not the same in all parts of Canada. At least two funding models could be clearly identified. The Community Health Centres in Saskatchewan and Manitoba benefit from formal recognition by their provincial Ministries of Health as primary health centres for designated populations. Through contracts with their District Health Boards, they annually receive an amount (as high as $9.2 million USD or 10 million CAD) for their services. With such funding, the Saskatoon Community Clinic can employ more than 160 full-time staff. These service agreements with the public health authority generally represent close to 80-85% of the whole income of the co-op. As the doctors on salary, they can spend as much time as necessary with each patient.

The funding model developed in Québec, starting with Les Grès health co-op in 1995, is very different. There, the revenue came mainly from the rental of space to health professionals. The doctors could be user-members (by leasing space) or support-members. In addition to the requirement that each member purchase a share, many health cooperatives in Québec have also required the payment of an annual fee. Such annual fees primarily serve to cover the management cost of a cooperative. Sometimes, health co-ops bill for services which are outside public health coverage, but the charges are lower than those of private, for-profit clinics.

In 2012, because of the growing importance of health co-ops in Québec and some issues regarding business practices, the Québec government appointed a health cooperative working group. Its report, released in 2013, included six recommendations.[8] The FCSDSQ committed itself to all the recommendations and works to maintain ongoing communication with the Health Ministry. The doctors at six health co-ops have also won Health Ministry recognition as family medicine groups (GMF): groups of family physicians who work closely with other health professionals, enabling customers/patients to get easier access to medical care. Each doctor takes care of her/his own patients, who are registered with this doctor, but all physicians in the GMF have access to all medical records. Thus, a person who urgently needs an appointment can be seen by any available doctor in the GMF. The Ministry of Health pays the GMF a certain amount to cover such responsibilities.[9]

Health Cooperative Services

The funding situation has a big impact on the business model which each co-op applies, i.e., the services which it decides to offer. For example, Saskatchewan's community clinics put much emphasis on preventive and health promotion programmes, targeting the lives of people who are most at risk, including children, youth, Aboriginals, disabled persons, and seniors. They also are greatly concerned about the effects of poverty on health and environmental issues.

In Québec, during the first years, the main focus of health co-ops was to improve access to health professionals in rural areas. But a recent survey of FCSDSQ members shows that 56% of their members have developed different activities related to health promotion, such as health days, health information booths, health fairs, walking clubs, or HANS Kai groups.

Of course, the service repertoire of health co-ops around Canada is much more diversified than these two examples.

- In Edmonton (Alberta), the Multicultural Health Brokers Co-operative, a worker cooperative,[10] provides perinatal education, childhood development support for multicultural families, support for isolated seniors of immigrant and refugee background, and translation services.
- Health Connex,[11] a consumer co-op in Nova Scotia, provides online tools that enable patients to manage their own health care information. The organization also provides patients with self-managed Personal Health Records, connects patients with

compatible communities of support, facilitates online communication with health care providers, and offers online educational opportunities.
- The Ontario Chinese Medicine and Acupuncture Co-operative Inc. promotes alternative health care.
- In six provinces co-ops are engaged in mental health or psychosocial rehabilitation and recovery. TeamWerks Co-operative in Thunder Bay (northern Ontario) operates a very innovative programme: survivors of mental illness and addiction gain supported employment in enterprises ranging from a coffee house and shredding services to an agricultural and food security program.[12]
- Co-op Atlantic sponsors a health and wellness co-op for its employees.
- Coop santé Espace-Temps in Montreal works with a young autistic clients. Health Cooperative SABSA in Québec City has a nurse practitioner, but no doctor. The Nurses' Union provided funding for the start-up of the project.
- The Victoria Health Co-op in British Columbia, with a membership of 450, serves 5,000 patients and provides a range of outreach services to the wider community.

Health Care Cooperatives Data

As in many other countries, unfortunately, there is no simple, single, and up-to-date database regarding health co-ops in Canada. For the purpose of this report, we combined data coming from diverse sources and from diverse reference years.[13]

Number of cooperatives	73[14]
Types of cooperative	Consumer: 25 Multistakeholder: 35 Producers (including worker co-ops): 8
Number of members	88,128[15]
Number of employees	1,452[16]
Number of doctors	150[17]
Users	Over 178,000[18]
Facilities	36[19]
Services offered	Illness prevention Wellness and health promotion Treatment and cure Rehabilitation
Annual turnover	$120 million USD (131 million CAD)[20]
Assets	$63 million USD (68 million CAD)[21]

CASE STUDIES

NorWest Co-op Community Health[22]

NorWest Co-op Community Health Centre focuses on engaging the community in cooperative health and wellness. NorWest has served the Inkster community in northwest Winnipeg, Manitoba, since 1972. As the only health care cooperative in Manitoba, NorWest works with its patients and clients, its neighbourhood resource centres, other health care providers, and its partners to offer a variety of programmes and services. The team delivers community-based services and programmes in the following: primary health care; health promotion and chronic disease supports; community development; immigrant settlement services; parent-child coalition; a wide variety of counselling and support services; two early learning and childcare centres; and a brand new Community Food Centre. Eligible individuals across the city can access services in the areas of family violence, immigrant and refugee matters, substance abuse during pregnancy, nursing foot care, and Aboriginal health outreach.

In 2010 NorWest introduced the HANS Kai (Group Meeting) programme to Canada, having seen its phenomenal success in Japan. In this programme, each peer group supports its members in monitoring their personal wellness indicators. (It gets much better results than when people rely just on their own motivation!) Approximately 15 peer-led HANS Kai have been operating in Winnipeg for over three years. NorWest is also developing HANS Kai tools for teens and young adults. A further innovation currently underway is research into how care for the spirit may be integrated with its work as a Community Health Centre. NorWest developed this programme in close collaboration with Coop Santé Robert Cliche in Québec. Working with other HCCFC members, NorWest is now working on a programme to help teens identify and avoid risky activities that could harm their physical and mental health.

Access NorWest opened in April 2013 and now houses three organizations: NorWest Co-op, the Winnipeg Regional Health Authority, and Manitoba Child and Family Services. Access NorWest is the only access centre in Winnipeg to have three organizations under one roof. In the first year it saw an increase of 1,700 clients in primary care.

NorWest Co-op has 500 members and an active board of directors of 13 people, many of whom have been committed to the organization for years.

La coopérative des techniciens ambulanciers du Québec (CTAQ)[23]

Founded in 1988, this cooperative has become one of the three largest in Québec in this sector. Close to 400 employees and a fleet of 26 ambulances serve the metropolitan region of Québec, the region of Charlevoix, as well as Chicoutimi-Jonquière borough in the city of Saguenay. With an annual increase in calls of about 5%, the CTAQ projects an increase of 30% in the number of ambulances and staff by 2024. Current volume is estimated to be 140 calls per day.

This is why the cooperative has been building a new facility, equipped with leading edge technology, in Québec City. The estimated price tag is nearly $4.5 million USD or 5 million CAD. Specialized engineers were engaged to design an optimal space. Thus, for maintenance, ambulances will no longer have to back into the garage, but will enter through one door and go out the other. What's more, with these new facilities, the cooperative has secured the approval of one of Québec's two leading ambulance distributors to carry out the installation and maintenance of equipment in vehicle interiors.

The staff lounge is comfortably furnished and equipped with TVs. To care for the health of members, the cooperative pays a maximum of $457 USD (500 CAD) per year per member to enable them to take part in physical activity programs.

SOCIAL CARE COOPERATIVES

Over the years, many co-ops have been created across the country, offering a wide variety of services to address the problems faced by the disabled, First Nations, seniors, immigrants, and other vulnerable groups. One of the most impressive originated in Québec in 1996. At a socio-economic summit of politicians, business people, union leaders, and civil society representatives a singular project was hatched: the creation of a network of social economy enterprises in home services (SEEHS). This network would offer its services (including housekeeping and meal preparation) primarily to seniors to help them stay as long as possible in their homes rather than move into a seniors' residence.

The program began the next year and in a very short time more than 100 SEEHS had been implemented. Since then, SEEHS have gradually developed a service offering assistance with daily living. Several SEEHS also offer respite services and surveillance presence to support caregivers, and provide services for residents of retirement homes. Still more can be expected to offer such services, subject to the availability of financial resources.

How is the service funded? Mainly from the government but always with customer participation. There are two types of subsidy for the service:

- basic financial assistance of $3.66 USD (4 CAD) per hour of services rendered is granted to any eligible person, regardless of family income.
- variable financial assistance of $.55-$8.23 USD (0.60-9.00 CAD) for each hour of service rendered may be granted over and above the basic financial assistance. The level of assistance is determined on the basis of an eligible person's family income and family situation.[24]

The balance is paid by the user. The per hour rate charged by the SEEHS ranges from $14.64 to $18.30 USD (16-20 CAD). SEEHS include 55 charities and 47 cooperatives (35 multistakeholder co-ops and 12 consumer co-ops), and a total of 6,700 full-time staff. Annually they do 5.6 million hours of service for 90,000 citizens (70% of them over 65 years old).

Social Care Cooperatives Data

Number of cooperatives	58[25]
Types of cooperative	Consumer: 18 Multistakeholder: 37 Producer (including worker cooperatives): 3
Number of members	40,000[26]
Number of employees	3,000[27]
Users	40,000[28]
Services offered	Housekeeping, nursing, foot care, personal care (assistance with medication, free in-home assessments, dietary needs, assistance with everyday living); companionship and respite (socialization, walks, and exercise); homemaking (meal preparation)
Annual turnover	$54.8 million USD (60 million CAD)[29]
Assets	$22.8 million USD (25 million CAD)[30]

CASE STUDY

La Coopérative de solidarité de services à domicile du Royaume du Saguenay[31]

Since 1997, a network of hundreds of home care social enterprises has been offering services primarily to Québec's seniors so that they can stay in their homes as long as possible. Although housekeeping, meal preparation, and similar tasks underpin the work, sometimes personal care is required to meet the needs of customers. Therefore, the region's public health network entered into an

agreement with the Coopérative de solidarité de services à domicile du Royaume du Saguenay that would extend its support services to such basic matters of personal care as transfers, bathing, etc.

In addition, since 2009 the cooperative has been supplying personnel management, cafeteria service, and overall care to seven long-term seniors' residences. It is also the owner of one of these residences: Pension Sainte-Famille, which has 29 units, including eight intermediate spaces for people awaiting placement in nursing homes. Since 2000, the cooperative also has partnered with the municipal housing office and the CSSS (Public Health Regional Centre) to carry out 24-7 monitoring in six other seniors' homes, each accommodating nine persons with physical disabilities.

Four elements are at the heart of the success story of this cooperative:

- **Listening to the growing needs of members**. Since its inception, the organization has been in tune with the changing needs of its members and has adapted its services accordingly.
- **Collaboration with public health authorities**. Operating on the territory of two CSSSs, the co-operative was able to reach service agreements with both.
- **Investment in training**. The Cooperative has invested in training to enable employees to diversify their skills. For example, in addition to household tasks, employees can learn to give a bath to an elderly person. In turn, nursing assistants are shown how to train employees to do these tasks.
- **Additional work opportunities for employees**. By developing a custom assignment service, the cooperative enables employees to work overtime in addition to their regular schedule. Thus, some have a combined annual salary of nearly $45,749 USD (50,000 CAD).

This cooperative is located in the Jonquière and Chicoutimi borough of the city of Saguenay, population 125,000. Currently (2014), the Coopérative de solidarité de services à domicile du Royaume du Saguenay is the largest of its kind in Canada. It has 6,500 members and 260 employees who provide 300,000 hours of service on an annual basis, and generate a turnover of more than US $6.8 million (7.5 million CAD).

PHARMACY COOPERATIVES

In Canada, there are no retail, wholesale, or other kinds of co-op pharmacy. However, some retail consumer co-ops, federated in the western provinces and (through Co-op Atlantic) in the east, offer pharmacy services. In Co-op Atlantic, they are associated with The Medicine Shoppe.[32]

Saskatoon Community Clinic includes a pharmacy that tries to keep the price of drugs as low as possible by promoting generic products and providing education to the users. They invest the surplus in health promotion.

MUTUALS & CO-OP HEALTH INSURANCE

The universal system of health insurance in place in Canada, as explained earlier, offers coverage for "medically required" services. That means that public spending annually represents about 70% of the total expenditure on health. This situation leaves space for health insurance products supplementary to the public coverage. Many types of cooperative enterprise offer a variety of kinds of health insurance, including financial co-ops (like the biggest single credit union in Canada, Vancity),[33] mutuals, and others.

For instance, the first financial co-op group in Canada, Desjardins Group, offers four kinds of health insurance:[34]

- Disability insurance (to secure income in case of accident or illness)
- Critical illness insurance (for recovery after a serious illness, like cancer or a stroke)
- Long-term care insurance (if there is a loss of independence because of a serious illness)
- Health care insurance (for health care expenses not covered under government plans, like dental care or alternative medicine)

In addition to its critical illness plan, The Co-operators Group Limited, a Canadian-owned cooperative, offers its Best Doctors programme. It gives access to a global network of over 50,000 doctors who are at the top of their profession. They can provide confirmation of a diagnosis and narrow down the search for a specialist. Even while offering their products (like health and disability insurance) to the general public, La Capitale Financial Group[35] offers special rebates for those who work for Québec's public service.[36]

Prescription drugs present another opportunity. In Québec, it is compulsory for individuals to have such a plan (1997).[37] Therefore, SSQ Financial Group[38] offers prescription drug insurance to businesses and associations.[39]

SOURCES

[1] Special thanks to the Fédération des coopératives de services à domicile et de santé du Québec and Gabrielle Bourgault-Brunelle for providing up-to-date and detailed data. The first section of this case is mostly based on Girard, Jean-Pierre, and Geneviève Bussière. 2007. *Health Co-ops Around the World: Canada*. International Health Co-operative Organisation. Retrieved August 3, 2014 (http://www.usherbrooke.ca/irecus/fileadmin/sites/irecus/documents/ihco_jean pierre_girard/coops_world_anglais/canada_anglais.pdf).

[2] Justice Laws Website. 2014. "Canada Health Act (R.S.C., 1985, c. C-6)." Government of Canada. Retrieved August 3, 2014 (http://laws-lois.justice.gc.ca/eng/acts/C-6/).

[3] Allaire, J.-F., Larouche, C., and Jean-Pierre Girard. 2011. "Health Systems in the Great Canadian North." Report submitted to the Co-op Secretariat, Government of Canada. Unpublished.

[4] A must-read on this subject is Marchildon, Gregory P., and Catherine Leviten-Reid, eds. 2012. *Privilege & Policy: A History of Community Clinics in Saskatchewan*. Revised edition. Regina: University of Regina, CPRC Press.

[5] Girard, Jean-Pierre. 2006. *Notre système de santé autrement : L'engagement citoyen par les coopératives*. Montréal, BLG.

[6] For example, the British Columbia Co-operatives Association, the Newfoundland and Labrador Federation of Cooperatives, the Ontario Cooperative Association, the Coopératives de développement régional-Acadie (New Brunswick), and Conseil Québécois de la coopération et de la mutualité (Québec).

[7] Health Care Co-operatives Federation of Canada. 2014. Website. Retrieved August 3, 2014 (http://www.healthcoopscanada.coop).

[8] Roy, Pierre, Brunet, Paul G. et al. 2013. "Rapport du Groupe de travail sur les coopératives de santé." Ministère de la Santé et des Services sociaux. Retrieved August 3, 2014 (http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2013/13-720-01W.pdf).

[9] Québec: Portail santé mieux-être. 2014. "Groupe de médecine de famille (GMF)." Government of Québec. Webpage. Retrieved August 3, 2014 (http://sante.gouv.qc.ca/systeme-sante-en-bref/groupe-de-medecine-de-famille-gmf/).

[10] Multicultural Health Brokers Cooperative. 2014. Website. Retrieved August 3, 2014 (http://mchb.org/).

[11] Health Connex. 2014. Website. Retrieved August 3, 2014 (https://healthconnex.ca/).

[12] TeamWerks Co-op. 2014. Website. Retrieved August 3, 2014 (http://teamwerks.ca/directory/about/index.html#).

[13] Industry Canada (IC), responsible for co-ops at the federal level, provided 2010 data for health clinics, co-ops, and other health services co-ops (outside Québec). The HCCFC provided two sources of data, a 2012 file with basic information about health and home care co-ops across the country (except in Québec) and the results of a survey conducted among their members February-March 2014. (The data categories are not the same as those used by Industry Canada.) The FCSDSQ and FCPQ provided May 2014 data for health co-ops and paramedic co-ops in Québec. The latter is a mix of data: some relates to all of Québec's health and paramedic co-ops and some only to their members.

[14] This number is certainly higher as of August 2014. The results from the partial data to which we had access was as follows: based on FCSDSQ data for health co-ops, 37 (May 2014); on FCPQ data for paramedic co-ops, 8 (May 2014); and on an extract from a 2010 IC survey on co-ops in Canada (outside Québec) inclusive of health clinics, 10, plus other types of co-op in the health sector, 18 (excluding 1 home care co-op).

[15] Based on 2010 data from IC, 28 health co-ops outside Québec (27,128); 2014 data from FCSDSQ, 36 health co-ops in Québec (60,000) and from FCPQ, 5 paramedic co-ops (1,000). *Note: any co-op that provides services covered by the Canada Health Act, serves many more patients than the number of members indicates.*

[16] Canada (2010), outside Québec = 452; Québec (2014), health co-ops (excluding general practitioners and clerical staff) = 50; Québec (2014) paramedics = 1,350.

[17] Only for health co-ops in Québec.

[18] 2014 reference. Only for health co-ops which are members of the FCSDSQ.

[19] No data available for Canada (out of Québec). 2014 data from FCSDSQ = 36 health co-ops in Québec. Some of these co-ops, besides the main clinics, also have points of service.

[20] Based on 2010 data from IC, 28 health co-ops outside Québec (26,262,204); 2014 data from FCSDSQ, 36 health co-ops in Québec (5,000,000) and FCPQ, 5 paramedic co-ops (100,000,000). In the latter case, note that the greater part of this income came from a contract with the Québec Health Ministry and its regional public health agency.

[21] Based on 2010 data from IC, 28 health co-ops outside Québec (18,710,115); 2014 data from FCPQ, 5 paramedic co-ops (50,000,000).

[22] This case study was supplied by NorWest Co-op Community Health Co-op.

[23] Interview with Jocelyn Grondin, advisor, Fédération des coopératives de paramédics du Québec, May 30, 2014.

[24] Régie de l'assurance maladie Québec. 2014. "Domestic help." Webpage. Retrieved August 3, 2014 (http://www.ramq.gouv.qc.ca/en/citizens/aid-programs/domestic-help/Pages/domestic-help.aspx).

[25] Data: 47 from FCSDSQ for Québec (2013); 11 from HCCFC (2012) for the rest of Canada.

[26] Data for Québec only (2013), 35 multistakeholders. Most are user-member, others are worker and support-member.

[27] This is an approximation, only for Québec and based on data for all SEEHs involved in home care.

[28] Idem.

[29] Data only for members of FCSDSQ (2013).

[30] Idem.

[31] Interviews with Lynda Bélanger, the Executive Director of Coopérative de solidarité de services à domicile du Royaume du Saguenay, May 23 and June 5, 2014.

[32] The Medicine Shoppe Pharmacy. 2014. Website. Retrieved August 3, 2014 (http://www.medicineshoppe.ca/).

[33] Vancity. 2014. Website. Vancouver City Savings Credit Union. Retrieved August 3, 2014 (https://www.vancity.com/).

[34] Desjardins. 2014. "Assurance santé et invalidité". Webpage. Retrieved August 3, 2014 (http://www.desjardins.com/ca/personal/insurance/life-health-insurance/health-disability-insurance/index.jsp).

[35] The Group is owned by La Capitale Civil Service Mutual, a mutual with close to 240,000 members working in the public and para-public sectors.

[36] La Capitale Financial Group. 2014. "Health and Disability Insurance." Webpage. Retrieved August 3, 2014 (http://www.lacapitale.com/en/individuals/insurances/health-disability-insurance).

[37] Régie de l'assurance maladie Québec. 2014. "Citizens: Prescription Drug Insurance." Webpage. Retrieved August 3, 2014 (http://www.ramq.gouv.qc.ca/en/citizens/prescription-drug-insurance/Pages/prescription-drug-insurance.aspx).

[38] The group is partly owned by a mutual, SSQ mutuelle de gestion.

[39] SSQ Financial Group. 2014. "Prescription Drug Insurance." Webpage. Retrieved August 3, 2014 (https://ssq.ca/businesses-associations/insurance/group-insurance/prescription-drug-insurance).