



SENIORS FOR SOCIAL ACTION ONTARIO

TAKING MATTERS INTO OUR OWN HANDS

HEALTH CARE CO-OPS – IS IT TIME?

December 5, 2022

Ontario residents, especially older adults, are sick of hearing about the health care crisis. After a lifetime of paying taxes that have helped to support and build hospitals and health care, they are tired of being caught in the cross hairs of cruel and incompetent Ontario government policies. Policies that manufacture crises in hospitals, and drive mass institutionalization of elders and people with disabilities in the absence of funding for dignified, humane, and innovative in-home and community-based alternatives.

Many older adults are afraid to even enter a hospital fearing they will end up having their personal health information compromised, and that they will be shipped to institutions without their consent miles away from their social support systems.

Clearly it is time for a change. Perhaps there are ways of keeping people out of hospitals in the first place. Why line up for hours to be “triaged” by a nurse in an emergency ward, and for hours more to be “seen” by a doctor when we can take health care into our own hands?

With the Ford government wanting to privatize health care, why are we not pooling our resources to create our own community-based health care systems?

Canada and Ontario are both slow learners when it comes to health and long-term care. There is almost no jurisdiction in the world that still mass institutionalizes older adults to the degree Ontario does, and that was demonstrated during the pandemic. Canada had the worst track record in OECD countries when it came to people dying in long-term care facilities, with Ontario’s largely privatized institutions contributing significantly to those numbers (Ireton, 2021).

Is there not a lesson here?

Enter Health Care Co-ops

Co-operatives are “an association of individuals providing goods and services for its members and the community” (Craddock and Vayid, 2004). Co-operatives marry social and economic factors, and in the case of health care co-ops address one of every society’s foremost concerns – the health of its population.

Health care co-operatives have been in existence in Saskatchewan since 1962 providing services focused on preventing illness and promoting personal responsibility for health. Quebec quickly jumped on that band wagon, and by 2001 there were 101 health care co-operatives across the country, with the majority in Quebec. This is because the government of Quebec had a financial relief program for home care services that provides funding support to co-operatives or non-profit organizations in the home care sector. These home care co-ops deliver a range of services to people at home ranging from “intensive medical aid to assistance with activities of daily living” for older adults and people with disabilities.

Many new health care co-ops came onboard in Canada between 1997 and 2001. Health care co-operatives have been hugely successful boasting “significantly lower per capita health care costs compared to private practice models”. All of this is “attributable to lower overall hospital costs including fewer inpatient days and a lower average length of stay” (Craddock & Vayid, 2004).

John Restakis, author of the excellent report [Co-op Elder Care In Canada](#) recently presented an excellent session to SSAO members on this topic which can be found here: <https://youtu.be/iyTMcpODrVE>

What Might a Health Care Co-op Look Like?

Imagine a group of twenty people in a community, concerned about the state of health care in their area, the lack of access to medical doctors, long waits in hospital emergency rooms and urgent care clinics, getting fed up enough to do something about it.

Imagine them deciding to pay \$100 per month into a community fund to hire a nurse practitioner as a private contractor to provide services to those 20 families - \$2000 per month to purchase his or her services.

The top rate paid to nurse practitioners is approximately \$62 per hour (see <https://personalsupportworkerhq.com/nurse-practitioners-salary-ontario-ca>). That adds up to over 32 hours per month of nurse practitioner time for the families belonging to the care co-op – over an hour a day if they choose to use it that way.

Nurse practitioners can assess patients and identify “urgent, emergent, and life-threatening situations that DO require hospitalization. They can also diagnose, order appropriate tests and follow up on them with suitable care plans, and perform procedures for things that DO NOT require hospitalization. They can provide better, faster, more effective health care while relieving pressure on emergency rooms. And they can intervene to stabilize clients in urgent situations as well as provide pharmacological interventions (College of Nurses, 2021).

So why doesn't Ontario provide support for neighborhood-based health care co-operatives across the province in order to take the pressure off hospitals instead of introducing draconian legislation like Bill 7 forcing elders into institutions?

Good question.

Let's ask our MPPs. To find your MPP go to <https://www.ola.org/en/members/current> and click on their name for their contact information.

REFERENCES

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