Québec lacks doctors and rural areas in particular are suffering. Not only is this scarcity depriving people of health care services, it’s also threatening the very vitality of many rural areas.

Older people are leaving their small towns for larger urban centres, where they can find better access to health care professionals, while young families are reluctant to settle in rural areas that do not have easy access to health services. In many regions across Québec, the crucial issue of access to a doctor has led to the establishment of health services cooperatives.

Since 1995, the year the first health services cooperative was created in Saint-Étienne-des-Grès in Mauricie, 28 similar cooperatives have been set up in 11 of Québec's 17 administrative regions.

Among the 26 cooperatives that run medical clinics, 24 are based on the solidarity cooperative model and two are based on the consumer cooperative model. The overwhelming preference for the solidarity model can be explained by how it brings local communities together through three categories of membership: workers, users and support members.

**APPOINTMENTS WITHIN 48 HOURS**

This cooperative format was also chosen in Frampton, a town in the Beauce region, where there had been no doctor since the early 2000s. Today, people living in the area are assured of getting an appointment in less than 48 hours with one of the two doctors practising there. By appealing to the local people’s strong sense of solidarity, $550,000 in investments were injected into the Coopérative de solidarité régionale de services de santé de Frampton to establish a medical clinic. The cooperative opened its doors in February 2008 in the old church rectory, donated by the parish council. In addition to a $50 qualifying share, the 550 current members must pay an annual individual contribution of $100.

Caisse populaire de Frampton has injected $125,000 into the cooperative. Its general manager, Michael Byrns, says this is the caisse’s largest contribution towards one of the greatest undertakings in the history of Frampton. This initiative has made it possible for residents of Frampton and surrounding parishes to have access to a family doctor – practically impossible through the region’s medical clinics, which rarely accept new patients. “As a cooperative, it was only natural for us to work with another cooperative. What’s more, Dr. Marc-André Moreau was ready and willing to come and practise in Frampton,” recalls Michael Byrns. “This was an issue that involved both public health and economic development, since access to a doctor is a decisive factor in choosing a place to live.”

**GIVING RESIDENTS BACK THEIR ACCESS TO HEALTH CARE**

Up and running since October 2007, the Coopérative de santé des Monts de Bellechasse, located in Saint-Damien-de-Bellechasse, now has 532 members. This initiative also received substantial support from the community to finance the establishment of a new medical clinic and thereby enable the inhabitants of Bellechasse-Sud to have access to a doctor in their area – something they had not had for the past four years.

“Thanks to the financial support of local companies, the cooperative can make itself more attractive for doctors to practise in the area by offering them competitive and stimulating working conditions,” explains Marcel Dostie, president of the Coopérative de santé des...
Monts de Bellechasse and general manager of the Desjardins caisse of the same name. “The cooperative is committed to financing the operational phase of the medical clinic until 2012. The percentage of elderly people is higher in Bellechasse-Sud than in the urban centres, so medical consultations take longer,” says Marcel Dostie. “This is a financial drain on the doctor, since the current public health system model pays doctors by the act.” Marcel Dostie is glad that the sense of solidarity in the local community provides a counterweight to this unavoidable demographic situation.

Graduating with a degree in medicine from Université Laval in April 2007, Cathie Sanfaçon is the first woman doctor to bill her services to the Coopérative de santé des Monts de Bellechasse. “The advantages I receive through the cooperative make it possible for me to devote myself entirely to my practice, which is open from Monday to Friday. We are now going to work together to attract doctors and other health professionals to open practices at the cooperative.” Enthusiastic about her new role, Ms. Sanfaçon was “charmed by the motivation of the local population. People took it upon themselves to get general medical care in their community. It’s really a wonderful challenge for a young 33-year-old doctor.”

A regional phenomenon
Since the creation of the first health care cooperative in 1995 in Saint-Étienne-des-Grès, Mauricie, the model has caught on mainly in outlying regions. Mauricie has five cooperatives, while Estrie, Montérégie and Outaouais have four each. In Chaudière-Appalaches, there are three cooperatives in operation. The Centre-du-Québec and Laurentian regions, as well as Abitibi-Témiscamingue, Bas-Saint-Laurent and Lanaudière, with five cooperatives, complete the list of health care cooperatives in Québec – a list that will only get longer.

Meanwhile, the Clinique de santé communautaire Bethel in Montréal and the Coopérative de solidarité en soins et services, in Saint-Camille in the Eastern Townships, also offer health services to their members.

BY MARIE-CHRISTINE DAIGNAULT

BREAKING

Down Taboos

Founded in 1980, the Mental Illness Foundation (MIF) is now a very important organization in Québec in the prevention of mental illness. The MIF uses information and public awareness to encourage the early detection of mental illness, which can reduce human suffering as well as related socioeconomic costs.

“In the past five years, Desjardins has provided more than $200,000 in financial support for the foundation’s activities.”

Numerous assistance programs
Solidaires pour la vie is a province-wide tour designed to raise awareness among students in Grade 10 and 11 (Sec. IV and V). Its objective is to inform young people, along with their parents, of the importance of detecting depression, a major risk factor for suicide. In the last ten years, the organization has met with 564,005 youth, parents and other persons involved. In all, this special team visited 507 high schools in more than 265 towns and cities throughout the 17 administrative regions of Québec. The team estimates that about 11,000 of the teenagers they met were monitored or treated for depression.

Ça me travaille is a program that promotes early detection of mental-health problems in the workplace, offering solutions especially adapted for employees, managers and caregivers. The main objective is to make these people aware of the problems related to mental illness, mobilize them and equip them to take action within their respective spheres.

Taking steps in the right direction
In the years to come, MIF aims to continue bringing together the parties involved to focus on this crucial objective – to provide hope, dignity and relief to people suffering from mental illness and to those around them.

In addition to further developing its current programs, Solidaires pour la vie and Ça me travaille, MIF will be creating a mental-illness prevention program for the elderly and their primary caregivers, who are usually family members. This initiative has become a necessity in our society, due to the aging population, the isolation that affects many seniors and the alarming suicide rates among this group, which require the MIF to act – and quickly.

Information services
To learn more or to consult the provincial directory of nearly 1,000 mental-health resources: 1 888 529-5354. www.mentalillnessfoundation.org