



**University
of Victoria**

Graduate Studies

Notice of the Final Oral Examination
for the Degree of Doctor of Philosophy

of

HARVEY J. HARROLD

MA (York University, 1979)

BA (York University, 1973)

“Therapeutic Regions”

Department of Geography

Monday, November 28, 2016

9:30AM

David Turpin Building

Room B215

Supervisory Committee:

Dr. Denise Cloutier, Department of Geography, University of Victoria (Supervisor)

Dr. Aleck Ostry, Department of Geography, UVic (Member)

Dr. Margaret Penning, Department of Sociology, UVic (Outside Member)

Dr. Neil Hanlon, Department of Geography, UNBC (Additional Member)

External Examiner:

Dr. Allison Williams, Department of Geography & Earth Sciences, McMaster University

Chair of Oral Examination:

Dr. Erin Ellerbeck, Department of English, UVic

Abstract

Health regions in Canada are primarily associated with rationalization of conventional and historically expensive provincial health care systems. At the same time, it is unclear what contribution health regions make to advancing health system reform, particularly health-promoting activities. This work sets out to understand the relationships between regionalization and health-promoting activity by studying two health regions in Canada that have different approaches to regionalization (British Columbia and Ontario).

I use a constructivist ground theory method (Charmaz, 2006) to analyse data from nineteen key informant interviews with senior management working in the two regional health authorities and in provincial health organizations. The iterative analysis of the empirical data and the review of corporate documents from both regional organizations result in the identification of three core themes grounded in the data.

The dominant theme emerging from the analysis is identified as *place-making* referring to a region's ability to facilitate health-promoting activity by making the region a place with special meaning and resonance for the populations served. The other two themes are *creating space within organizations for health-promoting activity* and *developing networks*. The former refers to a region's willingness and ability to operationally support health-promoting activity and the latter refers to efforts undertaken to establish relationships with other organizations in the health-promoting and healthcare networks. I conclude that these three themes characterize critical components of a therapeutic region.

A therapeutic region is not a living entity, but it does suggest a conceptualization of RHAs in which priority is given to health-promoting activities, alongside an entrenched curative healthcare agenda (the medical model). A therapeutic region is conceived of as a region that implements policies and develops structures aimed at achieving improvements in the overall health status of the population it serves. In this research I develop a simple four-cell matrix to frame the theory of therapeutic regions. One its axes represents a continuum of place-making and the other a continuum how regions develop the two other themes with one extreme representing a piecemeal or patchwork approach and the other an integrated strategic approach.

The implications of this research relate to practice and policy. The practice of improving health of population served requires regions to open pathways, remove longstanding barriers by make place making core to all community engagement and develop health-promoting activity within their organizations and their networks. Policy-makers need to bring clarity to the regions' role in health promoting activity. This research indicates that health-promoting activity, innovation and achievement occur when a region has the ability to manage both conventional, curative health care and health-promoting activities. Whether that is through direct governance or new ways to bring together decision-making, service co-ordination and evaluation is a subject for future work.