

Assessment 1: Individual poster

PHE5POL: Health Policy Development and Implementation

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Assignment type	Individual poster
Weighting	25%
Word count / length	750 words +/- 10% (excluding reference list)
SILOs	1, 2
Due date	Sunday at the end of Week 2, 23.59 (Melbourne time*) *For current Melbourne time, please check information under the Assessment tile in the LMS of this subject.

Topic overview

Use one or more models of the policy process to analyse a policy or policy proposal chosen from the topic list below. Prepare a poster to present your analysis and conclusions.

Assessment criteria

This assessment will measure your ability to:

- Identify and succinctly explain the nature of the policy problem that the policy or policy proposal is seeking to address (10%)
- Analyse the policy or policy proposal using an appropriate model of the policy process and apply it to illuminate how certain outcomes have been or could be achieved (30%)
- Use credible and relevant evidence to support your arguments, and reference evidence correctly (20%)
- Make logical and convincing arguments and recommendations, explained clearly and succinctly (20%)

- Produce a well-structured, interesting, and engaging one-paged poster using a balance of graphical and text elements to demonstrate your application of the chosen model (20%)

Guidelines

Examine a current policy problem using one or more models of the policy process. The purpose of this assignment is to work through the principles, strategies and theories of policy practice covered in early topics.

This project will involve:

- Identifying and explaining the nature of the policy problem
- Analysing the policy or policy proposal using an appropriate model of the policy process
- Making strong arguments and recommendations based on evidence
- Presenting the analysis and recommendations in the form of an interesting and engaging poster (750 words +/- 10%)

Topic

In Australia, the proportion of general practitioner visits that are bulk-billed (i.e. visits for which patients are not charged a co-payment) has been falling, reducing access to primary care for vulnerable groups and increasing out-of-pocket costs for patients. The Department of Health and Aged Care has asked you for advice on how to approach developing a policy to raise bulk-billing rates. Applying one or more models of the policy process, make recommendations for what the policy development process should involve.

Background resources:

- Bree, G., Estie, K., Marc, T., & Yulia, S. (2023). An assessment of the spatial distribution of bulk billing-only GP services in Australia in relation to area-based socio-economic status. Australian Journal of Primary Health. Advance online publication. <https://doi.org/10.1071/PY22125>
- Tsirtsakis, A. (2022, December 7). Falling bulk billing rates a 'sign of things to come', RACGP warns. NewsGP. <https://www1.racgp.org.au/newsgp/professional/falling-bulk-billing-rates-a-sign-of-things-to-come>
- Commonwealth of Australia. (2022). Strengthening Medicare Taskforce Report. <https://www.health.gov.au/resources/publications/strengthening-medicare-taskforce-report?language=en>

- Duckett, S., Stobart, A., & Lin, L. (2022). Not so universal: How to reduce out-of-pocket healthcare payments. Grattan Institute.
<https://grattan.edu.au/report/a-new-medicare-strengthening-general-practice/>

Submission format

- All information that makes up the poster should be presented on a single slide/page.
- A reference list must be included on the single slide/page submitted, correctly formatted in APA7 style. In-text citation is not required for this task given the visual nature of the poster format. The reference list is not included in the word count.
- The poster should be submitted in electronic form. Acceptable submission formats include PDF, PowerPoint, MS Word, PNG, or JPEG.

Assessment criteria / grading rubric

CRITERIA	A: Excellent (>80%)
Policy problem (10 marks)	Excellent, succinct summary of the nature of the policy problem, clearly identifying the relevant key issues. (8-10 marks)
Policy analysis (30 marks)	Insightful policy analysis: excellent application of an appropriate policy model. (24-30 marks)
Use of evidence (20 marks)	Excellent use of credible and relevant evidence to support arguments, options and recommendations; all evidence correctly referenced. (16-20 marks)
Arguments and/or recommendations (20 marks)	Logical and convincing arguments and/or excellent recommendations, explained clearly and succinctly. (16-20 marks)
Quality of poster (20 marks)	Excellent quality poster: well structured, interesting and engaging, graphical and text elements are balanced very well, presented on a single page. (16-20 marks)

Topic 1: Defining policy, public policy and health policy

What is policy?

Policy is notoriously difficult to describe.

... policy is rather like the elephant – you recognise it when you see it but cannot easily define it.

(Cunningham, 1963, p. 229)

Some definitions of policy:

- Walt (1994) refers to any related activities and their intended or unintended consequences for those concerned and usually directed towards accomplishing some purpose or goal.
- Palmer and Short (2010, p. 23) define policy as a set of actions and decisions or statements of intention.
- Hill (1997, p. 7) adopts a similar interpretation but emphasises the multiple actions and interconnected decisions that occur over time and are subject to termination.

Another definition of public policy is

A set of interrelated decisions taken by a political actor, or actors, concerning the selection of goals and the means of achieving them within a specified situation where these decisions should, in principle, be within the power of those actors to achieve.

(G.K. Roberts, as cited in Jenkins, (1978).

Roberts's definition focuses on interrelated decisions in policy areas. It is realistic; in terms of selecting specific goals, endeavouring to achieve them, and within the authority of those exercising power. It is also pragmatic – about the achievement of goals in the short to medium term.

Public policy – as 'non-decisions' or 'inactions'

... is what governments do, why they do it, and what difference it makes.

(Dye, 1976, p. 1)

Policy is also about 'non-decisions' or 'inactions', with governments choosing not to make a decision or pursue a course of action.

(Dye, 1976; Hogwood & Gunn, 1984; Parsons, 1995).



Reflection

Think about the definitions of policy given above. Which of the following could be described as policy? Make some notes about the reasons for your decisions, then view the feedback.

- An election promise
- A statement of values and commitments
- A plan for developing a new program or service
- Failure to implement a plan for developing a new program or service
- Any decision or action taken by those with responsibility in an area
- Budget papers
- Unspoken rules and underlying culture about how business is done



Feedback

Depending on the definition of policy used, all the above examples can be understood as representing policy.

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Public policy and health policy

Public policy may be defined as policy which governments are primarily responsible for and make decisions about, that is, whatever governments choose to do or not to do.

Government is not the only participant in policy making, as we will learn, but it plays a central role in articulating intended goals and objectives (in the public's interest). It ensures actions to achieve policy outcomes; and regulates and provides commitment to allocate resources (Considine, 1994; Hogwood & Gunn, 1984).

Health policy constitutes a distinct form of public policy (it can be understood as a subset of the broader field of public policy). It is recognised as an area of specialisation with its public authority, structures and processes (Colebatch, 2009).

Health policy involves decisions and actions focusing on the health system and health services. Its focus is on improving the health of the population through individual services and population health approaches — it is part of society's organised effort to protect and promote health and prevent illness and disease.



Required reading

Read chapter 1 'The health policy framework', from your prescribed textbook: Buse, K., Mays, N., & Walt, G. (2012). [Making health policy](#) (2nd ed.). Open University Press.

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2023 PHE5POL T3, Week 1, Topic 1: Public policy and health policy

Provide an example of a health policy and add a link to it. Explain why you chose this particular example and what it tells us about the meaning of 'health policy'. Spend 15 minutes on this activity, and write your answer in approximately 50-100 words.



Slip Slop Slap

Anonymous 5d
Slip Slop Slap

Slip, Slop, Slap, Seek, Slide

This is a prime example of health policy in the last 20 or so years where the focus has been on decreasing skin cancer

Made with :Padlet

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Topic 2: What comprises health policy and who is involved

According to Colebatch (2009), core attributes of policy include:

1. Authority (endorsement by a decision maker)
2. Expertise (knowledge of problems and what to do about them)
3. Order (system and consistency).

Final *authority* for a policy decision always rests with an identifiable person or group — such as a government minister or Cabinet. Authority is often delegated to officials who are involved in the process of planning and administering the policy. There will also be formal structures and procedures for involvement in the policy development and implementation process (e.g. by making submissions to committees).

Policy activity involves gathering *expertise*. The pool of experts can include government officials, academics, business people, professional associations, lobbyists and consultants. Other experts, such as policy analysts, can be involved directly in the policy development process.

Policy also involves the creation of a shared understanding. Creating this '*order*' will involve dealing with the values of individuals and groups, and the different perspectives of organisation. This interaction may challenge the assumptions and working practices of those concerned.



Required reading

Read chapter 2 'What's the idea', in the textbook:

Colebatch, H. (2009). [Policy](#). McGraw Hill Education.



Reflection

What did Colebatch mean by these attributes of policy? (Authority, Expertise, Order)

Click on each button to reveal the answer.

Authority

Click to show answer

Authority - the endorsement of an authorised decision maker, which gives policy legitimacy.

Expertise

Click to show answer

Expertise - knowledge that contributes to problem-solving

Order

Click to show answer



Order - a coherent and consistent approach built on a shared understanding of the problem and its solutions.

Types of policy work

Some common activities involved in policy work are:

- Drafting legislation and regulations
- Preparing Cabinet and budget submissions
- Policy analytic functions (of planning, researching, consulting, drafting/writing)
- Evaluation

Page and Jenkins (2005) developed a threefold typology for classifying policy work, comprising 'production' (drafting legislation and regulation, monitoring spending, and preparing options and strategy papers), maintenance (monitoring research and spending, ensuring implementation compliance, evaluating programs), and service (offering knowledge and skills to others in advising and briefings).

Who makes policy?

Policy making involves a wide array of participants, including:

- Governments: Prime minister, ministers, Cabinet
- Bureaucrats
- Party policy committees
- Independents in the Senate
- Ministerial staffers
- Policy analysts
- Non-government organisations, professional bodies, and other advocates
- Industry
- Others

These participants are often referred to as 'actors'. We examine the roles of different actors more closely in later topics, particularly Weeks 2 and 6.



Reflection

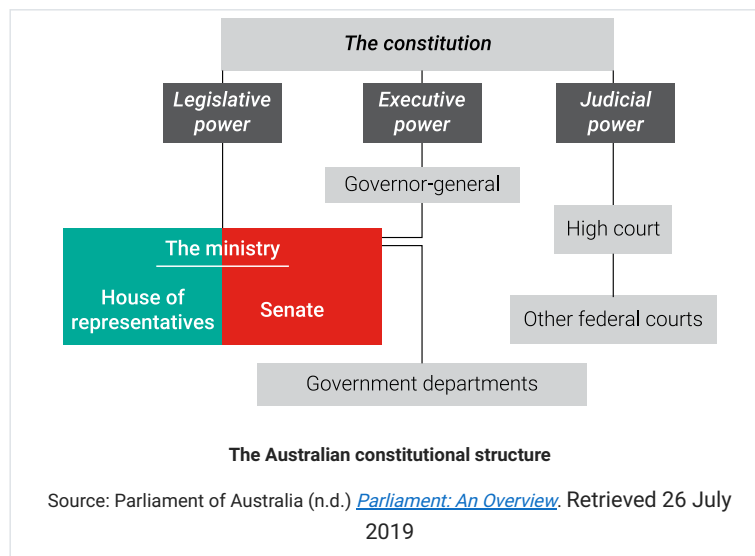
Complete [activity 1.2](#) in Buse Mays and Walt (2012), pp. 10–11. Write 100 words in your learning journal.

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Topic 3: The Australian constitutional structure and political system

The Constitution of Australia sets up the framework for government by creating three branches of government and dividing power between them. Power is separated according to functions.



Click on the below headings to reveal further information.

App title

The **legislature** is Parliament, which has the power to make laws by passing Bills. At Commonwealth level, the legislature is the House of Representatives or the Lower House, and the Senate (the Upper House). The Senate has the constitutional power to instigate legislation, reject or amend Lower House Bills, block supply and hold enquiries.

A government is formed from members of parliament and is ultimately answerable to parliament. Governments must always be formed in the Lower House but do not always control the Senate (which does not always have a government majority).

App title

The **executive** has the power to administer laws. The executive is comprised of the government ministers (Cabinet), the Queen's representative (Governor-General at Commonwealth level and governor at state level), and the public service (government departments and other bodies). Minister's exercise executive power to make policy decisions either individually or collectively (through the Cabinet). Cabinet processes policy information, resolves conflict between portfolios and directs policy.

The public service administers and implements policy, and answers to a minister, who answers to parliament. The public service is intended to be apolitical and should act 'without fear or favour'. Its role is determined by legislation. However, these ideals may not always be realised. There can also be tensions between the roles of civil servants (employees of the Crown) and those of ministerial advisors (employed by ministers).

App title

The role of the **judiciary**, which includes the High Court and other courts, is to decide on the validity of legislation and its application in specific cases —it has the power to interpret and enforce laws. It is not answerable to the people as are members of parliament, and can sometimes conflict with the executive. For example, in 2011 the High Court declared unlawful the Australian government's policy to send asylum seekers arriving by boat to Malaysia rather than considering their claims for refugee status within Australia.

The Constitution also establishes arrangements between the Commonwealth and the states.





Required reading

Read:

➤ [Parliament of Australia \(n.d.\). *Work of the Parliament*](#)

. It is suggested that you make use of the links provided to further explore and learn more about how our system of Government works.



Activity

Answer the following three questions:

1. What are the functions of the legislature (Parliament)?
2. What does the Governor-General do?
3. What is the Cabinet?

Make some notes in your learning journal.



Required reading

Read chapter 5 'Government and the policy process', in your prescribed textbook:

➤ [Buse, K., Mays, N., & Walt G. \(2012\). *Making health policy* \(2nd ed.\) Open University Press.](#)

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• Share

2023 PHE5POL T3, Week 1, Topic 3: The Australian constitutional structure and political system

Features of the Australian political system that are important in policy making Share your understanding of the features of the Australian political system that are important in policy making via the padlet below by answering the three questions from the reading. Write 50--100 words per -answer. Your task - 1. Does Australia have a federal or unitary system of government, and what are the consequences of this for policy making? 2. Where do most policy making powers reside in a parliamentary system -- the legislature, executive or judiciary? 3. What is the role of the bureaucracy (civil service) in policy development and implementation?



Australia has a fede

Anonymous 8d

Australia has a federal government which means state and territories are subordinate to the National - Federal Government and have less independence in creating policy than those in a unitary government. Where state/territory laws clash with federal, federal



The Constitution and the health system

The Constitution in Australia divides responsibilities for health between the federal and state governments, gives the federal government certain financial and regulatory powers over health-related matters and protects doctors and dentists from 'civil conscription'.

The Constitution originally provided very limited powers for the Commonwealth Government concerning health, which was regarded as the states' responsibility.

Section 51 (xxiiiA)

The Parliament shall, subject to this Constitution, have power to make laws for the peace, order, and good government of the Commonwealth with respect to:

*The provision of maternity allowances, widows' pensions, child endowment, unemployment, **pharmaceutical, sickness and hospital benefits, medical and dental services** (but not so as to authorise any form of civil conscription), benefits to students and family allowances:*

Section 51 was an amendment made to the Constitution in 1946 to expand the Commonwealth's powers in certain areas, including health care. Section 51 (23A) provides a mandate for the Commonwealth (that is, the federal level of government) to fund, and in some cases administer, many parts of the health system. The words in bold indicate the constitutional mandate of the Commonwealth to provide pharmaceutical, sickness and hospital benefits, medical and dental services.

Section 81

All revenues or moneys raised or received by the Executive Government of the Commonwealth shall form one Consolidated Revenue Fund, to be appropriated for the purposes of the Commonwealth in the manner and subject to the charges and liabilities imposed by this Constitution.

Section 96

During a period of ten years after the establishment of the Commonwealth and thereafter until the Parliament otherwise provides, the Parliament may grant financial assistance to any State on such terms and conditions as the Parliament thinks fit.

Section 81 of the Constitution allows the Commonwealth to allocate funds, and Section 96 allows it to make payments to the states for specific purposes.



Required reading

Please browse through the Constitution and familiarise yourself with its contents.

➤ [Commonwealth of Australia. Commonwealth of Australia Constitution Act \(The Constitution\).](#)





Reflection

What is the significance for the health system of Sections 51, 81 and 96 of the Constitution?

Make some notes in your learning journal.

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Topic 4: Institutions and their role in policy making

Outside the constitutional structure, several other institutions play important roles:

Click on the below headings to reveal further information.

› **Political parties**

› **Interest groups**

› **Religious bodies**

› **Intellectual bodies**

› **Commercial bodies**

› **Mass media**

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Topic 5: The structure of the Australian health system

The Australian health system is a mixed private and public system, and a federal system where responsibility for health is shared between the Commonwealth and the states and territories, with local government also playing a role.

Click on the below headings to reveal further information.

App title

The Commonwealth Government funds and administers Medicare and the Pharmaceutical Benefits Scheme. It is the primary funder of health research and training for health professionals, and funds and administers some public health activities. It also provides payments to the states and territories for public hospitals and some public health programs, and contributes funding for private hospitals through subsidies for private health insurance.

App title

State and territory governments manage public hospitals, funded via payments from the Commonwealth. They fund and manage many community health services, health promotion and public health programs, and dental services, and provide patient transport services.

App title

Local governments have responsibility for environmental health (e.g. food safety inspections), immunisations, some local public health activities, and home and community care services.

We can broadly characterise the roles and responsibilities of the different levels of government as follows:

- The Commonwealth is the primary funder and provides some services
- States and territories are the main service providers, but depend on funding from the Commonwealth
- Local government provides some services at the local level, funded from rates and grants from other levels of government.

These multiple levels of responsibility create many 'headaches' for the health system – gaps, duplication and complexities. A lot of reform effort is focused on trying to address these.

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Topic 1: Policy theory: a menu of models to draw on for understanding and analysing policy making

This week, we explore a wide range of theories, models and frameworks that help understand how policy is made and are useful for analysing the policy making process. For the sake of simplicity, we will refer to them as 'models'.

None of these models is 'true' in the sense that it exactly represents the real world. They each summarise complex social phenomena in ways that highlight some aspects and obscure others.

Since each model is only partial, it is useful to have a menu of different approaches to deploy for various purposes. We will explore some of those different purposes as we look at each model and some of the limitations of each. In your Week 2 tutorial, you will have the opportunity to explore how they can be applied to nutrition policy making.

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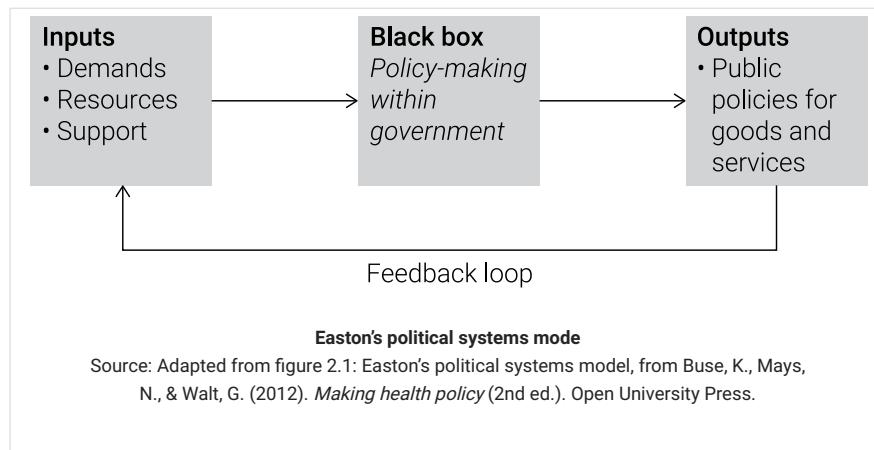


Political systems

David Easton's (1953; 1965) systems approach was an early and influential model of the policy process which likened political systems to biological systems. This model conceptualises the policy process in terms of inputs (demands, resources and supports) which feed into the 'black box of decision making' and give rise to outputs in the form of decisions and policies (Buse et al., 2012). The political response to the outputs creates a feedback loop that then shapes the inputs feeding into the next round of policy making (Buse et al., 2012). For example, dissatisfaction with a previous policy's outcomes often stimulates demand for a different and more effective approach, and perhaps the allocation of resources to review alternatives and develop new options for reform.

Systems models seek to capture the effect of the broader political environment in which decision making occurs; however, the policy process is still conceived broadly in terms of stages and mechanics (Parsons, 1995).

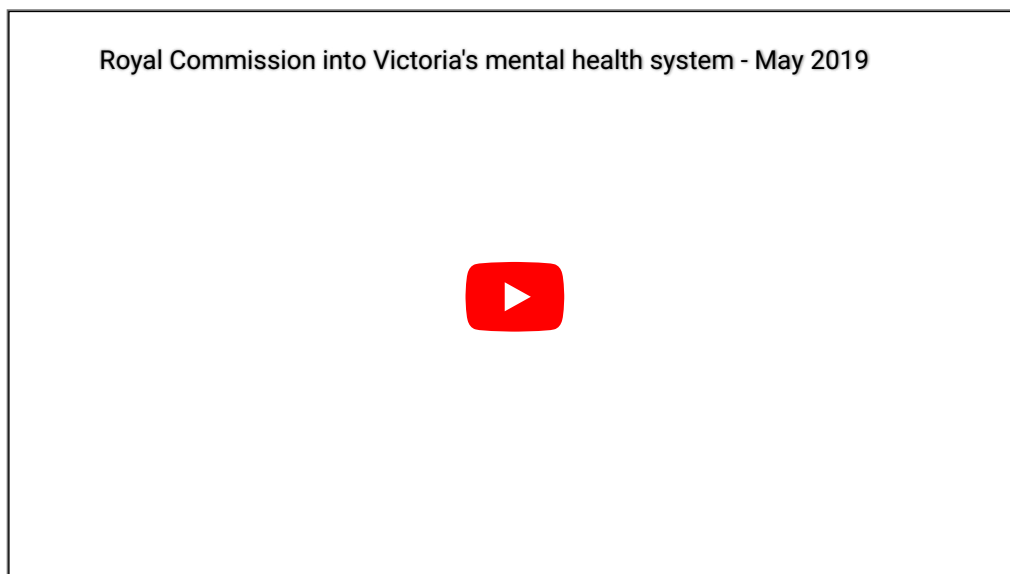
Easton's model is generally acknowledged to have several limitations including its simplistic depiction of a logical sequence of events and the lack of attention given to the workings of the 'black box' of decision making (Buse et al., 2012).



Activity: Royal Commission into Victoria's Mental Health System

Your task

Read the brief information about the Royal Commission into Victoria's Mental Health System on this webpage, and watch the one-minute video [01:00 mins]:



➤ [Department of Health & Human Services, State Government of Victoria \(2021\) Mental Health Reform.](#)

- How does Easton's model help explain the role of the Royal Commission and others like it?



- How might the Royal Commission change the inputs to mental health policy reform in Victoria?

Answer the questions and make some notes in your learning journal.

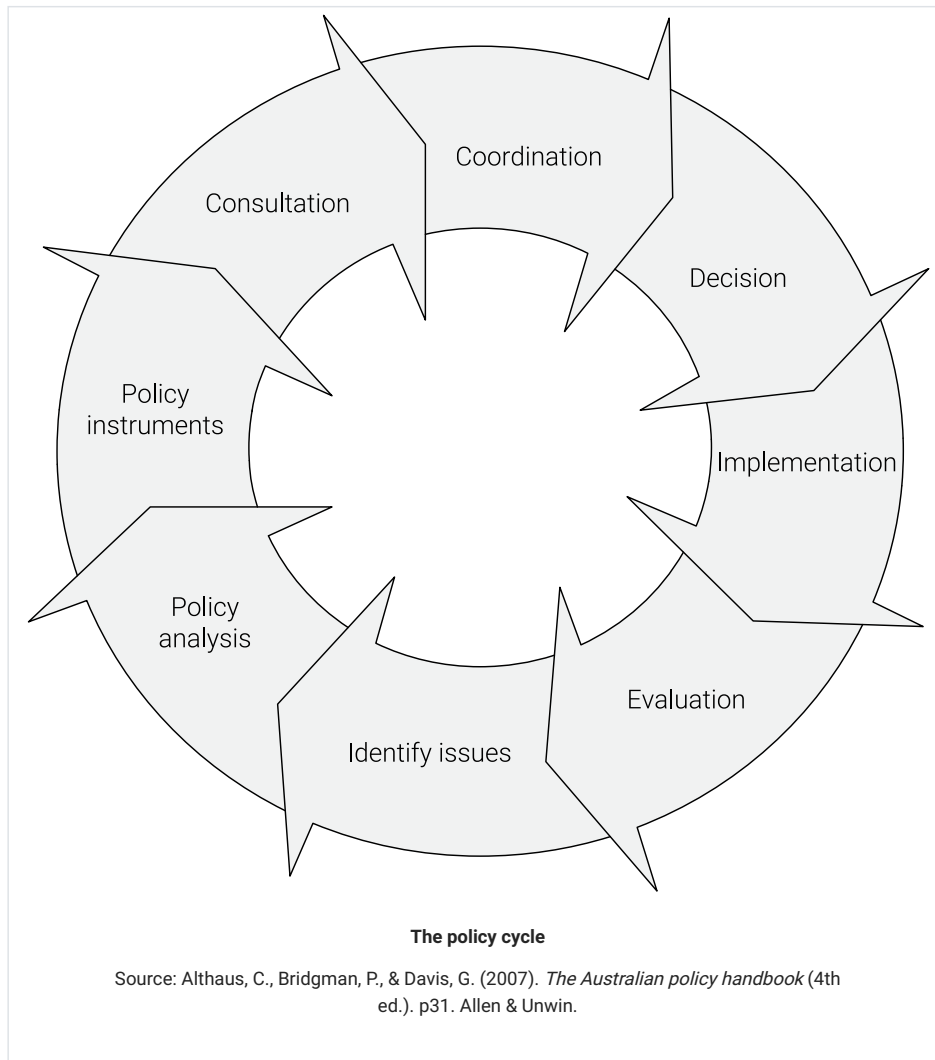
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Rational models - stages approaches and the policy cycle

Rational models conceive policy making as organised action that proceeds in a series of chronological stages. While proponents of this model acknowledge that each stage does not necessarily follow the last in an exact sequence, and there will often be some back and forth between them, the process is still conceived as a relatively orderly progression. This is from identifying a problem, collecting information, analysing various options, deciding what to do, taking action and evaluating what happens.

While 'stages' models like the policy cycle are often criticised for what they leave out of the picture, they can be beneficial for some purposes – particularly for planning the steps that need to be taken to develop a policy.



Required reading

Read:

- [Bridgman, P., & Davis, G. \(2003\). What use is a policy cycle? Plenty, if the aim is clear. *Australian Journal of Public Administration*, 62\(3\), 98–102.](#)
- The section entitled 'Rational models of decision making: too idealistic?' on pp. 38–41 of your prescribed text: [chapter 2, 'Power and the policy process', Buse, Mays, & Walt \(2012, pp. 38–41\).](#)

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Incrementalism

Charles Lindblom (1959) proposed 'incrementalism' as an alternative model to both rational models and Easton's approach in his article on the 'science of muddling through', arguing that rational decision making is not possible for complex policy problems. Instead, he contended that policy was made through a succession of limited steps or adjustments, involving compromise and negotiation.

From this perspective, decision makers do not start with a blank page but take what already exists as given and make minor adjustments to existing arrangements. This model often fits better with policy makers' experiences of the real world of policy analysis and development: changes to established programs often proceed slowly and in small steps.

The incremental model has been subject to criticism on several grounds, including that it does not explain radical policy decisions and major reforms (Buse et al., 2012).

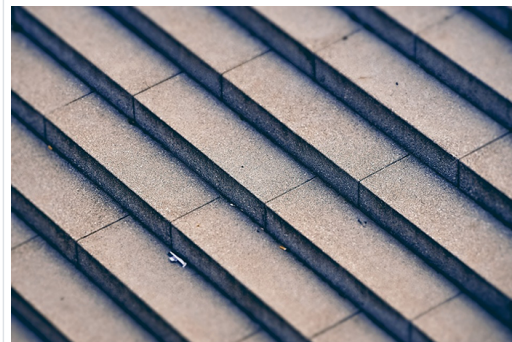


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Activity: Theory of incrementalism

How well does Lindblom's (1959) theory of incrementalism explain:

1. Increased attention to human rights and the roles and needs of carers in mental health policy over the last few decades?
2. The establishment of Medicare in Australia?

Feedback

Lindblom's theory explains the first example quite well, although the incremental progression of these developments was probably punctuated by key events, reports and other developments that created more significant shifts. The establishment of Medicare was a more sudden and significant shift that created a more profound change in the status quo; we would need to use other models to help explain how this change to the fundamental structure of the Australian health system occurred.

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Multiple streams framework

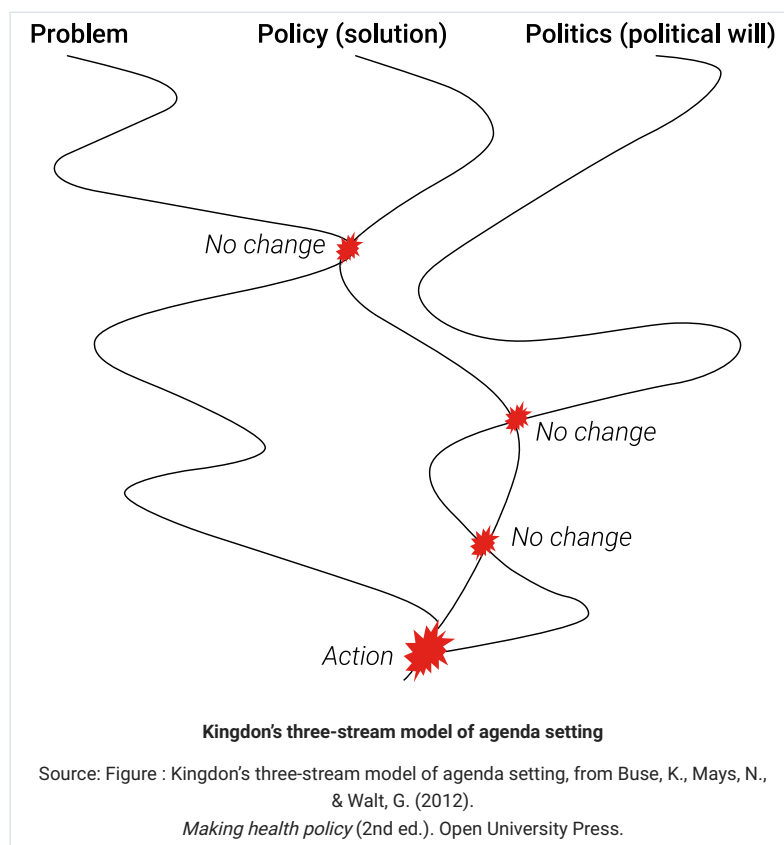
Kingdon (1984) developed a theory of agenda-setting called the multiple streams framework (MSF) which describes *problems*, *solutions* and *politics* as three separate streams which sometimes come together at critical times. Change occurs when a problem is identified, a solution is available and the political situation enables change. Windows of opportunity arise, often serendipitously, when 'policy entrepreneurs' can bring the three streams together, match solutions and problems and get the issue high enough onto the policy agenda to be acted upon (Kingdon, 1984).

Policy entrepreneurs are advocates for proposals or ideas and are willing to invest resources 'in the hope of a future return' (Kingdon, 1984, p. 129). People may take on this role to advance their interests, to promote their values or advance a particular policy, or even enjoy participating in policy making. Policy entrepreneurs advance their ideas by advocating for them in various forums, 'softening up' policy communities and the public to build acceptance for their proposals, floating ideas in experimental ways and keeping the issue alive during unpopular times (Kingdon, 1984, pp. 134–138).

Not all issues that policy entrepreneurs advance will get onto the agenda. They need to be seen to have technically feasible solutions, the solutions need to be compatible with prevailing values, and the solutions need some continuity with established institutional structures and processes (Kingdon, 1984).

There may be a window of opportunity when a particular issue will 'get up' when problems are compelling or when events in the political stream make circumstances favourable (Kingdon, 1984). Policy entrepreneurs keep their proposals ready, waiting for a policy window to open. Policy windows close quickly, and if an opportunity to get an issue onto the agenda is missed, the entrepreneur must wait for the next chance.

While Kingdon's multiple streams framework is handy for understanding how issues reach the policy agenda, it is not useful for explaining other aspects of the policy process, such as how policy change occurs in established policy areas. It has also been criticised for an over-emphasis on the role of individuals as policy entrepreneurs.



Required reading

Read:



- The section entitled [‘The Kingdon model: “policy windows” and three “streams” within the policy process’ on pp. 69–71 in your prescribed text: chapter 4, ‘Agenda setting’, Buse et al. \(2012, pp. 69–71\).](#)



Activity: Multiple streams framework

Consider again the Royal Commission into Victoria’s Mental Health System. Browse through the submissions to the Royal Commission listed on the Royal Commission’s website.

➤ [Royal Commission into Victoria’s Mental Health System \(2019\). *Submissions to the Royal Commission*.](#)

Choose one from the list and look through it briefly, focusing on the main arguments being made.

- How might you explain the Royal Commission and the submission you are looking at, in the light of Kingdon’s multiple streams framework?

Make some notes in your learning journal.

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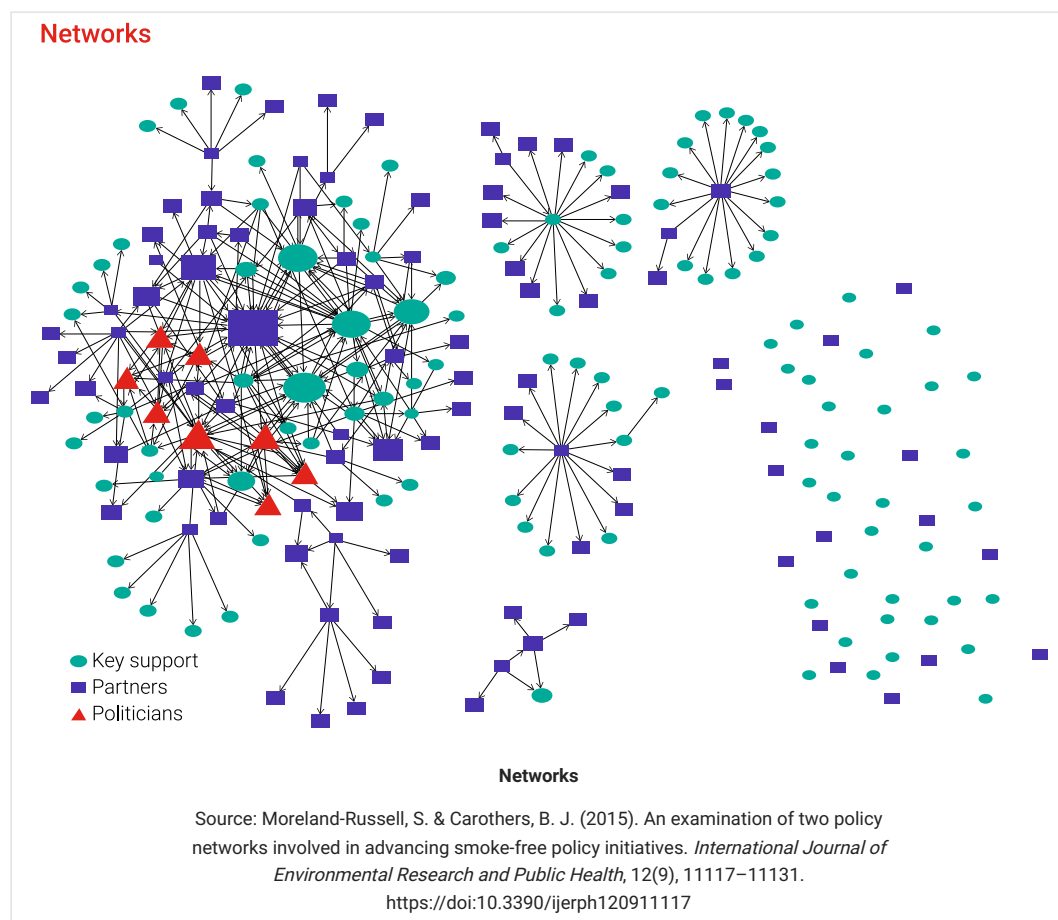
Policy networks and communities

The literature on policy networks and communities includes a diverse collection of theories focusing on the relationships and networks shaping policy making (Parsons, 1995). The term 'policy networks' generally refers to relatively loose relationships based on particular policy areas, whereas 'policy communities' refer to more 'tightly-knit' relationships between actors with common concerns (Parsons, 1995, p. 189).

These metaphors provide a way of looking at the people who are involved in policy making. They point to 'a conceptualisation of policy as a complex network of continuing interactions between groups of policy actors who use public, private, and voluntary organisations to articulate and express their ideas about a particular area' (Lewis, 2005, p. 13). They provide insights into patterns of communication and information flow and patterns of political manoeuvring around policy development.

The idea of policy networks has been criticised on several grounds, including:

1. Its inability to account for the influence of macro-political institutions and the internationalisation of policy;
2. Its inability to account for policy innovation;
3. Its underlying assumption that there are discrete issues which have their associated networks or communities (Parsons, 1995). In reality, policy issues are often overlapping and networks can be much more three-dimensional and fluid than it is possible to capture using network maps focused on a single issue (Parsons, 1995).



Reflection

Consider, once again, the young trainee charged with producing a food and nutrition strategy for Queensland. What insights might each of these models of the policy making process provide as she prepares this strategy?

- Political systems
- Incrementalism
- Multiple streams framework
- Policy networks and communities



Make some notes in your learning journal.

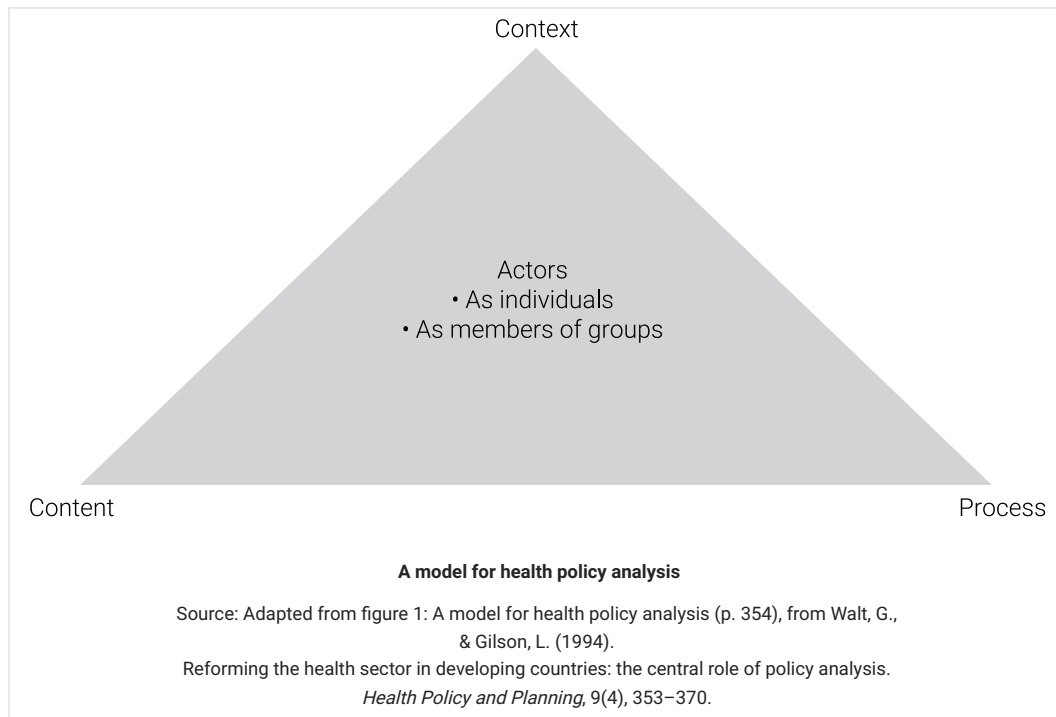
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The health policy triangle

The health policy triangle, developed by Walt and Gilson (1994), provides a useful policy analysis framework. Walt and Gilson (1994) argued that health policy analysis tended to focus exclusively on analysing the *content* of policy. The health policy triangle situates the policy *content* at one point in the triangle but also focuses the policy analyst's attention on the *context* for policy development and the *process* of policy development and implementation, which form the other two points in the triangle. A central element is the *actors* involved in policy development and implementation.

The simplicity of the health policy triangle is both its strength and its weakness. It can help those analysing policy to ensure they focus on all aspects relevant to the analysis, rather than just assessing whether a policy effectively achieves its stated objectives. It can also provide a very useful organising framework for presenting policy analysis. However, Walt and Gilson (1994, p. 355) acknowledge that it is a 'highly simplified model of an extremely complex set of interrelationships' and that the four elements of the framework are more closely integrated than the model can depict. Unlike the other models we have looked at this week, it doesn't explain the dynamics of policy making (i.e. how policy is made), so it is often used in combination with other approaches that have more explanatory value.



Required reading

Read the following article:

- [Walt, G., & Gilson, L. \(1994\). Reforming the health sector in developing countries: the central role of policy analysis. *Health Policy and Planning*, 9\(4\), 353-370.](#)

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