The Discursive Dynamics of Changing Health Policy

- An insider perspective

Siobhan Harpur – CEO Public Health and Associate Professor of Health, UTAS

The Tasmania Health Plan 2005 – 2010

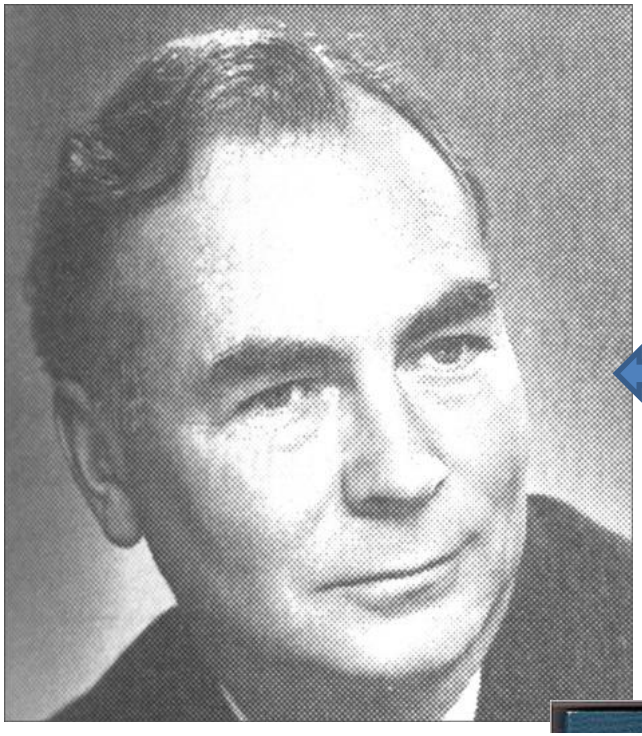
- Getting primary health on to the agenda
- Managing complexity

“For fundamental change to occur,

we have somehow become convinced that we need to tackle everything at once

– we don’t”

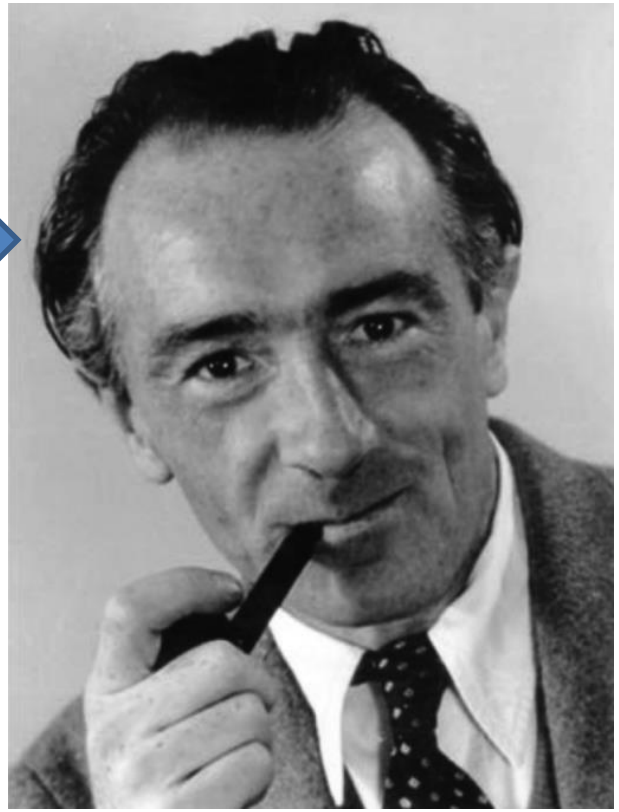
Malcolm Gladwell, in the Tipping Point

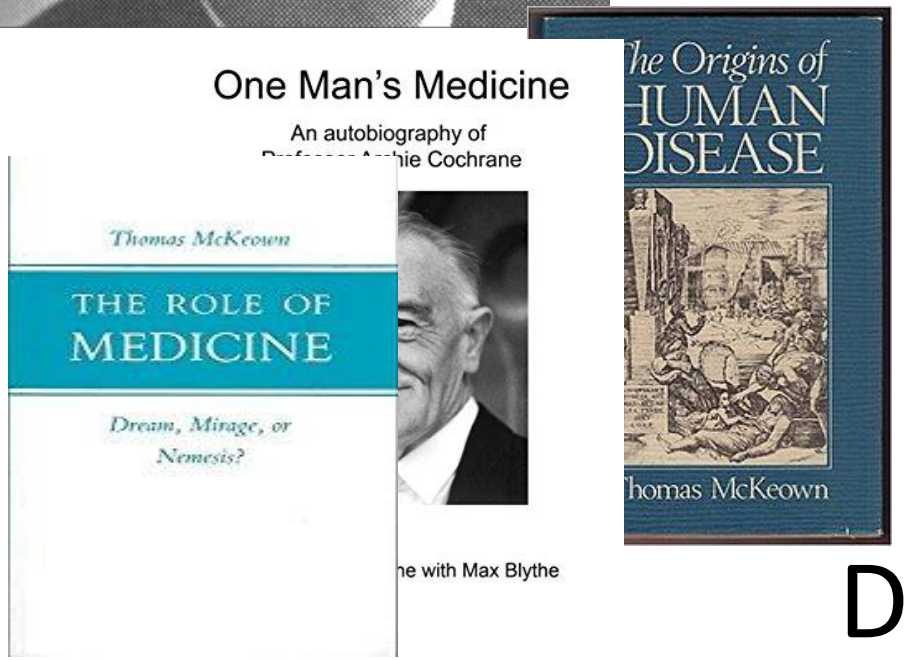


Dr Thomas McKeown

Faced with the challenges of chronic disease - each had a seminal way forward …

A social model of health?
Or:
the RCT to determine best investment?





Dr Archie Cochrane

Fundamental change is critical

Why?

- Health policy is conflated with healthcare
- We had a “burning platform” in the 1970s, and now….
- Healthcare costs are rising exponentially with and 85% of disease burden is chronic
- “Wicked” issues are creating a tyranny of complexity and worsening outcomes for people and communities

Current projections demand new approaches to governance and leadership

Getting onto the agenda

- “service locations are historical…. [Outside of] nationally accepted benchmarks… risk of serious quality and safety adverse incidents …. Critical workforce shortages ” *In-coming Minister Briefing April 2006*
- “...the Tasmanian primary health care system [is] historically based, and overly complex, funding arrangements which consolidate the bulk of resources into clinical/hospital settings” *Local Service Advisory Committee, Campbelltown May 2006*
- *“*Primary health is a critical part of the health care system and getting it right is essential if we are to improve individual health and relieve pressure on acute care services” *Health Minister press release Sept 2006*

Multiple actors and institutions and their discourses

Heart Foundation®

HACSU TASMANIA

ANMF Australian Nursing & Midwifery Federation Tasmania

Multiple actors and institutions and their discourses..an example

Institution/actor group	Relevance and level of engagement	Challenges to legitimacy and implementation
xxxx		
Primary Health Services	Involved with ideas development and fit with new structure, strengthen primary and community health policy and broaden health policy to a more social model	Making structure changes, recruiting, not bedded down. Implementing multiple new changes and managing communications. The complexity and resourcing requirements, and the time frames for practice change are not realistic.
xxxx		
xxxx		
xxxx		
xxxx		

Managing complexity

- Deliberate change activity included:
  - Layering conversations
  - Using the respective language of groups or professions
  - Describing new service delivery features
  - Celebrating progress
  - Inviting possibilities of different futures
  - Sharing examples of primary health in practice from other places – organizing visits to and from Tasmania

The key actors were actively engaged in the process of reflection and adaptation

Why a fundamental policy change requires adaptive thinking

- Competing rationalities
- Multiple perspectives, discourses and interests
- There is an atheoretical and episodic nature to contemporary public service
- Public knowledge is disjointed with gap between rhetoric and reality
- Complex and contestable soup – problems and solutions
- “contemporary disillusionment” - health policy reform is institutional and structural change

Discursive Institutionalism lens

- (Schmidt) There is no objective explanation for the dynamics of change and the circumstances for which it is able to occur.
- The agents themselves may be largely responsible for framing the narrative and legitimising the discourse
- This is consistent with the alignment of Kingdon's streams, and the window of opportunity

Analysis

- The discourse for health policy change is most active within and between policy elites, and key actor groups within governments
- Getting traction for change requires continuous processes of engagement across multiple interests inside and between health organisations and health decision makers within governments
- Changes occur through the framing and re-framing of narrative through discussion and written documents
- “diremption” (Habermas) is applied to the genesis or creation of intuitions reflecting reality occuring at more than one moment – fluid – more “cinema” than snapshot
- Discursive debate assists in making sense of competing frames and values, including different casual factors and alternate solutions

Implications for health policy?

- **Policies should be large scale visions** with built in learning for continual evaluation and adaptation from multiple safe to fail experiments
- **Relationships are a key feature** and decision-making, needs time and resource allocation.
- **Public service leadership** in partnership with research is critical, because fundamental change is incremental

"I pin my hopes on small circles in which vital and transforming events can take place" Rufus Jones