

HEALTH POLICY AND SERVICE DELIVERY

Subject Coordinator: Carol O'Donnell

Subject Aim:

To critically examine key Australian health policies and their relationship to health services development and health outcome in the national and international context.

Objectives:

Students will be able to:

1. Describe and analyse key health policy developments in Australian health care provision
2. Critically evaluate the contribution of health policy and service delivery to the health and wellbeing of the Australian population
3. Critically examine the national and international context shaping health policy and service delivery in Australia

CONTENT

1. **HEALTH PROMOTION AND ITS NATIONAL CONTEXT**
2. **INTERNATIONAL DEVELOPMENT AND HEALTH**
3. **THE STRUCTURE OF AUSTRALIAN HEALTH CARE PROVISION**
4. **WORKERS' COMPENSATION AND MOTOR ACCIDENT INSURANCE**
5. **DISABILITY AND COMMUNITY BASED REHABILITATION**
6. **MENTAL HEALTH IN ENVIRONMENTAL CONTEXT**
7. **QUALITY MANAGEMENT OF HEALTH CARE**
8. **INDIGENOUS HEALTH**
9. **THE HEALTH OF CHILDREN AND YOUNG PEOPLE**
10. **GENDERED HEALTH**
11. **HEALTH IN OLD AGE**
12. **CRIME PREVENTION THROUGH SOCIAL SUPPORT**

ASSESSMENT: 1000 word essay/project (week 8)(40%)
2 hour short answer/essay exam (week 15/16) (60%)

TEXT: There is no set text for the subject. You may find the following books of particular use, but plenty of other journals and books are also available. You will find websites outlined later to be a particularly useful and up to date source of information.

Duckett, S. (2004) *The Australian Health Care System*, Sydney: Oxford University Press.
Eager, K., Grant, P., and Lin, V. (2001) *Health Planning: Australian Perspectives*, Sydney: Allen and Unwin.
Australian Institute of Health and Welfare (2002) *Australia's Health 2002.*, Canberra: AGPS. (An updated publication is put out every two years by the AIHW. You will enhance your knowledge by looking at a few of them.)
Palmer, G. and Short, S. (1998) *Health Care and Public Policy*, Melbourne: MacMillan.

Meadows, G. and Singh, B. (eds) (2001) *Mental Health in Australia*, Melbourne: Oxford University Press.
McMurray, A. (1999) *Community Health and Wellness: A Sociological Approach*, Qld: Mosby.
Johnson, S. (ed) (1997) *Pathways of Care*, Oxford: Blackwell Science.
Gardner, H. (ed) (1998) *Health Policy in Australia*, Melbourne: Oxford University Press.
Lupton, G. and Najman, J. (1995). *Sociology of Health and Illness*, Queensland: University of Queensland.
Commonwealth Dept. of Human Services and Health (1994) *Better Health Outcomes for Australians*, Canberra: AGPS.

USEFUL INTERNET SITES:

The general search engine <http://www.google.com> and <http://www.scholar.google.com> are very useful. (Be VERY conscious of the reliability and applicability of any sources you use.)

The World Health Organization Statistical Information System is available at www.who.int/whosis/

The World Population Prospects database can be accessed directly at <http://esa.un.org/unpp/> or from the homepage of the United Nations Population Division <http://unpopulation.org>

The entire standard product range of the Australian Bureau of Statistics is available at www.abs.gov.au/

The website www.nsw.gov.au/ will give you access to all NSW government organisations and the website www.commonwealth.gov.au/ provides access to all Commonwealth government organisations.

The National Health Information Knowledge base is available through the Aust. Institute of Health and Welfare at www.aihw.gov.au

HealthInsite produced by the Australian Dept. of Health and Aged Care is available at www.healthinsite.gov.au or go there through www.health.gov.au

For plain English information about NSW law www.lawlink.gov.au/ You can go straight to Australian law in full text at www.austlii.edu.au

You will find the National Resource Centre for Consumer Participation in Health at the website <http://nrccph.latrobe.edu.au>

Sydney University also provides you with access to HealthWIZ the National Social Health Database. It gives you the ability to understand the demographic and social characteristics of local, regional and national populations; and also analyse patterns and trends in the use of local health services.

For journal access go to the Sydney Uni library Page and Ovid then allows you to access key health related journals at <http://gateway.ovid.com/autologin.html>

The Science Direct database contains 473 electronic journals in the life, physical, medical, technical and social sciences. Access via the Sydney Uni Library Catalogue through the E-Journal home page (www.library.usyd.edu.au/Ejournals/)

TUTORIALS

Tutorials will be used to expand upon lecture material and to discuss any issues and concerns you have in regard to your essay/project development.

HEALTH POLICY AND SERVICE DELIVERY ESSAY/PROJECT (DUE IN WEEK 8) (1000 words)

After reading the topic areas addressed in the lecture booklet in preparation, undertake **ONE** of the exercises outlined below. Also see related discussion later. People are encouraged to work alone or in teams which may deal with one or more topics in an interrelated fashion. However, each individual's project will be marked separately.

1. Build a basic community profile using data from the Australian Bureau of Statistics such as the census. Use other relevant sources of information such as local government, related government area or ministers' website. From this and other useful data, suggest a key health problem in the community and identify any key services which have been developed to meet it. Discuss the general effectiveness of current approaches and suggest possible improvements. Imagine you are briefing a minister who is going to visit the electorate. What you tell him or her about the community and its concerns must be accurate and useful.
2. Choose a health policy which interests you and gain access to a relevant organization to find out how it has been implemented in practice. Discuss what you think are the main issues related to service provider accountability, client participation and outcome in regard to this policy and its implementation. Feel free to make suggestions for improvement.
3. Evaluate the use of performance indicators in a particular health or welfare organization with which you are familiar.
4. Read the personal opinion piece 'Madeline, the Wronged Woman's Friend, and Me' which is outlined below. Discuss the extent to which the writer's views are consistent with any aspect of current government health policy and/or practice in which you are interested.

MADELAINE, THE WRONGED WOMAN'S FRIEND, AND ME

Last week the Sydney Morning Herald reported Madeleine Albright, the outgoing U.S. Secretary of State, as saying that the sex and lies scandal that rocked Mr Clinton's presidency had no effect on foreign policy and that 'most of the people, countries that I dealt with thought we were nuts'. Personally, I side with the global majority. While most people probably agree that sex is a powerful force, it appears to be mainly U.S. residents, apparently including Bill Clinton, who view any extra-marital dabbling as automatically indefensible. Other people appear to see it as more like other forms of social contact, with a mixed potential for human pleasure and development, as well as distress and harm, even when politicians are involved. Personally, I envy Hillary Clinton. I'd much rather have been well known by a man who honestly respected my intelligence and capacity for public service and who openly acknowledged this, than well known by one who was sexually faithful but comparatively dismissive of my general ability and significance. The former kind of respect appears to be a hallmark of the ex-

president's relationship with his wife. For whatever reasons, it is a quality which is demonstrably rare in Australian public life, and also in my personal experience.

On the other hand, if citizens reserve their medals for the monogamous, it seems only natural that children brought up in such a code would feel greatly wounded by any overt parental departure from it, along with their inevitably damaged or guilty overseers. The latter might even find that offence is the best defence and that children make excellent weapons. Is the U.S. obsession with monogamy the legacy of belief in a single, jealous God; a culturally uncharacteristic ambivalence about market relations; or indicative of a non-European preference for guns before sex, rather than butter? (On no account justify your response, as you will find a multiple choice cross is much easier on both of us.) Would community interests be better served by encouragement of more open ended and less adversarial inquiry into a wider range of human behaviours which might appropriately balance personal responsibility, desire, autonomy and compassion? Might this lead to wider considerations about spirituality, such as how the body might be related to a temple? Could it even be healthier - or am I just hopelessly old fashioned?

Like the Australian Prime Minister, my childhood was spent in the Methodist religion. I theoretically rejected the elevation of monogamy *uber alles*, when the sixties began to swing. An early memory is of being a student and making some money by posing nude for a young man in a wheelchair who painted with a brush held in his mouth. He had advertised for a model on the university notice board and lived in a poorer Brisbane suburb. His mother welcomed me and left his room while he painted. Afterwards I was ashamed of taking what I thought was a high price for the job, from someone who obviously had little money for himself. I thought a better person might have offered an appropriate free sexual service as part of the package, since I felt the painter could have welcomed this. It seemed to me that neither my society nor I were very generous, outgoing, informed or empowered. Today, as a university lecturer in a health sciences faculty, I ponder why sex workers should not be able to have their work experience recognised towards an appropriate tertiary qualification in a health related profession such as psychologist. In sexual, as in many other matters, experience may possibly be the best teacher, although other job qualifications like relevant theoretical knowledge, honesty, and commitment to the client and public interest are obviously also of vital importance.

Feminism seems to me to have transmogrified over the years into an ideology which often over-values career advancement for its own sake, whilst equating inequality or change in personal relationships with inevitable harm or loss, rather than with any potential for the improved management of general wellbeing. It has always seemed to me unreasonable to demand another's exclusive sexual and emotional attention, even though I have certainly been guilty of this. I have personally viewed the normal expectations of marriage as rather like being expected to study Marx forever, forswearing all neoclassical and other economists, or like arguing that parents should only ever have one child because loving two would be impossible, or just too unkind to the first. I think that becoming a mother helped me to distinguish better between caring about another person and needing their support. Now older and living alone, I feel very grateful to the man who agreed to father our child, but also grateful to other lovers and friends who lived at our place over a quarter of a century. I think that our daughter learned from this that there are many different ways that women and men can be happy

and try to improve their behaviour. Between consenting adults and in the big scheme of things, sex seems not to be the main game. The U.S., of course, is another country.

GENERAL ASSESSMENT CRITERIA

1. Clear structure, including an introduction, body of argument and conclusion
2. Level of sophistication in regard to understanding of the issues addressed
3. Clear and thoughtful expression of knowledge, analysis and ideas
4. Evidence of wide reading and the effective use of good evidence
5. Bibliographic technique, sentence grammar and spelling (Do a spellcheck)

FURTHER EXPLANATION RELATED TO QUESTIONS

Assessment 2: Choose a health policy and find out how it has been implemented in practice in a relevant organisation.

In a democracy all organisations are expected to operate within the law. A policy is an official statement of organisational expectation, intent or direction, which may or may not be directly or primarily based on law. Law is the strongest form of social policy, in that it represents the minimum standard of community expectations, and accordingly there is ideally some punishment for ignoring it. On the other hand, a lot of law may be overwhelming, unclear, conflicting or apparently irrelevant to the situation, so one needs to use common sense and evidence about the related economic, social and environmental context to come to a conclusion about any matter.

The principal aim of business is to make a profit. The principal aim of government is ideally to regulate society on behalf of citizens or to provide a related service, sometimes in competition with the private sector service provider (e.g. in child care centres, schools and hospitals).

In democratic government, the elected politicians commonly make policy and public servants or related service managers administer it. The clear separation of policy making and its implementation is essential in order to gain effective transparency or openness, which is required for any reliable comparison of service outcomes, whether the services are delivered by the public or the private sector.

You should interpret the concept of health policy in its most broadly environmental, social and holistic sense. This does not necessarily require a medical focus on hospital or matters directly related to physiology. A democratic government is elected by the people and sets its standards. You must therefore start your health policy exercise by getting your policy of choice from an appropriate government department or a suitably eminent independent expert organization (e.g. National Health and Medical Research Council (NHMRC)), not from an individual organization which does not have this broader degree of social legitimacy. You may then see how the socially or expert approved policy is being applied in the relevant organization.

This essay focuses on how a required social standard is expected to be implemented and whether this occurs in practice. A government policy or law is a 'standard' in the sense that it ideally reflects broadly approved social expectations. A policy or 'standard' written by members of an organization such as Standards Australia, reflects

the consensus of relevant experts. Each of these sources has their separate but ideally closely related forms of legitimacy, which should be increasingly based on relevant and broadly collected evidence about any matter under discussion.

You must find a real workplace and see how it is implementing the health policy of your choice. Do not start the exercise with the policy of the workplace! The policy source, which is your primary reference, must be broader and more authoritative than that because you are primarily interested in whether and how expected health or related social standards are being maintained. Maybe the workplace you choose to inspect does not know the standard requirements, or implements them differently from the expected norm. Is the way they do it better to achieve the social, environmental and economic goals?

First describe the aims and basic implementation requirements of the policy or law you are interested in. You may consider a total social policy, for example from a government website, or a small portion of it. The policy implementation discussion has two primary aspects. The first aspect is a consideration of how management is held accountable (responsible) for implementing the policy. For example, if the organizing is ignorant of the apparently relevant policy is anybody ever likely to know or care and how much does it matter?

Perhaps the relevant organization of your choice has the policy you are concerned about somewhere in a drawer and can dig it out when you call. You need to differentiate between this and more active evidence of its implementation. For example, an essay based on public relations style chats with people inside an organization is less satisfying than an essay in which more convincing evidence of policy implementation is provided.

The second aspect of your consideration of policy implementation is whether there is a chance for policy input and service feedback by those for whom the policy and related service has ideally been developed. Do the service consumers (as well as the providers) have an input to the service development, delivery and evaluation process, or are they merely the mute recipients of direction?

You then critically evaluate what you have found in regard to the organization and the policy. Perhaps the organisation is not following the policy, but is doing something better. If this is happening, in your view, make sure you point it out, along with your justification for its support. Such a critical perspective should be part of the process of better policy development. We do not seek to breed mindless slaves to authority.

Assessment 3: Evaluate the use of performance indicator/s in a particular health or welfare organization.

Good managers try to measure the organisational performance effectively with a view to improving it. A performance indicator is a measure of performance, and ideally should provide information on whether the organisation is achieving its primary aims well. For example, one might want to measure:

- the cost of providing a particular service that is central to the organization

- the accessibility of the service to particular consumers or communities
- the quality of the service, and/or its outcome
- the timeliness of the service provision, etc. etc.

It is often hard to devise helpful performance indicators that can effectively tell an organisation how well it is achieving its key aims. Perhaps start your essay by reading and thinking about some background literature on performance indicators. You might find some in your area of interest. The best essays will use this information to assist their final evaluation of the organization and the performance indicator or indicators that it is using that you have chosen to discuss.

You must find an organization and evaluate their use of some key performance indicators. It is up to you how many performance indicators you choose to discuss. You are asking the question ‘How does this organization measure what it does?’ and then providing the answer and a related evaluation of the value of the measure and/or the organisation. Do not be vague. Also be aware of whether and how performance indicator/s you focus on might be related to the requirements of legislation or related policy. (See discussion of earlier essay topic.)

Never repeat that organisation x is doing a wonderful job simply because somebody working there tells you that it is. However, evidence may come in many forms and you do not need to have any special reverence for the quantitative.

Assessment 4: Read the personal opinion ‘Madelaine, the Wronged Woman’s Friend, and Me’.

This essay is hard. The written piece you are asked to evaluate from a policy perspective is a purely personal expression of an individual’s social, moral and therefore political viewpoint. It is a view which is probably atypical as well. The piece is primarily a critique of the traditional Christian view of monogamy, especially as it has often been expressed in the context of a developed market economy.

Please note that the critique you are asked to make of this personal expression is not easy. Yours must be a response which is not primarily personal, but one which is informed by an understanding of how far any aspect of the writer’s personal views can be accommodated by an aspect of government policy relevant to the discussion. The writer of the piece has views about sexual expression which appear socially atypical. You must understand the extent to which such views can be accommodated within the current policy and related health context of your choice. This means you need to know about current policy and health matters relevant to the writer’s views. You should use this knowledge for an evaluation of the policy and/or the views of the writer.

It may be important to provide a health or ethically related critique in your discussion. However, this needs also to relate closely to one or more relevant policy areas which have been addressed in a purely personal sense by the writer (e.g. disability policy; sexual health policy; child and family policy; multicultural or immigration policy, higher education policy, or another policy). Do not go off on a tangential rave about some area of policy apparently unrelated to the writer’s views. Alternatively, do not go off on a rave about the moral wickedness or otherwise of the writer without providing a supporting policy or evidence related justification.

PLEASE KEEP AS CLOSELY AS POSSIBLE TO 1000 WORD LENGTH.

No ministerial briefing paper would be longer than 1000 words. The length is quite reasonable and the art of good writing is often through obtaining greater clarity by cutting unnecessary words. Read and polish and cut. Read and polish and cut. Etc.

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