

Location, Location, Location: Networks and actors in the National Male Health Policy

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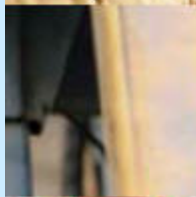


Australian Government
Department of Health and Ageing

Launched April 2010

National Male Health Policy

**BUILDING ON THE STRENGTHS OF
AUSTRALIAN MALES**



Australia

Men's Health Policy



- 🕒 1996 Draft National Men's Health Policy
 - ❖ Never implemented
- 🕒 2007 pre-election commitment by current Labor Government
 - ❖ Community consultation process (Feb-Oct 09)
 - ❖ Stakeholder submissions
- 🕒 2009 Senate Select Committee on Men's Health
- 🕒 2010 Launch of National Male Health Policy

1996 Draft

Lack of implementation



- ♂ Medical Dominance (Lumb, 2003)
 - ❖ Entrenched biological framework
 - ❖ Medical evidence-based discourse
- ♂ Lack of cohesive men's health network (Lumb, 2003)
- ♂ Political and policy climate (Lumb, 2003)
 - ❖ Policy not led to programs
 - ❖ Health Budget constraints
- ♂ Australian men's culture
 - ❖ Men and masculinities (Lumb, 2003)
 - ❖ Definition of men's health (Smith, 2007)

Men's Health Policy

Features



- ♂ Continued on the policy horizon for more than a decade
- ♂ Increased number (& type) of actors over time
- ♂ Contested nature with apparent biological vs social 'conflicts' remain

Q. Can a 'network of competing interests' influence the policy process?

Theoretical Frameworks

Policy networks



Networks:

- 🕒 Advocacy Coalitions (Sabatier, 1988)
- 🕒 Structures of interdependence involving multiple organizations (O'Toole, 1997)
- 🕒 System of linkages and influence that exist in policy-making process (Lewis, 2005)

Q. What structural features of networks influence behaviours of actors that influence policy

Study Aim

Men's Health Policy



Using the National Men's Health Policy as the case study:

- 🕒 To explore the networks and interactions in a network of competing interests;
- 🕒 To consider how the structural features of networks may provide opportunities and/or constrain actor behaviours during the policy process;
- 🕒 To propose how an understanding of network structures may be an important resource in supporting the policy process.

Methodology



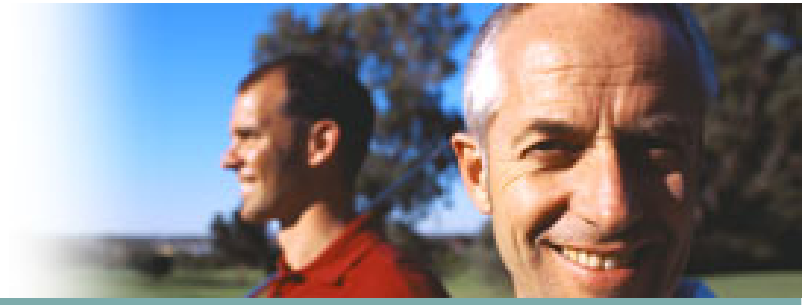
- 🕒 Data collection
 - ❖ Questionnaire (organizations making a submission to the 2009 Senate Select Committee on Men's Health)
 - ❖ Two exchange relations: Communication/resource and Policy exchange

- 🕒 Social Network Analysis (SNA) (UCINET v6.2)
 - ❖ To map structural relations within men's health network
 - ❖ Stakeholder analysis (analysis of public documents)

- 🕒 Ethics approval: La Trobe University FHEC

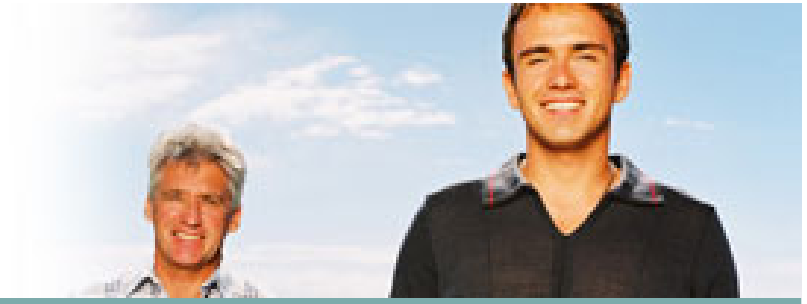
Stakeholders

Men's Health Policy



- ♂ Government: Federal and State
- ♂ Private sector:
 - ❖ Pharmaceutical industry
 - ❖ Commercial interest
- ♂ Public sector:
 - ❖ Peak associations
 - ❖ Non-government organizations
 - ❖ Support/interest groups
- ♂ Individuals

Network Analysis



Mapping structural relations in men's health network

- 🕒 Global or complete network structure
 - ❖ Network size, density, centralization
- 🕒 Subgroup level analysis
 - ❖ Core/periphery
- 🕒 Individual actor position
 - ❖ Number of ties with other actors reported (NrmDegree)
 - ❖ Ties received (InDegree) and ties sent (OutDegree)

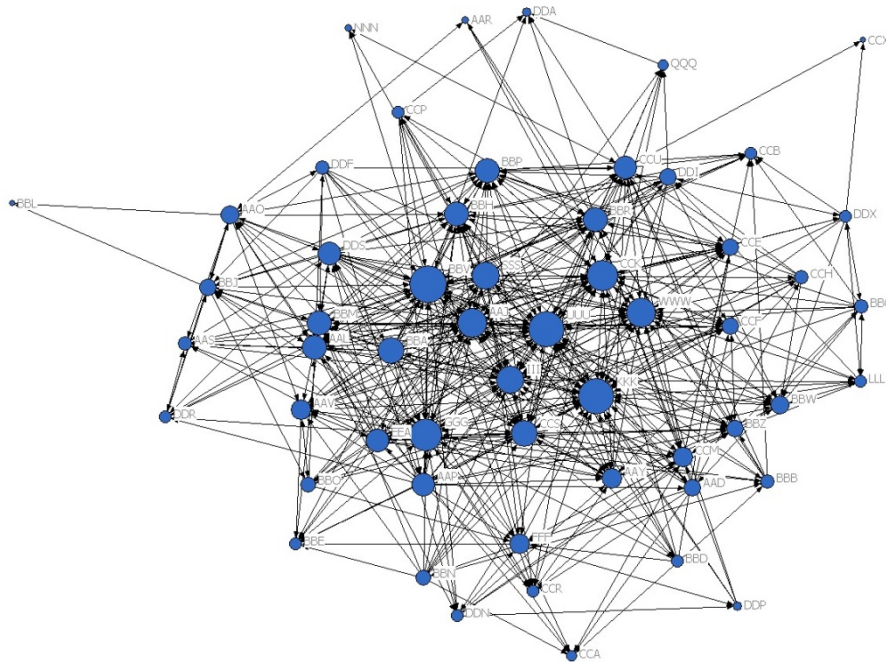
Study Findings

Data Collection



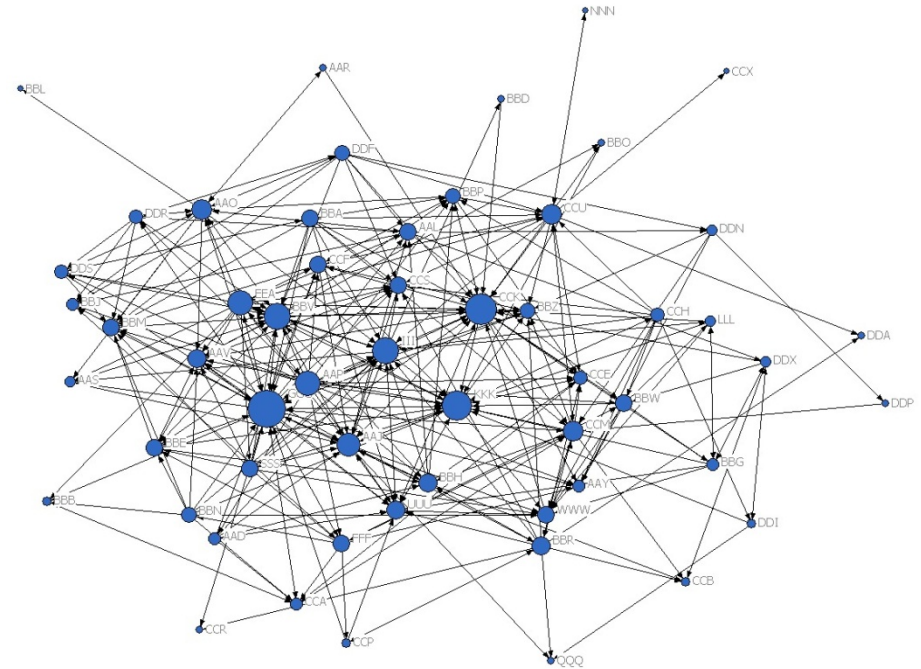
- 🕒 82 organisations made submissions to the 2009 Senate Select Committee on Men's Health
 - ❖ 64 responses received (78% response rate)
 - ❖ 7 organisations declined from participating
 - ❖ 1 incomplete survey
 - ❖ 56 surveys complete (68% nodal response rate)
- 🕒 Interest in men's health
 - ❖ Primary interest: 25 of 26 (96%) agreed to participate
 - ❖ Secondary interest: 31 of 56 agencies (55%) agreed to participate
- 🕒 Missing Data
 - ❖ 16 informants reported 33 other men's health orgs

Men's Health: Network Analysis



Communication/Resource exchange

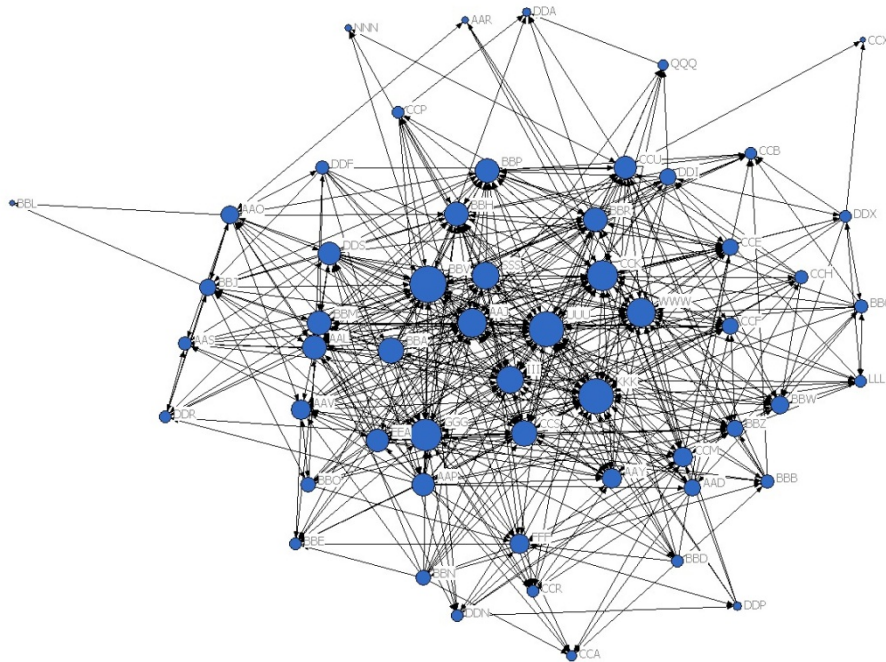
- Moderate-low density (19% of ties)
- Core/periphery exists



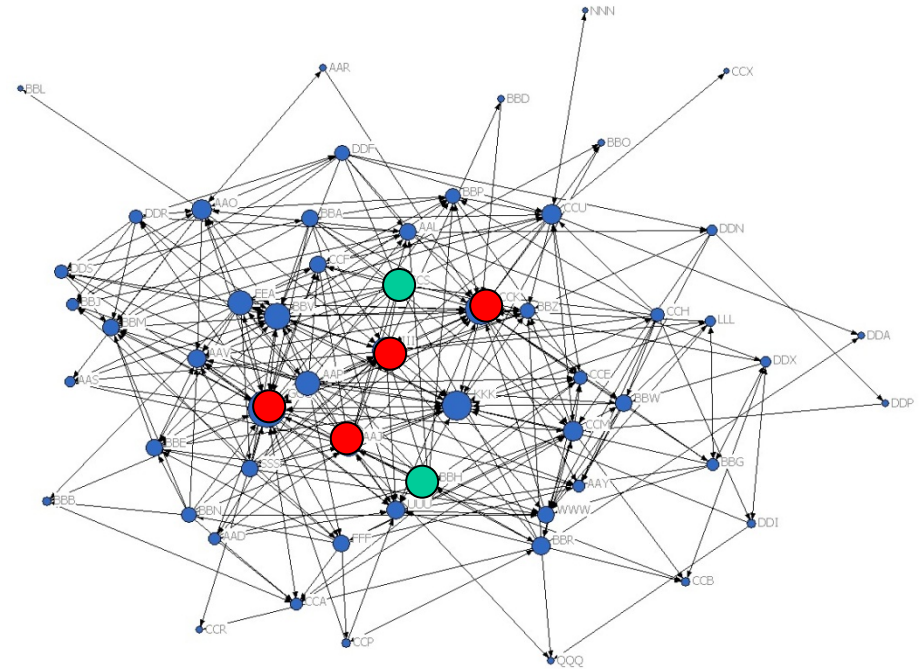
Policy exchange

- Low density (11% of ties)
- No apparent core

Men's Health: Actor level Analysis



Communication/Resource exchange



Policy exchange

Summary

Men's Health Network



- ♂ Weakly connected network: flow of information between actors and ability to mobilise resources is limited (Provan et al 2007)
- ♂ Diminished ties for policy exchange: social capital (eg trust & agreement) similarly diminished (Koppenjan and Klijn 2004)

Summary

Men's Health Actors



- ☉ Core group of 'influential' actors in communication/resource exchange that not apparent in policy exchange
- ☉ Peripheral actors utilise opportunities in broader policy agendas
- ☉ 'Shifting' centrality for some actors between the two exchange relations

Summary

Social Network Analysis



This study demonstrates the potential benefit/application of SNA to better understand the network, using the men's health policy defined by competing interests as the case study

Study Limitations



- 🕒 Potential bias as stakeholder & investigator
- 🕒 Excludes community & State/Territory inputs
- 🕒 Lack of access to policy documents
 - ❖ Policy content not known
 - ❖ Missing data
 - ❖ Other influences

Policy Implications



Policy-maker perspective:

- 🕒 Networks for potential public-private partnerships (O'Toole, 1997)
 - ❖ Policy development and stakeholder consultation
 - ❖ Co-operation within network & building coherence
 - ❖ Links between network properties and policy implementation/service delivery