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**Grey Matter: A Collection of Recent NGO, Think Tank, and International Government Reports**

Issue 9, 2014 April

Welcome to Grey Matter, the Ministry of Health Library’s Grey Literature Bulletin. In each issue, we provide access to a selection of the most recent NGO, Think Tank, and International Government reports that are relevant to the health context. The goal of this newsletter is to facilitate access to material that may be more difficult to locate (in contrast to journal articles and the news media). Information is arranged by topic, allowing readers to quickly hone in on their key areas of interest. Email [library@moh.govt.nz](mailto:library@moh.govt.nz?subject=I%20would%20like%20to%20subscribe%20to%20Grey%20Matter.) to subscribe.

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### Health of Older People

[**Is Excessive Paperwork in Care Homes Undermining Care for Older People**](http://www.jrf.org.uk/publications/excessive-paperwork-care-homes-undermining-care-older-people)

“Researchers visited care homes and spoke to staff who felt they were judged more on their ability to produce paperwork than deliver care. The research recommends that the sector rethinks its priorities and makes changes to the way it deals with administration so older people can be given more compassionate, personalised care.” *Source: Joseph Rowntree Foundation*

[**Making our health and care systems fit for an ageing population**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/making-health-care-systems-fit-ageing-population-oliver-foot-humphries-mar14.pdf)

“Our fragmented health and care system is not meeting the needs of older people, who are most likely to suffer problems with co-ordination of care and delays in transitions between services. This report sets out a framework and tools to help local service leaders improve the care they provide for older people across nine key components.” *Source: King’s Fund*

[**2030 vision: The best - and worst - futures for older people in the UK**](http://www.ilcuk.org.uk/images/uploads/publication-pdfs/2030-vision-report.pdf)

This report addresses the question: “So will the UK become a better or worse country for older people?” *Source: International Longevity Centre UK*

**[Elder Abuse and Its Prevention](http://www.nap.edu/catalog.php?record_id=18518)**

“Elder Abuse and Its Prevention discusses the prevalence and characteristics of elder abuse around the world, risk factors for abuse and potential adverse health outcomes, and contextually specific factors, such as culture and the role of the community.” *Source: Institute of Medicine*

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[**Managing medicines in care homes: full guideline**](http://www.nice.org.uk/media/B5F/28/ManagingMedicinesInCareHomesFullGuideline.pdf)

“The guideline considers all aspects of managing medicines in care homes and recommends that all care home providers have a care home medicines policy. The policy should ensure that processes are in place for safe and effective use of medicines in the care home. Sections of the guideline provide recommendations for different aspects of managing medicines covered by the care home medicines policy.” *Source: NICE*

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### Inequalities

**[Examining association between self-assessed health status and labour force participation using pooled NHS data](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/A595252C9415DAF9CA257C8C000D60BD/$File/1351055049_feb%202014.pdf)**

“The empirical results suggested a statistically significant negative association between health status and labour force participation, and this relationship was found to be robust to the alternative measures of the health variable used in the analysis.” *Source: Australian Bureau of Statistics*

[**Closing the gap in a generation: Health equity through action on the social determinants of health**](http://www.who.int/social_determinants/thecommission/finalreport/en/)

“Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death. We watch in wonder as life expectancy and good health continue to increase in parts of the world and in alarm as they fail to improve in others.” *Source: WHO*

**[Housing strategies that improve Indigenous health outcomes](http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctgc-rs25.pdf)**

“This review primarily explores the links between housing quality and health outcomes, the mechanisms by which housing influences health outcomes, and a range of practices that can improve the condition of Indigenous housing.” *Source: Australian Government*

[**Why do people in poverty tend to have poorer health?**](http://www.jrf.org.uk/publications/how-does-money-influence-health)

“This study looks at hundreds of theories to consider how income influences health. There is a graded association between money and health – increased income equates to better health. But the reasons are debated.” *Source: Joseph Rowntree Foundation*

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### Mental Health & Addiction

[**Crossroads: rethinking the Australian mental health system**](http://inspire.org.au/wp-content/uploads/2014/03/Crossroads_ReachOut_10Mar2014.pdf)

“Australia urgently needs a 21st century mental health care system to respond to the growing demand for, and rising costs of service delivery. An urgent effort to reconceptualise [the] mental health system is required, one that looks to better promote and integrate effective and scalable self-help and peer-support interventions, thus decreasing the burden on clinical services and professionals so that they are free to assist those in greatest need.” *Source: Reachout.com*

[**Acknowledging complexity in the impacts of sexual victimisation trauma**](http://aifs.gov.au/acssa/pubs/issue/i16/issues16.pdf)

“People suffering complex trauma need treatments that are multifaceted and varied to accommodate their particular range of symptoms. Isolated treatment of particular symptoms may only impact on one aspect of their needs and will not resolve the underlying issues that have created the problem.” *Source: Australian Centre for the Study of Sexual Assault*

[**‘Lost Generation’ – protecting Early Intervention in Psychosis services**](http://www.rethink.org/media/973932/LOST%20GENERATION%20-%20Rethink%20Mental%20Illness%20report.pdf)

“This report presents new evidence from the front line about the extent of cuts to resourcing and budgets, and the negative impact on EIP services and the young people they support.” *Source: IRIS Network*

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### Nutrition, Physical Activity, & Obesity

[**EU Action Plan on Childhood Obesity 2014-2020**](http://ec.europa.eu/health/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf)

“The purpose of this EU Action Plan on Childhood Obesity is to: demonstrate the shared commitment of EU Member States to addressing childhood obesity; set out priority areas for action and a possible toolbox of measures for consideration and propose ways of collectively keeping track of progress.” *Source: European Commission*

[**Food Forward: 2014**](http://www.webershandwick.com.au/foodforward/)

“Food Forward surveyed more than 1,000 Australian consumers and food experts nationwide. These including food editors, chefs, bloggers, nutritionists and senior business executives to look at how these trends are impacting corporations, industry bodies and policy makers, and how these trends will fuel further discussion between retailers, brands and consumers.” *Source: Weber Shandwick*

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### Quality & Safety

[**Creating a culture of safety in the NHS**](http://www.health.org.uk/media_manager/public/75/Parliamentary%20brief%20for%20March%20Francis%20debate%20FINAL%20March%202014.pdf)

“This briefing has been prepared by the Health Foundation, an independent charity working to improve the quality of healthcare, to inform the debate on the Francis Report taking place in the House of Commons on Wednesday 5 March 2014. It focuses on the need to embed a strong culture of safety across the NHS in order for the recommendations of the Francis Inquiry report to have a lasting impact.” *Source: Health Foundation*

[**Effective networks for improvement: developing and managing effective networks to support quality improvement in healthcare**](http://www.health.org.uk/public/cms/75/76/313/4702/Effective%20networks%20for%20improvement.pdf?realName=8COD8O.pdf)

“The research confirmed that networks are uniquely positioned to support quality improvement. They can focus on it directly and exclusively – unlike most organisations,

which have other primary functions, whatever their commitment to quality.” *Source: Health Foundation*

[**Perspectives on Context**](http://www.health.org.uk/public/cms/75/76/313/4708/Perspectives%20on%20context.pdf?realName=7ISY0A.pdf)

“This research aims to identify the aspects of context that are important for implementing quality improvement, and if and how they can be modified to increase the chances of successful improvement.” *Source: Health Foundation*

[**Partnering with Patients and Families for the Safest Care**](http://www.npsf.org/wp-content/uploads/2014/03/Safety_Is_Personal.pdf)

“The National Patient Safety Foundation’s Lucian Leape Institute convened two Roundtables that brought together more than 40 individuals representing patient advocacy organizations, health systems, professional organizations, patient safety research initiatives, international safety organizations, and other groups to develop recommendations for engaging patients and families in improving patient safety.” *Source: National Patient Safety Foundation*

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### Patient & Stakeholder Engagement

[**Helping measure person-centred care: a review of evidence about commonly used approaches and tools to measure person-centred care**](http://www.health.org.uk/public/cms/75/76/313/4697/Helping%20measure%20person-centred%20care.pdf?realName=lnet6X.pdf)

“This rapid review signposts to research about commonly used approaches and tools to help

measure person-centred care. It aims to showcase the many tools available for those working in policy and practice.” *Source: Health Foundation*

[**Expert Voices: Paradigm, Not Pill: The New Role of Patient-Centered Care**](http://www.nihcm.org/images/pdf/Patient-Centered_Care_EV_Millenson_2014-1.pdf)

“Patient-centered care has at its base a very powerful concept: health care decisions should be driven by the preferences, needs and values of the patient. In this Expert Voices essay, Michael Millenson identifies three distinct ways of thinking about patient-centered care—ethically, economically and clinically—noting that these perspectives both compliment and conflict with one another.” *Source: National Institute for Health Care Management*

[**Engaging Patients Improves Health and Health Care**](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf411217)

“People who are actively engaged in their health care are more likely to stay healthy and manage their conditions by asking their doctors questions about their care, following treatment plans, eating right, exercising, and receiving health screenings and immunizations.” *Source: Robert Wood Johnson Foundation*

[**Guidelines for Stakeholder Engagement in Health Technology Assessment in Ireland**](http://www.hiqa.ie/system/files/HTA-Guidelines-Stakeholder-Engagement.pdf)

“The use of engagement facilitates stakeholder input into an assessment, ensuring they have a voice and their perspective is given due consideration. The guidelines give a high level overview of what stakeholder engagement is, why it should be used, and how it can be done.” *Source: Health Information and Quality Authority*

[**Potential Measures for Clinical-Community Relationships**](http://www.ahrq.gov/professionals/prevention-chronic-care/resources/ccrm-atlas-suppl/ccrm-atlas-suppl.pdf)

“This report explains the investigators’ approach for developing the potential measures, with important limitations, and presents the potential measures using a standardized template. The report concludes with a discussion of the core measures and next steps.” *Source: Agency for Healthcare Research & Quality*

[**Evaluation of the choice of GP practice pilot, 2012-13**](http://www.piru.ac.uk/assets/files/General%20Practice%20Choice%20Pilot%20Evaluation.pdf)

“The findings of the pilot evaluation suggest that patients participating were positive about the scheme... There was little sign of major increased cost, though demand was not high. Patients and the majority of pilot practices were very positive about extending the scheme. PCT (Primary Care Trust) managers were more cautious.” *Source: Policy Innovation Research Unit*

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### Urgent Care

[**Emergency admissions to hospital**](http://www.publications.parliament.uk/pa/cm201314/cmselect/cmpubacc/885/885.pdf)

“The improvement of A&E services is hampered by the lack of specialist A&E consultants, the slow introduction of round-the-clock consultant cover in hospitals and a lack of quality performance data. Accountability and responsibility for driving the changes needed remain diffuse and unclear. Without this clarity, the service transformation vital to coping with constrained NHS budgets will not be achieved in the necessary timescale.” *Source: House of Commons Committee of Public Accounts*

[**Ripping off the sticking plaster: whole-system solutions for urgent and emergency care**](http://www.nhsconfed.org/Publications/Documents/ripping-off-the-sticking-plaster.pdf)

“[This report] acts as a roadmap to the fundamental changes required to create a sustainable and high-quality urgent and emergency care system that can meet the needs of patients now and in the future.” *Source: NHS Confederation*

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### Disability & Social Care

[**Financing Long-Term Services and Supports for Individuals with Disabilities and Older Adults: Workshop Summary**](http://www.nap.edu/catalog.php?record_id=18538&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.03.04&utm_content=web%20updates&utm_term)

“This report considers the role of families, business, and government in financing long-term services and supports and discusses implications of and opportunities for current and innovative approaches.” *Source: National Academies Press*

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[**Adult social care in England: an overview**](http://www.nao.org.uk/wp-content/uploads/2015/03/Adult-social-care-in-England-overview.pdf)

“This report highlights the main risks and challenges as the adult social care system changes radically. It argues that the government does not know if the limits of the capacity of the care system to continue to absorb pressures are being approached and warns that major changes to the system to improve outcomes and reduce costs will be challenging to achieve.” *Source: National Audit Office*

[**Unfinished business: public policy and children in families with a person with a disability or mental illness**](http://www.carersvictoria.org.au/Assets/Files/unfinished%20business.pdf)

“This paper is a discussion about children in families with a person with a disability and/or mental illness, how they are conceptualised and how this translates into public policy.” *Source: Carers Victoria*

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### Global Health

[**Ending Newborn Deaths: Ensuring Every Baby Survives**](http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/ENDING-NEWBORN-DEATHS.PDF)

“The new report, "Ending Newborn Deaths," shows one half of first day deaths around the world could be prevented if the mother and baby had access to free health care and a skilled midwife.” *Source: Save the Children*

[**Ensuring human rights in the provision of contraceptive information and services: Guidance and recommendations**](http://apps.who.int/iris/bitstream/10665/102539/1/9789241506748_eng.pdf?ua=1)

“The objective of this document is to provide guidance for policy-makers, managers, providers and other stakeholders in the health sector on some of the priority actions needed to ensure that different human rights dimensions are systematically and clearly integrated into the provision of contraceptive information and services.” *Source: WHO*

[**Arguing for Universal Health Coverage**](http://www.who.int/health_financing/UHC_ENvs_BD.PDF?ua=1)

“The following pages include basic principles on health financing, country examples and evidence-based arguments to support Civil Society Organizations advocating for health funding policies that promote equity, efficiency and effectiveness, and ensure that the rights of the most vulnerable are not forgotten.” *Source: WHO*

[**Roadmap for Childhood Tuberculosis**](http://apps.who.int/iris/bitstream/10665/89506/1/9789241506137_eng.pdf)

“The goal of reaching zero tuberculosis (TB) deaths among children worldwide is within our grasp. Achieving this requires sustained advocacy, greater commitment, mobilization of increased resources and a joint effort by all stakeholders involved in providing health care for children and in TB control. This roadmap indicates key actions and the enhanced investment urgently needed to tackle childhood TB.” *Source: WHO*

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### Health Systems, Reforms, & Costs

[**Accountable care organisations in the United States and England: Testing, evaluating and learning what works**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/accountable-care-organisations-united-states-england-shortell-mar14.pdf)

“Accountable care organisations in the United States and England describes the different types of ACOs emerging in the United States; presents some early evidence on their performance; assesses the future for ACOs; and discusses the implication of these developments for integrated care initiatives in England.” *Source: King’s Fund*

[**Inovillage Tools for Sustainable Change**](https://www.julkari.fi/bitstream/handle/10024/114579/URN_ISBN_978-952-302-129-7.pdf?sequence=1)

“This report presents an open, national innovation environment, called Innovillage, developed in the welfare and health field in Finland. The report starts with a short development history of Innovillage and then presents and discusses the innovation model of Innovillage. The co-development tools of Innovillage are then presented and their workability discussed. Finally, the further development of Innovillage and matters related to the scaling of its innovation culture are considered.” *Source: National Institute for Health and Welfare*

[**Measuring Success in Health Care Value-Based Purchasing Programs**](http://www.rand.org/content/dam/rand/pubs/research_reports/RR300/RR306/RAND_RR306.pdf)

“The goal of the review was to understand whether VBP programs have been successful, what the elements of successful programs are, and the gaps in the knowledge base that need to be addressed to improve the design and functioning of VBP programs moving forward.” *Source: Rand Corporation*

[**Controlling costly care: a billion-dollar hospital opportunity**](http://grattan.edu.au/static/files/assets/e924a18d/806-costly-care.pdf)

“Hospital spending is the fastest growing area of government spending, and is projected to increase with new technologies and an ageing population. We have to keep health care affordable and the health budget under control. Rooting out inefficiencies in public hospital systems is a good place to start.” *Source: Grattan Institute*

[**Financial mechanisms for integrating funds for health and social care: an evidence review**](http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP97_Financial_mechanisms_integrating_funds_healtthcare_social_care_.pdf)

“This evidence review aruges that pooling funds across health and social care services should not be considered a panacea that will lead to the successful delivery of integrated care.” *Source: Centre for Health Economics*

[**Improving General Practice: A Call to Action**](http://www.england.nhs.uk/wp-content/uploads/2014/03/emerging-findings-rep.pdf)

“This report focuses on general practice and the central role [the authors] want it to play in wider local systems of primary care. It sets out…emerging thinking on the commissioning of general practice services. It describes the kind of general practice [the authors] want to see in the future, and the work needed to develop the necessary clinical and organisational models. It sets out the key ways in which this will be led locally, and then outlines the work underway nationally to support it.” *Source: NHS England*

[**Health expenditure Australia 2011-12: analysis by sector**](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129546631)

“This report extends the analysis presented in Health expenditure Australia 2011-12 to further explore expenditure on particular categories of health goods and services, including hospitals, primary health care, other recurrent health expenditure and capital expenditure.” *Source: Australian Institute of Health and Welfare*

[**The R&D Cost of a New Medicine**](http://www.ohe.org/publications/article/the-rd-cost-of-a-new-medicine-124.cfm)

“The cost of R&D for a successful new medicine has been an important policy issue at least since the 1960s. Cost estimates matter not just because of intellectual curiosity or for industry understanding of its performance, but because they are a key aspect of the international debate about the reasonableness of pharmaceutical prices and the magnitude of the long-term investments involved.” *Source: Office for Health Economics*

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[**Canadian Health Policy in the News: Why Evidence Matters**](http://umanitoba.ca/outreach/evidencenetwork/wp-content/uploads/2012/12/Canadian-Health-Policy-in-the-News_DEC-10_12.pdf)

“The essays you’ll find here, in both English and French, are organized by date published and according to eight loosely overlapping categories: Aging Population and Its Potential Impact addresses concerns over healthcare strains associated with our graying population. Is there a silver tsunami about to bankrupt our healthcare system? Would reforms in chronic healthcare delivery better accommodate this population? Will changes to pension benefits mean more of our seniors will live in poverty? Authors tackle these issues with evidence, and the answers may surprise many readers.” *Source: EvidenceNetwork.ca*

[**Saving money by doing the right thing**](http://locality.org.uk/wp-content/uploads/Locality-Report-Diseconomies-web-version.pdf)

“This report shows why public sector organisations fail to meet people’s needs and why demand is rising. The two main causes, discovered empirically in the studies, are the belief in ‘economies of scale’ and the belief in the standardisation of services. Together, these beliefs prevent organisations from understanding and meeting people’s needs.” *Source: Locality*

[**Contracting out public services to the private sector**](http://www.publications.parliament.uk/pa/cm201314/cmselect/cmpubacc/777/777.pdf)

“This report brings together evidence from two hearings on contracting out government services.” *Source: House of Commons Committee of Public Accounts*

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### Workforce

[**Future Workforce Matters**](http://www.horizonscanning.org.uk/app/web1/files/download/cfwi-future-workforce-matters-issue-5.pdf)

“The Fifth issue of Future workforce matters is devoted to how the international landscape is approaching workforce planning to meet shifting population demands and ageing personnel.” *Source: Centre for Workforce Intelligence*

[**Professional Standards for Public Health Practice for Pharmacy For pharmacists and pharmacy teams working in England and Wales**](http://www.rpharms.com/support-pdfs/professional-standards-for-public-health.pdf)

“These nine overarching standards are intended to provide a framework to help pharmacy teams, commissioners and those contracting services to design, implement, deliver and monitor high quality public health practice through pharmacy, regardless of the pharmacy settings from which services are delivered.” *Source: Royal Pharmaceutical Society*

[**Nurse Practitioners and Physician Assistants: Adapting models of care to changing demographics**](http://refinephc.org.au/wp-content/uploads/2013/06/Refine-Factsheet-No-5-.pdf)

“In order to combat predicted shortages in health workers and to adapt to a changing patterns of health care in Australia a number of programs have been introduced or piloted. Some of these are aimed at retaining existing health workers through recognizing advanced training and skill attainment. Other programs are aimed at introducing new roles to both complement and substitute existing practices of care.” *Source: Research Excellence in Finance and Economics of Primary Health Care*

[**Expanded scope of practice and aged care workforce reform progress report**](http://www.hwa.gov.au/sites/default/files/HWA%20Expanded%20Scope%20of%20Practice%20and%20%20Aged%20Care%20Workforce%20Reform%20Progress%20Report_vF_LR.pdf)

This report “demonstrates how new and redesigned roles can be introduced to more effectively and efficiently meet the growing demands of an ageing population that has more complex health needs, in an environment where expenditure pressures need to be closely managed.” *Source: Health Workforce Australia*

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### Health Technology & Information

[**Health Apps: Where Do They Make Sense**](http://www.ehfg.org/blog/wp-content/uploads/2014/03/Health-apps-patients-standards-and-policies-white-paper-March-2014.pdf)

“Health apps are projected to multiply in number in response to both the demands of patients

and a growing set of healthcare challenges. If health apps are to enter mainstream healthcare, though, many questions will have to be answered.” *Source: Knowledge Transfer Network*

[**Telehealth and Telecare**](http://www.parliament.uk/briefing-papers/POST-PN-456.pdf)

“This note describes current UK telehealth and telecare initiatives and the role they may play in delivering future care.” *Source: House of Commons Library*

**[Creating nationally-consistent health information: engaging with the national health information committees](https://www.aihw.gov.au/publication-detail/?id=6442468336)**

“This document provides guidance on engaging with the national processes responsible for

health information and data standards.” *Source: Australian Institute of Health and Welfare*

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### Cancer

[**Rare Cancers Australia: A Focus on Less Common Cancers**](http://rca.blob.core.windows.net/assets/uploads/files/RCA%20REPORT%20Just%20a%20little%20more%20time%20ELECTRONIC.pdf)

“This report has been prepared by Rare Cancers Australia Ltd (RCA) to provide

an evidence based understanding of the current state of research, diagnosis and

treatment into rare and less common cancers in Australia.” *Source: Rare Cancers Australia*

[**Informed choice on breast cancer screening: messages to support informed decision**](http://kce.fgov.be/sites/default/files/page_documents/KCE_216_breast_cancer_screening.pdf)

“While society encourages more and more informed decision making in health and emphasises the importance of informed consent and informed choice, it is clear that very little information is given to women on the potential consequences or adverse events of breast cancer screening in Belgium.” *Source: Belgian Health Care Knowledge Centre*

[**Breast Cancer Screening in Racialized Women**](http://www.wellesleyinstitute.com/wp-content/uploads/2014/02/Breast-Cancer-Screening-in-Racialized-Women.pdf)

“A new report by Aziza Mahamoud, provides critical insights on the important barriers to screening many racialized and ethnic minority women face. This report addresses existing racial and ethnic inequities in breast cancer detection and diagnosis in order to draw attention to the differential access to screening among social, geographic, demographic and racial groups.” *Source: Wellesley Institute*

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### Public Health

[**The future of public health - a horizon scan**](http://www.rand.org/content/dam/rand/pubs/research_reports/RR400/RR433/RAND_RR433.pdf)

“This report is the synthesis of the findings of a horizon scanning study on the future of public health and its related scientific and laboratory capabilities and services. The work was intended to help inform thinking at the strategic level within Public Health England (PHE), firstly in relation to the wider vision of the Agency (which was only established in April 2013) and, secondly, in relation to the proposals for the creation of an integrated public health science hub within a network of facilities across the country.” *Source: Rand Europe*

[**Family Violence Indicators: Can national administrative data sets be used to measure trends in family violence in New Zealand**](http://www.familiescommission.org.nz/sites/default/files/downloads/family-violence-indicators-2013_1.pdf)

“This report is concerned with assessing the suitability of national administrative data sets to provide outcome indicators to measure trends in the frequency of family violence events in the community.” *Source: Families Commission*

[**The Evidence for Violence Prevention Across the Lifespan and Around the World**](http://www.nap.edu/catalog.php?record_id=18399&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.03.24&utm_content=web%20updates&utm_term)

“This report examines violence prevention interventions that have been proven to reduce different types of violence (e.g., child and elder abuse, intimate partner and sexual violence, youth and collective violence, and self-directed violence), identifies the common approaches most lacking in evidentiary support, and discusses ways that proven effective interventions can be integrated or otherwise linked with other prevention programs.” *Source: Institute of Medicine*

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