

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

Issue 17, 2014 December

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 to subscribe.

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### Person-Centred Care

[**People in control of their own health and care: The state of involvement**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/people-in-control-of-their-own-health-and-care-the-state-of-involvement-november-2014.pdf)

“The idea that people should have a stronger voice in decisions about their health and care, and that services should better reflect their needs and preferences, has been a policy goal of politicians and senior policy-makers in health for at least 20 years.” *Source: King’s Fund*

[**Co-design in Healthcare: A report submitted to the Winston Churchill Fellowship Trust**](http://www.communitymatters.govt.nz/vwluResources/WCMT-Hilary-Boyd/%24file/WCMT-Hilary-Boyd.pdf)

“Experience-based co-design is a method for involving service users and staff in improving the design and delivery of healthcare services. It was developed in the UK less than 10 years ago. In New Zealand co-design has been adapted and used within healthcare services since 2008.” *Source: Winston Churchill Fellowship Trust*

[**Person-centred care: from ideas to action**](http://www.health.org.uk/public/cms/75/76/313/5018/Person-centred%20care_from%20ideas%20to%20action.pdf?realName=06z1oQ.pdf)

“The accompanying learning report, Ideas into action: person-centred care in practice, focuses on the practical lessons identified by the research, summarising what to consider when implementing shared decision making and self-management support.” *Source: Health Foundation*

[**Your Care, Your Medicines: Pharmacy at the heart of patient-centred care**](http://www.rpharms.com/wales-pdfs/YourCareYourMedicines.pdf)

“The ambition for patient focused pharmacy for Wales is set in the context of the significant challenges facing healthcare systems globally and in Wales; changing demographics, increasing patient demands and expectations, increasing financial pressures, capacity challenges, and the continual drive for high quality care.” *Source: Royal Pharmaceutical Society Wales*

[**A Roadmap for Patient and Family Engagement in Healthcare**](http://patientfamilyengagement.org/roadmap.php)

“Patient and family engagement is a growing topic in healthcare as we look for ways to improve population health, provide better experiences of care, and lower healthcare costs… The roadmap is a call to action for anyone interested in advancing work related to patient and family engagement.” *Source: American Institutes for Research*

[**Partnering with Consumers: Embedding partnerships in health care**](http://www.safetyandquality.gov.au/wp-content/uploads/2014/11/Partnering-with-Consumers-Embedding-partnerships-in-health-care.pdf)

“The report…describes some of the challenges in changing culture and embedding systems so that partnerships with consumers become part of everyday practice in health care. The information in this report will be of use to people responsible for implementing systems or developing policy to establish and support partnerships with consumers.” *Source: National Safety and Quality Health Service*

[**What works: Creating new value with patients, carers and communities**](http://www.kpmg.com/Global/en/IssuesAndInsights/ArticlesPublications/what-works/creating-new-value-with-patients/Documents/creating-new-value-with-patients.pdf)

“Globally some parts of healthcare are beginning to make the changes that will involve patients, carers and their communities more fully in their own healthcare. Here, using our experience across the world, we outline the answers that you need to develop to fully realize the value inherent in better patient involvement and communities to improve care.” *Source: KPMG*

[**An inquiry into patient centred care in the 21st century: implications for general practice and primary care**](http://www.rcgp.org.uk/policy/rcgp-policy-areas/~/media/Files/Policy/A-Z-policy/RCGP-Inquiry-into-Patient-Centred-Care-in-the-21st-Century.ashx)

“The inquiry into patient centred care in the 21st century was commissioned by the RCGP to identify cost effective solutions to the medical, social and financial challenges posed by rising levels of multimorbidity in England.” *Source: Royal College of General Practitioners*

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### Quality & Safety

[**Using hospital mortality indicators to improve patient care: A guide for Boards and Chief Executives**](http://www.safetyandquality.gov.au/wp-content/uploads/2014/11/Using-hospital-mortality-indicators-to-improve-patient-care-A-Guide-for-Boards-and-Chief-Executives-web.pdf)

“This guide has been prepared for Chief Executives, and Boards, of public and

private hospitals and Local Hospital Networks (LHNs). It provides information

about how you can use hospital mortality indicators to screen for potential safety

and quality issues through your existing clinical governance processes.” *Source: Australian Commission on Safety and Quality in Health Care*

[**Openness and honesty when things go wrong: the professional duty of candour (a draft for consultation)**](http://www.gmc-uk.org/Openness_and_honesty___Draft_guidance.pdf_58423740.pdf)

“The General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) have launched a public consultation on draft joint guidance which is designed to support doctors, nurses and midwives in fulfilling their professional duty to be open and honest about mistakes.” *Source: General Medical Council/Nursing and Midwifery Council*

[**The Impact of Hospital Financing on the Quality of Inpatient Care in England**](http://www.york.ac.uk/media/che/documents/CHERP105impact_hospital_financing_quality_inpatient_care.pdf)

The authors “assess the impact of the English version of prospective payment, termed Payment by Results (PbR), on hospital quality, as measured by in-hospital mortality and 28-day emergency readmission.” *Source: National Institute for Health Research*

[**Preventing Falls: From Evidence to Improvement in Canadian Health Care**](http://www.longwoods.com/articles/images/FallsJointReport_2014_EN.pdf)

“The negative impact of falls highlights a need to understand the burden of falls on Canadians and the health system. How are Canadian health care organizations progressing with falls prevention programs? Which populations are at greatest risk of falls? What tools are available to support organizations? In the report Preventing Falls: From Evidence to Improvement in Canadian Health Care, Accreditation Canada, the Canadian Institute for Health Information (CIHI), and the Canadian Patient Safety Institute (CPSI) take a closer look at these questions and share information about falls and falls prevention in acute care, long-term care, and home care settings.” *Source: Accreditation Canada*

[**National core maternity indicators—stage 2 report: 2007–2011**](http://apo.org.au/files/Resource/aihw_nationalcorematernityindicatorsstage2report20072011_nov_2014.pdf)

“This report builds on previous work undertaken by the AIHW for the Maternity Services Inter-Jurisdictional Committee (MSIJC) of the Australian Health Ministers' Advisory Council (AHMAC) on the development of a set of National Core Maternity Indicators (NCMIs) to monitor the quality of maternity care in Australia.” *Source: Australian Institute of Health and Welfare*

[**Public reporting in health and long-term care to facilitate provider choice**](http://www.euro.who.int/__data/assets/pdf_file/0020/263540/Public-reporting-in-health-and-long-term-care-to-facilitate-provider-choice-Eng.pdf?ua=1)

“Successful public reporting strategies to facilitate choice require the support of professionals, patients and users, who should collectively agree which indicators are to be measured and how success of the reports will be defined and measured.” *Source: European Observatory on Health*

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### Pharmaceuticals

[**Polypharmacy: Guidance for Prescribing in Frail Adults**](http://www.awmsg.org/docs/awmsg/medman/Polypharmacy%20-%20Guidance%20for%20Prescribing%20in%20Frail%20Adults.pdf)

“This document aims to address some of the problems associated with the current management of polypharmacy, particularly in the frail elderly.” *Source: All Wales Medicine Strategy Group*

[**Drugs: International Comparators**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368489/DrugsInternationalComparators.pdf)

“This report describes the findings of the Coalition Government’s international comparators study of approaches to drugs misuse and drug addiction. The Government has considered a range of policy and operational responses to drugs in other countries and reviewed the evidence of their impacts, where possible drawing out contrasts and similarities with the Government’s own Drug Strategy.” *Source: UK Home Office*

[**Antimicrobial Stewardship Clinical Care Standard**](http://www.safetyandquality.gov.au/wp-content/uploads/2014/11/Antimicrobial-Stewardship-Clinical-Care-Standard-web.pdf)

“The Antimicrobial Stewardship Clinical Care Standard aims to ensure that a patient with a

bacterial infection receives optimal treatment with antibiotics. ‘Optimal treatment’ means treating patients with the right antibiotic to treat their condition, the right dose, by the right route, at the right time and for the right duration based on accurate assessment and timely review.” *Source: Australian Commission on Safety and Quality in Health Care*

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### Inequalities

[**Tackling poverty: Making more of the NHS in England**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/tackling-poverty-research-paper-jrf-kingsfund-nov14.pdf)

“The research on which this paper is based was commissioned from The King’s Fund by the

Joseph Rowntree Foundation (JRF) to inform its work to develop an anti-poverty strategy for

the United Kingdom. The overarching question addressed is, how can the NHS make a better contribution to tackling poverty?” *Source: King’s Fund*

[**How is crowding in Indigenous households managed?**](http://www.ahuri.edu.au/publications/download/ahuri_rap_issue_180)

“Strategies to manage crowding in Indigenous households can reduce the negative effects for people living in those households, according to this report.” *Source: Australian Housing and Urban Research Institute*

[**Indigenous Australians and the National Disability Insurance Scheme (NDIS)**](http://press.anu.edu.au/wp-content/uploads/2014/10/whole5.pdf)

“This Research Monograph provides a resource for policy makers, researchers and service providers who are working in this important policy area. Its major conclusion is that the NDIS, if it is to be an effective policy for Indigenous Australians, needs to take into account their very particular needs and aspirations.” *Source: Australian National University*

[**Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people**](http://www.healthinfonet.ecu.edu.au/uploads/resources/28599_28599.pdf)

“The purpose of this paper is to draw on Aboriginal and Torres Strait Islander (Indigenous) perspectives, theoretical understandings, and available evidence to answer questions about what is required to effectively address Indigenous people’s mental health and social and emotional wellbeing.” *Australian Institute of Health and Welfare*

[**Access to healthcare in times of crisis**](http://eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1442en.pdf)

“This report identifies the groups most likely to face barriers to healthcare as a consequence of the [financial] crisis, including a number of new groups that have been generally overlooked by policymakers. It suggests a range of policy pointers, including the need to consider mitigating measures in tandem with policy reform, and suggests policymakers and service providers might consider reviewing crisis responses once financial pressures on EU Member States begin to ease.” *Source: European Foundation for the Improvement of Living and Working Conditions*

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### Public Health

[**Public Policy Models and Their Usefulness in Public Health: The Stages Model**](http://ncchpp.ca/docs/ModeleEtapesPolPubliques_EN.pdf)

“The stages model provides a good illustration of the usefulness of analytical frameworks for examining public policies. This model makes it possible to present the complex process of public policy development in a relatively simple manner, which explains its popularity both among undergraduate students learning about public policy as well as among public health actors seeking an analytical tool that can be applied to public policy processes.” *Source: National Collaborating Centre for Healthy Public Policy*

[**The Chief Public Health Officer's Report on the State of Public Health in Canada, 2014: Public Health in the Future**](http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2014/assets/pdf/2014-eng.pdf)

“This report looks forward on some of the challenges and opportunities influencing public health and Canada down the road. As with other reports it is not a compendium, nor does it address all the important future impacts, but rather some key ideas and evidence to generate debate, discussion and ultimately practical action.” *Source: Public Health Agency of Canada*

[**Fetal alcohol spectrum disorders: strategies to address information gaps**](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549093)

“Fetal Alcohol Spectrum Disorders (FASD) is emerging as a public health issue in Australia. Health-care providers and policy makers need accurate and timely data in a useable format to monitor and prevent FASD. This bulletin identifies ways to facilitate the collection and reporting of FASD-related information in Australia.” *Source: Australian Institute of Health and Welfare*

[**Healthy cities. Promoting health and equity – evidence for local policy and practice**](http://www.euro.who.int/__data/assets/pdf_file/0007/262492/Healthy-Cities-promoting-health-and-equity.pdf?ua=1)

“The healthy cities movement adds value and allows local governments to invest in health and well-being and address inequities through novel approaches to developing health.” *Source: World Health Organization*

[**Designed for Addiction: How the Tobacco Industry Has Made Cigarettes More Addictive, More Attractive to Kids and Even More Deadly**](http://www.tobaccofreekids.org/content/what_we_do/industry_watch/product_manipulation/2014_06_19_DesignedforAddiction_web.pdf)

“This report describes key ways in which tobacco companies design and manipulate their products to attract new youth smokers, create and sustain addiction, mislead consumers to think that they are reducing their risk of disease and make it more difficult for users to quit.” *Source: Campaign for Tobacco-Free Kids*

[**Removing the emperor’s clothes: Australia and tobacco plain packaging**](http://ses.library.usyd.edu.au/bitstream/2123/12257/7/9781743324295_Chapman_RemovingtheEmperorsClothes_FT.pdf)

“While this book tells a great story, it is also an important text for any who are interested in how good public health policy is developed and implemented, or whoe are interested in the art and science of public health advocacy.” *Source: Sydney University Press*

[**Global report on drowning**](http://apps.who.int/iris/bitstream/10665/143893/1/9789241564786_eng.pdf?ua=1&ua=1)

“The Global report on drowning is the first World Health Organization report dedicated exclusively to drowning – a highly preventable public health challenge that has never been targeted by a global strategic prevention effort. This report aims to change this. It sets out current knowledge about drowning and drowning prevention, and calls for a substantial scaling up of comprehensive efforts and resources to reduce what is an intolerable death toll, particularly among children and adolescents.” *Source: World Health Organization*

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### Health Systems, Costs & Reforms

[**The reconfiguration of clinical services: What is the evidence?**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_summary/Reconfiguration-of-clinical-services-kings-fund-nov-2014.pdf)

“This paper aims to help those planning and implementing major clinical service reconfigurations ensure that change is as evidence-based as possible. It investigates the five key drivers – quality, workforce, cost, access and technology – across 13 clinical service areas, summarising the research evidence and professional guidance available in each.” *Source: King’s Fund*

[**International responses to austerity**](http://www.health.org.uk/public/cms/75/76/313/4979/International%20responses%20to%20austerity.pdf?realName=hzR9di.pdf)

“This evidence scan was commissioned to support the Health Foundation’s work examining the implications of the NHS’s ‘financial gap’ for quality of care.” *Source: Health Foundation*

[**An Introduction to the Ethical Implications of Economic Evaluations for Healthy Public Policy**](http://ncchpp.ca/docs/EthiqueEvalEcon_EN.pdf)

“Economic evaluations and other evidence informed methods claim to offer those who use them a higher level of rigour and reproducibility than is often otherwise available. This can give policy analysis and decision making more solid foundations; however, many of the difficult ethical issues present in policy work remain.” *Source: National Collaborating Centre for Healthy Public Policy*

[**Rising to the challenge: Improving acute care, meeting patients’ needs in Wales**](https://www.rcplondon.ac.uk/sites/default/files/rising_to_the_challenge_-_rcp_wales.pdf)

“This new report interprets the Future Hospital Commission model for a Welsh context and proposes clear, positive and constructive solutions. The report also includes five innovative case studies from health boards across Wales, on topics including redesigning the local hospital, reconfiguring medical training, and telemedicine in a rural area.” *Source: Royal College of Physicians*

[**Accelerating Healthcare Improvement: CFHI’s Assessment ToolTM for Healthcare Delivery Organizations and Systems**](http://www.cfhi-fcass.ca/PublicationsAndResources/ResourcesAndTools/cfhi-self-assessment-tool)

“CFHI created this assessment tool to help healthcare leaders assess their organization’s or system’s capacity to undertake improvement initiatives.” *Source: Canadian Foundation for Healthcare Improvement*

[**Protecting resources, promoting value: a doctor’s guide to cutting waste in clinical care**](http://www.aomrc.org.uk/doc_download/9793-protecting-resources-promoting-value.html)

“This report provides a framework for a way in which doctors can think critically about waste from a clinical perspective and provides examples of doctors improving the value of health care by reducing waste.” *Source: Academy of Medical Royal Colleges*

[**Money Talks – Paying Physicians for Performance**](http://www.cirano.qc.ca/pdf/publication/2014s-41.pdf)

“Popular among healthcare policy makers, pay-for-performance (P4P) systems attempt to tie physician payment to quality of care. This study assessed the effect of pay-for-performance on physician behaviour and patient benefit of two pay systems: traditional fee-for-service, and a blend of fee-for-service and pay-for-performance incentives. The authors observed that patients treated under the blended system were shown to receive better treatment.” *Source: CIRANO*

**[Commissioning and contracting for integrated care](http://www.kingsfund.org.uk/sites/files/kf/kings-fund-commissioning-contracting-integrated-care-nov14.pdf)**

“This report describes how clinical commissioning groups (CCGs) in England are innovating with two broad models – the prime contract and alliance contract. It draws on experiences from five geographical areas, covering different population and disease groups (cancer, end-of-life care, musculoskeletal services, mental health rehabilitation, and older people’s services).” *Source: King’s Fund*

[**Sources of Potentially Avoidable Emergency Department Visits**](https://secure.cihi.ca/free_products/ED_Report_ForWeb_EN_Final.pdf)

“This study is intended to highlight the issue of the appropriateness of visiting the ED for conditions that might better be dealt with in a different care setting.” *Source: Canadian Institute for Health Information*

[**Actions for End of Life Care: 2014-16**](http://www.england.nhs.uk/wp-content/uploads/2014/11/actions-eolc.pdf)

This document “outlines specific actions that NHS England will take over the next two years to improve end of life care.” *Source: NHS England*

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### Primary Care

[**Is General Practice in Crisis?**](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/general_practice_in_crisis_3.pdf)

This report “provides an evidence-based overview of the current state of general practice in England, and offers some potential solutions. It examines demand for GP services, the GP workforce, funding, and standards of access and patient care.” *Source: Nuffield Trust*

[**Think Big, Act Now: Creating A Community Of Care**](http://www.nhsalliance.org/wp-content/uploads/2014/10/THINK-BIGACT-NOW-FINAL-1.pdf)

“Think Big, Act Now: Creating A Community Of Care sets out NHS Alliance’s position with regard to the future of general practice and primary care. It aims to provide a starting point for a practical guidance system and orchestrated campaign to champion and re-energise a tired and demoralised primary care workforce.” *Source: NHS Alliance*

[**Next steps towards primary care co-commissioning**](http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf)

“Next steps towards primary care co-commissioning gives clinical commissioning groups (CCGs) the opportunity to choose afresh the co-commissioning model they wish to assume. It clarifies the opportunities and parameters of each co-commissioning model and the steps towards implementing arrangements.” *Source: NHS England*

[**Improving quality in general practice**](http://www.health.org.uk/public/cms/75/76/313/5090/Improving%20quality%20in%20general%20practice.pdf?realName=eAHa4z.pdf)

“This evidence scan was initially commissioned to inform attendees at the National Summit on Quality in General Practice, held on 31 July 2014. The theme of the day was Sustaining and improving the quality of general practice.” *Source: Health Foundation*

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### Mental Health & Addiction

[**Young people’s experience of discrimination in relation to mental health issues in Aotearoa New Zealand**](http://www.mentalhealth.org.nz/assets/Our-Work/Young-People-2014.pdf)

“This report highlights many of the challenges experienced by young people with mental health concerns. It reveals that discrimination, in particular, poses a real threat to their health and wellbeing – their ability to seek help, to express themselves, to negotiate relationships with others and to manage their lives. While the negative impacts of discrimination will often transcend age, gender, diagnosis or socioeconomic status, this report reveals that young people can face a unique set of pressures or circumstances, which serve to shape the manner in which discrimination is applied, perceived and ultimately impacts on their wellbeing.” *Source: Mental Health Foundation*

[**Mental Health and Work: Achieving Well-integrated Policies and Service Delivery**](http://www.oecd-ilibrary.org/social-issues-migration-health/mental-health-and-work_5jxsvvn6pq6g-en;jsessionid=b5kgcqkp153qk.x-oecd-live-01)

“Mental ill-health can lead to poor work performance, high sickness absence and reduced labour market participation, resulting in considerable costs for society. Improving labour market participation of people with mental health problems requires well-integrated policies and services across the education, employment, health and social sectors. This paper provides examples of policy initiatives from 10 OECD countries for integrated services.” *Source: OECD*

[**Indigenous Australians and gambling**](http://apo.org.au/files/Resource/agrc-dp2-indigenous-gambling.pdf)

“This paper synthesises information published about Indigenous Australian gambling, and summarises issues and implications for key stakeholders. It is relevant for raising awareness

and promoting community education about gambling for Indigenous Australians. It is also relevant for policy-makers and service providers interested in reducing gaps in health and wellbeing between the Indigenous and non-Indigenous populations.” *Source: Australian Gambling Research Centre*

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### Long-Term Conditions

[**Improving the effectiveness of multidisciplinary team meetings for patients with chronic diseases: a prospective observational study**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0010/128845/FullReport-hsdr02370.pdf)

This “study investigated multidisciplinary team (MDT) meetings for chronic illnesses: cancer, dementia, heart failure and mental illnesses. These teams are widely used across the NHS. They comprise different professionals, for example doctors, nurses, social workers and psychologists, and meet weekly to discuss their patients and make treatment plans. The teams work in a wide variety of different ways, not all of which may be helpful for making high-quality decisions for patients. We wanted to identify the factors that influence effective decision-making in these teams (by which we mean decisions being carried out).” *Source: National Institute for Health Research*

[**Chronic diseases in Australia: the case for changing course**](http://www.vu.edu.au/sites/default/files/mitchell-institute/pdfs/Chronic-diseases-in-Australia-the-case-for-changing-course.pdf)

“This report presents the case for a…transformative approach to preventing chronic diseases in Australia. The Mitchell Institute believes that we need to change course now so that we do not look back in one or two generations and imagine what we could have done to avoid the devastation that chronic diseases have inflicted on our society.” *Source: The Mitchell Institute*

[**The Global Asthma report 2014**](http://www.globalasthmareport.org/resources/Global_Asthma_Report_2014.pdf)

“The Global Asthma Report 2014 has been prepared by the Global Asthma Network (GAN) Steering Group and invited authors with additional expertise. It provides substantial up-to-date information about asthma: each chapter is a state-of-the-art summary of what is known and where the gaps lie, and each makes recommendations to authorities on required actions. Included are findings from new GAN surveys on asthma guidelines, national asthma strategies and access to quality-assured, affordable asthma medicines.” *Source: Global Asthma Network*

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### Workforce

[**Shining a Light on the Unregulated Healthcare Aide Workforce**](http://www.kusp.ualberta.ca/en/KUSPNews/2014/January/~/media/Knowledge%20Utilization%20Studies%20Program/Documents/Reports/FINALAlbertaHealthReportShiningaLight12.pdf)

“The Shining a Light on the Unregulated Healthcare Aide (HCA) Workforce Research was a study to describe the complexity of the Alberta’s health care aide workforce and to recommend approaches to address the knowledge gaps in workforce planning.” *Source: University of Alberta*

[**GPs and social workers: partners for better care**](http://www.tcsw.org.uk/uploadedFiles/TheCollege/Media_Centre/Media_Releases/Partners%20for%20Better%20Care%20RCGP%20and%20TCSW%20paper.pdf)

“GPs and social workers share a common interest in leading and creating system change that will support better outcomes and be economically sustainable. Social workers have a vital role in building the strong, resilient communities that are needed. This report demonstrates through evidence and case studies how we can work together as local leaders

to make integration in local communities a practical reality.” *Source: Royal College of General Practitioners and the College of Social Work*

[**The efficient use of the maternity workforce and the implications for safety and quality in maternity care: a population-based, cross-sectional study**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0009/129069/FullReport-hsdr02380.pdf)

The authors “looked at the effects that different ways of staffing maternity units had on women and their babies, for example if both were healthy after the birth, if harm was avoided and the type of birth.” *Source: National Institute for Health Research*

[**User guidelines on qualitative methods in health workforce planning and forecasting**](http://euhwforce.weebly.com/uploads/2/3/0/5/23054358/jahwf_d061_user_guidelines_on_qualitative_methods_approved.pdf)

“These user guidelines are aimed broadly at health workforce planners and forecasters in Member States (MSs) and stakeholder organisations in the European Union who would like to apply qualitative

methods to improve their health workforce planning and forecasting in their specific national contexts.” *Source: Joint Action Health Workforce Planning and Forecasting*

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### Health of Older People

[**Public health responses to an ageing society: opportunities and challenges**](http://www.ilcuk.org.uk/images/uploads/publication-pdfs/Public_Health_response.pdf)

“This think-piece explores the extent to which England’s public health structures are able to

respond to our ageing population after the radical reforms introduced by the Health and Social Care Act.” *Source: International Longevity Centre UK*

[**A place to call home**](http://www.olderpeoplewales.com/Libraries/Uploads/A_Place_to_Call_Home_-_A_Review_into_the_Quality_of_Life_and_Care_of_Older_People_living_in_Care_Homes_in_Wales.sflb.ashx)

“This report is the result of review into the quality of life for older people living in care homes in Wales and it finds that too many older people are no longer able to do the things that matter to them, lose meaningful choice and control over their lives, have their emotional needs neglected and do not have their basic rights upheld. It also highlights that many care homes adopt a one-size-fits-all approach which often fails to meet the needs of individuals.” *Source: Older People's Commissioner for Wales*

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### Family Violence

[**The People’s Inquiry into Addressing Child Abuse and Domestic Violence**](https://glenninquiry.org.nz/uploads/files/The_Peoples_Report_-_full_document.pdf)

“The People’s Report honours the stories of those who were able to come forward, describe their experience of child abuse and domestic violence and its impact on their lives. It sets out an inside view of what is currently working well, what isn’t and people’s thoughts and suggestions for an ideal system, and ways of taking action.” *Source: Glenn Inquiry*

[**Measuring the economic costs of child abuse and intimate partner violence to New Zealand**](https://glenninquiry.org.nz/uploads/files/ECONOMIC_COSTS_OF_CHILD_ABUSE_INTIMATE_PARTNER_ABUSE2.pdf)

“This report provides a fresh perspective on the financial and economic costs of child abuse and intimate partner violence (IPV) and demonstrates that the costs are unacceptably high. The costings in this report were produced to better understand the economic scale and the nature of the impact of child abuse and intimate partner violence.” *Source: Glenn Inquiry*

[**Landscapes of violence: women surviving family violence in regional and rural Victoria**](http://www.deakin.edu.au/__data/assets/pdf_file/0003/287040/Landscapes-of-Violence-online-pdf-version.pdf)

“In this research, family violence survivors have identified issues and barriers they have encountered, and have provided suggestions in regards to how both the criminal justice system and the broader Victorian community might assist survivors and help prevent family violence.” *Source: Centre for Rural and Regional Law and Justice*

[**Intimate partner violence and the workplace**](https://nzfvc.org.nz/sites/nzfvc.org.nz/files/issues-paper-7-2014.pdf)

“The aim of this Issues Paper is to raise awareness of intimate partner violence (IPV) as a matter that has serious implications for the workplace. The paper highlights the need for employers to see the perpetrator’s behaviour as the problem rather than penalising or holding the victim accountable. It also highlights emerging approaches that can be used by employers and the government to fulfil their responsibilities to employees and to wider society.” *Source: New Zealand Family Violence Clearinghouse*

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### Health Information, Research & Technology

[**Rethinking resistance to ‘big IT’: a sociological study of why and when healthcare staff do not use nationally mandated information and communication technologies**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0003/129585/FullReport-hsdr02390.pdf)

“The failure rate of information technology (IT) projects in health care is embarrassingly high. Failure is more likely if the system is imposed at national level with little local ownership or scope for local flexibility. Traditional analyses have tended to frame this as a problem of ‘resistance’; stubborn clinicians and administrators fail to engage with the innovation and persist illogically with their legacy systems and familiar old-fashioned routines. The solution appears to be a behaviourist one: rewards and punishments to ‘overcome resistance’.” *Source: National Institute for Health Research*

[**Personalised Health and Care 2020: Using Data and Technology to Transform Outcomes for Patients and Citizens**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/376886/NHS_England_NIB_report.pdf)

“One of the greatest opportunities of the 21st century is the potential to safely harness the power of the technology revolution, which has transformed our society, to meet the challenges of improving health and providing better, safer, sustainable care for all.” *Source: NHS National Information Board*

[**Capturing Social and Behavioral Domains and Measures in Electronic Health Records**](http://iom.edu/Reports/2014/EHRdomains2.aspx)

“Determinants of health—like physical activity levels and living conditions—have traditionally been the concern of public health and have not been linked closely to clinical practice. However, if standardized social and behavioral data can be incorporated into patient electronic health records (EHRs), those data can provide crucial information about factors that influence health and the effectiveness of treatment. Such information is useful for diagnosis, treatment choices, policy, health care system design, and innovations to improve health outcomes and reduce health care costs.” *Source: Institute of Medicine*

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[**An Ounce of Prevention? A Toolkit for Evaluating Preventive Health Measures**](http://cis.org.au/images/stories/policy-monographs/pm143-snapshot.pdf)

“Trying to tell whether a preventive health program will be as effective—and cost-effective—as its proponents claim is a difficult task for policymakers and voters. This paper offers a toolkit to assist in their evaluations, in the form of eight questions to ask of any preventive health proposal.” *Source: Centre for Independent Studies*

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### Nutrition, Obesity, & Physical Activity

[**How the world could better fight obesity**](http://www.mckinsey.com/~/media/McKinsey/dotcom/Insights/Economic%20Studies/How%20the%20world%20could%20better%20fight%20obesity/MGI%20Obesity_Full%20report_November%202014.ashx)

“In this discussion paper, the McKinsey Global Institute has cataloged a comprehensive list of interventions that are being used or piloted somewhere in the world by central and local governments, employers, schools, health-care systems, food retailers, manufacturers, and foodservice providers.” *Source: McKinsey Global Institute*

[**Obesity: identification, assessment and management of overweight and obesity in children, young people and adults**](http://www.nice.org.uk/guidance/cg189/resources/guidance-obesity-identification-assessment-and-management-of-overweight-and-obesity-in-children-young-people-and-adults-pdf)

This guideline updates and replaces section 1.2 of NICE clinical guideline 43 (published December 2006). It offers evidence-based advice on the care and treatment of Obesity. New recommendations have been added about low-calorie and very-low-calorie diets, bariatric surgery and follow-up care. *Source: NICE*

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### Health of Children & Young People

[**Choose kids: Why investing in children benefits all New Zealanders**](http://www.occ.org.nz/assets/Publications/Choose-Kids-Why-investing-in-children-benefits-all-New-Zealanders-OCC-2.pdf)

“New Zealand needs every single child to thrive in order to support a future of high productivity, innovation, economic growth and improved social cohesion. Currently we have a significant proportion of children who are not getting what they need to thrive. This paper

outlines why we will all benefit if we invest better in children so they can succeed.” *Source: Office of the Children’s Commissioner*

[**Valuing young lives: evaluation of the National Youth Suicide Prevention Strategy**](http://apo.org.au/files/Resource/evalrep1.pdf)

“Valuing Young Lives: Evaluation of the National Youth Suicide Prevention Strategy provides an overview of the Strategy, what the Strategy achieved and what was learned from the Strategy as a whole. The report includes administration, policy context, conceptual basis and a description of activities within each of the main approaches adopted by the Strategy. It presents the evaluation methodology and a summary of major achievements and good practice findings.” *Source: Australian Institute of Family Studies*

[**Putting the Pieces Together: Children, Communities and Social Capital in Australia**](http://cpc.crawford.anu.edu.au/pdf/2014/publications/Children-Communities-and-Social-Capital-Report-FINAL-Colour-March-2014.pdf)

“What do children in Australia value about their communities? How are communities supporting children? How are communities failing them – and why? These questions underpin the “Children, Communities and Social Capital in Australia‟ research project, and shape this report.” *Source: Australian National University*

[**Investing in the Health and Well-Being of Young Adults**](http://www.nap.edu/catalog/18869/investing-in-the-health-and-wellbeing-of-young-adults?utm_source=NAP+Newsletter&utm_campaign=c741389dd5-NAP_mail_new_2014_11_03&utm_medium=email&utm_term=0_96101de015-c741389dd5-102579513&mc_cid=c741389dd5&mc_eid=887bc22fe0)

“Young adults are too rarely treated as a distinct population in policy, programs, and research. Instead, they are often grouped with adolescents or, more often, with all adults. Currently, the [US] is experiencing economic restructuring, widening inequality, a rapidly rising ratio of older adults, and an increasingly diverse population. The possible transformative effects of these features make focus on young adults especially important. A systematic approach to understanding and responding to the unique circumstances and needs of today's young adults can help to pave the way to a more productive and equitable tomorrow for young adults in particular and our society at large.” *Source: Institute of Medicine*

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