

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

Issue 12, 2014 July

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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### Health Systems, Reforms, & Costs

[**Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares Internationally**](http://www.commonwealthfund.org/~/media/files/publications/fund-report/2014/jun/1755_davis_mirror_mirror_2014.pdf)

“The United States health care system is the most expensive in the world, but this report and prior editions consistently show the U.S. underperforms relative to other countries on most dimensions of performance. Among the 11 nations studied in this report—Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States—the U.S. ranks last, as it did in the 2010, 2007, 2006, and 2004 editions of Mirror, Mirror.” *Source: Commonwealth Fund*

[**Better Health Care and Lower Costs: Accelerating Improvement through Systems Engineering**](http://www.whitehouse.gov/sites/default/files/microsites/ostp/PCAST/pcast_systems_engineering_in_healthcare_-_may_2014.pdf)

“Systems tools and methods can play a major role in improving the value of the health-care system and improving the health of all Americans.” *Source: President’s Council of Advisors on Science and Technology*

[**''Lean'' in Canadian Health Care: Doing Less While Achieving More**](http://www.conferenceboard.ca/e-library/abstract.aspx?did=6267)

“This briefing introduces “Lean,” a relatively new approach that focuses on maximizing customer value by eliminating “waste” from workflow. Lean empowers employees to redesign their own work processes and create a culture of everyday problem solving.” *Source: Conference Board of Canada*

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[**Reforming the NHS from within: Beyond hierarchy, inspection and markets**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/reforming-the-nhs-from-within-kingsfund-jun14.pdf)

“The aim of this paper is to review different approaches to reforming the NHS in

England and to draw out lessons for the future. It focuses on what needs to be done

to implement new models of care in the medium and longer term.” *Source: King’s Fund*

[**What is the evidence on the economic impacts of integrated care?**](http://www.euro.who.int/__data/assets/pdf_file/0019/251434/What-is-the-evidence-on-the-economic-impacts-of-integrated-care.pdf)

“This report provides a summary of published reviews on the economic impacts of integrated care approaches. Given the wide range of deﬁnitions and interpretations of the concept, [the authors] propose a working deﬁnition that builds on the goal of integrated care and which considers initiatives seeking to improve outcomes for those with (complex) chronic health problems and needs by overcoming issues of fragmentation through linkage or coordination of services of different providers along the continuum of care.” *Source: European Observatory*

[**Exploring a Population Health Approach in Health System Planning and Decision-Making**](https://secure.cihi.ca/free_products/CIHI_Bridiging_Final_EN_web.pdf)

“This study, sponsored by the Canadian Institute for Health Information (CIHI), sought

out health system leaders in Canada who have made demonstrable progress in adopting the population health approach.” *Source: Canadian Institute for Health Information*

[**Healthcare in Australia 2012-13: Five years of performance**](https://www.coagreformcouncil.gov.au/sites/default/files/files/Healthcare%20in%20Australia%202012-13%20Five%20years%20of%20performance%20REVISED%20WA%20SNAPSHOT.pdf)

“[The] final report on the National Healthcare Agreement shows that Australians have overall good health and enjoy a high quality healthcare system. However, areas of concern such as obesity and chronic diseases like type 2 diabetes could put strain on our healthcare system and require attention from governments.” *Source: COAG Reform Council*

[**A decade of austerity in Wales?**](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/140617_decade_of_austerity_wales.pdf)

“This report explores rising cost pressures on the NHS in Wales, and options for reducing the funding gap.” *Source: Nuffield Trust*

[**Power to the People: The mutual future of our National Health Service**](http://respublica.org.uk/documents/enm_Power%20to%20the%20People.pdf)

“This report argues for a more balanced solution that exempliﬁes the positive traits

of both the public and private models.” *Source: ResPublica*

[**Modelling, evaluating and implementing cost effective services to reduce the impact of stroke**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0019/119512/FullReport-pgfar02020.pdf)

“The programme has produced data to inform policy and practice with

estimates of need for stroke prevention and care services, identiﬁcation of persistent sociodemographic inequalities in risk and care despite a reduction in stroke risk, quantiﬁcation of the effectiveness and cost-effectiveness of care and development of models to simulate conﬁgurations of care.” *Source: National Institute for Health Research*

[**2020 Framework for Quality, Efficiency and Value**](http://www.qihub.scot.nhs.uk/media/607430/2020framework_12062014_final.pdf)

“The 2020 Framework for Quality, Efficiency and Value (Framework) refreshes the NHSScotland Efficiency and Productivity: Framework for SR10 and refocuses our efforts on the Triple Aim of improving Quality of Care (including safety), Health of the Population and Value and Financial Stability.” *Source: NHS Scotland*

[**The Challenges and Economics of Drug Development in 2022**](http://www.ohe.org/publications/article/the-challenges-and-economics-of-drug-development-in-2022-132.cfm)

“This publication captures the views of thought leaders from around the world about the scientific and economic climate for drug development by 2022.” *Source: Office of Health Economics*

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### Cancer & Palliative Care

[**Use of health and social care by people with cancer**](http://www.nuffieldtrust.org.uk/sites/files/nuffield/140602_social_care_for_cancer_survivors_full_report.pdf)

“This report describes analyses that explore first the use of health and social care by people living with cancer (excluding care at the end of life), and then the use of services in the final year of life.” *Source: Nuffield Trust*

[**Revealing the true cost of cervical cancer: Behind the screen**](http://www.demos.co.uk/files/Behind_the_screen_-_web.pdf?1402772155)

This report “explores in detail the financial impact of cervical cancer, looking at its impact not just on individuals but also on the NHS and state more widely.” *Source: Demos*

[**Volunteering: vital to our future**](http://www.togetherforshortlives.org.uk/assets/0000/7991/TfSL_Volunteering_-_Vital_to_our_Future__FINAL_.pdf)

“This resource is designed for the hospice and palliative care sector – including Board members, senior managers, volunteer managers, clinical managers and indeed any member of staff whose role involves responsibility for volunteering or for a specific group of volunteers.” *Source: Help the Hospices and Together for Short Lives*

[**Diagnosing bowel cancer early: right test, right time**](http://www.bowelcanceruk.org.uk/media/324128/bcuk_endoscopyreport_2.pdf?utm_medium=email&utm_source=The+King%27s+Fund+newsletters&utm_campaign=4206646_HMP+2014-06-02&dm_i=21A8,2I5VA,FLWRH5,94EFY,1)

“This report highlights serious problems with [UK] endoscopy services. People are being

let down by the service, with referral criteria, waiting times and quality of services

being the key issues. That is why we are calling for a series of recommendations

to be implemented to improve endoscopy services.” *Source: Bowel Cancer UK*

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### Mental Health

**[Mental health service users’ experiences of social inclusion in Aotearoa New Zealand:](http://www.mentalhealth.org.nz/file/downloads/pdf/file_496.pdf)**

**[Na pukorero rangatira: Na tangata waiora I whaiora i enei tuahuatana](http://www.mentalhealth.org.nz/file/downloads/pdf/file_496.pdf)**

“This report gives an account of a study that explored successful stories of social inclusion

experienced by people with mental illness in Aotearoa New Zealand.” *Source: Mental Health Foundation*

[**Service models in adult psychiatry**](http://www.rcpsych.ac.uk/files/pdfversion/CR188.pdf)

“This report discusses the separation of care between in-patient and community and within the community. It argues that decisions about the best model of service delivery should be based on evidence that it will deliver better care for patients.” *Source: Royal College of Psychiatry*

[**Risk, safety and recovery**](http://www.centreformentalhealth.org.uk/pdfs/ImROC-Briefing-Risk-Safety-and-Recovery.pdf)

“This briefing paper examines current approaches to risk assessment and management and how these need to be changed so as to be more supportive of people’s personal recovery.” *Source: Centre for Mental Health and Mental Health Network*

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### Health Information

[**Knowledge strategy: harnessing the power of information to improve the public’s health**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/320506/PHE_Knowledge_Strategy.pdf)

“This document describes the strategic approach to information and knowledge that the

public health system needs to take in order to improve and protect public health and

reduce inequalities. It is a response on behalf of the whole public health system, under

the leadership of PHE, to the Department of Health information strategy, The Power of

Information: Putting all of us in control of the health and care information we need.” *Source: Public Health England*

[**The Adoption and Use of Health Information Technology by Community Health Centers, 2009–2013**](http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2014/may/1746_ryan_adoption_use_hlt_it_chcs_rb.pdf)

“With help from targeted federal investments, U.S. physician offices and hospitals have accelerated their adoption and use of patient electronic health records (EHRs) and other health information technology (HIT) in recent years. Comparison of results from The Commonwealth Fund’s two national surveys of federally qualified health centers (FQHCs) in 2009 and 2013 show that HIT adoption has also grown substantially for these important providers of care in poor and underserved communities.” *Source: Commonwealth Fund*

[**Establishing incentives and changing cultures to support data access**](http://www.wellcome.ac.uk/stellent/groups/corporatesite/%40msh_peda/documents/web_document/wtp056495.pdf)

“EAGDA wished to understand the factors that help and hinder individual researchers in

making their data (both published and unpublished) available to other researchers, and to

examine the potential need for new types of incentives to enable data access and sharing.” *Source: Expert Advisory Group on Data Access (EAGDA)*

[**The open data era in health and social care**](http://images.thegovlab.org/wordpress/wp-content/uploads/2014/06/nhs-full-report.pdf)

“The NHS is planning a broader, more ambitious programme that has the potential to serve as a worldwide model for the opening of data in healthcare. The purpose of this report is to help design this programme, establishing priorities and ways of measuring impact to guide this and future efforts at data transparency.” *Source: GOVLAB*

[**Ontario Health Technology Maps Project**](http://www.hqontario.ca/Portals/0/Documents/eds/maps/hqo-maps-project-2014-en.pdf)

“The report strives to provide information to members of the public – the potential consumers of these services - in order to stimulate discussion with their physicians and other providers.

It is also a report for leaders and managers in the health care system to help them celebrate areas of improvement and identify opportunities for more adoption of evidence. The report also highlights opportunities to bring better equity in access to health care, a better patient experience and better quality to the people of Ontario.” *Source: Health Quality Ontario*

[**Green Paper on mobile health ("mHealth")**](http://ec.europa.eu/information_society/newsroom/cf/dae/document.cfm?doc_id=5147)

“The objective of this Green Paper announced in the eHealth Action Plan 2012-2020 is to

launch a broad stakeholder consultation on existing barriers and issues related to mHealth

deployment and help identify the right way forward to unlock mHealth potential.” *Source: European Commission*

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### Quality & Safety

[**Quality improvement financial incentives for general practitioners**](http://www.phcris.org.au/phplib/filedownload.php?file=/elib/lib/downloaded_files/publications/pdfs/phcris_pub_8426.pdf)

“This review [examines] strategies that assess (measure), reward (incentivise) and influence quality improvement in general practice. This review includes financial incentives which reward relative and absolute improvements.” *Source: Primary Health Care Research & Information Service*

[**Trusted to Care: An independent Review of the Princess of Wales Hospital and Neath**](http://wales.gov.uk/docs/dhss/publications/140512trustedtocareen.pdf)

“Port Talbot Hospital at Abertawe BroMorgannwg University Health Board This report is about quality and patient safety. It is designed to be constructive. It includes a narrative and analysis of what the Review established, identifies a number of areas of concern and

makes a series of recommendations for action. These recommendations largely consist of remedies which the Review Team believe are within the grasp of the local NHS leadership to achieve working with their local community.” *Source: Dementia Services Development Centre*

[**Improving the quality of costing in the NHS**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319355/PbR_DAF_costing_briefing_June_2014.pdf)

The authors “found that improvements are needed in the quality of cost information at the majority of trusts audited. Reference cost submissions at one third of trusts audited were materially inaccurate, with ‘at risk’ trusts in particular struggling to cost accurately. Just 12 per cent of trusts had good quality costing across all services. These findings demonstrate the challenges that using this information present at national and local levels.” *Source: Capita*

[**Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients**](http://www.aomrc.org.uk/doc_view/9765-taking-responsibility)

“This guidance relates only to a patient’s stay in hospital. This is, of course, often only part of a patient’s overall care pathway and therefore the principles underpinning this guidance should apply as much in a community or primary care setting. How this might be implemented is obviously complex but the principle of an accountable consultant/clinician should always be the objective. We would support further work to explore how the

responsibility for and coordination of the totality of a patient’s care might work across all care settings.” *Source: Academy of Medical Royal Colleges*

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### Nutrition, Physical Activity, & Obesity

[**Obesity: perception and policy – multi-country review and survey of policymakers**](http://easo.org/wp-content/uploads/2014/05/C3_EASO_Survey_A4_Web-FINAL.pdf)

“Policymakers varied in their response to questions on national obesity policy and tools

and their effectiveness – and, as the country summaries make clear in the first part of this

report, the countries vary greatly in the extent to which policies to tackle obesity are in place.

Policymakers’ perceptions of national policy and knowledge of policies and the impact of

different approaches (such as lifestyle interventions, drug treatment and surgery) differed,

both in terms of whether they are a good course of action and whether they are currently in

place and effective.” *Source: C3 Collaborating for Health*

[**The Current State of Obesity Solutions in the United States: Workshop Summary**](http://www.nap.edu/catalog.php?record_id=18742&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.06.17+short+blurbs&utm_content=web%20updates&utm_term=)

“The Current State of Obesity Solutions in the United States is the summary of a workshop convened in January 2014 by the Institute of Medicine Roundtable on Obesity Solutions to foster an ongoing dialogue on critical and emerging implementation, policy, and research issues to accelerate progress in obesity prevention and care.” *Source: Institute of Medicine*

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[**Sugar reduction: Responding to the challenge**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324043/Sugar_Reduction_Responding_to_the_Challenge_26_June.pdf)

“Eating too much sugar is bad for us. This paper outlines the steps PHE will take to help

families and individuals to reduce their sugar intake and how we study possible

initiatives to further reduce sugar consumption.” *Source: Public Health England*

**[Added Sugar, Subtracted Science: How Industry Obscures Science and Undermines](http://www.ucsusa.org/assets/documents/center-for-science-and-democracy/added-sugar-subtracted-science.pdf)**

**[Public Health Policy on Sugar](http://www.ucsusa.org/assets/documents/center-for-science-and-democracy/added-sugar-subtracted-science.pdf)**

“This report explores how sugar interests—food and beverage manufacturers along with industry-supported organizations such as trade associations, front groups,

and public relations (PR) firms—have actively sought to deceive the public and ensure that Americans continue to consume high amounts of sugar.” *Source: Center for Science and Democracy*

[**Changing what we eat: A call for research & action on widespread adoption of sustainable healthy eating**](http://www.fcrn.org.uk/sites/default/files/fcrn_wellcome_gfs_changing_consumption_report_final.pdf)

“The multiple environmental, health and societal challenges caused by, and facing the food system are well known – and the need to act acknowledged.” *Source: Food Climate Research Network*

[**Physical Activity Assessment in Primary Care**](http://exerciseismedicine.org.au/wp-content/uploads/2014/05/EIM-RESEARCH-PA-Assessment-in-Primary-Care-EXEC-SUMMARY.pdf)

“Results demonstrated that the implementation of the EIM [Exercise in Medicine] campaign, and campaign resources was effective in increasing clinician physical activity assessment/advice, for those that participated in the evaluation.” *Source: Exercise is Medicine Australia*

[**Improving Health by Design in the Greater Toronto-Hamilton Area**](http://www.peelregion.ca/health/resources/healthbydesign/pdf/moh-report.pdf)

The authors “are providing this call to action to clearly state [their] perspective that we must achieve a shift in how we plan communities and the movement of people to increase

walking, cycling and the use of public transit.” *Source: Medical Officers of Health in the Greater Toronto-Hamilton Area*

[**Transport and health in London**](http://www.london.gov.uk/sites/default/files/Transport%20and%20health%20in%20London_March%202014.pdf)

“The Integrated Transport & Health Impact Model(ITHIM) was developed into a bespoke tool for London using Transport for London data. This model enables comparison of the impacts of physical activity, air pollution and injuries on the population of London. A range of different hypothetical scenarios were modelled to indicate the relative harms and benefits of different transport policy options. This document sets out the main results of this modelling exercise. Details of the methodology are presented at the back.” *Source: Greater London Authority*

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### Child & Youth Health

[**From the pond into the sea: children's transition to adult health services**](https://admin.cqc.org.uk/sites/default/files/CQC_Transition%20Report.pdf)

The authors “spoke to 180 young people, or parents of young people, between the ages of 14 and 25 with complex health needs. We found that the transition process is variable and that previous good practice guidance had not always been implemented. Young people and families are often confused and at times distressed by the lack of information, support, and services available to meet their complex health needs.” *Source: UK Care Quality Commission*

[**Growing Up in New Zealand: Now We Are Two: Describing our first 1000 days**](http://www.growingup.co.nz/pdf/reports/report03.pdf)

“This report from Growing Up in New Zealand, “Now we are two: describing our first 1000 days”, reveals rich new data generated by this important longitudinal study from

before birth until 2 years.” *Source: Growing Up in New Zealand*

[**Face the facts: young Australians and sexual health**](http://www.acys.info/facts/sexual_health/FTF_SexualHealth_briefing.pdf)

“This briefing offers an overview of current knowledge about rates and transmission of

human immunodeficiency virus (HIV), gonorrhoea, chlamydia and human papilloma virus (HPV) among Australians aged 12 to 24 and considers the role of education and social marketing in reducing the prevalence of STIs. In so doing, it acknowledges, and is mindful of, the interrelationship between physical, mental and social wellbeing.” *Source: Australian Clearinghouse for Youth Studies*

[**Enough is enough: a report on child protection and mental health services for children and young people**](http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/enough.pdf)

“This report does not claim to be a definitive study of child protection and statutory mental

health services in England. However, it does shed light on profoundly worrying systemic issues within the statutory services that ought to care for, protect and/or support our vulnerable children and young people.” *Source: Centre for Social Justice*

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### Health Literacy

[**Health Literacy – the agenda we cannot afford to ignore**](http://www.chlfoundation.org.uk/pdf/Health_literacy_policy_briefingMay14.pdf)

“This briefing provides an overview of the important agenda of health literacy and outlines

the extent of the level of need and its economic impact. It concludes with six key priority

policy actions.” *Source: Community Health & Learning Foundation*

[**Health Literacy: Report from an RCGP-led health literacy workshop**](http://www.rcgp.org.uk/news/2014/june/~/media/Files/Policy/RCGP-Health-Literacy-2014.ashx)

“In view of the importance of health literacy to patients and the NHS, NHS England sponsored a meeting, hosted by CIRC in collaboration with the Chair of the Health Literacy specialist group.” *Source: Royal College of General Practitioners*

[**Making it Easy: A Health Literacy Action Plan for Scotland**](http://www.scotland.gov.uk/Resource/0045/00451263.pdf)

“Health Literacy is being increasingly recognised as a significant public health concern around the world…Making it Easy sets out an ambition and the means for all of us to live well, on our own terms, and with any condition we may have, by making sure that health and

social care services cater for each of us – regardless of our abilities.” *Source: Government of Scotland*

**[Consumers, the health system and health literacy: Taking action to improve safety](http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Consumers-the-health-system-and-health-literacy-Taking-action-to-improve-safety-and-quality2.pdf)**

**[and quality](http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Consumers-the-health-system-and-health-literacy-Taking-action-to-improve-safety-and-quality2.pdf)**

“Addressing health literacy in a coordinated way has potential to increase the safety,

quality and sustainability of the health system by building the capacity of consumers to

make effective decisions and take appropriate action for health and health care, and

building the capacity of the health system to support and allow this to occur.” *Source: Australian Commission on Safety and Quality in Health Care*

[**Health Literacy and the Prevention and Early Detection of Gout**](http://www.healthliteracy.org.nz/wp-content/uploads/2014/06/Gout-report-29.5.14-FINAL.pdf)

“This project has demonstrated that preventing and managing gout requires action, not just on the part of patients and whānau, but mostly by health professionals and health organisations. There are a number of opportunities to build the health literacy of people at risk of, or with, gout (and their whānau), as well as the health literacy of primary care health professionals.” *Source: Workbase*

[**Health literacy and the prevention and management of skin infections**](http://www.healthliteracy.org.nz/wp-content/uploads/2013/11/Report-skin-infections.pdf)

“Improving the health literacy of parents and caregivers will contribute to improved

prevention and treatment of skin infections in children. The present research

identified the barriers to and facilitators of this health literacy and interventions to

improve health literacy.” *Source: Workbase*

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### Drugs, Alcohol, & Addiction

[**A New Approach to Managing Illegal Psychoactive Substances**](http://www.cpha.ca/uploads/policy/ips_2014-05-15_e.pdf) **in Canada**

“The purpose of this paper is to review the available information concerning the use, management, and harms of currently illegal psychoactive substances, and to provide recommendations for a future direction. The goals are to identify options and stimulate discussion that could lead to implementation of a public health approach to managing these substances.” *Source: Canadian Public Health Association*

[**Medical Cannabis**](https://www.parliament.nsw.gov.au/prod/parlment/publications.nsf/key/Medicalcannabis/%24File/Medical%20cannabis%2C%20Issues%20Backgrounder%20June%202014.pdf)

“The first half of this Issues Backgrounder considers the key legal issues that arise in

relation to medical cannabis, in particular the relationship between Commonwealth

and State laws. The second half sets out some of the key background parliamentary,

scientific and legal sources.” *Source: New South Wales Parliamentary Research Service*

[**Punishing the majority**](http://www.iea.org.uk/sites/default/files/publications/files/IEA%20Punishing%20the%20majority%20EMBARGOED.pdf)

“This paper examines governmental alcohol control policies and makes recommendations towards a focus on hard-reduction and rehabilitation rather than interventions on price and availability.” *Source: Institute of Economic Affairs*

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### Inequalities

[**Aboriginal girls circle: enhancing connectedness and promoting resilience for Aboriginal girls**](http://wellbeingaustralia.com.au/wba/wp-content/uploads/2014/02/AGC-FInal-Report-Feb-2014.pdf)

“The particular objectives of the [Aboriginal Girls Circle] AGC are to empower young women to discover and use their own strengths, identify, develop and be proud of positive personal and community attributes, learn how to make positive decisions and take action together to change things where they see a need, and find a sense of healthy belonging to both their

own community and to the wider Australian society.” *Source: University of Western Sydney*

[**The equity action spectrum: taking a comprehensive approach. Guidance for addressing inequities in health**](http://www.euro.who.int/en/health-topics/health-determinants/social-determinants/publications/2014/equity-action-spectrum-taking-a-comprehensive-approach-the.-guidance-for-addressing-inequities-in-health)

“While population health indicators have improved across Europe overall, that improvement has not been experienced equally everywhere, or by all. This is one of a series of policy briefs that describe practical actions to address health inequities.” *Source: WHO*

[**Obesity and inequities. Guidance for addressing inequities in overweight and obesity**](http://www.euro.who.int/en/publications/abstracts/obesity-and-inequities.-guidance-for-addressing-inequities-in-overweight-and-obesity)

“This policy brief on obesity is one of a series that describe practical actions to address health inequities in relation to one of the priority public health challenges facing Europe, the others being tobacco, alcohol and injury.” *Source: WHO*

[**Tobacco and inequities. Guidance for addressing inequities in tobacco-related harm**](http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/publications/2014/tobacco-and-inequities.-guidance-for-addressing-inequities-in-tobacco-related-harm)

“This policy brief on tobacco is one of a series that describe practical actions to address health inequities in relation to one of the priority public health challenges facing Europe.” *Source: WHO*

[**Injuries and inequities. Guidance for addressing inequities in unintentional injuries**](http://www.euro.who.int/en/health-topics/health-determinants/social-determinants/publications/2014/injuries-and-inequities.-guidance-for-addressing-inequities-in-unintentional-injuries)

“This policy brief on injuries is one of a series that describe practical actions to address health inequities in relation to one of the priority public health challenges facing Europe.” *Source: WHO*

[**Alcohol and inequities: Guidance for addressing inequities in alcohol-related harm**](http://www.euro.who.int/__data/assets/pdf_file/0003/247629/Alcohol-and-Inequities.pdf)

“This policy guidance aims to support European policy-makers to improve the design and

implementation of policies to reduce inequities in alcohol-related harm.” *Source: WHO*

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### Workforce

[**Investigating the contribution of physician assistants to primary care in England: a mixed-methods study**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0016/118501/FullReport-hsdr02160.pdf)

”PAs were found to be acceptable, effective and efﬁcient in complementing the work of GPs.

PAs can provide a ﬂexible addition to the primary care workforce. They offer another labour pool to consider in health professional workforce and education planning at local, regional and national levels. However, in order to maximise the contribution of PAs in primary care settings, consideration needs to be given to the appropriate level of regulation and the potential for authority to prescribe medicines.” *Source: National Institute for Health Research*

[**Horizon 2035: International responses to big picture challenges**](http://www.horizonscanning.org.uk/app/web1/files/download/cfwi-international-responses-to-bpc-web-final-v4.pdf)

“The central purpose of this review is to provide contextual information for our scenario planning for Horizon 2035. It will consider how other countries are responding to challenges in health, social care and public health, and what the workforce implications of this are.” *Source: Centre for Workforce Intelligence* [*back to top*](#_top)

### Health of Older People

[**Improving Dementia Long-Term Care: A Policy Blueprint**](http://www.rand.org/content/dam/rand/pubs/research_reports/RR500/RR597/RAND_RR597.pdf)

“In 2010, 15 percent of Americans older than age 70 had dementia, and the number of

new dementia cases among those 65 and older is expected to double by the year 2050.

As the baby boomer generation ages, many older adults will require dementia-related

long-term services and supports (LTSS). This blueprint is the only national document

to date that engages local, state, and national stakeholders to specifically focus on

policy options at the intersection of dementia and LTSS.” *Source: Rand Corporation*

[**The Trajectory of Dementia in the UK -- Making a Difference**](http://ohe.org/publications/article/the-trajectory-of-dementia-in-the-uk----making-a-difference-147.cfm)

“Alzheimer’s Research UK commissioned OHE Consulting to model the growing prevalence and costs of dementia in the UK and estimate the impact new treatments could have were they to be introduced beginning in 2020.” *Source: Office of Health Economics*

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[**1000 Lives: Improving Dementia Care**](http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/How%20to%20%2815%29%20Dementia%20%28Feb%202011%29%20Web.pdf)

“The national vision for NHS Wales is to create a world class health service by 2015: one which minimises avoidable death, pain, delays, helplessness and waste. This guide will help you to take a systematic approach and implement practical interventions that can bring that about. The guide is grounded in practical experience and builds on learning from organisations across Wales during the 1000 Lives Campaign and also on the experience of other campaigns and improvement work supported by the Institute for Healthcare

Improvement (IHI).” *Source: 1000 Lives*

[**Joint Report on adequate social protection for long-term care needs in an ageing society**](http://ec.europa.eu/social/BlobServlet?docId=11905&langId=en)

“There is a real risk that current arrangements for long-term care across the EU will be

overwhelmed…and a major gap between needs and available services will develop. This report examines what can be done to help Member States reduce the risk that such a gap emerges and ensure that adequate provisions for long-term care needs can be organised in a sustainable way even at the height of population ageing.” *Source: European Commission*

[**Improving quality of life in care homes through community visiting**](http://www.essex.ac.uk/cps/documents/independent-evaluation-MHLECA-community-visitor-pilot.pdf?utm_medium=email&utm_source=The+King%27s+Fund+newsletters&utm_campaign=4279203_HMP+2014-06-17&dm_i=21A8,2JPUR,FLWRH5,9AI4X,1)

“This report describes the results of a year-long evaluation of the Community Visitor

Pilot…The report describes how the CV pilot was established and its impact on the lives of

older people, the culture of the care home, and on the volunteers themselves. It goes

on to discuss wider learning from the pilot and makes a number of recommendations

to inform future planning.” *Source: University of Essex*

[**Best practice in the design of residential environments for people living with dementia and sight loss**](http://www.pocklington-trust.org.uk/Resources/Thomas%20Pocklington/Documents/PDF/Research%20Publications/rf-42-design-for-dementia-and-sight-loss.pdf)

“The research findings provide a review of the evidence base and offer Guidelines on ways in which environments can be modified to enable people with dementia and sight loss to enjoy better quality of life. They also provide advice on some of the challenges

presented when optimising home environments.” *Source: Thomas Pocklington Trust*

[**Transitions at the end of life for older adults - patient, carer and professional perspectives: a mixed-methods study**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0010/118639/FullReport-hsdr02170.pdf)

“Development of a shared understanding of professional and carer roles in end-of-life

transitions may be one of the most effective ways of improving patients’ experiences. Patients and carers manage many aspects of end-of-life care for themselves. Identifying ways to extend their skills and strengthen their voices, particularly in hospital settings, would be welcomed and may reduce unnecessary end-of-life transitions.” *Source: National Institute for Health Research*

[**Dementia care in the acute hospital setting: issues and strategies**](http://www.fightdementia.org.au/common/files/NAT/Alzheimers_Australia_Numbered_Publication_40.pdf)

“To improve outcomes for people with dementia in the acute hospital setting, this report outlines urgent issues that need to be addressed.” *Source: Alzheimer’s Australia*

[**Key directions for the Commonwealth Home Support Programme**](http://apo.org.au/files/Resource/deptageing_key-directions-commonwealth-home-support-programme_2014.pdf)

“The Key Directions for the Commonwealth Home Support Programme Discussion Paper sets out the context for the establishment of the Commonwealth Home Support Programme. It briefly discusses the current system of home support programmes for frail, older people, the challenges the system faces, and the need for reform.” *Source: Australian Government*

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### Research Methods in Health

[**The measurement of patient experience in non-GP primary health care settings**](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129547330)

“The study confirms that while there have been selected activities to validate and

standardise patient experiences in the hospital and GP setting, there has been limited

documentation of patient experiences within the non-GP primary health care sector.” *Source: Australian Institute of Health and Welfare*

[**Assessment of Global Burden of Disease 2010 methods for the Australian context: Australian Burden of Disease Study**](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129547710)

“The Australian Institute of Health and Welfare (AIHW) has been funded by the Department

of Health and the Australian National Preventive Health Agency to, first, review the Global

Burden of Disease (GBD) methodology, and determine the best methodology for producing

Australian Burden of Disease (BoD) estimates and estimates relating to Aboriginal and

Torres Strait Islander people. To provide transparency of methods and decision–making

processes, the AIHW intends to release a series of working papers over the course of the

project. This first working paper documents various aspects of the latest Global Burden of

Disease (GBD 2010) methods and an assessment of the applicability of these methods for

estimating the burden of disease in Australia.” *Source: Australian Institute of Health and Welfare*

[**Evaluation Design for Complex Global Initiatives**](http://www.nap.edu/catalog.php?record_id=18739)

“Every year, public and private funders spend many billions of dollars on large-scale, complex, multi-national health initiatives. The only way to know whether these initiatives are achieving their objectives is through evaluations that examine the links between program activities and desired outcomes… Evaluation Design for Complex Global Initiatives is the summary of a workshop convened by the Institute of Medicine in January 2014 to explore these recent evaluation experiences and to consider the lessons learned from how these evaluations were designed, carried out, and used.” *Source: Institute of Medicine*

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