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

Issue 14, 2014 September

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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### Quality & Safety

[**Commissioning for Quality: Views from Commissioners**](http://www.commissioningassembly.nhs.uk/dl/cv_content/133373)

“This resource sets out five key messages which have emerged from the analysis of a number of... quality frameworks and strategies as well as other relevant literature. It aims to help commissioners with quality improvement.” *Source: NHS England*

[**New Zealand Health Quality and Safety Commission: Partners in Care Programme**](http://www.hqsc.govt.nz/assets/Consumer-Engagement/Resources/PIC-final-review-Aug-2014.pdf)

“The Partners in Care programme was developed by the New Zealand Health Quality & Safety Commission (HQSC) to support healthcare organisations in delivering its aim to ‘Increase the engagement of consumers in decision-making about the services they use, and to increase consumer literacy and capture consumer experiences.’ Lynne Maher from Ko Awatea was commissioned by HQSC to deliver content based on the Experience Based Design (ebd) approach to twelve healthcare organisations participating in the Partners in Care programme.” *Source: Ko Awatea*

[**Improvement collaboratives in health care**](http://www.health.org.uk/public/cms/75/76/313/4932/Improvement%20collaboratives%20in%20health%20care.pdf?realName=J4gdsn.pdf)

“Quality improvement collaboratives involve groups of professionals coming together, either from within an organisation or across multiple organisations, to learn from and motivate each other to improve the quality of health services. Collaboratives often use a structured approach, such as setting targets and undertaking rapid cycles of change. This evidence scan explores research about whether collaboratives help to improve quality in health care and the factors that may be key to their success.” *Source: Health Foundation*

[**Building capability to improve safety**](http://www.health.org.uk/public/cms/75/76/313/4947/Building%20capability%20to%20improve%20safety.pdf?realName=Mg2anl.pdf)

“On 14 May 2014, the Health Foundation hosted a workshop to discuss building capability for improving safety. The event was developed in collaboration with NHS Improving Quality and was attended by leaders from across the NHS. The aim was to produce a useful overview of what capability for safety improvement organisations need, and the best ways to go about developing this capability.” *Source: Health Foundation*

[**Health literacy: Taking action to improve safety and quality**](http://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf)

“Addressing health literacy in a coordinated way has potential to increase the safety, quality and sustainability of the health system. Strategies are needed to build the capacity of people to understand the choices they have, make decisions and take action for their health and health care; and to build the capacity of the health system to support, encourage and allow this to occur.” *Source: Australian Commission on Safety and Quality in Health*

[**National Action Plan for Adverse Drug Event Prevention (ADE)**](http://www.health.gov/hai/pdfs/ADE-Action-Plan-508c.pdf)

“The ADE Action Plan identifies efforts to date to measure and prevent ADEs, and promote medication safety. In addition, this plan outlines future opportunities to advance patient safety with regard to the prevention of adverse drug events among three primary drug classes: anticoagulants, diabetes agents, and opioids.” *Source: U.S. Department of Health and Human Services*

[**Patient safety in private hospitals: the known and unknown risks**](http://chpi.org.uk/wp-content/uploads/2014/08/CHPI-PatientSafety-Aug2014.pdf)

“This report argues that patients undergoing operations in private hospitals may be put at risk from inadequate equipment, lack of intensive care beds, unsafe staffing arrangements, and poor medical record-keeping. It reveals that over 800 people have died unexpectedly in private hospitals in England during the last four years and calls for private hospital data to made publicly available.” *Source: Centre for Health and the Public Interest*

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### Improvement Initiatives

[**Evaluation of the 20,000 Days Campaign: A Report for Counties Manukau District Health Board**](http://cmdhbceoblog.files.wordpress.com/2014/08/final-20k-evaluation-3.pdf)

“The aim of Counties Manukau District Health Board (CMDHB) 20,000 Days Campaign was to give back to the community 20,000 healthy and well days to avoid predicted growth in hospital bed days. After tracking the difference between projected demand and actual use, at the end of the Campaign on 1st July 2013, CMDHB reported that 23,060 bed days were given back to the people of Counties Manukau. An independent evaluation of the 20,000 Days Campaign was requested by Counties Manukau District Health Board (CMDHB) in order to capture the impacts of the Campaign and provide formative lessons for future Campaigns.” *Source: Health Services Research Centre*

[**Health Service Co-Design: Online Tool**](http://www.healthcodesign.org.nz/index.html)

“This guide will help you work with patients to understand their experiences and make improvements to healthcare services. It provides a range of flexible tools for working effectively with patients in service improvement work. While the focus is on patients themselves, the tools can be equally applied to other groups such as frontline staff, family/whanau, and carers.” *Source: Waitemata District Health Board*

[**Partnering with Patients to Drive Shared Decisions, Better Value, and Care Improvement: Workshop Proceedings**](http://www.nap.edu/catalog.php?record_id=18397&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.07.22+wo+blurbs&utm_content=web%20updates&utm_term=)

“The workshop…focused on identifying and exploring issues, attitudes, and approaches to increasing patient engagement in and demand for the following: shared decision making and better communication about the evidence in support of testing and treatment options; the best value from the health care they receive; and the use of data generated in the course of their care experience for care improvement.” *Source: Institute of Medicine*

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[**Drug Repurposing and Repositioning: Workshop Summary**](http://www.nap.edu/catalog.php?record_id=18731&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.08.12+wo+authors&utm_content=web%20updates&utm_term=)

“This report examines enabling tools and technology for drug repurposing; evaluates the business models and economic incentives for pursuing a repurposing approach; and discusses how genomic and genetic research could be positioned to better enable a drug repurposing paradigm.” *Source: National Academies Press*

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### Workforce

[**Policy analysis: Applying robust decision-making to the workforce planning framework**](http://www.cfwi.org.uk/publications/policy-analysis-applying-robust-decision-making-to-the-workforce-planning-framework-1/attachment.pdf)

“The literature review in this technical paper provides an introduction to the subject of long-term policy analysis and its specific NHS workforce planning context in the UK, allowing the reader to clearly see the links between the CfWI’s methodology and the wider robust decision-making process.” *Source: Centre for Workforce Intelligence*

[**Optimizing Scopes of Practice: New Models of Care for a New Health Care System**](http://www.cahs-acss.ca/wp-content/uploads/2014/08/Optimizing-Scopes-of-Practice_REPORT-English.pdf)

“The objectives of this Assessment were to conduct a review of the evidence regarding the optimization of health care professional scopes of practice, drawing upon the Canadian Academy of Health Sciences’ network of scientists, professional leaders, and health care professionals to provide an expert analysis.” *Source: Canadian Academy of Health Sciences*

[**Securing the Future GP Workforce: Delivering the Mandate on GP Expansion**](http://hee.nhs.uk/wp-content/uploads/sites/321/2014/07/GP-Taskforce-report.pdf)

“This report identifies the blocks to progress, as well as considering other key factors affecting the overall size of the GP workforce, namely retention and retirement rates.” *Source: Health Education England*

[**Seven day services in hospital pharmacy: giving patients the care they deserve**](http://www.rpharms.com/support-pdfs/rps---seven-day-report.pdf)

“On the 20 May 2014, members of the Royal Pharmaceutical Society, along with other colleagues from across Great Britain, gathered in London to discuss the challenges in moving to seven day services so that pharmacists can better care for patients. This is a report of that meeting. It opened with a discussion on the wider context in which seven day services are developing, as illustrated by the RCP’s Future Hospital Commission and NHS

England’s Seven Days a Week Forum workstreams, and then highlighted case studies on diverse approaches to extended and seven day pharmacy services.” *Source: Royal Pharmaceutical Society*

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### Nutrition, Physical Activity & Obesity

[**Adult obesity and type 2 diabetes**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338934/Adult_obesity_and_type_2_diabetes_.pdf)

“The paper provides an overview of obesity and type 2 diabetes among adults, describing the epidemiology of each disorder, how the 2 conditions are linked and why they present a major public health challenge.” *Source: Public Health England*

[**Study on Food taxes and their impact on competitiveness of the agri-food sector**](http://ec.europa.eu/enterprise/newsroom/cf/itemdetail.cfm?item_id=7668&lang=en&title=Study-on-Food-taxes-and-their-impact-on-competitiveness-of-the-agri-food-sector)

“Non-harmonised taxes on high sugar, salt and fat products such as soft drinks, sweet and salty foodstuffs do induce a reduction of the consumption of the taxed products, but the exact impact on the competitiveness of the European agri-food sector needs to be further assessed.” *Source: European Commission*

[**The Play Return: A review of the wider impact of play initiatives**](http://www.playscotland.org/wp-content/uploads/The-Play-Return-A-review-of-the-wider-impact-of-play-initiatives1.pdf)

“This report presents evidence to build the case for improving the play opportunities of children and young people. Its focus is on children of school age, and on free play that takes place out of doors. It looks at quantitative evidence of the wider outcomes and impact of play interventions and initiatives. Hence it complements rather than duplicates other recent policy reviews.” *Source: Children’s Play Policy Forum*

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### Health Information & Research

[**Keeping knowledgeable: how NHS chief executive officers mobilise knowledge and information in their daily work**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0018/124272/FullReport-hsdr02260.pdf)

“NHS CEOs seek information and use knowledge all the time in their everyday work. They

do this for three main purposes: making decisions; accounting for decisions already made; and making sense.” *Source: National Institute for Health Research*

[**Addressing missing data in patient-reported outcome measures (PROMs): implications for comparing provider performance**](http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP101_PROMs_missing_data_provider_performance.pdf)

“Patient-reported outcome measures (PROMs) are now routinely collected in the English National Health Service (NHS) and used to compare and reward hospital performance within a high-powered pay-for-performance scheme. However, PROMs are prone to missing data. … This study proposes a strategy for addressing missing data in the English PROMs survey using multiple imputation techniques, and investigates its impact on assessing provider performance.” *Source: Centre for Health Economics*

[**AHRQ’s Clinical Decision Support Demonstration Projects**](http://healthit.ahrq.gov/ahrq-funded-projects/clinical-decision-support-cds-initiative)

“Effective clinical decision support (CDS) has been shown to be a means of improving health care quality. The Agency for Healthcare Research and Quality (AHRQ) seeks to support efforts to develop, adopt, implement, and evaluate the use of health information technology (IT) to improve health care decision making. This includes the development, implementation, and integration of health information tools, products or systems through the use of integrated data and knowledge management, such as CDS.” *Source: Agency for Healthcare Research and Quality*

[**Big Data and Public Health**](http://www.parliament.uk/briefing-papers/POST-PN-474.pdf)

“Patient health records and other large scale medical and administrative datasets are increasingly being considered as a valuable tool for the study and improvement of health. This POSTnote examines the sources of data, their current and potential uses for health

improvement, and the legal and practical issues raised by data use for public health or research purposes.” *Source: UK Parliamentary Office of Science & Technology*

[**Policy Briefing: The Friends and Family Test (FFT)**](http://www.pickereurope.org/assets/content/pdf/Policy/PIEReport-FFTFinalReport.pdf)

“In this briefing, [the authors] look at the evolution of the FFT from its roots in the Net Promoter Score and briefly trace its history. [They] then consider why the FFT has been associated with so much controversy, reflect on the key recommendations in the latest review, and ask whether they go far enough to address the critics’ concerns.” *Source: Picker Institute*

[**Facilitating technology adoption in the NHS: negotiating the organisational and policy context – a qualitative study**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0014/123116/FullReport-hsdr02230.pdf)

The researchers “undertook case studies to investigate three clinical technologies: ultrawide field retinal imaging (UFRI); insulin pump therapy (IPT); and a breast lymph node assay (BLNA). We found that ‘Payment by Results’ (PbR; the present NHS funding system) was a major obstacle to the adoption and implementation of UFRI and BLNA. [The] evidence also indicates that, contrary to its intention, current commissioning practice is more of a barrier than an enabler for technology adoption. Protracted negotiations over funding between providers and commissioners delayed the implementation of BLNA and IPT. Organisational power and politics between hospitals and community-based services were significant barriers to the adoption of UFRI.” *Source: National Institute for Health Research*

[**Comparing apples with oranges? How to make better use of evidence from the voluntary and community sector to improve health outcomes**](http://www.nhsconfed.org/~/media/Confederation/Files/Publications/Documents/Comparing-apples-with-oranges.pdf)

“This briefing gives an overview of the knowledge, expertise and insight that voluntary and community sector organisations hold about their local communities and diverse groups of people within these, as well as the different ways this knowledge can be used to enhance Joint Strategic Needs Assessments (JSNAs) and commissioning. Drawing on examples from around the country, it aims to support health and wellbeing boards in thinking about the way they currently use voluntary and community sector evidence and to help them consider the different ways they could be using it.” *Source: NHS Confederation*

[**Snapshot of Australian primary health care research 2014**](http://www.phcris.org.au/phcred/snapshot/2014/snapshot_2014.pdf)

“This snapshot of recent Australian research projects demonstrates the potential for primary health care research to improve the health of Australians.” *Source: Primary Health Care Research & Information Service*

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### Mental Health

[**Integrating the response to mental health disorders and other chronic disease in health care systems**](http://apps.who.int/iris/bitstream/10665/112830/1/9789241506793_eng.pdf?ua=1)

“Strong links exist between mental disorders and other chronic diseases, not only with respect to their causes and consequences, but also in terms of their prevention and management. This thematic paper reviews these links as well as service delivery programmes that have integrated the treatment of mental disorders with other chronic diseases.” *Source: WHO*

[**Evaluation of suicide prevention activities**](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-e-evalsuic)

“An assessment of activities funded under the National Suicide Prevention Program and selected elements of the Taking Action to Tackle Suicide package over the seven-year period from 2006-07 to 2012-13.” *Source: Australian Government Department of Health*

[**State Strategies for Integrating Physical and Behavioral Health Services in a Changing Medicaid Environment**](http://www.commonwealthfund.org/~/media/files/publications/fund-report/2014/aug/1767_bachrach_state_strategies_integrating_phys_behavioral_hlt_827.pdf)

“Drawing on a review of the literature and interviews with consumers, providers, payers, and policymakers, this report explores strategies states are deploying to address or eliminate system-level barriers to integrated care for this medically complex and high-cost Medicaid population.” *Source: Commonwealth Fund*

[**No assumptions: a narrative for personalised, coordinated care and support in mental health**](http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/noassumptionsfinal27_august.pdf)

“This document describes some critical outcomes and success factors in the care, support and treatment of people who use mental health services, from their perspective. We hope that it will help commissioners and service providers to organise person centred care and recovery oriented support for mental and physical health, and to know when they are achieving it.” *Source: NHS England*

[**Defining a Population Mental Health Framework for Public Health**](http://www.ncchpp.ca/docs/2014_SanteMentale_EN.pdf)

“This strategy document points toward a renewed perspective in order to keep people from becoming mentally ill and to improve the mental health status of the whole population.” *Source: National Collaborating Centre for Healthy Public Policy*

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### Child, Youth & Maternal Health

**[Growing Up in New Zealand - Vulnerability Report 1: Exploring the Definition of](http://www.growingup.co.nz/pdf/reports/report04.pdf)**

**[Vulnerability for Children in their First 1000 Days](http://www.growingup.co.nz/pdf/reports/report04.pdf)**

“‘Exploring the definition of vulnerability’ tackles an important challenge facing our children and families – a challenge that has also engaged the policy community in recent years. It uses the information from the Growing Up in New Zealand families and children to explore what vulnerability means in the context of the current New Zealand preschool population and our contemporary environment.” *Source: Growing Up in New Zealand*

[**Building Blocks: Best practice programs that improve the wellbeing of children and young people – Edition Two**](http://www.parliament.wa.gov.au/WebCMS/WebCMS.nsf/resources/file-tp---building-blocks/$file/Building%20Blocks%20-%20Edition%202.pdf)

“Provides detail about 126 programs from around Australia that research has shown to be effective in strengthening wellbeing.” *Source: Commissioner for Children and Young People (Western Australia)*

[**The right start: How to support early intervention through initial contact with families**](http://www.childrenssociety.org.uk/sites/default/files/live_birth_data_report_-_final.pdf)

“The Right Start recommends changes to policy and practice at every level, ranging from changes to national statutory guidance to a data sharing agreement able to be adopted and implemented straight away by local authorities. These changes will help families to access their local children’s centre and ensure children receive the best possible start in life.” *Source: The Children’s Society*

[**Childhood Allergies**](http://www.parliament.uk/briefing-papers/POST-PN-467.pdf)

“This note discusses the causes and extent of allergic disease in childhood, examines the links between allergy, genetics and the environment, and summarises current research.” *Source: UK Parliamentary Office of Science & Technology*

[**Strategies for Scaling Effective Family-Focused Preventive Interventions to Promote Children's Cognitive, Affective, and Behavioral Health**](http://www.nap.edu/catalog.php?record_id=18808&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.08.05+w+authors&utm_content=web%20updates&utm_term=)

“This report explores new and innovative ways to broaden the reach and demand for effective programs and to generate alternative paradigms for strengthening families.” *Source: National Academies Press*

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[**Evidence review: An analysis of the evidence for parenting interventions for parents of vulnerable children aged up to six years**](http://www.parentingrc.org.au/images/stories/NZ_EvidenceReview_ParentingInterventions/MainReport_EvidenceReview_ParentingInterventions_NZ_June2014.pdf)

“This rapid review report provides an analysis of the evidence for parenting interventions, with a focus on intervention effectiveness for parents of vulnerable children aged up to 6 years, who have been maltreated or who are at risk of maltreatment.” *Source: Parenting Research Centre*

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### Cancer & Palliative Care

**[Improving Care for People with Serious Illness through Innovative Payer-Provider](http://www.capc.org/payertoolkit/toolkit.pdf)**

**[Partnerships](http://www.capc.org/payertoolkit/toolkit.pdf)**

“Multiple studies have shown that palliative care services result in less symptom distress and

longer patient survival, as well as better patient and family quality of life. These improvements in quality result in the reduced need for crisis interventions and hospitalizations, thus enabling patients to spend more time enjoying what matters most to them, while also markedly reducing total health care spending. In order to improve access to this high-value care, payers, providers and communities are working together to find new ways to deliver and finance palliative care.” *Source: Center to Advance Palliative Care*

[**The Surgeon General’s Call to Action to Prevent Skin Cancer**](http://www.surgeongeneral.gov/library/calls/prevent-skin-cancer/call-to-action-prevent-skin-cancer.pdf)

“This document is a Call to Action to partners in prevention from various sectors across the nation to address skin cancer as a major public health problem. Many partners are essential to this effort, including federal, state, tribal, local, and territorial governments; members of the business, health care, and education sectors; community, nonprofit, and faith-based organizations; and individuals and families. The goal of this document is to increase awareness of skin cancer and to call for actions to reduce its risk.” *Source: U.S. Department of Health and Human Services*

[**Review of the Formaldehyde Assessment in the National Toxicology Program 12th Report on Carcinogens**](http://www.nap.edu/catalog.php?record_id=18948&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.08.12+wo+authors&utm_content=&utm_term=)

“Review of the Formaldehyde Assessment in the National Toxicology Program 12th Report on Carcinogens concurs with NTP that there is sufficient evidence in studies that had adequate characterization of relevant exposure metrics to enable a strong conclusion about the association between formaldehyde exposure and cancer in humans. Additionally, the authoring committee independently reviewed the scientific evidence from studies in humans, experimental animals, and other studies relevant to the mechanisms of carcinogenesis and made level-of-evidence conclusions. This report finds clear and convincing epidemiologic evidence of an association between formaldehyde exposure and nasopharyngeal and sinonasal cancers in humans.” *Source: National Academies Press*

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### Disability & Social Care

[**Self-directed disability support: building people’s capacity through peer support and action research**](https://www.sprc.unsw.edu.au/media/SPRCFile/Selfdirected_disability_support__building_peoples_capacity.pdf)

“In this project, small groups of people with disability around Australia met over 6 months to talk about their disability support. The peer support groups enabled action research about how they are deciding the practical details about support, such as how, when and by whom it is provided.” *Source: Social Policy Research Centre (UNSW)*

[**LGA Adult Social Care Efficiency Programme: The final report**](http://www.local.gov.uk/documents/10180/11779/LGA+Adult+Social+Care+Efficiency+Programme+-+the+final+report/8e042c7f-7de4-4e42-8824-f7dc88ade15d)

“The aim of the [LGA Adult Social Care Efficiency] programme is to support councils to develop transformational approaches to making the efficiency savings required to meet the challenge of reduced funding. The report shares innovative and transformational examples of how councils are bringing together businesses, public sector partners and communities to develop lower-cost solutions to support the most vulnerable in our society.” *Source: Local Government Association*

[**Making disability rights real**](http://www.hrc.co.nz/wp-content/uploads/2014/08/Making-disability-rights-real-full-report.pdf)

“This second report of the Disability Convention Independent Monitoring Mechanism (IMM) details some of the experiences disabled people in New Zealand encounter each day. It highlights barriers that prevent the full realisation of the rights set out in the Disability Convention. The report also recommends steps that need to be taken to better respect, protect and fulfil those rights.” *Source: New Zealand Human Rights Commission*

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### Inequalities

[**Women and Non-Communicable Diseases (Chronic Conditions)**](http://apo.org.au/files/Resource/awhn_women_non-communicable_disease_2014.pdf)

“This position paper examines the gender dimensions of those diseases to raise awareness, and to inform prevention and treatment guidelines. Building on the inequities for women documented in the AWHN Position Paper on Women’s Health and Wellbeing, this paper highlights the specific areas where gender blindness is occurring and the areas where change is needed.” *Source: Australian Women’s Health Network*

[**Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health**](http://www.csh.org/wp-content/uploads/2014/07/SocialDeterminantsofHealth_2014.pdf)

“Supportive Housing, an evidence-based practice that combines permanent affordable housing with comprehensive and flexible support services, is increasingly recognized as a cost-effective health intervention for homeless and other extremely vulnerable populations.” *Source: The Source for Housing Solutions*

[**Determinants of wellbeing for Indigenous Australians**](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548161)

“Determinants of wellbeing for Indigenous Australians examines the wellbeing of Indigenous Australians and factors that may contribute to this. The focus is on subjective wellbeing but a number of objective measures of wellbeing are also considered. Compared with non-Indigenous Australians, Indigenous people tended to report lower levels of emotional wellbeing but they were more likely to say that they were satisfied with life.” *Source: Australian Institute of Health and Welfare*

[**Aboriginal health research is not black and white: Aboriginal research for beginners – lessons from the field**](http://healthbulletin.org.au/wp-content/uploads/2014/08/bulletin_report_Jalla.pdf)

“These are brief lessons from the field from an Aboriginal cultural consultant and a non-Aboriginal researcher, where working together has been a two-way learning experience. As a consultant, there has been greater insight into the research arena and as a non-Aboriginal researcher, valuable cultural lessons into the values, beliefs and protocols of an Aboriginal community.” *Source: Australian Indigenous HealthInfoNet*

[**Health Literacy: Report from an RCGP-led health literacy workshop**](http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~/media/Files/CIRC/Health%20Literacy%20Report/Health%20Literacy%20Final%20edition%2029%2007%202014.ashx)

“In view of the importance of health literacy to patients and the NHS, NHS England sponsored a meeting… held in July 2013 and brought together key stakeholders, which included NHS England, professional and patient advocacy groups. The aim was to facilitate discussion about the important principles around health literacy relevant to primary care.” *Source: Royal College of General Practitioners*

[**Health Literacy and Numeracy: Workshop Summary**](http://www.nap.edu/catalog.php?record_id=18660&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.07.22+wo+blurbs&utm_content=web%20updates&utm_term=)

“Health Literacy and Numeracy is the summary of a workshop convened by The Institute of Medicine Roundtable on Health Literacy in July 2013 to discuss topics related to numeracy, including the effects of ill health on cognitive capacity, issues with communication of health information to the public, and communicating numeric information for decision making.” *Source: Institute of Medicine*

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### Health of Older People

[**Hearing Loss and Healthy Ageing**](http://www.nap.edu/catalog.php?record_id=18735&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.08.05+w+authors&utm_content=web%20updates&utm_term=)

“This report examines the ways in which age-related hearing loss affects healthy aging, and how the spectrum of public and private stakeholders can work together to address hearing loss in older adults as a public health issue.” *Source: Forum on Aging, Disability, and Independence*

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[**Resilient Communities: Empowering Older Adults in Disasters and Daily Life**](http://www.nyam.org/news/docs/pdf/Resilient_Communities_Report_Final.pdf)

“Drawing on the lessons of Superstorm Sandy, a new report…presents an innovative set of recommendations to strengthen and connect formal and informal support systems to keep older adults safe during future disasters.” *Source: New York Academy of Medicine*

[**Testing the Bed-Blocking Hypothesis: Does Higher Supply of Nursing and Care Homes Reduce Delayed Hospital Discharges?**](http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP102_bed-blocking_supply_nursing_care-homes_delayed_discharge_hospital.pdf)

“Hospital bed blocking occurs when hospital patients are ready to be discharged to a nursing home but no place is available, so that hospital care acts as a more costly substitute for long-term care. [The authors] investigate the extent to which higher supply of nursing home beds or lower prices can reduce hospital bed blocking.” *Source: Centre for Health Economics*

[**Best Practices in Home Care for Seniors: Synthesis Report from the 2014 International Forum**](http://www.msfhr.org/sites/default/files/Seniors_Home_Care_Best_Practices.pdf)

“The report synthesizes findings from an international forum on home care convened in January by MSFHR and the B.C. Ministry of Health. Six international experts were invited to Vancouver to speak about home care practice in their respective countries, offering an important opportunity for BC policy-makers and researchers to learn how other jurisdictions are providing sustainable home care for seniors.” *Source: British Columbia Ministry of Health*

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### Family Violence

[**Evaluating the Effectiveness of Programmes and Services Provided by Te Manawa Services: A Community Intervention into Family Violence**](http://www.temanawa.org.nz/cms_files/general/te%20manawa%20services%20final%20report%2030.05.pdf)

“The present study is an evaluation of the Men Living Free from Violence Programme developed and provided by Te Manawa Services, a domestic violence service provider in the Manawatu, New Zealand. At the heart of Te Manawa Services is the desire not only to reduce all forms of violence and abuse, but to support new ways of developing positive relationships, self-respect, kindness and caring.” *Source: Massey University*

[**ReachOut Men's Community Outreach Service : Connections and conversations with a purpose: an evaluation of the pilot**](http://www.avivafamilies.org.nz/resources/file/final_evaluation_report_reachout_april_2014.pdf)

“ReachOut was first launched in April 2012 as a new response to men who had used violence or abusive tactics against those closest to them. The service, which uses Police Incident Reports of family violence as a key pathway through which to reach out to men and offer support to change, was conceptualised as an approach that could make a real difference by offering personalised, voluntary (for the men) and respectful support at a time of crisis. This is the report of the evaluative research which has shown that this approach is indeed working successfully for men, and creating positive benefits for those closest to them.” *Source: Aviva Family Violence Services*

[**The Way Forward: An Integrated System for Intimate Partner Violence and Child Abuse and Neglect in New Zealand**](http://www.theimpactcollective.co.nz/thewayforward_210714.pdf)

“The Integrated System model proposed in this document is not a strategy or a new service initiative - it focuses on the infrastructure needed in order for sustained and long term change to happen.” *Source: The Impact Collective*

[**Reflecting on primary prevention of violence against women: the public health approach**](http://apo.org.au/files/Resource/australiancentreforthestudyofsexualassault_reflectingonprimarypreventionofviolenceagainstwomen_july_22_2014.pdf)

“Provides reflections on Australia's efforts in primary prevention of violence against women and offers suggestions for the next steps to continue the momentum.” *Source: Australian Institute of Family Studies*

[**Health and the Primary Prevention of Violence against Women**](http://apo.org.au/files/Resource/awhn_health_and_the_primary_prevention_of_violence_against_women_2014_0.pdf)

“This position paper focuses on the primary prevention of violence perpetrated by men against women. It develops a position on primary prevention (as distinct from secondary and tertiary interventions). It also identifies examples of good practice across settings, and factors for success for primary prevention programs.” *Source: Australian Women’s Health Network*

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### Drugs, Alcohol & Addiction

[**Ambitious for recovery: tackling drug and alcohol addiction in the UK**](http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJJ2073_Addiction_15.08.14_2.pdf)

“This report Ambitious for Recovery sets a new course in many of these areas. Based on key objectives for preventing addiction, protecting the vulnerable and achieving full recovery, [the authors] recommend a suite of policy changes. They include: raising a Treatment Tax to fund effective rehabilitation programmes; clamping down on legal high head shops; more efficient alcoholism diagnosis in our hospitals; new techniques for finding addicts who are reliant on benefits; changes to local treatment commissioning to secure more abstinence and expanding effective prevention schemes in schools.” *Source: Centre for Social Justice*

[**Using licensing to protect public health: From evidence to practice**](http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0114.pdf)

“In Scotland, where protecting and improving public health is a licensing objective enshrined in legislation, there are still obstacles and barriers to this objective being promoted effectively. The work of the project in Scotland has contributed to overcoming some of these barriers by facilitating better relationships and increasing understanding between public health and licensing stakeholders.” *Source: Alcohol Research UK*

[**All Party Parliamentary Group on Alcohol Misuse**](http://www.alcoholconcern.org.uk/assets/files/Publications/2014/APPG_Manifesto.pdf)

“This manifesto is not designed to end or curtail people’s enjoyment of alcohol – many people enjoy alcohol responsibly and in moderation. Instead it sets out some of the key points that the All Party Parliamentary Group believe should form the foundation of a future government’s Alcohol Strategy and deal with the type of alcohol misuse which puts strain on our public services and ends lives all too prematurely.” *Source: Alcohol Concern*

[**Alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples**](http://www.nidac.org.au/images/PDFs/NIDACpublications/AOD-Treatment-report.pdf)

“This paper was developed to challenge a perception that effective alcohol and other drugs (AOD) treatment is not available for Aboriginal and Torres Strait Islander peoples.” *Source: National Indigenous Drug and Alcohol Committee*

[**Prohibiting public drinking in an urban area: Determining the impacts on police, the community and marginalised groups**](http://www.ndlerf.gov.au/sites/default/files/publication-documents/monographs/monograph49.pdf)

“Public drinking laws have proliferated across urban areas over the past 15 years; however, there have been very few evaluations of their impacts and effectiveness. The purpose of this project was to evaluate public drinking laws across three diverse inner-urban local government areas (LGAs) of Melbourne: the Cities of Yarra, Darebin and Maribyrnong. The objectives of this project were to evaluate the implementation of public drinking laws, the effectiveness of these laws and the impact of these laws on a range of target groups including police, residents, traders, local health and welfare workers, and potentially marginalised groups.” *Source: National Drug Law Enforcement Research Fund*

[**Medicinal use of cannabis: Background and Information Paper**](http://www.ancd.org.au/images/PDF/Generalreports/Medicinal_Cannabis_Information_Paper.pdf)

“The paper provides an overview of what is known about medicinal cannabis use in Australia, the current state of the scientific and medical evidence for its use, and problems with the current situation in Australia.” *Source: Australian National Council on Drugs*

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### Acute & Emergency Care

[**Initiatives to reduce length of stay in acute hospital settings: a rapid synthesis of evidence relating to enhanced recovery programmes**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0015/121803/FullReport-hsdr02210.pdf)

“There is consistent evidence that enhanced recovery programmes may reduce length of patient hospital stay without increasing readmission rates. The evidence does not, however, identify which enhanced recovery programme elements and combinations of elements are most effective. As such, conclusions on which combinations provide greatest gains and how best to implement them cannot be made. Findings relating to other outcomes, costs of enhanced recovery programmes, experience in using the programmes and patient experience were limited by generally poor-quality evidence and poor reporting.” *Source: National Institute for Health Research*

[**Focus on: A&E attendances - why are patients waiting longer?**](http://www.qualitywatch.org.uk/sites/files/qualitywatch/field/field_document/QW%20Focus%20on%20A&E%20attendances%20(for%20web).pdf)

“This report…looks at patterns of A&E activity, the nature of the increased demand and what has driven waiting times upwards.” *Source: Health Foundation and Nuffield Trust*

[**Evaluating the Care Quality Commission’s acute hospital regulatory model: final report**](http://www.cqc.org.uk/sites/default/files/CM071406%20Item%206%20Acute%20regulatory%20model%20evaluation%20report.pdf)

“In September 2013, the Care Quality Commission asked a team from Manchester Business School and the King’s Fund to undertake a formative evaluation of CQC’s new acute hospital regulatory model, which was developed during 2013 and has been piloted in around 40 hospitals between September 2013 and April 2014. The evaluation has examined the diagnostic purpose and value of hospital inspections, and the implementation of the new acute hospital regulatory model. It has provided some early information about the impact of the new model on change and improvement.” *Source: Manchester Business School and The King’s Fund*

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### Public Health

[**Health effects of water fluoridation**](http://assets.royalsociety.org.nz/media/2014/08/Health-effects-of-water-fluoridation_Aug_2014.pdf)

“A review of the scientific evidence for and against the efficacy and safety of fluoridation of public water supplies has found that the levels of fluoridation used in New Zealand create no health risks and provide protection against tooth decay.” *Source: Royal Society of New Zealand*

[**Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations**](http://apps.who.int/iris/bitstream/10665/128048/1/9789241507431_eng.pdf)

“In this new consolidated guidelines document on HIV prevention, diagnosis, treatment and care for key populations, the World Health Organization brings together all existing guidance relevant to five key populations – men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and transgender people – and updates selected guidance and recommendations.” *Source: World Health Organization*

[**Public Health in the 21st Century: Organising and managing multidisciplinary teams in a local government context**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/344445/Multidisciplinary_PH_teams.pdf)

“In preparing this guidance, the working group noted that the new public health system is, in many ways, pioneering a novel approach to collaborative delivery across a dispersed system. It seems clear that in the future there will be an ever-greater push towards service integration in a multi-organisational environment, with a complex and perhaps fluid division of responsibilities.” *Source: Public Health England*

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### Global Health

[**Global action plan for the prevention and control of noncommunicable diseases 2013-2020**](http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf)

The goal of this action plan is “to reduce the preventable and avoidable burden of morbidity, mortality and disability due to noncommunicable diseases by means of multisectoral collaboration and cooperation at national, regional and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development.” *Source: WHO*

[**The Global Health Strategy of the U.S. Department of Health and Human Services**](http://www.globalhealth.gov/pdfs/Global%20Health%20Strategy.pdf)

“The Global Health Strategy identifies three goals that contribute to achieving HHS’s

global health vision of a healthier, safer world: to protect and promote the health

and well-being of Americans through global health action; to provide leadership

and technical expertise in science, policy, programs, and practice to improve global

health; and to work in concert with interagency partners to advance U.S. interests

in international diplomacy, development, and security through global health

action.” *Source: U.S. Department of Health and Human Services*

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