



Ministry of Health Library

Knowledge for health

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

Issue 24, 2015, August

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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Public Health

[The case for investing in public health](#)

“This public health summary outlines quick returns on investment for health and other sectors for interventions that promote physical activity and healthy employment; address housing and mental health; and reduce road traffic injuries and violence. Vaccinations and screening programmes are largely cost-effective. Population-level approaches are estimated to cost on average five times less than individual interventions. This report gives examples of interventions with early returns on investment and approaches with longer-term gains.

Investing in cost-effective interventions to reduce costs to the health sector and other sectors can help create sustainable health systems and economies for the future.” *Source: World Health Organization*

[Collaboration Between Health Care and Public Health: Workshop Summary](#)

“On February 5, 2015, the Institute of Medicine Roundtable on Population Health Improvement hosted a workshop to explore the relationship between public health and health care, including opportunities, challenges, and practical lessons. The workshop featured presentations on several dimensions of the public health-health care relationship. Collaboration Between Health Care and Public Health summarizes the presentations and discussion of the event.” *Source: Institute of Medicine *sign up for free account to download*

[WHO report on the global tobacco epidemic, 2015](#)

“The continued success in global tobacco control is detailed in this year’s WHO Report on the Global Tobacco Epidemic, 2015: substantial progress has been made since the entry into force of the WHO Framework Convention on Tobacco Control (WHO FCTC) ten years ago. The fifth in the series of WHO reports provides a snapshot of the MPOWER measures, with all country-specific data updated and aggregated through 2014. In addition, the report provides a special focus on tobacco taxation and in-depth analyses of tobacco taxes in all WHO Member States, allowing for a more detailed understanding of progress and future challenges in this area.” *Source: World Health Organization*

[Modelling the Health Risks of Climate Change](#)

“Climate change poses risks to human health and well-being through shifting weather patterns, increases in frequency and intensity of heat waves and other extreme weather events, rising sea levels, ocean acidification, and other environmental effects. Those risks occur against a backdrop of changing socioeconomic conditions, medical technology, population demographics, environmental conditions, and other factors that are important in determining health. Models of health risks that reflect how health determinants and climate changes vary in time and space are needed so that we can inform adaptation efforts and reduce or prevent adverse health effects. Robust health risk models could also help to inform national and international discussions about climate policies and the economic consequences of action and inaction.” *Source: National Research Council*

[New standard to help reduce the harm from smoking](#)

“This quality standard covers ways of reducing harm from smoking. In particular, this includes people who are highly dependent on nicotine and who may not be able (or want) to stop smoking in one step, who may want to stop smoking without giving up nicotine, who may want to reduce the amount they smoke without stopping, or who want to abstain temporarily from smoking.” *Source: NICE*

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Primary Care

[New organisational models of primary care to meet the future needs of the NHS](#)

“The Health Education England Primary Care Workforce Commission has set out to identify innovative models of primary care that will meet these future challenges. As part of this work,

RAND Europe was commissioned to present a brief overview of reports from professional bodies and policy-focused organisations – from England and internationally – that describe new models for delivering primary care.” *Source: RAND Europe*

[Improving the quality of primary health care for your community](#)

“This is a summary of important findings from research into the ways in which primary health care centres start and use continuous quality improvement (CQI) programs. The evidence gathered came from Aboriginal community controlled, government and non-government health centres in remote, rural and urban areas across Australia. Common themes were found through shared stories about what makes CQI easier or more difficult to use, and what works well (and not so well) to improve the quality of care for Aboriginal and Torres Strait Islander people. The findings from this research on CQI in Aboriginal and Torres Strait Islander communities are similar to those from other Australian and international studies.” *Source: Menzies School of Health Research*

[The organisation and delivery of health improvement in general practice and primary care: a scoping study](#)

“This study reviewed the literature on the delivery and organisation of such interventions to identify whether or not particular approaches were more effective than others. The research focus was guided by discussions with primary-care professionals to ensure the findings were relevant to current practice. [The] authors found that there was insufficient evidence to show that particular approaches to helping improve the health of patients were effective or to show how best to provide such services.” *Source: National Institute for Health Research*

[Options for finance in primary care in Australia](#)

“This issues brief explores policy options that move beyond payment systems. It approaches primary health care from a deeper perspective with a focus on how to link objectives to outcomes through different financing approaches. For example, the separation of primary health care payment systems (mostly fee for service) from hospital payment systems (activity-based funding) creates numerous boundaries between parts of the sector.” *Source: Deeble Institute*

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Long-Term Conditions

[Improving the quality of type 2 diabetes care for your community](#)

“This is a summary of important findings from a continuous quality improvement (CQI) program for type 2 diabetes care in Aboriginal and Torres Strait Islander primary health care (PHC).” *Source: Menzies School of Health Research*

[Diabetes and depression: improving the quality of care for your community](#)

“Researchers looked at data from audits of type 2 diabetes care in community controlled, government and non-government health services in very remote, remote, rural and urban areas. They found important messages about improving mental health and wellbeing care for Aboriginal and Torres Strait Islander people with type 2 diabetes. The messages are relevant to caring for people with other chronic illnesses, such as heart disease and kidney disease.” *Source: Menzies School of Health Research*

[Predictive risk models to identify people with chronic conditions at risk of hospitalisation](#)

“Predictive risk modelling is one method that is used to identify individuals who may be at risk of a hospitalisation event. The Predictive Risk Model (PRM) is a tool for identifying at-risk patients, so that appropriate preventive care can be provided, to avoid both exacerbation and complications of existing conditions, and acute events that may lead to hospitalisation. This Policy Issue Review identifies a selection of currently available PRMs, focusing on those applied in a PHC setting; and examines evidence of reliability in targeting patients with complex and chronic conditions.” *Source: Primary Health Care Research & Information Service*

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Reducing Inequalities

[The socioeconomic gradient and chronic illness and associated risk factors in Australia: How far have we travelled?](#)

“As in other developed countries, chronic conditions in Australia are large contributors to illness, disability and premature mortality. According to the authors, they are estimated to contribute a significant proportion of the burden of disease and injury overall, and for particular population groups. Chronic conditions are variously defined, and there is no agreed definition internationally. Using data from the 2011-12 Australian Health Survey (ABS 2013), the authors sought to examine the prevalence of certain chronic conditions and associated risk factors for the least and most socioeconomically disadvantaged groups within the population, and to consider such inequalities from the National Health Survey (NHS) series since 2001.” *Source: University of Adelaide*

[Health literacy and the NSQHS Standards](#)

“Partnerships are essential for safe and high quality health care for individuals, and for the development of better healthcare systems. For partnerships to work effectively, everyone involved in the partnership needs to be able to give and receive, interpret and act on information. The concept of health literacy is at the core of these processes. Improving health literacy ensures that consumers and healthcare providers can fully participate in partnerships, and that the health system and healthcare organisations are oriented to support partnerships.” *Source: Australian Commission on Safety and Quality in Health Care*

[Cultural competency in the delivery of health services for Indigenous people](#)

“This review aims to examine available evidence on cultural competence in health care settings to identify key approaches and strategies that can contribute to improving the development and implementation of Indigenous health services and programs.” *Source: Closing the Gap*

[Feeding Ourselves: Food Access, Health Disparities, and the Pathways to Healthy Native American Communities](#)

This report encourages its readers to take the first step toward a solution – becoming aware of the extent of the problem of Native health disparities and its deep interconnections to U.S. Indian policy, poverty, historical trauma and food systems. This includes building awareness of the complex historic and present-day situations of Native peoples, innovative models, and

how systemic and long-term changes may be supported by policy changes at the tribal, federal, and philanthropic levels. *Source: American Heart Association*

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Workplace Wellness

[Workplace policy and management practices to improve the health and wellbeing of employees](#)

“This guideline makes recommendations on improving the health and wellbeing of employees, with a particular focus on organisational culture and context, and the role of line managers.” *Source: National Institute for Health and Care Excellence*

[Psychological wellbeing and work](#)

“It is well established that appropriate work can improve individual health and wellbeing. Employment is also associated with lower healthcare utilisation, benefit savings and income tax gains for the UK Government. Therefore, assisting people with common mental health problems to maintain or gain employment could ease the financial burden for the Government and add to the positive effects of work on people’s health and wellbeing. RAND Europe was commissioned to provide external policy advice to the Government on how to improve employment outcomes for those with common mental health problems.” *Source: RAND Europe*

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Cancer & Palliative Care

[National End of Life Care Intelligence Network: what we know now 2014](#)

“Public Health England's National End of Life Care Intelligence Network (NEoLCIN) works with partner organisations to collect, analyse and present end of life care intelligence from a wide variety of sources. This report summarises the key findings of the network and its partners over the last year. Although much of the research has been published previously, this is the first time it has been brought together in one place. New findings show there is a growing understanding within the health sector of what is important to people at the end of life.” *Source: Public Health England*

[Triggers for palliative care: Improving access to care for people with diseases other than cancer](#)

“This report explores the evidence around access to palliative care for people with terminal illnesses other than cancer. It also uses existing evidence to identify factors which trigger palliative care referrals for people with these conditions.” *Source: Marie Curie*

[Achieving world-class cancer outcomes: a strategy for England 2015-2020](#)

“The Independent Cancer Taskforce has published Achieving world-class cancer outcomes: a strategy for England 2015-2020. This report sets out recommendations for a new cancer strategy for England.” *Source: Cancer Research UK*

[Psychological support for people living with cancer](#)

“The London Mental Health Strategic Clinical Network, in partnership with the Transforming Cancer Services Team for London, has produced this guidance to support commissioners and service providers in improving psychological support across the cancer pathway.”

Source: London Mental Health Strategic Clinical Network

[Comprehensive Cancer Care for Children and Families: Workshop Summary](#)

“At this workshop, clinicians and researchers in pediatric oncology, palliative care, and psychosocial care, along with representatives from the U.S. Food and Drug Administration (FDA), National Cancer Institute (NCI), Children’s Oncology Group, pharmaceutical companies, and patient advocacy organizations, discussed and developed a menu of options for action to improve research, quality of care, and outcomes for pediatric cancer patients and their families. In addition, parents of children with cancer and pediatric cancer survivors shared their experiences with care and provided poignant personal perspectives on specific quality-of-life concerns and support needs for children and families across the life spectrum.” *Source: Institute of Medicine *sign up for free account to download*

[Rehabilitative palliative care: enabling people to live fully until they die – A challenge for the 21st century](#)

“This publication provides evidence of the benefits and effectiveness of rehabilitative palliative care, and includes guidance and tools to support its implementation.” *Source: St. Joseph’s Hospice *click top link*

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Social Care & Disabilities

[Transforming Care for People with Learning Disabilities: Next Steps](#)

“NHS England has set out a clear programme of work with other national partners, outlined in ‘Transforming Care – Next Steps’, to improve services for people with learning disabilities and/or autism, and drive system-wide change. This will enable more people to live in the community, with the right support, ideally close to home.” *Source: NHS England*

[Best practice in social care and support for adults with concurrent sight loss and dementia within different housing settings](#)

“This project aimed to further knowledge on how best to provide care and support to people living with sight loss and dementia. Given the relatively limited knowledge base, this study has considerably enhanced the evidence base.” *Source: National Institute for Health Research*

[Optimising outcomes for people with intellectual disability in supported living arrangements](#)

“Although small scale, this study has added new knowledge to the limited understanding of the supported living arrangements for people with intellectual disability in Australia, and to the wider literature. As well as painting a detailed picture of the life circumstances of people in supported living it has provided more evidence about its benefits compared to group homes and the overlapping populations of these two service types. It will potentially inform service design and development of ISPs by illustrating the range of support that may be

required, key elements of all support and the practical drop in support with unlimited back up that works well for service users.” *Source: La Trobe University*

Supporting people with cognitive disabilities in decision making – processes and dilemmas

“The study provides some key insights into the practice of supporting people with cognitive disability to make decisions and knowledge that can be incorporated into training programs for people in this role. The findings also highlight the need for further research in this area, particularly in relation to ‘what works’ in support for decision making for people with cognitive disability.” *Source: La Trobe University*

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Quality & Safety

Focus on: International comparisons of healthcare quality

“In this research, [the authors] explore what the available data can tell us about quality of care in the UK between 2000 and 2013 in comparison with 14 broadly similar countries: Australia, Belgium, Canada, France, Germany, Greece, Ireland, Italy, Netherlands, New Zealand, Portugal, Spain, Sweden and United States. [They] compare performance against 27 of the Organization for Economic Cooperation and Development’s Health Care Quality Indicators, which offer insights into quality of care in four sectors – primary care, acute care, cancer care and mental health. [They] also discuss indicators of quality in other key quality areas – including safety and patient experience – where data is not yet ready for international comparison over time.” *Source: Health Foundation and Nuffield Trust*

Uses and abuses of performance data in healthcare

“Measurement of performance in the healthcare sector is essential for transparency and accountability, and to support improvement. However, these improvements are undermined by weaknesses in the generation of data and metrics. This report outlines five steps that are not currently being addressed by policy but could significantly reduce data abuse and increase the benefit that can be gained through the use of performance data.” *Source: Dr. Foster*

A guide to quality improvement methods

“The purpose of this guidance is to signpost those working within, leading, commissioning and using healthcare services to a broad range of quality improvement methods. It should be especially useful to those putting together quality improvement programmes.” *Source: Health Quality Improvement Partnership*

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Health Systems, Costs, & Reform

Better value in the NHS: The role of changes in clinical practice

“With the NHS facing a huge financial challenge over the next few years, the report argues that action is needed at all levels of the system focused on improving value for every pound spent in the NHS.” *Source: King’s Fund*

[Transforming Health Care Scheduling and Access: Getting to Now](#)

“According to Transforming Health Care Scheduling and Access, long waits for treatment are a function of the disjointed manner in which most health systems have evolved to accommodate the needs and the desires of doctors and administrators, rather than those of patients. The result is a health care system that deploys its most valuable resource - highly trained personnel - inefficiently, leading to an unnecessary imbalance between the demand for appointments and the supply of open appointments. This study makes the case that by using the techniques of systems engineering, new approaches to management, and increased patient and family involvement, the current health care system can move forward to one with greater focus on the preferences of patients to provide convenient, efficient, and excellent health care without the need for costly investment.” *Source: Institute of Medicine*
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[Viewpoint: Reconsidering accountability in an age of integrated care](#)

“In a viewpoint paper authored for the Nuffield Trust, Ben Jupp, Visiting Senior Fellow and former director of public service reform at the Cabinet Office, examines the future of governance and accountability in the NHS and social care amid the rise of new provider models, a growing focus on integration and deep cuts in council funding.” *Source: Nuffield Trust*

[Insights of earlier adoption of medical innovations](#)

“This documented briefing, prepared for the Office for Life Sciences, presents the findings from a short study to examine international examples of accelerating the use of drugs, devices and diagnostics.” *Source: RAND Europe*

[Health Policy Priorities for a New Parliament](#)

“This collection of essays, published jointly by the All-Party Parliamentary Health Group (APHG) and The King’s Fund, maps out health priorities for the next Parliament, as seen from the perspective of a distinguished collection of authors, representing key stakeholders in the world of health.” *Source: All-Party Parliamentary Health Group*

[Unleashing Innovation: Excellent Healthcare for Canada](#)

“Much of what we propose is specifically designed to move Canada toward a different model for federal engagement in healthcare - one that depends on an ethos of partnership, and on a shared commitment to scale up existing innovations and make fundamental changes in incentives, culture, accountabilities, and information systems. We do not pretend that this model offers an immediate remedy for the ills of Canadian healthcare. However, we have a high degree of confidence that concerted action on our major recommendations can make a meaningful difference that will be seen and felt across Canada by 2025.” *Source: Government of Canada*

[Making change possible: A Transformation Fund for the NHS](#)

“The report draws on analysis, in particular six case studies of funding transformation, in the health sector and beyond, along with examples of local NHS initiatives. It also captures the experience of NHS leaders and some of those organisations across the NHS that have been at the forefront of efforts to implement changes in the delivery of care.” *Source: King's Fund and Health Foundation*

[Redefining Health Care Systems](#)

“This book provides a scientific and personal perspective on health services research over the last half-century. Its purpose is to suggest how that science base, constructed over decades of sustained effort, can stimulate innovative thinking about ways to make health care systems safer, more efficient, more cost-effective, and more patient-centered even as they respond to the needs of diverse communities.” *Source: RAND*

[The art of the possible: What role for community health services in reshaping care?](#)

“This discussion paper is for commissioners and providers developing new care models in response to NHS England’s Five Year Forward View. It offers early thinking on how community health services can add value to emerging new models, aiming to stimulate further debate about their role at the heart of integrated, community-based care.” *Source: NHS Confederation*

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Person-Centred Care

[Measuring and improving patients’ experience of care: report of a summit for pharmacy teams](#)

“To support hospital pharmacy teams to develop approaches to evaluating and acting upon patient experiences of care RPS held a one day summit on 29 April 15. The summit brought together experts with insight and experience of how to both raise the profile of patient experience in organisations, and how to measure and evaluate it in practice, with local NHS teams sharing their individual approaches. This report is a summary of that day that we hope other organisations can use it as a resource to support the continued development of their approaches to evaluating and improving patients’ experience of care.” *Source: Royal Pharmaceutical Society*

[Engaging with consumers: a guide for district health boards](#)

“This resource is a practical guide to help New Zealand district health boards, and the health and disability services they fund, to engage better with consumers. It covers consumer engagement in the design and delivery of services, as well as the development of policy and governance procedures.” *Source: Health Quality and Safety Commission*

[Collective Intelligence in Patient Organisations](#)

“This report examines patient organisations’ role as knowledge brokers in an increasingly complex, data-rich healthcare system. It argues that patient organisations have a pivotal role to play in distributing the burden and benefit of knowledge work amongst participants. They need new and better tools to support their work developing connections between the many individuals and institutions of the healthcare system, driving ambitious research programmes, and facilitating peer support.” *Source: NESTA*

[Patient/Family Advisory Councils in Ontario Hospitals](#)

“This report investigates the evolving function and best practices of Ontario’s hospital-based Patient/Family Advisory Councils (PFACs): one mechanism some hospitals are using – among other approaches – to advance patient/family engagement and patient-centred care.” *Source: Change Foundation*

[Powerful people: Reinforcing the power of citizens and communities in health and care](#)

“This report argues for giving citizens greater control over their own health and care, so that services are redesigned around their needs and aspirations, to improve health outcomes, and to save money by supporting people better to manage their conditions themselves.”

Source: Institute for Public Policy Research

[The NHS in 2030: A Vision of People-Powered, Knowledge-Powered Health System](#)

“This report predicts what a health system would look like in 2030 if new knowledge is used differently and more people play a role in managing health. The four axes of change set out in the report are: the promise of precision medicine; a health knowledge commons stretching beyond traditional actors; a system powered by more people and new kinds of relationships; and taking advantage of contemporary behavioural insights.” *Source: NESTA*

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Health of Older People

[The road to reducing dementia onset and prevalence: are diet and physical activity interventions worth investing in?](#)

“Policy-makers must be cognizant of the fact that no singular government intervention/policy, operating on its own, can have the effect of directly reducing dementia onset/prevalence and changing lifestyle habits. Six actions for policy-makers are identified in this issues brief which have the potential to have immeasurable benefits: i) development of a comprehensive dementia prevention strategy, ii) establishment of a body whose aim is to keep track of scientific research (central to this will be the establishment of a national digital dementia research repository), iii) ensuring a multisectoral approach is adopted in the fight against dementia that includes both ‘traditional’ and ‘incidental’ health agencies, iv) continued investment into research and innovation, v) identifying incentives beyond the health domain and vi) development of longevity literacy programs.” *Source: Deeble Institute*

[Opportunity knocks: Designing solutions for an ageing society](#)

“This short report by ILC-UK, in conjunction with the University of Cambridge’s Engineering Design Centre and the Institute of Engineering and Technology, seeks to explore how design and technology could better respond to the challenges of an ageing society.” *Source: International Longevity Centre UK*

[Finding a Path for the Cure for Dementia: An independent report into an integrated approach to dementia research](#)

“This report looks at the bigger picture of an integrated approach to the process, from dementia research through to drug development.” *Source: UK Government*

[The hidden cost of dementia in Wales](#)

“This report provides the best available evidence for the current cost of dementia in Wales. The report was commissioned by Alzheimer’s Society. It was researched and written by London School of Economics in 2015.” *Source: Alzheimer’s Society*

[Cognitive Aging: Progress in Understanding and Opportunities for Action](#)

“Cognitive Aging assesses the public health dimensions of cognitive aging with an emphasis on definitions and terminology, epidemiology and surveillance, prevention and intervention, education of health professionals, and public awareness and education. This report makes specific recommendations for individuals to reduce the risks of cognitive decline with aging. Aging is inevitable, but there are actions that can be taken by individuals, families, communities, and society that may help to prevent or ameliorate the impact of aging on the brain, understand more about its impact, and help older adults live more fully and independent lives. Cognitive aging is not just an individual or a family or a health care system challenge. It is an issue that affects the fabric of society and requires actions by many and varied stakeholders.” *Source: Institute of Medicine *sign up for free account to download*

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Mental Health

[Mental Health Atlas 2014](#)

“WHO’s Mental Health Atlas, released today, provides a comprehensive overview of mental health policies, plans and services worldwide. This fourth edition, with data from 171 of WHO’s Member States, indicates dramatic differences in resources for mental health between high- and low- and middle-income countries.” *Source: World Health Organization*

[Right here, right now: Mental health crisis care review](#)

“In this report, [the authors] review the quality, safety and effectiveness of care provided to those experiencing a mental health crisis. [The authors] have put people at the heart of the issue and sought to understand whether people were being offered the right care, at the right time, and if they were being given the information they needed, as well as what they felt about the attitudes of those providing help, care and support.” *Source: Care Quality Commission*

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Child, Youth, & Families

[Families & Whānau Status Report](#)

“The well-being of families and whānau is an essential cornerstone for maintaining healthy, happy and productive individuals who are the backbone of a flourishing country. Superu’s Families and Whānau Status Report is published annually and measures how New Zealand families and whānau are faring across a range of wellbeing indicators.” *Source: Social Policy Evaluation and Research Unit*

[Using Existing Platforms to Integrate and Coordinate Investments for Children— Workshop in Brief](#)

“Over the course of a day and a half, researchers, policy makers, program practitioners, and other experts on early childhood development from 22 countries discussed how best to coordinate such investments using existing platforms across areas of health, education, nutrition, social protection, and other service domains. This brief summary of the presentations and discussions at the workshop highlights the major issues raised by individual workshop participants, including suggestions for future discussion and action.”

Source: *Forum on Investing in Young Children Globally* *sign up for free account to download

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Health Workforce

[Recruitment and Retention of the Health Workforce in Europe](#)

“To add to the repository of good practices for efficient and sustainable health systems in the EU, the European Commission commissioned a study on the Recruitment and Retention of the Health Workforce. This study, published today, aims to identify and analyse effective strategies for recruiting and retaining health professionals to serve as inspiration for the development of organisational strategies and human resources policies in Europe.” *Source: European Commission*

[Rethinking the public health workforce](#)

“Investing in the wider workforce is imperative if we truly want to see a radical transformation and upgrade in prevention. To make health and wellbeing everyone’s business, we must ensure that many diverse sectors fully understand how they can or are already contributing to the health and wellbeing economy and ensure they are competent in doing so. Our vision is to develop a flexible workforce that is committed to promoting and protecting the health of the population, building on the great foundation already laid by the current active wider workforce.” *Source: Royal Society for Public Health*

[Understanding the wider public health workforce in England](#)

“Commissioned by Public Health England (PHE), Health Education (HEE) and the Department of Health (DH), this review of the wider public health workforce in England identifies the size and scope of this workforce, provides examples of its work and considers possible professional development needs for strengthening this important service. The report has found that at least 15 million people contribute to the public health agenda in England - ranging from police and fire personnel, to opticians and housing officers.” *Source: Centre for Workforce Intelligence*

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Nutrition, Physical Activity, & Obesity

[Rapid evidence review on the effect of physical activity participation among children aged 5 – 11 years](#)

“The aim of this rapid evidence review was to identify relevant literature on the physiological, psychological, social, and behavioural outcomes of physical activity participation among children aged 5 – 11 years, and provide an indication of the strength of the evidence for each outcome.” *Source: Public Health England*

[Food for thought: promoting healthy diets among children and young people](#)

“This report aims to highlight the need for comprehensive action to promote healthier diets among children and young people, and thus, reduce the substantial burden of diet-related ill health in the UK. It provides an overview of the population’s dietary patterns, the adverse

impact of a poor diet, and attitudes towards diet and health.” *Source: British Medical Association*

[Carbohydrates and Health](#)

“Dietary carbohydrates and their role in health were last considered by the Committee on the Medical Aspects of Food Policy (COMA) in reports published in the 1980s and 1990s. Since then, considerable evidence has emerged on the role of carbohydrates in cardio-metabolic, colo-rectal and oral health. In 2008, the Food Standards Agency and the Department of Health asked SACN to provide clarification of the relationship between dietary carbohydrates and health and to make public health recommendations. This report was prepared in response to this request.” *Source: Scientific Advisory Committee on Nutrition*

[Why 5%?](#)

“An explanation of the Scientific Advisory Committee on Nutrition’s recommendations about sugars and health, in the context of current intakes of free sugars, other dietary recommendations and the changes in dietary habits needed to reduce consumption of free sugars to 5% of dietary energy.” *Source: Scientific Advisory Committee on Nutrition*

[Obesity: prevention and lifestyle weight management in children and young people](#)

“This quality standard covers a range of approaches at a population level to prevent children and young people aged under 18 years from becoming overweight or obese. It includes interventions for lifestyle weight management. These statements are particularly relevant to local authorities, NHS organisations, schools and providers of lifestyle weight management programmes.” *Source: National Institute for Health and Care Excellence*

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Alcohol & Drugs

[Alcohol’s Harm to Others](#)

“Alcohol consumption can have a range of negative impacts on people other than the drinker, for example physical violence, road traffic accidents, relationship problems, financial difficulties, feeling scared in public places, or reporting negative impacts on children due to another person’s drinking. Known as alcohol’s harm to others, there is an increasing level of awareness of and research into the role of alcohol in negative health and social outcomes for the family, friends, co-workers, strangers and wider society. To date there has been relatively little research on alcohol’s harm to others in the UK and this research is a first step in filling this evidence gap.” *Source: Institute of Alcohol Studies*

[Alcohol, hurting people and harming communities: inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities](#)

“This report addresses strategies and treatments found to help in addressing the harmful use of alcohol in Aboriginal and Torres Strait Islander communities.” *Source: House of Representatives Standing Committee on Indigenous Affairs*

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public, and is not intended to address specific circumstances of any particular individual or entity.