



## A Collection of Recent NGO, Think Tank, and International Government Reports

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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 identify their key areas of interest. Email [library@health.govt.nz](mailto:library@health.govt.nz) to subscribe.

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### Public Health

#### [Antimicrobial resistance: designing a comprehensive macroeconomic modeling strategy](#)

"This study summarises the existing literature on the identified factors driving AMR and reviews the factors that have been considered in existing macroeconomic studies. The authors highlight the limitations in the available studies and suggest how those could be overcome via an economy-wide modelling approach that integrates the factors behind the evolution of AMR. They present three frameworks to conceptualise the economy-wide use of antimicrobials, the epidemiology of AMR, and how AMR affects the economy in a stylised economy embedded within a more extensive system." *Source: Brookings Institution*

#### [Preventing injuries and violence: an overview](#)

“This document, aimed at public health professionals; injury prevention researchers, practitioners and advocates; and donors, draws attention to specific strategies based on sound scientific evidence that are effective and cost-effective at preventing injuries and violence.” *Source: World Health Organization*

[Policy brief: Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#)

“The 2022 Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations outline a public health response to HIV, viral hepatitis and sexually transmitted infections (STIs) for 5 key populations (men who have sex with men, sex workers, people in prisons and other closed settings, people who inject drugs and trans and gender diverse people). The guidelines present and discuss new recommendations and consolidate a range of recommendations and guidance from current WHO guidelines which are summarised here in this policy brief.” *Source: World Health Organization*

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## **Health Quality & Safety**

[The economics of patient safety: From analysis to action](#)

“Building on previous OECD Health Working Papers on the economics of patient safety, this paper firstly provides an update on the health burden, and financial and economic cost of unsafe care. It then summarises the evidence on the cost-effectiveness and return on investment of various programmes and interventions to improve the safety of care across all care settings.” *Source: OECD*

[Implications of the COVID-19 pandemic for patient safety: a rapid review](#)

“The pandemic has emphasized the high risk of avoidable harm to patients, health workers, and the general public, and has identified a range of safety gaps across all core components of health systems at all levels. The rapid review ‘Implications of the COVID-19 pandemic for patient safety’ explores impacts that the COVID-19 pandemic did have on patient safety in terms of risks and avoidable harm, specifically in terms of diagnostic, treatment and care management related issues as well as highlights the main patterns of these implications within the broader health system context.” *Source: World Health Organization*

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## **Health of Older People**

[Bringing hospital care home: virtual wards and hospital at home for older people](#)

“This document summarises the current landscape of Virtual Wards from the perspective of healthcare for older people, and provides advice to BGS members looking to set up such services for older people living with frailty.” *Source: British Geriatrics Society*

[Alzheimer’s Disease and Related Dementias in Indigenous Populations: Knowledge, Needs, and Gaps](#)

“This report summarizes what is known about the knowledge, needs, and gaps of First Nations, Inuit, and Métis peoples and healthcare practitioners working in Indigenous communities related to dementias. It provides a review of First Nations, Inuit, and Métis understandings of dementias, their perceptions of healthy aging, and their preferences for care. It then provides an overview of the barriers and facilitators of knowledge translation and exchange about dementia care and management in Indigenous communities, followed by a summary of the knowledge needs and gaps related to dementia care in Indigenous settings. The paper concludes with a discussion of some considerations for developing culturally appropriate dementia resources in Indigenous communities, and some examples of existing dementia education, tools, and resources.” *Source: National Collaborating Centre for Indigenous Health*

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## **Child & Youth Wellbeing**

### [Te āniwaniwa takatāpui whānui: Te aronga taera mō ngā rangatahi | Sexual attraction and young people's wellbeing](#)

“This report highlights findings from the Youth19 Rangatahi Smart Survey about the health and wellbeing of same-sex and multiple-sex attracted students, students who are not sure of their sexual attractions, and students who do not experience sexual attractions.” *Source: Youth19: A Youth2000 Survey (New Zealand)*

### [Starting unequal: how's life for disadvantaged children?](#)

“Built using a series of key comparative indicators from the OECD Child Well being Dashboard, this paper examines how the wellbeing of children from disadvantaged backgrounds compares both across OECD countries and relative to their more advantaged peers. Results highlight how growing up at the bottom end of the socio-economic ladder leads to poorer outcomes in almost all well being areas, and how these wellbeing inequalities are rooted in the poorer environments that disadvantaged children face at home, in school and in the community.” *Source: OECD*

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## **Health Systems, Costs, & Reforms**

### [Investing in health systems to protect society and boost the economy](#)

“This report identifies a set of priority investment areas needed to strengthen health system resilience. It then produces order-of-magnitude estimates of the expected costs of such investments, drawing extensively from existing OECD data and analytical studies.” *Source: OECD*

### [Addressing backlogs and managing waiting lists during and beyond the COVID-19 pandemic](#)

“Restoring care to previous levels is not enough to overcome the backlogs but three broad groups of (overlapping) strategies are helping: Increasing workforce and staffing with new professional roles and competencies; flexible recruitment and training; and improved work conditions and compensation. Improving productivity, management of capacity and demand, separating planned and unplanned care; introducing tailored financial incentives; expanding access to telehealth; careful prioritization; and spreading patients to fit available capacity. Investing in capital, infrastructure and

new models of care, for example, by upgrading health facilities or digital infrastructure; investing in primary and community care; or expanding home care.” *Source: European Observatory*

#### [Patient-initiated follow-up: will it free up capacity in outpatient care?](#)

“With the number of outpatient hospital appointments in England recently as high as 125 million per year and a huge elective care backlog following the Covid-19 pandemic, patient-initiated follow-up on outpatient appointments has been touted as a potential solution in appropriate cases. But can it free up much-needed capacity while maintaining quality of patient experience and outcomes? As the NHS begins to expand its use of the approach, the NIHR RSET research team has conducted a first review of the available evidence.” *Source: Nuffield Trust (UK)*

#### [How to make change happen in general practice](#)

In this document [the authors] set out four principles drawn from this evidence to highlight how to make change happen. For each principle [the authors] describe why it matters, and what it might mean for those working in general practices and in ICSs. However, it is worth noting that these ideas would equally apply at a national or place level. *Source: King’s Fund (UK)*

#### [Providers in Place-Based Partnerships: Case Studies of Local Collaboration](#)

“This briefing aims to support the development of successful place-based partnerships by articulating the essential contributions of trusts – as one of several key partners – and exploring how trusts’ role at place might evolve over time. It sets out how trusts are involved in strategic place-based planning in partnership with others and in delivering joined up care.” *Source: NHS Providers*

#### [Changing lives, changing places, changing systems: making progress on social prescribing](#)

“This report explores what needs to happen to engage a wider set of stakeholders with planning, funding and delivering social prescribing services and the community activities, groups and services upon which they rely across places and within new integrated care systems.” *Source: National Voices (UK)*

#### [Community Power in Population Health Improvement](#)

“To explore issues related to community-driven power-building efforts to improve population health, the Roundtable on Population Health Improvement of the National Academies of Sciences, Engineering, and Medicine hosted a virtual public workshop, "Community Power in Population Health Improvement", on January 28 and 29, 2021. Participants discussed the different components and dimensions of community-led action around different population health improvement topics such as education, transportation, environmental health, healthy eating, and active living, among others. This Proceedings of a Workshop summarizes the presentations and discussion of the workshop.” *Source: National Academies Press*

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## **Health Technology**

#### [The roadmap to telehealth efficacy: care, health, and digital equities](#)

“In this paper, the authors propose flexibilities within the current health care system that accommodate the changes imposed by new technologies, as well as continued government

incentives to drive more competitive options and alternatives for health care delivery. In the end, they argue that government must continue to promote the use of remote health care and leverage national investments in broadband infrastructure to drive the complementary use of telehealth with traditional health care. The authors also propose that current modality flexibilities remain in place, especially as the nation undergoes efforts to close the digital divide. Finally, telehealth must be positioned and implemented in coordination with value-based payments to ensure patient access to meaningful care that can be bolstered and not substituted by existing and emerging health care technologies.” *Source: Brookings Institution*

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## **Disability & Social Care**

### [Developing our understanding of the difference co-production makes in social care](#)

“Co-production sets out a way of working where professionals and those who draw on services or those who are impacted by a decision work in equal partnership to develop services or make decisions to meet people’s needs. Increasingly, the values of co-production are being viewed as a way of developing services or agreeing decisions jointly that are innovative in meeting people's needs. As social care policy increasingly recognises the importance of co-production in implementing policy ambitions, there is an opportunity to deepen our understanding and knowledge about the difference co-production makes.” *Source: Social Care Institute for Excellence (UK)*

### [Towards a new partnership between disabled people and health and care services: getting our voices heard](#)

“Disabled people's voices need to be valued and prioritised in the planning and delivery of health and care services. This long read sets out the findings of research carried out by The King’s Fund and Disability Rights UK into how disabled people are currently involved in health and care system design, and what good might look like.” *Source: King’s Fund (UK)*

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## **Mental Health & Wellbeing**

### [Te tātari me te aroturuki i te wāhanga hauora hinengaro, waranga hoki / Assessing and monitoring the mental health and addiction system](#)

“He Ara Āwhina has intentionally been written to amplify the most important voices – tāngata whaiora and whānau as leaders of their wellbeing and recovery, and the system responding to their needs and aspirations.” *Source: Te Hiringa Mahara (New Zealand)*

### [Peer Support Services in Crisis Care](#)

“Peer support workers—also known as peers—are individuals with lived experience who have sustained recovery from a mental or substance use disorder, or both. They assist others entering or in recovery with reducing the recurrence of symptoms, more commonly known as relapse. Peers model recovery, promote shared understanding, focus on strengths, offer positive coping strategies, and provide information and resources.” *Source: SAMSHA (United States)*

### [Poverty, economic inequality and mental health](#)

“The Covid-19 pandemic is being accompanied by a substantial rise in demand for mental health services. Whilst investment in mental health services is vital, it is also necessary to tackle the factors that cause and worsen mental ill health in the first place. The evidence is clear that poverty, deprivation, and economic inequality are toxic to mental and physical health, and therefore policy makers should prioritise reducing them as an urgent public health necessity.” *Source: Centre for Mental Health (UK)*

### [Hospital-treated self-harm: Improving care through improved data](#)

This Issues Brief recommends establishing a clinical quality registry for hospital-treated self-harm as a recognised mechanism for linking data to improved care. The paper also highlights the need to build collaborative capacity within the sector to allow existing units with emerging self-harm clinical registry capability transform into a network of sentinel units. This will enhance existing self-harm surveillance and be a concrete step in building sector capability for a hospital-treated self-harm clinical quality registry. *Source: Deeble Institute (Australia)*

### [Understanding population mental health and substance use: An overview of current data](#)

“This brief report aims to increase awareness of the range of data and information available on mental health and substance use at the adult population level. It outlines what knowledge is provided by currently available data and its associated limitations.” *Source: Te Pou (New Zealand)*

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