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Knowledge for health

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

Issue 30, 2016, February

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

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## Health of Older People

### [Involving people with dementia in creating dementia friendly communities](#)

"This paper draws on discussions held at a Dementia Engagement and Empowerment Project (DEEP) networking event in Bradford to provide advice on involving people with dementia to help create dementia friendly communities." *Source: Dementia Engagement and Empowerment Project*

### [Measuring the Age-friendliness of Cities: A Guide to Using Core Indicators](#)

"Indicators are a useful tool for baseline assessments, target setting, monitoring and evaluation. Building upon its expertise in urban health metrics development, the WHO Kobe Centre produced a guide on using core indicators for assessing and monitoring the age-

friendliness of cities. The core indicators were selected through a process that involved desk-top research, expert consultations, field tests and peer review over a 3-year period.”  
*Source: WHO*

### **[Promising Practices in Long Term Care: Ideas Worth Sharing](#)**

“This book reports on the findings of an international team of 26 researchers and more than 50 graduate students who went to six countries in a search for promising practices in long term residential care for the elderly. It presents concrete examples of how long term care might be organized and undertaken in more promising ways that respect the needs of residents, families, workers and managers.” *Source: Canadian Centre for Policy Alternatives*

### **[Shifting Towards Autonomy: A Continuing Care Model for Canada](#)**

“Canada’s provinces can learn important lessons from the debates and reforms in other developed countries. A number of them have faced the same challenges but have been much more proactive in establishing a framework for supporting greater independence among the elderly. In doing so, they have recognized that shifting more services to the home and community is a key goal.” *Source: C.D. Howe Institute*

### **[Growing old together: Sharing new ways to support older people](#)**

“The aim of the Commission was to produce guidance for people involved in designing care for older people. As well as the experience of those involved with the Commission, it was informed by over 60 evidence submissions, a series of site visits to areas and organisations using innovative ways to deliver care, conversations with NHS Confederation members and patient and carer groups, and by a literature review, including other reports and guidance on older people’s care.” *Source: NHS Confederation*

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## **Quality & Safety**

### **[Infection prevention and control: lessons from acute care in England](#)**

“This learning report is based on the findings of a large research study that identified and consolidated published evidence about infection prevention and control initiatives. The researchers synthesised this with findings from qualitative case studies in two large NHS hospitals, including the perspectives of service users. The report considers what has been learned from the infection prevention and control work carried out over the last 15 years in hospitals in England. It looks at the lessons learned and outlines future directions for effective infection prevention and control.” *Source: Health Foundation*

### **[The case for investment in: A quality improvement programme to reduce pressure injuries in New Zealand](#)**

“The purpose of this project was to determine a value proposition for investment in a national quality improvement programme to reduce the incidence of Pressure Injuries (PI) in the New Zealand Health Sector.” *Source: KPMG*

### **[A Window on the Quality of New Zealand’s Health Care](#)**

“This report looks at currently available measures within a framework for understanding quality and considers ‘How good is New Zealand’s health care?’ It seeks to create debate

around the meaning and interpretation of the data presented, with a view to stimulating initiatives to improve our health and disability services.” *Source: Health Quality & Safety Commission New Zealand*

### **[Mortality and morbidity of pertussis in children and young people in New Zealand](#)**

“[This] report discusses how rates of whooping cough can be reduced by immunising women during pregnancy and improving education about the illness.” *Source: Health Quality & Safety Commission New Zealand*

### **[Health Workforce Regulation in the Western Pacific](#)**

"This report provides an overview of the status of the regulation of the health workforce across the Region. It relates only to regulatory regimes, not the overall functionality of each area or whether intended outcomes are being achieved. These are wider issues, beyond the scope of this initial review." *Source: WHO*

### **[Safe management of Expressed Breast Milk \(EBM\): a rapid review](#)**

"This evidence check review presents a summary of the evidence around how to safely manage expressed breast milk (EBM) in hospital, home and community settings." *Source: Sax Institute*

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## **Inequality**

### **[Efficiency, equity and equality in health and health care](#)**

"Three common "Es" have high ethical and political content for health policy: efficiency, equity and equality. This article examines the links between the three, with especial attention given to (a) the claimed conflict between efficiency and equity, (b) the equity of inequalities and (c) the conflict between six equity principles: equal health, equal health gain, equal value of additional health, maintaining existing distributions, allocation according to need and equal per capita resources." *Source: Centre for Health Economics*

### **[Going Social with the Systems Approach](#)**

"One of the outstanding challenges policy researchers face is to establish a deeper theoretical understanding of the connections between complex social determinants and health inequities. Better and more complete conceptual models could improve researchers' ability to quickly and effectively identify social problems, gather meaningful evidence, and support strategic policy responses. This think piece explores the significance of social dynamics as a social determinant of health." *Source: Wellesley Institute*

### **[Health Inequality and the A&E Crisis](#)**

"Despite their shorter lives, poorer people make more use of NHS services – especially emergency services. Many emergency admissions affect people with existing long term conditions – such as dementia, diabetes, respiratory and cardiovascular diseases – and could be prevented by more effective primary care or outpatient care." *Source: University of York Centre for Health Economics*

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## Health Systems, Costs, & Reform

### [Improving Diagnosis in Health Care](#)

“Improving Diagnosis in Health Care a continuation of the landmark Institute of Medicine reports *To Err Is Human* (2000) and *Crossing the Quality Chasm* (2001) finds that diagnosis—and, in particular, the occurrence of diagnostic errors—has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of *Improving Diagnosis in Health Care* contribute to the growing momentum for change in this crucial area of health care quality and safety.” *Source: Institute of Medicine*

### [On targets: How targets can be most effective in the English NHS](#)

*On targets: How targets can be most effective in the English NHS* explores how national targets can be used most effectively to improve the quality of care provided by the NHS in England. It builds on what is known about the impact of targets to identify good practice in designing and implementing new or improved targets. This report was informed by a review of existing evidence, research into public attitudes and engagement with clinicians and managers from across the NHS and from national organisations including those with expertise in setting, managing and reviewing targets. *Source: English NHS*

### [A zero cost way to reduce missed hospital appointments](#)

“Around 1 in 10 hospital outpatient appointments are missed every year in England. Missed appointments can lead to worse patient care and waste NHS resources. Many hospitals send patients a text message reminder before their appointment. These reminders are effective and cheap, but there is no evidence about what they should contain in order to minimise missed appointments. A randomised controlled trial tested the content of appointment reminders. The best form of words, which told the patients the specific waste to the NHS of not attending, reduced missed appointments by 23% compared to the standard message. This is an easy innovation for the NHS to apply. Cutting missed appointments at this rate across England’s hospitals could increase NHS productivity.” *Source: UK Department of Health*

### [Commissioning public services evidence review: Lessons for Australian public services](#)

“Despite being an unfamiliar term in the Australian context, commissioning has been a firm part of the UK public service agenda for about 20 years. This does not necessarily mean there is a substantial evidence base concerning this agenda, but there are some lessons from the UK experience that can inform attempts to adopt a commissioning approach in Australia. This report analyses commissioning evidence from the UK and other national jurisdictions, and derives four lessons from 16 findings.” *Source: Melbourne School of Government*

### [Realistic Medicine: Chief Medical Officer’s Annual Report 2014-15](#)

“The Chief Medical Officer Annual Report 2014 -2015 explores the challenges that face doctors today. Managing risk in healthcare is a universal challenge for doctors and other professionals. Doctors tread a difficult path, with the expectation that they will make robust decisions balanced against criticisms of being overly paternalistic. There is risk associated with every clinical decision, whether it is to do something, or do nothing. Beyond risk factors identified by statistical analysis there is no substitute for clinical experience. An early sign in burn out of doctors is their reduced ability to tolerate the anxiety of making risky decisions. Good risk management is also dependent on communication of risk with other services.”

*Source: NHS Scotland*

### **[The Role of Public-Private Partnerships in Health Systems Strengthening: Workshop Summary](#)**

“In June 2015, the National Academies of Sciences, Engineering, and Medicine held a workshop on the role of public-private partnerships (PPPs) in health systems strengthening. Participants examined a range of incentives, innovations, and opportunities for relevant sectors and stakeholders in strengthening health systems through partnerships; to explore lessons learned from previous and ongoing efforts with the goal of illuminating how to improve performance and outcomes going forward; and to discuss measuring the value and outcomes of investments and documenting success in partnerships focused on health systems strengthening. This report summarizes the presentations and discussions from the workshop.” *Source: Institute of Medicine*

### **[A model for Australian general practice: the Australian person-centred medical home](#)**

“The model aims to embed the concept of a Patient-Centred Medical Home (PCMH) within primary care that also incorporates a multimodal payment system for General Practice which aligns incentives with outcome-focused care.” *Source: Ernst & Young*

### **[Delivering a healthier future: How CCGs are leading the way on prevention and early diagnosis](#)**

“Focusing on prevention and early diagnosis, the case studies in this publication show that even in challenging times, CCGs are bringing together all the players in their local areas to drill down to the very essence of what populations want and need – and how it can be achieved.” *Source: NHS Clinical Commissioners*

### **[How healthcare systems can become digital-health leaders](#)**

“The potential of digitization is well understood, yet healthcare systems are struggling to convert ambition into reality.” *Source: McKinsey & Company*

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## **Nutrition, Physical Activity, & Obesity**

### **[Report of the Commission on Ending Childhood Obesity](#)**

“The Commission on Ending Childhood Obesity (ECHO) presented its final report to the WHO Director-General today culminating a two-year process to address the alarming levels of childhood obesity and overweight globally. The ECHO report proposes a range of recommendations for governments aimed at reversing the rising trend of children aged under 5 years becoming overweight and obese.” *Source: WHO*

### [Easier said than done - why we struggle with healthy behaviours and what to do about it](#)

“In 'Easier Said than Done', we set out some of the reasons why we might find it hard to live in a healthy way, exercising, eating well, getting adequate sleep, and checking for early warning symptoms. Perhaps most importantly, we look to the field of behavioural science for strategies that people can use to overcome those hurdles and to initiate lifestyle changes.”

*Source: Royal Society for the encouragement of Arts, Manufactures and Commerce*

### [Controversies in Obesity Management: A Technology Assessment](#)

“The purpose of this report for CTAF is to examine the comparative clinical effectiveness and comparative value of surgical-, device-, and medication-based treatments in relation to conventional weight-loss management as well as across intervention types. Special attention is also paid to studies conducted in individuals at lower levels of BMI (i.e., 25-35 kg/m<sup>2</sup>), a key area of uncertainty and controversy.” *Source: California Technology Assessment Forum*

### [Tipping the Scales: Why Preventing Obesity Makes Economic Sense](#)

“The report found that rising rates of obesity and overweight could lead to 700,000 new cancer cases in the UK, as well as millions of new cases of type 2 diabetes, coronary heart disease and stroke. This would cost the NHS an additional £2.5 billion a year by 2035 over and above what is already spent on obesity related disease. The report calls on the Government to introduce a 20p per litre tax on sugary drinks as well as a 9pm watershed ban on TV advertising of junk food as part of a comprehensive children’s obesity strategy.”

*Source: Cancer Research UK and UK Health Forum*

### [Introducing “activity equivalent” calorie labelling to tackle obesity](#)

“In the latest move to help tackle the UK's growing obesity crisis, RSPH is calling for the introduction of 'activity equivalent' calorie labelling on food and drink, which show how much activity would be required to burn off the calories contained in food and drink. RSPH proposes these labels take the form of prominent pictorial icons alongside existing front-of-pack information and it is hoped this would increase consumer awareness both of the calories contained within food and drink and the activity required to burn off the calories individuals consume. The call is included in a policy paper by RSPH which shows many people find current front-of-pack nutritional information confusing, with many suffering from 'information overload' when it comes to making healthy purchasing decisions.” *Source: UK Royal Society for Public Health*

### [Moving Toward Active Transportation: How Policies Can Encourage Walking and Bicycling](#)

“This research review summarizes evidence on the health benefits and safety of active travel, and examines policies and programs that can help increase active travel.” *Source: Active Living Research*

### [Obesity in adults: prevention and lifestyle weight management programmes](#)

“This quality standard covers ways of preventing adults (aged 18 and over) becoming overweight or obese and the provision of lifestyle weight management programmes for adults who are overweight or obese. Although local definitions vary, these programmes are usually tier 2 interventions covering lifestyle interventions that may include weight

management programmes, courses or clubs, and form one part of a comprehensive approach to preventing and treating obesity.” *Source: NICE*

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## **Public & Global Health**

### **[Bringing Public Health into Urban Revitalization: Workshop Summary](#)**

“On November 10, 2014, the Institute of Medicine's Roundtable on Environmental Health Sciences, Research, and Medicine held a workshop concerning the ways in which the urban environment, conceived broadly from factors such as air quality and walkability to factors such as access to fresh foods and social support systems, can affect health. Participants explored the various opportunities to reimagine the built environment in a city and to increase the role of health promotion and protection during the process of urban revitalization. Bringing Public Health into Urban Revitalization summarizes the presentations and discussions from this workshop.” *Source: Institute of Medicine*

### **[How can we best protect non-smokers from exposure to tobacco smoke?](#)**

“The regional evidence showing the impact of smoke-free legislation for the nine countries in the WHO European Region that meet the eligibility criteria for inclusion in this brief is presented in light of statements commonly made in connection with the proposed introduction of smoke-free legislation.” *Source: WHO*

### **[Drink wise, age well: alcohol use and the over 50s in the UK](#)**

“Drink Wise, Age Well is a major new programme of work which will address the challenges of alcohol-related harm in older adults. Based in five demonstration areas across the UK, but with learnings shared across the nation, we will look to raise awareness of the issue of alcohol-related harm among people over 50, change attitudes, combat stigmatisation, convey harm reduction messages and influence community norms about the use of alcohol. The programme will develop a body of evidence on how to prevent and reduce alcohol-related harm in people over 50 which will inform future practice in the UK.” *Source: International Longevity Centre – UK*

### **[Global Health Risk Framework: Pandemic Financing](#)**

“Since the 2014 Ebola outbreak many public- and private-sector leaders have seen a need for improved management of global public health emergencies. The effects of the Ebola epidemic go well beyond the three hardest-hit countries and beyond the health sector. Education, child protection, commerce, transportation, and human rights have all suffered. The consequences and lethality of Ebola have increased interest in coordinated global response to infectious threats, many of which could disrupt global health and commerce far more than the recent outbreak.” *Source: Institute of Medicine*

### **[Global Health Risk Framework: Governance for Global Health](#)**

“In order to explore the potential for improving international management and response to outbreaks the National Academy of Medicine agreed to manage an international, independent, evidence-based, authoritative, multistakeholder expert commission. As part of this effort, the Institute of Medicine convened four workshops in summer of 2015 to inform

the commission report. The presentations and discussions from the Governance for Global Health Workshop are summarized in this report.” *Source: Institute of Medicine*

### **[Aligning Incentives, Accelerating Impact: Next Generation Financing Models for Global Health](#)**

“This report addresses the how of next generation financing models—that is, the concrete steps needed to change the basis of payment from expenses to something else: outputs, outcomes, or impact.” *Source: Center for Global Development*

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## **Long-Term Conditions**

### **[Building the House of Care: How health economies in Leeds and Somerset are implementing a coordinated approach for people with long-term conditions](#)**

“This paper explores how the House of Care, a coordinated approach to personalised care and support planning, can transform the health and care of people with long-term conditions (LTCs). It contains case studies of evolving practice in Leeds and Somerset, both of whom are dedicated to a new way of working to support people with LTCs.” *Source: Health Foundation*

### **[2015 Report on Diabetes – Driving Change](#)**

“This report presents the most current Canadian national data available about people with diabetes and those at risk of developing type 2 diabetes, including data that describe the disparities in the burden of disease and access to supports as related to social determinants of health. Four policy priorities are highlighted in the report for immediate action: 1) prevention of diabetes and its complications in Aboriginal communities; 2) reduction of stigma related to diabetes; 3) support for children with diabetes in school; and 4) improved diabetes foot care.” *Source: Canadian Diabetes Association*

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## **Child, Youth, & Maternal Health**

### **[Children’s exposure to domestic and family violence: Key issues and responses](#)**

“This paper examines the literature assessing children’s exposure to domestic and family violence, and findings that domestic and family violence can affect children’s behaviour, schooling, cognitive development, mental and physical wellbeing, and is the leading cause of homelessness for children. Children who grow up in families where domestic and family violence occur are also more likely to experience other forms of child abuse, such as sexual, physical and emotional abuse/maltreatment. The effects of such multi-victimisation require attention in policy, practice and research.” *Source: Child Family Community Australia*

### **[Child Poverty Monitor: Technical Report](#)**

“The Child Poverty Monitor and this Technical Report provide data on a set of indicators that assess aspects of child poverty in New Zealand and their implications for child wellbeing. In it are data on income and non-income measures of poverty, including measures that reflect increasing levels of severity. Other data include indicators related to health, living conditions, education, and a selection of economic measures used to assess how well we are doing as



a nation that are relevant to the wellbeing of children and their families.” *Source: Child Poverty Monitor*

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## **Cancer & Palliative Care**

### **[Cannabis and Cannabinoids—for health professionals](#)**

“This complementary and alternative medicine (CAM) information summary provides an overview of the use of Cannabis and its components as a treatment for people with cancer - related symptoms caused by the disease itself or its treatment.” *Source: National Cancer Institute*

### **[Statement on consumption of alcoholic beverages and risk of cancer](#)**

“The Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment (COC), is a UK committee of independent experts which advises the Department of Health, the Food Standards Agency and other government departments and agencies on the likelihood of cancer of chemicals found in food, consumer products and the environment. The COC has previously looked at whether drinking alcohol in alcoholic beverages causes cancer, and in 2013 it decided to look at the new evidence.” *Source: Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment*

### **[PSA testing and early management of test-detected prostate cancer](#)**

“The measurement of Prostatic Specific Antigen (PSA) concentration in the blood has become the primary method of testing for prostate cancer. However, PSA is not specific to cancer and thus is not a reliable marker for presence of the disease. Currently, the only way to diagnose prostate cancer is to perform a biopsy, and even biopsy is not perfect in finding prostate cancer when it is present.” *Source: Prostate Cancer Foundation of Australia*

### **[Working together to transform end of life care in acute hospitals](#)**

“This E-publication contains presentations, film clips and useful resources from the 'Working Together to Transform end of life care in acute hospitals' national conference held in November 2015.” *Source: NHS Improving Quality*

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## **Disability & Social Care**

### **[Progress Report on Think Autism: the updated strategy for adults with autism in England](#)**

“The focus of the work outlined in Think Autism, the update to the 2010 autism strategy, was to improve outcomes for people with autism by developing policies that helped local implementation. It crossed many government departments and agencies: from health and social care to employment, education and criminal justice. This progress report sets autism and the aims of Think Autism in the context of government reform.” *Source: HM Government*

### **[Think autism: Examples of how local councils support people with autistic spectrum conditions to live fulfilling lives within their local communities](#)**

“These case studies have been written by councils for councils, so that the good practice and ideas in one area can be shared with others. They are presented from the council’s perspective.” *Source: Local Government Association*

### [Hidden Voices of Maternity: Parents With Learning Disabilities Speak Out](#)

“CHANGE AND PEN worked together supported by NHS England to give a platform to the seldom-heard voice of parents with learning disabilities in order to improve the maternity experience for parents with learning disabilities for this group of parents.” *Source: NHS England*

### [Promoting rights and community living for children with psychosocial disabilities](#)

“Institutionalization causes physical and psychological harm to many children worldwide. This report focuses on children who have psychosocial disabilities and describes the human rights violations they experience in institutions. The report underscores the urgent need for countries to make a policy shift from placing children in institutional settings to providing them with a range of services and support in the community.” *Source: WHO*

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## **Health Research**

### [The role of case studies as evidence in public health](#)

“Case studies capture local knowledge of programmes and services, and illustrate processes and outcomes that cannot be captured in other ways, and this is what makes them valuable. They would benefit from guidelines and templates to improve the format, replicability and assessment and they would benefit from a higher rating in evidence hierarchies as they often describe complex interventions, implementation and different contexts.” *Source: UK Health Forum*

### [Understanding the policy cycle and knowledge translation for researchers \(A researcher’s guide\)](#)

“This RESEARCH ROUNDup introduces knowledge translation, suggests avenues where research evidence can inform different stages of the policy cycle, and provides some practical tips for researchers.” *Source: Primary Health Care Research & Information Service*

### [Using Outcome Indicators to Improve Policies - Methods, Design Strategies and Implementation](#)

“This paper discusses the use of outcome indicators for policy monitoring. In addition to providing general recommendations on their design and implementation, it makes two contributions to the existing literature. First, it shows the importance of distinguishing outcome indicators from other types of indicators and demonstrates the need to develop clear policy objectives as a prerequisite for meaningful outcome indicators. Second, it analyses the use of outcome indicators in specific settings; on the sub-national level, in multi-level governance frameworks and in the context of EU cohesion policy.” *Source: OECD*

### [Rapid Evidence Reviews for Health Policy and Practice](#)

“Health policymakers in the United States and elsewhere are increasingly interested in making evidence-based policy decisions, but require assistance navigating the large volume of material in peer-reviewed and grey literature. This trend has led many organizations to identify methods for producing high-quality evidence reviews faster than traditional systematic reviews to accommodate policymakers’ timeframes. After examining several existing rapid evidence review program models and the insights of experienced evidence reviewers, we find that there are methodological and organizational strategies that may help organizations produce rapid reviews that are high quality, timely, and relevant to policymakers’ decisions.” *Source: Academy Health*

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