# Grey Matter Bulletin Image

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

Issue 35, 2016, July

Welcome to Grey Matter, the Ministry of Health Library’s Grey Literature Bulletin. In each issue, we provide access to a selection of the most recent NGO, Think Tank, and International Government reports that are relevant to the health context. The goal of this newsletter is to facilitate access to material that may be more difficult to locate (in contrast to journal articles and the news media). Information is arranged by topic, allowing readers to quickly hone in on their key areas of interest. Email [library@moh.govt.nz](mailto:library@moh.govt.nz?subject=I%20would%20like%20to%20subscribe%20to%20Grey%20Matter.) to subscribe.

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## Health of Older People

### [The interface between dementia and mental health: an evidence review](https://www.mentalhealth.org.uk/sites/default/files/Dementia%20paper.pdf)

“While there has been considerable and welcome attention in the area of dementia over recent years, the mental health of people in later life, and specifically the complex relationship between dementia and mental health problems, is a neglected area in public discourse, policy and service provision. In this paper [the authors] explore the relationship between dementia, mental health and mental health problems.” *Source: UK Mental Health Foundation*

### [The experiences, needs and outcomes for carers of people with dementia: Literature Review 2016](http://www.thersas.org.uk/wp-content/uploads/2016/04/RSAS-ADS-Experiences-needs-outcomes-for-carers-of-people-with-dementia-Lit-review-2016.pdf)

“This literature review provides an up-to-date review concerning the evidence on the experience of and the needs associated with living with dementia and caring for a person with dementia. Specifically, the review considers the implications that caregiving have for the person/family member involved in caregiving and the person with dementia; factors that protect or increase the risk of poor outcomes in caregiving; the evidence for interventions to support family caregiving and reduce the risk of poor outcomes and how this delivered in relation to information and education, multi-component, psycho-educational interventions, psychological interventions, peer support and other social interventions and assistive technology and new media. In addition, the review examines what form of service provision is required to support family caregivers, who are the recipients of the service and how family caregivers can be supported to engage with the service.” *Source: Royal Surgical Aid Society*

### [Starting the innovation age: baby boomers’ perspectives on what it takes to age well](http://apo.org.au/files/Resource/ia-report-24-5-web.pdf)

“A great deal of research has already been carried out about what it means to ‘age well’. Much of this research outlines some big themes that are believed to help people to remain well and active into older age. [The authors] wanted to hear what these themes mean in the context of people’s lives. And we wanted to hear about what happens when people don’t have experiences of, or don’t have opportunities to ‘age well’.” *Source: Australian Centre for Social Innovation*

### [Dementia, Equity and Rights](http://www.raceequalityfoundation.org.uk/sites/default/files/publications/downloads/Dementia%20report%20SCREEN_0.pdf)

“'Dementia, Equity, and Rights' flags up issues where the risk and prevalence of dementia may vary for different groups and how access and provision of services must take into account the needs of particular groups such as the oldest old, young onset, people with disabilities, black and minority ethnic people (BME), women, lesbian, gay, bisexual and transgender people (LGB&T), and different socio-economic populations. The publication recommends readers to view dementia as a disability and to take a social/rights based approach to the way we respond to dementia.” *Source: Race Equality Foundation*

### [Evidencing the impact of and need for Acting Up](https://www.mentalhealth.org.uk/publications/evidencing-impact-and-need-acting)

“Established in Northern Ireland in 2011 by the arts organisation, Kaleidoscope, Acting Up offers opportunities for older adults to get involved in creative activities, specifically the performing arts. A limited but emerging evidence base suggests that involvement in creative arts can lead to significant improvements in: memory, problem solving, and physical and mental wellbeing. It also provides an opportunity for meaningful social interaction. This report explores the impact of participation in Acting Up on the older adults involved and the need for the Acting Up project to be rolled out across the UK.” *Source: Mental Health Foundation*

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## Public Health

### [Antibiotic Stewardship Playbook](http://www.qualityforum.org/Publications/2016/05/Antibiotic_Stewardship_Playbook.aspx)

“The Playbook is designed to help hospitals and health systems strengthen existing antibiotic stewardship initiatives or create antibiotic stewardship programs from the ground up. Based on CDC’s Core Elements of Hospital Antibiotic Stewardship Programs, NQP’s Playbook offers practical strategies for implementing high-quality antibiotic stewardship programs in hospitals nationwide.” *Source: National Quality Forum*

### [Understanding research on risk and protective factors for intimate partner violence](https://nzfvc.org.nz/sites/nzfvc.org.nz/files/NZFVC-issues-paper-10.pdf)

“The aims of this paper are to: Present some of the conceptual models that have guided exploration of risk and protective factors, provide an understanding of the characteristics of the research that has led to the identification of the factors related to IPV experience, highlight the challenges involved with the measurement of risk and protective factors for IPV, counter misconception that there may be any one true cause of IPV, and underscore the need for a comprehensive, multi-pronged strategy to addressing IPV within New Zealand.” *Source: New Zealand Family Violence Clearinghouse*

### [Eliminating the Public Health Problem of Hepatitis B and C in the United States: Phase One Report](http://www.nap.edu/catalog/23407/eliminating-the-public-health-problem-of-hepatitis-b-and-c-in-the-united-states?utm_source=NAP+Newsletter&utm_campaign=27ab8cbb65-NAP_mail_new_2016_06_07&utm_medium=email&utm_term=0_96101de015-27ab8cbb65-102579513&goal=0_96101de015-27ab8cbb65-102579513&mc_cid=27ab8cbb65&mc_eid=887bc22fe0)

“The world now has the tools to prevent hepatitis B and cure hepatitis C. Perfect vaccination could eradicate HBV, but it would take two generations at least. In the meantime, there is no cure for the millions of people already infected. Conversely, there is no vaccine for HCV, but new direct-acting antivirals can cure 95 percent of chronic infections, though these drugs are unlikely to reach all chronically-infected people anytime soon. This report, the first of two, examines the feasibility of hepatitis B and C elimination in the United States and identifies critical success factors. The phase two report will outline a strategy for meeting the elimination goals discussed in this report.” *Source: National Academies Press*

### [Approaches and issues in valuing the costs of inaction of air pollution on human health](http://www.oecd-ilibrary.org/environment/approaches-and-issues-in-valuing-the-costs-of-inaction-of-air-pollution-on-human-health_5jlww02k83r0-en)

“This paper presents a review of existing approaches to estimate the costs of inaction, as well as the benefits of policy action, for air pollution. It focuses primarily on health impacts from air pollution. The paper presents the "impact pathway approach", which includes various steps in the analysis of the costs of air pollution. These include quantifying emissions, calculating the concentrations of the pollutants, applying epidemiologic studies to calculate the physical health effects and applying valuation methods to calculate the economic costs of the health impacts. The report also reviews applications of the impact pathway approach to applied economic studies that aim at calculating the macroeconomic costs of air pollution. It proposes possible approaches for including the feedbacks from the health impacts of air pollution in an applied economic framework.” *Source: OECD*

### [Regional action plan for violence and injury prevention in the Western Pacific : (2016-2020)](http://iris.wpro.who.int/bitstream/handle/10665.1/13048/9789290617549_eng.pdf)

“This action plan for the Western Pacific recommends immediate and sustainable steps to reduce high national burdens of violence and injuries and highlights the importance of intersectoral partnership. The plan outlines strategic actions and establishes regional targets to be achieved by 2020.” *Source: WHO*

### [AURA 2016 – First Australian report on antimicrobial use and resistance in human health](http://www.safetyandquality.gov.au/wp-content/uploads/2016/06/AURA-2016-First-Australian-Report-on-Antimicroibal-use-and-resistance-in-human-health.pdf)

“AURA 2016: first Australian report on antimicrobial use and resistance in human health provides the most comprehensive picture of antimicrobial resistance (AMR), antimicrobial use (AU) and appropriateness of prescribing in Australia to date. It sets a baseline that will allow trends to be monitored over time. AURA 2016 also highlights areas where future work will inform action to prevent the spread of AMR.” *Source: Australian Commission on Safety and Quality in Health Care*

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## Mental Health & Addiction

### [Making the Case for Investing in Mental Health in Canada](http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf)

“The Case for Investing in Mental Health in Canada offers several key economic and population impact arguments for investing in mental health. It offers a few illustrative examples of the evidence on how new investments in the recommendations outlined in the Mental Health Strategy for Canada can make a difference.” *Source: Mental Health Commission of Canada*

### [Establishing the connection: interventions linking service responses for sexual assault with drug or alcohol use/abuse: final report](http://apo.org.au/files/Resource/anrows_establishingtheconnectionhorizons_may_2016.pdf)

“This study examined the intersections between alcohol and other drug (AOD) use and sexual victimisation and trauma, how both support sectors currently work together, and how they can respond more effectively to the needs of those affected.” *Source: Australia’s National Research Organisation for Women’s Safety*

### [Relationships in the 21st century: the forgotten foundation of mental health and wellbeing](https://www.mentalhealth.org.uk/sites/default/files/relationships-in-21st-century-summary-may-2016.pdf)

“Extensive evidence shows that having good-quality relationships can help us to live longer and happier lives with fewer mental health problems. Having close, positive relationships can give us a purpose and sense of belonging. Loneliness and isolation remain the key predictors for poor psychological and physical health. Having a lack of good relationships and long-term feelings of loneliness have been shown by a range of studies to be associated with higher rates of mortality, poor physical health outcomes and lower life satisfaction.” *Source: Mental Health Foundation*

### [More than shelter: Supported accommodation and mental health](http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/More_than_shelter_pdf.pdf)

“This report reviews evidence about supported housing services for people with mental health problems in England. It finds that there is very limited evidence about what kinds of support are most effective for people with mental health problems but that most people prefer help in their own homes to being in sheltered or transitional accommodation, with access to a wide range of support at home.” *Source: Centre for Mental Health*

### [Rapid Synthesis: Examining the Impact of and Approaches to Addressing the Needs of People Living with Mental Health Issues](https://www.mcmasterhealthforum.org/docs/default-source/Product-Documents/rapid-responses/examining-the-impact-of-and-approaches-to-addressing-the-needs-of-people-living-with-mental-health-issues.pdf?sfvrsn=2)

“Mental health presents one of the highest disability burdens on the planet, but it has not historically received a corresponding amount of attention in research and policy arenas. Developing mental health strategies and other policies with an understanding of what the research evidence on the issue says will help strengthen the policy actions being taken in the area, and could lead to improved population mental health and better outcomes for people living with mental health issues.” *Source: McMaster Health Forum*

### [Borderline Personality Disorder: Exploring the lived experiences of ACT women and service providers](http://www.wchm.org.au/wp-content/uploads/2015/02/Not-a-Label.-More-than-a-Diagnosis-Borderline-Personality-Disorder-Exploring-the-Lived-Experiences-of-ACT-Women-and-Service-Providers.pdf)

“This research investigated the experiences of women with lived experiences of being diagnosed or labelled with Borderline Personality Disorder in the ACT and the experiences of service providers who helped and supported them.” *Source: Women's Centre for Health Matters Inc.*

### [Better Mental Health For All: A public health approach to mental health improvement](http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7201566_HMP%202016-06-17&dm_i=21A8,4ACRI,FLWRH5,FQF7T,1)

“This report focuses on what can be done individually and collectively to enhance the mental health of individuals, families and communities by using a public health approach. It is intended as a resource for public health practitioners to support the development of knowledge and skills in public mental health. It presents the latter from the perspective of those working within public health, giving valuable interdisciplinary perspectives that focus on achieving health gains across the population.” *Source: Mental Health Foundation*

### [Taking a new line on drugs](http://www.rsph.org.uk/filemanager/root/site_assets/our_work/areas_of_work/tanlod/RSPH-TANLOD-Pages.pdf)

“From a public health perspective, the purpose of a good drugs strategy should be to improve and protect the public’s health and wellbeing by preventing and reducing the harm linked to substance use, whilst also balancing any potential medicinal benefits. RSPH is calling for the UK to consider exploring, trialling and testing such an approach, rather than one reliant on the criminal justice system.” *Source: Royal Society for Public Health*

### [Cardiovascular disease risk and management in people who experience serious mental illness: an evidence review](http://www.tepou.co.nz/resources/cardiovascular-disease-risk-and-management-in-people-who-experience-serious-mental-illness-an-evidence-review/741)

“People who experience serious mental illness (SMI), particularly schizophrenia, have significantly reduced life expectancy and a premature mortality rate two to three times higher than the general population. It is estimated that cardiovascular disease (CVD) accounts for 40 to 50 per cent of this excess mortality. However people diagnosed with SMI are not specifically mentioned in New Zealand guidelines for assessing and managing cardiovascular risk.” *Source: Te Pou*

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## Tobacco Control

### [Plain Packaging of Tobacco Products: Evidence, Design, and Implementation](http://apps.who.int/iris/bitstream/10665/207478/1/9789241565226_eng.pdf)

"In 2012, Australia became the first country to implement laws requiring plain (standardized) packaging of tobacco products. Since then, France, Ireland and the United Kingdom of Great Britain and Northern Ireland have passed laws and other countries have initiated legislative processes. This publication describes the purposes of implementing plain packaging as part of a comprehensive approach to tobacco control, the evidence base justifying the measure and developments at the country level, before offering recommendations to countries considering implementing plain packaging." *Source: WHO*

### [Youth and tobacco in the Western Pacific Region : global youth tobacco survey 2005-2014](http://iris.wpro.who.int/handle/10665.1/13297)

"This report presents results of GYTS (Global Youth Tobacco Survey) in 23 countries to present an overview of the status of youth tobacco use in the Western Pacific Region, to encourage continuous monitoring of tobacco-related data and to help countries in designing tobacco control and prevention programmes for youth." *Source: WHO*

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## Primary Care

### [Evidence check: commissioning primary health care](http://apo.org.au/files/Resource/commissioning-primary-health-care_1.pdf)

“This Evidence Check review examines the evidence on the types of commissioning that support best value investment for primary care, with a particular focus on the primary-acute interface and chronic disease management.” *Source: Sax Institute*

### [Supporting the development of community pharmacy practice within primary care](http://www.nhsalliance.org/wp-content/uploads/2016/06/Supporting-the-Development-of-Community-Pharmacy-Practice-within-Primary-Care-NEW-LOGO.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7228209_HMP%202016-06-24&dm_i=21A8,4AXBL,FLWRH5,FTP76,1)

“Much has been written recently about how clinical pharmacists can work within GP Practices to improve access for patients by reducing pressure on an ever-dwindling number of GPs. Clinical pharmacists in GP Practices appear to be viewed at the cavalry appearing over the horizon. The co-location of pharmacies within health centres is also seen by some as the universal place for patients to be dispensed their medication, as if purely co-locating disparate services in the same building automatically leads to fully integrated care. These two viewpoints miss the very important role played by retail pharmacy on our high streets and in our supermarkets. Patients, on the whole, feel far more comfortable walking into a high street shop rather than into a health facility. It is also one of the only places where a person can walk in and ask to speak directly to a health care professional. Yet we are increasingly moving this clinical workforce into GP Practices, where patients have to run the gauntlet of receptionists and appointment systems in the name of “improving access”.” *Source: New NHS Alliance*

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## Nutrition, Physical Activity & Obesity

### [Obesity in the Early Childhood Years: State of the Science and Implementation of Promising Solutions: Workshop Summary](http://www.nap.edu/catalog/23445/obesity-in-the-early-childhood-years-state-of-the-science?utm_source=NAP+Newsletter&utm_campaign=27ab8cbb65-NAP_mail_new_2016_06_07&utm_medium=email&utm_term=0_96101de015-27ab8cbb65-102579513&goal=0_96101de015-27ab8cbb65-102579513&mc_cid=27ab8cbb65&mc_eid=887bc22fe0)

“To explore what is known about effective and innovative interventions to counter obesity in young children, the National Academies of Sciences, Engineering, and Medicine’s Roundtable on Obesity Solutions held a workshop in October 2015. The workshop brought together many of the leading researchers on obesity in young children to describe the state of the science and potential solutions based on that research. Participants explored sustainable collaborations and new insights into the implementation of interventions and policies, particularly those related to nutrition and physical activity, for the treatment and prevention of obesity in young children. Obesity in the Early Childhood Years summarizes the presentations and discussions from the workshop.” *Source: National Academies Press*

### [Ambitious, SMART commitments to address NCDs, overweight and obesity](http://www.wcrf.org/sites/default/files/SMART-Advocacy-Brief-WCRFI-NCDA-EN.pdf)

“To support governments as they develop national food and nutrition plans and targets, World Cancer Research Fund International and NCD Alliance have produced a new policy brief. The brief translates the recommendations of the Framework for Action (an outcome document of the Second International Conference on Nutrition, ICN2) into financial and political commitments that are SMART: Specific, Measurable, Achievable, Relevant and Time-bound. As far as possible, also identified are so-called ‘double-duty actions’ which have the potential to prevent both undernutrition and overweight & obesity.” *Source: World Cancer Research Fund International and NCD Alliance*

### [The impact of taxation and signposting on diet: an online field study with breakfast cereals and soft drinks](http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP131_taxation_signposting_diet_breakfast_cereals_soft_drinks.pdf)

The authors “present a large scale study where a nationally representative sample of 1,000 participants were asked to make real purchases within an online supermarket platform. The study captured the effect of price changes, and of the signposting of such changes, for breakfast cereals and soft drinks. [The authors] find that such taxes are an effective means of altering food purchasing, with a 20% rate being sufficient to make a significant impact. Signposting represents a complementary nudge policy that could enhance the impact of the tax without imposing severe welfare loss, though the effectiveness may depend on the product category.” *Source: Centre for Health Economics*

### [2016 Global Nutrition Report](http://globalnutritionreport.org/the-report/)

“The Global Nutrition Report is the only independent and comprehensive annual review of the state of the world’s nutrition. It is a multipartner initiative that holds a mirror up to our successes and failures at meeting intergovernmental nutrition targets. It documents progress on commitments made on the global stage, and it recommends actions to accelerate that progress. The Global Nutrition Report aims to be a beacon, providing examples of change and identifying opportunities for action. This year’s report focuses on the theme of making—and measuring— SMART commitments to nutrition and identifying what it will take to end malnutrition in all its forms by 2030.” *Source: Global Nutrition Report*

### [Who’s feeding the kids online? Digital Food Marketing and Children in Ireland](http://www.irishheart.ie/media/pub/advocacy/web__whos_feeding_the_kids_online_report_2016.compressed.pdf)

“Digital media have fundamentally changed marketing, and evidence from marketers and digital platforms indicates that online methods increase the impact of marketing, including for unhealthy foods. Digital marketing can target children using sophisticated analytics, as opposed to broadcast TV advertising which can only rely on a scattergun effect. Whereas anyone can inspect ads that are shown on TV, the targeted nature of digital marketing means that parents and policymakers are unaware of who is feeding our kids online.” *Source: Irish Heart Foundation*

### [Canadian 24-hour movement guidelines for children and youth: An Integration of Physical Activity, Sedentary Behaviour, and Sleep](https://www.participaction.com/sites/default/files/downloads/participaction-24hguidelines-05-17en.pdf)

“These guidelines are relevant to apparently healthy children and youth (aged 5–17 years) irrespective of gender, race, ethnicity, or the socio-economic status of the family. Children and youth are encouraged to live an active lifestyle with a daily balance of sleep, sedentary behaviours, and physical activities that supports their healthy development.” *Source: ParticipACTION*

### [Sugar and Health Policy](http://researchbriefings.files.parliament.uk/documents/POST-PN-0530/POST-PN-0530.pdf)

“This POSTnote summarises the health risks associated with eating a diet high in sugar and outlines the policy options that might best enable people to limit their sugar consumption.” *Source: UK Houses of Parliament*

### [WHO Estimates of the Global Burden of Foodborne Diseases](http://apps.who.int/iris/bitstream/10665/199350/1/9789241565165_eng.pdf?ua=1)

“This is the most comprehensive report to date estimating the global burden of foodborne diseases. This helps address the lack of data on one of the leading causes of preventable illness and death worldwide. The report includes estimates of the burden of foodborne diseases caused by 31 bacteria, viruses, parasites, toxins and chemicals. The estimates are based on the best available data at the time of reporting, and identified data gaps were filled using imputation, assumptions and other methods.” *Source: WHO*

### [The Child’s Obesity Strategy. How our young people would solve the childhood obesity crisis](https://www.rsph.org.uk/download.cfm?docid=2D739A14-9944-4C72-B38D942310F756C7)

“A new report, published by RSPH, the Youth Health Movement and Slimming World, is calling for a ban on fast food takeaway deliveries to schools and the introduction of new initiatives such as film-style classifications on unhealthy food and a loyalty card to reward healthy food choices, as part of a raft of ideas put forward by young people to tackle the childhood obesity epidemic.” *Source: RSPH, the Youth Health Movement and Slimming World*

### [Monitoring the health impacts of mandatory folic acid and iodine fortification 2016](http://apo.org.au/files/Resource/aihw_monitoringthehealthimpactsofmandatoryfolicacidandiodinefortification2016_jun_2016.pdf)

“This report assesses the health effects of mandatory folic acid and iodine fortification, introduced to help reduce the prevalence of neural tube defects and address the re- emergence of iodine deficiency in the population.” *Source: Australian Institute of Health and Welfare*

### [The Impact of the First 1,000 Days on Childhood Obesity](http://healthyeatingresearch.org/wp-content/uploads/2016/03/her_1000_days_final-1.pdf)

“The first 1,000 days, or the period from conception through age 2, is increasingly recognized as a critical period for the development of childhood obesity and its adverse consequences. This issue brief is based on two review papers that examined evidence on risk factors for developing childhood obesity and interventions that could prevent childhood obesity later in life. The evidence is presented on risk factors from conception to delivery, and from birth through age 2.” *Source: Healthy Eating Research*

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## Health Systems, Costs & Reform

### [Leadership in the NHS: Thoughts of a newcomer](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Thoughts_of_a_Newcomer.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7201566_HMP%202016-06-17&dm_i=21A8,4ACRI,FLWRH5,FOFZC,1)

“Marcus Powell joined The King’s Fund earlier this year as Director of Leadership and Organisational Development, having spent his whole career outside the NHS in the private sector. This paper contains his initial observations about leadership in the NHS.” *Source: King’s Fund*

### [Stepping up to the place: The key to successful health and care integration](http://www.nhsconfed.org/~/media/Confederation/Files/Publications/Documents/Stepping%20up%20to%20the%20place_Br1413_WEB.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7201566_HMP%202016-06-17&dm_i=21A8,4ACRI,FLWRH5,FQ8AJ,1)

“The imperative to integrate and transform has never been greater – from finding ways to organise services around the demands of a population with more complex and chronic health and social needs, to responding to the extremely challenging financial context for the NHS and local government. Integration is not an answer in itself, or a panacea for the system’s financial challenges. Its primary purpose is to shift the focus of health and care services to improving public health and meeting the holistic needs of individuals, of drawing together all services across a ‘place’ for greatest benefit, and of investing in services which maximise wellbeing throughout life.” *Source: NHS Confederation*

### [Improving Health System Efficiency in Canada: Perspectives of Decision-Makers](https://secure.cihi.ca/free_products/improving_health_system_efficiency_en.pdf)

“In this qualitative case study, decision-makers from 2 provinces -- British Columbia and Nova Scotia -- reflect on the main actions they have taken and the challenges they face in improving health system efficiency. This study builds on previous work from CIHI's health system efficiency project.” *Source: Canadian Institute for Health Information*

### [Universal Health Coverage: Moving Towards Better Health](http://iris.wpro.who.int/bitstream/handle/10665.1/13371/9789290617563_eng.pdf)

"The framework supports Member States to develop their own UHC [Universal Health Coverage] road maps by tailoring a group of interconnected actions as part of their national health policy and planning processes. To that end, the framework identifies 15 action domains under five interrelated attributes of a high-performing health system: quality, efficiency, equity, accountability, and sustainability and resilience." *Source: WHO*

### [Social Entrepreneurial Pathways to a Culture of Wellbeing](https://issuu.com/ashokachangemakers/docs/ashoka-rwjf-report-final?e=11988819/36140481&utm_campaign=RWJF+Wellbeing+Mapping&utm_source=hs_automation&utm_medium=email&utm_content=28671776&_hsenc=p2ANqtz-954xKht3fL2i2-yH6Qwv_AuBsmO3ERPksFHiVIjqBEkYk_9JfeZCMnsQcX3UDmK-YMM2uQuiT1VRPLadzkpMKgcTwOouRq2ohf4y4-ULX-zny_Xlo&_hsmi=28671776)

“Get insights into the work Ashoka Fellows are doing to create a culture of wellbeing… Ashoka is the world’s largest network of social entrepreneurs with over 3,200 leading social innovators in 84 countries. Ashoka Changemakers convenes and connects high potential changemakers, their ideas, and their resources to exponentially accelerate social change so that it sweeps through systems, tipping the attitudes and behavior of individuals and institutions. Changemakers builds on Ashoka’s three-decade history to advance an “everyone a changemaker” world where people gain the skills and resources they need to collaborate on solving complex social problems.” *Source: Changemakers Learning Lab*

### [Voluntary health insurance in Europe: role and regulation](http://www.euro.who.int/en/about-us/partners/observatory/publications/studies/voluntary-health-insurance-in-europe-role-and-regulation?utm_source=WHO%2FEurope+mailing+list&utm_campaign=122892240a-voluntary_health_insurance6_13_2016&utm_medium=email&utm_term=0_60241f4736-122892240a-104992029)

“If public resources were unlimited, there would be no gaps in health coverage and no real need for voluntary health insurance (VHI). Most health systems face fiscal constraints, however, and VHI is often seen as a way to address these pressures. This study draws from the experiences of 34 countries to assess VHI's contribution to health spending and to understand its role in Europe and in relation to publicly financed coverage. It looks at who sells VHI, who purchases it and why. It also reviews public policy on VHI at the national and European Union (EU) levels and the related national policy debates.” *Source: European Observatory on Health Systems and Policies*

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## Health Information & Technology

### [Personal Health Record (PHR) – Final Report](https://www.rcplondon.ac.uk/file/3738/download?token=lPb9TkQE)

“The aim of the landscape review is to collate information about the current status of PHR [Personal Health Record] activity and best practice across the NHS, evidence of PHR benefits and learning about how to address barriers to adoption; and to identify equivalent activities, benefits and barriers in social care. This will then inform NHS policy and the roll-out of these important new technologies.” *Source: Royal College of Physicians*

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## Inequalities

### [The Promises and Perils of Digital Strategies in Achieving Health Equity](http://www.nap.edu/catalog/23439/the-promises-and-perils-of-digital-strategies-in-achieving-health-equity?utm_source=NAP+Newsletter&utm_campaign=275d66f0eb-NAP_mail_new_2016_06_28&utm_medium=email&utm_term=0_96101de015-275d66f0eb-102579513&goal=0_96101de015-275d66f0eb-102579513&mc_cid=275d66f0eb&mc_eid=887bc22fe0)

“To explore the potential for further insights into, and opportunities to address, disparities in underserved populations the National Academies of Sciences, Engineering, and Medicine held a workshop in October 2014. The workshop focused on (1) how communities are using digital health technologies to improve health outcomes for racial and ethnic minority populations, (2) how community engagement can improve access to high-quality health information for members of these groups, and (3) on models of successful technology-based strategies to reduce health disparities. This report summarizes the presentations and discussions at the workshop.” *Source: National Academies Press*

### [Place and Community briefing](http://www.healthscotland.com/uploads/documents/27414-Place%20and%20Communties-06-16.pdf)

“This briefing focuses on the role that good quality places can play in improving health and wellbeing and reducing health inequalities. It assumes that action in relation to place and communities is complemented by access to good quality, affordable housing for all.” *Source: NHS Health Scotland*

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## Cancer & Palliative Care

### [“Hiding who I am”: The reality of end of life care for LGBT people](https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/june-2016/reality-end-of-life-care-lgbt-people.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7171515_HMP%202016-06-10&dm_i=21A8,49PKR,FLWRH5,FO84W,1)

“The UK has made many great strides towards equality for LGBT people. For many of us who grew up in a time when being LGBT held a heavy stigma and could lead to exclusion, violence, and even arrest, ‘coming out’ to health and social care professionals is not an easy thing. Trans people in particular can find the prospect of finding a health and social care professional who respects their gender identity particularly daunting. For this reason, many older – and some younger – LGBT people delay accessing social care services, even when they have a terminal illness and are at their very sickest.” *Source: Marie Curie*

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## Child, Youth & Maternal Health

### [Perceptions of parenting: mapping the gaps between expert and public understandings of effective parenting in Australia](http://www.parentingrc.org.au/images/Publications/Perceptions_of_Parenting_FrameWorks_Report_2016_web-lr.pdf)

“This report, published by the Parenting Research Centre, responds to the gaps between the expert knowledge and common assumptions among the Australian public about what effective parenting involves. The study describes what the common assumptions are about parenting as a first step to seeking to reframe the issue to help translate expert understandings. It argues that greater effort is needed to effectively communicate the notion of parenting as a set of skills that can be acquired and improved through experiences.” *Source: Parenting Research Centre*

### [Improving Health and Wellbeing Outcomes in the Early Years](http://www.publichealth.ie/sites/default/files/documents/files/IPH_CES_report_AW%20(2).pdf)

“The Institute of Public Health in Ireland partnered with the Centre for Effective Services to produce a volume linking research and practice relating to the early years. The early years have been increasingly recognised in research and policy as a pivotal time in the life course, providing the foundations for numerous health-related outcomes. The lifelong effects of the early years’ experience includes impacts across many aspects of health and wellbeing; including inter alia obesity, heart disease, mental health, educational achievement and economic status. This publication brings together academic authors to consider the rationale and evidence regarding early interventions, as well as practitioners providing on-the-ground examples of what can be achieved.” *Source: Institute of Public Health in Ireland*

### [Risk assessment instruments in child protection](https://aifs.gov.au/cfca/publications/risk-assessment-child-protection)

“The purpose of this Resource Sheet is to outline the different approaches used to assess whether children are at risk of maltreatment, as well as to explore some of the issues and criticisms surrounding the use of standardised risk assessment instruments in child protection.” *Source: Australian Institute of Family Studies*

### [State of Care 2016: What We Learned From Monitoring Child, Youth, and Family](http://www.occ.org.nz/assets/Publications/OCC-State-of-Care-2016FINAL.pdf)

“The 2016 report is focused on what it means to be child-centred. [The authors] hope that it provides some clarity about what it means to work in child-centred ways. The report offers some practical suggestions for how CYF can start to be more consistently child-centred now, even in the context of the major up-coming reforms.” *Source: Office of the Children’s Commissioner*

### [Volunteering and early childhood outcomes: A review of the evidence](http://abetterstart.org.uk/sites/default/files/Volunteering%20evidence%20review_Phase%202%20Report.pdf)

“The review is intended to support five voluntary sector-led partnerships to design, develop and implement programmes of science and evidence-based services to improve outcomes in pregnancy and early life for children aged 0-3 (i.e. up to a child’s fourth birthday).” *Source: Institute for Voluntary Action Research*

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## Staff & Consumer Engagement

### [New care models and staff engagement: All aboard](http://www.nhsconfed.org/~/media/Confederation/Files/Publications/Documents/New%20care%20models%20staff%20engagement%20FINAL.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7201566_HMP%202016-06-17&dm_i=21A8,4ACRI,FLWRH5,FQ8AJ,1)

“There is strong evidence that a high level of staff engagement is linked to better quality of care for patients. Indeed, the level of staff engagement as reported in the NHS staff survey has long been recognised as one of the most reliable indicators of quality, including by the Care Quality Commission. This is supported by extensive academic research which has consistently found a correlation between staff who are highly engaged and a number of quality indicators.” *Source: NHS Confederation*

### [Six principles for engaging people and communities: Putting them into practice](http://www.nationalvoices.org.uk/sites/default/files/public/publications/six_principles_-_putting_into_practice_-_web_hi_res.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7201566_HMP%202016-06-17&dm_i=21A8,4ACRI,FLWRH5,FQEED,1)

“This document is about creating person-centred, community-focussed approaches to health, wellbeing and care.” *Source: UK People and Communities Board*

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## Disability & Social Care

### [The need for community: a study of housing for adults with learning disabilities](http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJJ4540_Enabling_Independence_Report_06.16_WEB-READY.pdf)

“This report analyses whether the current system of residential care and supported living schemes enable people with learning disabilities to develop autonomy and independence, whilst also providing the support when it is needed. It focuses on the problems of accommodation facing people with severe learning disabilities. It takes the view that both supported living and residential care have an important role to play in meeting the variety of needs and preferences of people with learning disabilities and supporting them to participate fully in society. The report argues that there has been shift from residential care to supported living, which can result in placements not always being available to those who need them.” *Source: Centre for Social Justice*

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