



## Ministry of Health Library

Knowledge for health

# Grey Matter: 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 hone in on their key areas of interest. Email [library@moh.govt.nz](mailto:library@moh.govt.nz) to subscribe.

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## Public Health

### [Worldwide country situation analysis: response to antimicrobial resistance](#)

"The report provides an analysis, by region and globally, of the initiatives under way to address antimicrobial resistance and identifies areas in which more work is needed." *Source: WHO*

### [Collaboration Between Health Care and Public Health—Workshop in Brief](#)

"The event focused on how collaboration can facilitate conversation and action to achieve more meaningful population health solutions. This brief summary of the workshop highlights presentations and discussion sessions that followed, and it should not be viewed as conclusions or recommendations from the workshop." *Source: Institute of Medicine \*sign up for free account to download*

### **Domestic and Family Violence**

“Domestic and family violence is an all too common crime in NSW, as it is in Australia generally. Owing to lack of reporting by victims its true prevalence is unknown, but existing statistics show that a significant proportion of Australians, primarily but not exclusively women, suffer violence at the hands of a partner.” *Source: NSW Parliamentary Research Service*

### **Creating change: Mobilising New Zealand communities to prevent family violence**

The eighth issues paper from the New Zealand Family Violence Clearinghouse informs community-based practitioners, funders and researchers on how community mobilisation can be used to shift societal attitudes and norms to prevent family violence. Community mobilisation can be used to build local ownership and leadership to create meaningful change about complex social issues like preventing family violence. *Source: New Zealand Family Violence Clearinghouse*

### **World Health Statistics 2015**

"World Health Statistics 2015 contains WHO's annual compilation of health-related data for its 194 Member States, and includes a summary of the progress made towards achieving the health-related Millennium Development Goals (MDGs) and associated targets." *Source: WHO*

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## **Workforce**

### **Workforce planning in the NHS**

“The NHS workforce is the primary driver of future health costs. Given the substantial changes in population demographics and health care needs, the workforce needs to be fit for purpose. That means responding to immediate needs and financial pressures while adapting to deliver the future care models outlined in the NHS five year forward view. Getting the right balance requires a robust understanding of the nature of workforce pressures locally and nationally and what can be done to address them in the short and the long term.” *Source: King's Fund*

### **The New Zealand aged care workforce survey 2014 : A future of work programme report**

“This report details findings from the New Zealand Aged Care Survey 2014, supported by the New Zealand Work Research Institute and the AUT University Faculty of Business and Law. The survey questioned both employees and managers in residential and home/community aged care about who is working, and what their experiences are. This report focuses on employee responses, and specifically those of non-nursing direct care workers, referred to throughout as ‘caregivers’.” *Source: New Zealand Work Research Institute*

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## **Tobacco Control**

### **[Point-of-Sale Report to the Nation](#)**

“The point of sale (POS) has become the main venue for tobacco product marketing and promotion, as it was left largely unregulated after the Master Settlement Agreement. Tobacco companies now spend the majority of their marketing budget at the POS.” *Source: State and Community Tobacco Control Research*

### **[A Consultation on Electronic Cigarettes and Strengthening Tobacco Control in Scotland: Analysis of Responses](#)**

“A public consultation paper, Electronic Cigarettes and Strengthening Tobacco Control in Scotland, was launched on 10 October 2014 and was open for written responses until 2 January 2015. It contained 49 questions on e-cigarettes and on tobacco control policy proposals. By the closing date, 172 written responses had been received: 78 from individual members of the public and 94 responses from organisations. A variety of organisations responded: academic groups, the e-cigarette industry, retailers, pharmacies, the tobacco industry, NHS health boards and partnerships, local authorities and other public bodies.” *Source: Scottish Government*

### **[E-cigarettes: regulatory and policy options](#)**

“This e-brief offers an overview of the legal position in respect to e-cigarettes, along with a summary of research findings and viewpoints in the contemporary debate. It starts with a descriptive comment on e-cigarettes, making the point that e-cigarettes come in many forms, some containing nicotine and some not. It should be emphasised that this e-brief is only an introduction to the many complex medical, legal and other issues raised by e-cigarettes in their various forms.” *Source: New South Wales Parliament*

### **[Smoking Cessation Strategies for Women Before, During, and After Pregnancy](#)**

“In view of the significant health risks posed to women and their children by tobacco use before, during, and after pregnancies, public health policies and programs are needed to protect these populations. Smoking cessation programs in pregnancy reduce the proportion of women who continue to smoke and reduce low birth weight and preterm birth.” *Source: Association of State and Territorial Health Officials*

### **[Evidence Brief: How large pictorial health warnings on the packaging of tobacco products affect knowledge and behaviour](#)**

“Evidence shows that combined written and graphic health messages on the packaging of tobacco products are more effective than text-only warnings. Indeed, images have been shown to increase the awareness of the health risks related to tobacco consumption. Article 11 of the WHO FCTC requires the adoption of health warnings on packages and the guidelines on implementation of this article recommend the adoption of pictorial health warnings.” *Source: WHO*

### **[The Cost of Smoking: A Manitoba Study](#)**

“The purpose of this report is to quantify the provincial healthcare burden due to use and costs incurred by Manitobans who have smoked cigarettes or are currently smoking cigarettes.” *Source: Manitoba Centre for Health Policy*

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## **Mental Health**

### **[A Way Forward: Equipping Australia's Mental Health System for the Next Generation](#)**

“Smart, small investments made now could save hundreds of thousands of people from the crippling effects of a lifetime of poor mental health. These investments – along with the promotion and use of existing e-mental health services – will enable us to start providing immediate help to people who currently struggle alone.” *Source: ReachOut Australia*

### **[Parity of Esteem for Mental Health](#)**

“Achieving parity of esteem between mental and physical health in care standards and public attitudes has been attempted for decades. This note outlines the history of these efforts, the various ways in which parity is defined and measured, the challenges of achieving this ideal and the strategies that may be employed to that end.” *Source: UK Houses of Parliament*

### **[The Footprint of Mental Health Conditions: Healthy Brains at Work](#)**

“The Footprint of Mental Health Conditions: Healthy Brains at Work is the first of a four-part series that explores the importance of addressing mental health and mental illnesses in Canadian workplaces.” *Source: Conference Board of Canada* \*sign up for free account to download

### **[Mental health: AHHA primary health network discussion paper series](#)**

“The PHN (Primary Health Network) program has the potential to make a significant positive difference in health outcomes for all Australians. This paper, PHN Discussion Paper #2 – Mental Health, considers this topic in the context of organised primary health care in Australia and identifies key issues for exploration and resolution.” *Source: Australian Healthcare and Hospitals Association*

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

### **[The practice of system leadership: Being comfortable with chaos](#)**

“This report draws on the experiences of 10 senior leaders to look in depth at the skills needed to be a system leader. The 10 individuals are from different backgrounds and work in different contexts, and give some very candid reflections on their successes and failures. But they share a track record of having tried to bring about change (not always successfully) through using ‘soft’ power, enabling others to see and deliver the changes that are needed.” *Source: King's Fund*

### **[State Payment and Financing Models to Promote Health and Social Service Integration](#)**

“This brief, made possible by The Commonwealth Fund, reviews potential financing mechanisms to facilitate integration, with a particular focus on Medicaid. Drawing from interviews with experts across the country, it offers models ranging from one-time seed funding for pilot projects to blended or braided financing arrangements that support comprehensive integration.” *Source: Center for Health Care Strategies*

### **The contracting NHS – can the NHS handle the outsourcing of clinical services?**

“If the outsourcing of NHS clinical services to the private sector is to continue, and if patients and the public are to be confident that standards are being met and that value for money is achieved, a number of measures need to be taken to address the issues raised in this report.” *Source: Centre for Health and the Public Interest*

### **Building primary care in a changing Europe: case studies**

“This new volume consists of structured case studies summarizing the state of primary care in 31 European countries. It complements the previous study, Building primary care in a changing Europe, in which we provided an overview of the state of primary care across the continent, including aspects of governance, financing, workforce and details of service profiles.” *Source: WHO*

### **Assessing chronic disease management in European health systems: country reports**

“Many countries are exploring innovative approaches to redesign delivery systems to provide appropriate support to people with long-standing health problems. Central to these efforts to enhance chronic care are approaches that seek to better bridge the boundaries between professions, providers and institutions, but, as this study clearly demonstrates, countries have adopted differing strategies to design and implement such approaches.” *Source: WHO*

### **Strengthening health system accountability: a WHO European region multi-country study**

“This report takes stock of the measures that Member States of the WHO European Region have put in place to strengthen health system accountability since the Tallinn Charter: Health Systems for Health and Wealth was adopted in 2008, and the further momentum created by the adoption of the Health 2020 policy framework.” *Source: WHO*

### **Paths to Sustainability for Innovative Delivery System Programs**

“Innovative health care delivery organizations are developing programs that aim to improve quality and demonstrate reductions in unnecessary use of acute care and costs. RAND researchers sought to identify paths to sustainability for these innovative care delivery programs. Using a sample of health plans and ACOs in Massachusetts, researchers sought to identify the methods in use to reimburse new care delivery models, criteria that health plans use to determine eligibility for these models, and criteria that accountable care organizations apply for their investments in delivery innovations.” *Source: RAND*

### **Reducing Health and Health Care Disparities: Implementation Lessons and Best Practices for Health Care Organizations**

“While many health care organizations are motivated to identify and reduce racial and ethnic disparities in the health and health care of their patients, most lack the tools and resources to do so effectively. This paper shares the lessons learned of nine health care organizations that implemented innovative programming to address disparities in their patient populations. It includes concrete recommendations that other health care organizations can use to improve the quality of their health care delivery systems and implement interventions to address inequities in patient care and outcomes.” *Source: Robert Wood Johnson Foundation*

### **[A time to act: Implementation solutions](#)**

“We acknowledge there is no single panacea, but over the following pages we shine a spotlight on 7 key actions members of the PHO Alliance believe will, when combined, help deliver a sustainable, effective and patient centred health and care system for the future.”

*Source: PHO Alliance*

### **[Primary Health Network: Critical Success Factors](#)**

“This paper, PHN Discussion Paper #1 - Primary Health Network Critical Success Factors, reflects on the lessons learnt from previous organised primary health care models in Australia, considers the factors that are essential for PHNs to create true public value, and identifies some key issues which PHNs and the Government need to address to ensure that PHNs are given every opportunity to succeed.” *Source: Australian Healthcare and Hospitals Association*

### **[A Prevention Prescription for Improving Health and Health Care in America](#)**

“In 2014, the Bipartisan Policy Center (BPC) convened the Prevention Task Force to focus on opportunities for investing in prevention strategies that target common chronic disease risks, such as obesity, as a way to improve health outcomes and reduce health care costs. Recognizing that greater integration of community-based programs and services with traditional modes of delivering health care is key to expanding the role and reach of prevention strategies, the task force brought together experts from a broad spectrum of organizations and backgrounds to review the state of evidence on effective prevention strategies and to frame a strategy for bringing about a fundamental shift toward fully integrating prevention in the nation’s approach to health and health care.” *Source: Bipartisan Policy Center*

### **[Value Based Assessment of Drugs](#)**

“In 2010, the Government proposed moving towards a broader value-based system for assessing and pricing branded drugs. Such an approach aims to ensure that the price the NHS pays for a medicine better reflects its benefits. This briefing outlines recent proposals to change the current assessment methods.” *Source: Houses of Parliament*

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

### **[Youth Mental Health Project Research Review Report](#)**

“The Social Policy Evaluation and Research Unit (Superu) is leading an evaluation of the Youth Mental Health Project (YMHP). Initiated in April 2012, the YMHP consists of 26 initiatives focused on 12- to 19-year-olds. The initiatives aim to prevent mental health problems, increase resilience, and improve youth's access to services if concerns are identified. The project seeks to reach youth in the key settings of families and communities, schools, health services and the online environment.” *Source: Social Policy Evaluation and Research Unit*

### **[Parenting Programmes Effective with Whanau: What Works](#)**

“This paper identifies a range of effective practices occurring across kaupapa Māori and culturally adapted parenting programmes. The range of characteristics of effective

programmes include being: whanau-centred, focused on wellbeing, building on strengths, and having skilled Māori facilitators and role models.” *Source: Social Policy Evaluation and Research Unit*

### **Core Functionality in Pediatric Electronic Health Records**

“There is expert consensus in the literature that EHRs used in the care of children require specific functionalities to support the work of child health care providers and assure the delivery of quality care to pediatric patients. These functionalities relate to a child’s evolving physiology and maturity and associated conditions. Key areas include vaccination, child development, physiologic medication dosing, pediatric disease management, pediatric norms, and the relationship between pediatric patients and their caregivers, including adolescent privacy.” *Source: Agency for Healthcare Research and Quality*

### **Children and clinical research: ethical issues**

“In this report, we tackle an issue that has represented a major challenge for those concerned with the health and healthcare of children and young people: how can we ethically undertake the research needed to ensure their healthcare services are safe and effective, given that research often involves burdens and risks? Moreover, what role should children, young people and parents themselves play in influencing how research studies are carried out, and how can their voices help influence the wider research agenda?” *Source: Nuffield Council on Bioethics*

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

### **The rising cost of a healthy diet: changing relative prices of foods in high-income and emerging economies**

“This report addresses one part of the system: the way in which prices of food influences choice of diet. If diets have tended to include more energy-dense foods, and especially processed food, is this largely because these foods have become relatively cheap compared to food less dense in energy and often unprocessed? The answer has implications for policy: namely the effectiveness of using taxes and subsidies to influence diets, and hence public health.” *Source: Overseas Development Institute*

### **Curbing global sugar consumption: Effective food policy actions to help promote healthy diets & tackle obesity**

“In this brief, we provide a guide to available policies that can assist countries in reducing the amount of sugar consumed at a population level to meet the World Health Organization’s sugar guideline. We illustrate the available policies, provide examples that have worked and include input from those involved in the development and implementation of these policies.” *Source: World Cancer Research Fund*

### **Health-related taxes on foods and beverages**

“This paper presents a comprehensive review of the status of health-related taxes on food and drinks, globally and in the UK. It outlines the public health issues and likely costs to the NHS arising from over-consumption of energy dense foods and beverages that are high in fat and sugar. It shows that such foods have become increasingly popular in recent years,

partly because they are cheaper than healthier foods, and then examines the tax options available for attempting a reduction in their consumption. The experience of countries already implementing food and drink taxes is presented and the models estimating the potential impact of such a tax in the UK are summarised. The counter-arguments are discussed.” *Source: Food Research Collaboration*

### [Keeping Active for Better Ageing: Encouraging physical activity in older adults](#)

“This CARDI research paper examines the factors that encourage more physical activity in older adults with a particular focus on potential policy and practice interventions.” *Source: Centre for Aging Research and Development in Ireland*

### [Nutritional Risk and Older Adults in Ontario](#)

“Participants discussed challenges related to addressing nutritional risk among older adults in Ontario. During the deliberations, the following seven challenges were raised: 1) nutrition-related challenges have deep roots going beyond the health system (e.g., a lack of public awareness and knowledge regarding nutrition-related issues, a growing disconnect between food consumption and food production, a lack of economic security for older adults, and a lack of compassion towards older adults); 2) changing the eating habits of older adults is difficult; 3) many older adults are not actively seeking nutrition-related information and advice, but those who are have difficulty getting information and advice that they can trust; 4) older adults at high nutritional risk are often socially isolated; 5) many older adults and their informal/family caregivers don’t know about existing programs and services; 6) current health-system arrangements complicate matters further; and 7) long-term planning at the system level appears limited.” *Source: McMaster Health Forum*

### [Scientific Opinion on the safety of caffeine](#)

“Following a request from the European Commission, the European Food Safety Authority (EFSA) Panel on Dietetic Products, Nutrition and Allergies (NDA) was asked to deliver a scientific opinion on the safety of caffeine. Possible interactions between caffeine and other common constituents of so-called “energy drinks”, alcohol, synephrine and physical exercise should also be addressed.” *Source: European Food Safety Authority*

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## **Drugs, Alcohol, & Addiction**

### [Inquiry into New Psychoactive Substances](#)

“Robust evidence about the scale and impact of the use of NPS [New Psychoactive Substances] remains limited. As a consequence, the Committee decided to undertake an inquiry to establish a better understanding of the scale of the NPS problem in Wales and to shine a light on the practical steps that need to be taken to reduce the use of such substances among the Welsh population.” *Source: National Assembly for Wales Health and Social Care Committee*

### [Assessing the impacts of alcohol policies: a microsimulation approach](#)

The results of the OECD analyses show that brief interventions in primary care, typically targeting high-risk drinkers, and tax increases, which affect all drinkers, have the potential to generate large health gains. The impacts of regulation and enforcement policies as well as

other health care interventions are more dependent on the setting and mode of implementation, while school-based programmes show less promise. Alcohol policies have the potential to prevent alcohol-related disabilities and injuries in hundreds of thousands of working-age people in the countries examined, with major potential gains in their productivity. Most alcohol policies are estimated to cut health care expenditures to the extent that their implementation costs would be more than offset. Health care interventions and enforcement of drinking-and-driving restrictions are more expensive policies, but they still have very favourable cost-effectiveness profiles.” *Source: OECD*

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## **Community & Social Care**

### **Peer Support: What is it and does it work?**

“There is evidence that peer support can help people feel more knowledgeable, confident and happy and less isolated and alone. Peer support may also encourage people to take more care of their health which, in the longer term, could lead to better health outcomes such as improved blood pressure or blood sugar control or less anxiety. However, evidence about these sorts of benefits, as well as the cost-effectiveness of peer support, is mixed.”

*Source: NESTA*

### **Community-led care and support: a new paradigm**

“The aim of the Social Care Institute for Excellence (SCIE) roundtable discussion was to identify, celebrate, support and learn from community-led activity. We aimed to identify practical steps stakeholders can take to support community-led services and share that knowledge with the sector including policy-makers.” *Source: Social Care Institute for Excellence*

### **Understanding Everyday Help and Support**

“This study highlights an overlooked component of social cohesion – everyday acts of informal help and support within communities. While such acts are often mundane and practical - small loans, lifts, help with shopping - they can also have a significant emotional dimension. Although these acts are often simple, navigating them is not: the researchers find that opposing moral forces complicate this picture. Concepts of the ‘deserving’, of stoicism and the imperative to help others all feature in this illuminating study.” *Source: Joseph Rowntree Foundation*

### **Dementia and People with Intellectual Disabilities: Guidance on the assessment, diagnosis, interventions and support of people with intellectual disabilities who develop dementia**

“The main purpose of the guidance is to enable those working in clinical and social care services to improve the quality of life of people with intellectual disabilities who develop dementia, by providing guidance to inform assessment, diagnosis, interventions and support.” *Source: British Psychological Society*

### **[Making the Case for integrated, impartial information and advice about housing and care for older people](#)**

“This report will be an important resource for service planners, commissioners, and providers to support integrated information and advice solutions that offer joined up help for older people, their families, and carers, whilst giving the best possible value to both commissioners and providers across health, housing, and social care.” *Source: Care and Repair England*

### **[Optimising self-directed funding for the long-term disabled: briefing document](#)**

“Self-directed funding is used as a mechanism to promote self-determination and empowerment in people with long-term disabilities and to facilitate their living in the community independently. Self-directed funding can be provided by an individual package held by a provider, by an individual budget held by the person to spend through providers or by direct payments to spend on the open market.” *Source: National Trauma Institute*

### **[Joint review of investment in voluntary, community and social enterprise organisations in health and care sector](#)**

“The Department of Health, Public Health England, NHS England and representatives of the voluntary sector are working together to review how government invests in the voluntary sector in health and care. This interim report outlines the findings of the review so far and highlights the challenges that the voluntary sector has experienced, as well as the potential benefits and value that collaboration could bring to the health and care sector.” *Source: Voluntary Sector Health and Care*

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## **Cancer & Palliative Care**

### **[Developments in Cancer Treatments, Market Dynamics, Patient Access and Value: Global Oncology Trend Report 2015](#)**

“In this report, we share our updated perspective on the clinical landscape and what lies ahead; the dynamics of the market for oncology-related pharmaceuticals; and the current state of patient access to medicines and value considerations.” *Source: IMS Institute for Healthcare Informatics*

### **[Dying without dignity: Investigations by the Parliamentary and Health Service Ombudsman into complaints about end of life care](#)**

“End of life care is, sadly, a recurring and consistent theme in our casework. It has also been a key issue for the NHS for some time. We are committed to making sure that complaints make a difference. By highlighting the key themes we see in our casework, we can inform the debate about how, as a society, we can drive up standards to improve the quality of end of life care offered across the country.” *Source: Parliamentary and Health Service Ombudsman*

### **[Go gentle into that good night: the past, present, and future of end-of-life care](#)**

“End-of-life care has received increasing attention in recent years as the baby boomers age and health care costs continue to rise. This attention has brought with it remarkable growth in the field and improvement in care, but there remains work to be done in order to more

consistently deliver high quality, compassionate, and patient- and family-centered end-of-life care. In this dissertation, I examine the past, present, and future of end-of-life care in order to shed light on the most effective ways to organize and deliver it.” *Source: RAND*

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