# Image of Books with Grey Matter Title

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

Issue 38, 2016, October

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

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## Public Health

### [Third-hand tobacco smoke exposure and implications for public health: A background paper](http://www.cph.co.nz/wp-content/uploads/thsbackgroundpaper.pdf)

“This background paper provides a brief summary of current evidence relating to THS (Third-Hand Smoke) exposure and its implications for public health.” *Source: Canterbury District Health Board*

### [Sugar and Health: Evidence Update](http://apo.org.au/files/Resource/rsnz-sugar-and-health-evidence-update-2016.pdf)

“Sugar and health is a topic that is surrounded by mixed messages in the New Zealand media. This summary of the current evidence sets out to remove some of the confusion around sugars in food, sugar intake, how sugars are processed in the body, and health effects from sugar consumption.” *Source: Royal Society of New Zealand*

### [Prevention of harm caused by alcohol exposure in pregnancy: Rapid review and case studies from Member States](http://www.euro.who.int/__data/assets/pdf_file/0005/318074/Prevention-harm-caused-alcohol-exposure-pregnancy-.pdf)

“This report gives an overview of the literature on interventions to prevent alcohol exposure during pregnancy that target both pregnant and non-pregnant women, in line with policy documents in the EU and the Region. It reviews the literature on prevention of alcohol exposure in pregnancy from studies published in the last decade. Case studies from eight regional Member States are presented, to share experiences of prevention in the Region.” *Source: WHO*

### [Action plan for the prevention and control of noncommunicable diseases in the WHO European Region](http://www.euro.who.int/en/media-centre/sections/press-releases/2016/09/who-europe-launches-new-action-plan-for-noncommunicable-diseases%2C-appeals-for-urgent-joint-policy-action-to-achieve-global-goals-and-targets?utm_source=Communications&utm_medium=email&)

“The aspirational vision of the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region is a health-promoting Europe free of preventable noncommunicable disease (NCD), premature death and avoidable disability.” *Source: WHO*

### [The Economics of Housing and Health: The Role of Housing Associations](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Economics_housing_and_health_Kings_Fund_Sep_2016.pdf)

“This report, based on work commissioned by the National Housing Federation from The King’s Fund and the New NHS Alliance, looks at the economic case for closer working between the housing and health sectors. The authors demonstrate how housing associations provide a wide range of services that produce health benefits, which can both reduce demand on the NHS and create social value.” *Source: King’s Fund*

### [Ambient air pollution: A global assessment of exposure and burden of disease](http://who.int/phe/publications/air-pollution-global-assessment/en/)

This report presents a summary of methods and results of the latest WHO global assessment of ambient air pollution exposure and the resulting burden of disease. Air pollution has become a growing concern in the past few years, with an increasing number of acute air pollution episodes in many cities worldwide. As a result, data on air quality is becoming increasingly available and the science underlying the related health impacts is also evolving rapidly. *Source: WHO*

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## Workforce

### [Understanding quality in district nursing services: Learning from patients, carers and staff](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/quality_district_nursing_aug_2016.pdf)

“This report investigates what ‘good’ district nursing care looks like from the perspective of people receiving this care, unpaid carers and district nursing staff and puts forward a framework for understanding the components involved. It also looks at the growing demand–capacity gap in district nursing and the worrying impact that this is having on services, the workforce and the quality and safety of patient care. The report makes recommendations to policy-makers, regulators, commissioners and provider organisations as to how to start to address these pressures.” *Source: King’s Fund*

### [Transformation of seven day clinical pharmacy services in acute hospitals](https://www.england.nhs.uk/wp-content/uploads/2016/09/7ds-clinical-pharmacy-acute-hosp.pdf)

“This report has been written for clinicians, managers and national bodies to promote the benefits and importance for all patients and the NHS of seven day hospital clinical pharmacy services. The focus of this report is on patient facing clinical pharmacy services, as this is where the greatest opportunity lies to improve the quality of pharmaceutical care for patients.” *Source: NHS England*

### [The value of community pharmacy – detailed report](http://psnc.org.uk/wp-content/uploads/2016/09/The-value-of-community-pharmacy-detailed-report.pdf)

“As part of the response to Government proposals to reduce community pharmacy funding by £170m, the Pharmaceutical Services Negotiating Committee (PSNC) commissioned PricewaterhouseCoopers LLP (PwC) to examine and quantify the economic contribution of community pharmacy in England in 2015. The resulting report analysed the value (net benefits) to the NHS, public sector, patients and wider society of 12 specific services provided by community pharmacy. Services analysed included supervised consumption, emergency hormonal contraception provision, minor ailments, delivering prescriptions and managing drug shortages.” *Source: Pharmaceutical Services Negotiating Committee (UK)*

### [Review of Pharmacy Remuneration and Regulation: Discussion Paper](http://www.health.gov.au/internet/main/publishing.nsf/content/7E5846EB2D7BA299CA257F5C007C0E21/%24File/Discussion%20Paper%20-%20Review%20of%20Pharmacy%20Remuneration%20and%20Regulation.pdf)

“The Review of Pharmacy Remuneration and Regulation (the Review) forms a key component of the Sixth Community Pharmacy Agreement (6CPA) made between the Commonwealth and the Pharmacy Guild of Australia (the Guild). As outlined in the 6CPA, the Review is based on specific Terms of Reference determined by the Minister for Health following consultation with the Guild. The Review will provide recommendations on future remuneration, regulation including pharmacy location rules, and other arrangements that apply to pharmacies and wholesalers for the dispensing of medicines and other services provided under the Pharmaceutical Benefits Scheme (PBS), to ensure consumers have reliable and affordable access to medicines.” *Source: Department of Health (Australia)*

### [Evidence on financing and budgeting mechanisms to support intersectoral actions between health, education, social welfare and labour sectors](http://www.euro.who.int/__data/assets/pdf_file/0004/318136/HEN-synthesis-report-48.pdf)

“Intersectoral collaboration between health and the social welfare, education or labour sectors can help to influence social determinants of health. Funding of such collaborations can be problematic as these sectors may be subject to very different regulatory structures, incentives and goals. This review found 51 documents on the use of different financial mechanisms to facilitate intersectoral collaboration for health promotion, involving at least two of these sectors. A systematic search of the evidence identified approaches used, including discretionary earmarked funding, recurring delegated financing allocated to independent bodies and mechanisms for joint budgeting between two or more sectors.” *Source: WHO*

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## Long-Term Conditions

### [On the Level: Evidence for Action on Type 2 Diabetes](http://www.dc.nihr.ac.uk/themed-reviews/ThemedReview-Diabetes_WEBinteractive.pdf)

“Type 2 diabetes is a serious condition. It doubles the risk of cardiovascular disease, is the most common reason for severe kidney disease and is the second most common cause of blindness in working age adults. The disease is a major public health challenge, with many people not knowing they have diabetes and many more are at risk of developing it. NIHR research provides important insights throughout the patient pathway, from prevention to early identification to management of the disease and treating complications. These findings are helping to shape practice and policy.” *Source: National Institute for Health Research (UK)*

### [My diabetes, my care: Community diabetes care review](http://www.cqc.org.uk/content/my-diabetes-my-care-community-diabetes-care-review)

“This review considers how well care services work together to deliver high-quality diabetes care. It also makes a number of recommendations for how health and social care commissioners, providers and professionals should work together to improve diabetes care and prevention.” *Source: Care Quality Commission (UK)*

### [High-Need, High-Cost Patients: Who Are They and How Do They Use Health Care?](http://www.commonwealthfund.org/publications/issue-briefs/2016/aug/high-need-high-cost-patients-meps1)

“[The goal of this research is] to examine demographics and health care spending and use of services among adults with high needs, defined as people who have three or more chronic diseases and a functional limitation in their ability to care for themselves or perform routine daily tasks.” *Source: Commonwealth Fund*

### [Multimorbidity: clinical assessment and management](https://www.nice.org.uk/guidance/ng56)

“This guideline covers optimising care for adults with multimorbidity (multiple long-term conditions) by reducing treatment burden (polypharmacy and multiple appointments) and unplanned care. It aims to improve quality of life by promoting shared decisions based on what is important to each person in terms of treatments, health priorities, lifestyle and goals. The guideline sets out which people are most likely to benefit from an approach to care that takes account of multimorbidity, how they can be identified and what the care involves.” *Source: National Institute for Health and Care Excellence (NICE)*

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## Health of Older People

### [Social care for older people: home truths](http://www.nuffieldtrust.org.uk/publications/social-care-older-people-home-truths)

“This report, published jointly with The King's Fund, looks at the current state of social care services for older people in England, through a combination of national data and interviews with local authorities, NHS and private providers, Healthwatch and other groups. It considers the impact of cuts in local authority spending on social care providers and on older people, their families and carers.” *Source: Nuffield Trust*

### [Global Action to Drive Innovation in Alzheimer's Disease and Other Dementias: Connecting Research, Regulation and Access](http://www.oecd-ilibrary.org/science-and-technology/global-action-to-drive-innovation-in-alzheimer-s-disease-and-other-dementias_5jlr8vfzdsr2-en)

“The second Lausanne Workshop of December 2015 reviewed the policy and stakeholder actions needed to accelerate biomedical research and health innovation for Alzheimer’s disease and other dementias. The agenda featured developments in regulatory and access pathways for potential innovations in dementia. Participants discussed the perspectives of regulators and payers, specifically the evidence and tools needed to support regulatory and payer evaluation of innovations. A particular focus was placed on the large and growing societal implications of Alzheimer’s disease and the heightened urgency to define sustainable access strategies for future diagnostics and therapies.” *Source: OECD*

### [Who knows best? Older people’s contribution to understanding and preventing avoidable hospital admissions](http://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/publications/2016/who-knows-best.pdf)

“Overall, this study argues that older people have a crucial role to play in understanding the issues at stake in terms of emergency admissions. Any attempt to generate solutions which does not value and draw on this expertise misses a major opportunity and is unlikely to be successful.” *Source: University of Birmingham School of Social Policy*

### [Making a Difference in Dementia: Nursing Vision and Strategy](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/554296/Dementia_nursing_strategy.pdf)

“This refreshed edition of Making a Difference in Dementia: Nursing Vision and Strategy reinforces the fundamental role nurses play in providing health promotion, care and support to people so they can live well with dementia. It aims to support all nurses, irrelevant of registration or specialty, to be responsive to the needs of people with dementia, continue to develop their skills and expertise, and improve the contribution they make in achieving best outcomes for people with dementia, their carers and families, and communities.” *Source: Department of Health (UK)*

### [Dementia and Digital: Using technology to improve health and wellbeing for people with dementia and their carers](http://www.tinderfoundation.org/sites/default/files/research-publications/dementia_and_digital.pdf)

As part of its broader aims, Tinder Foundation is committed to understanding the needs of people with dementia and their carers. This focused, short-term piece of research was carried out to track the social and digital barriers facing people with dementia and their carers, understand how the UK online centres network is already helping to overcome these barriers, and discover what more can be done at a local and national level. *Source: Tinder Foundation*

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## Mental Health & Addiction

[Gender and children and young people’s emotional and mental health: manifestations and responses](https://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20evidence%20review%20-%20gender%20and%20CYP%20mental%20health%20-2.pdf)“This rapid review presents evidence of clear gender differences in children and young people's emotional and mental health...It addresses children and young people’s emotional and mental health difficulties as they manifest and are responded to, highlighting and exploring gender-related issues behind observed patterns across areas of mental health.” *Source: National Children’s Bureau (UK)*

### [Understanding the relationship between poverty and alcohol misuse](http://www.cph.org.uk/wp-content/uploads/2016/06/Understanding-the-relationship-between-poverty-and-alcohol-abuse.pdf)

“This rapid review of the evidence on poverty and alcohol misuse was commissioned by the Joseph Rowntree Foundation as part of their programme to develop Anti-Poverty Strategies for the UK. The purpose of the rapid review is to provide an evidence base that the Joseph Rowntree Foundation can use in developing their Anti-Poverty Strategies, enabling them to decide how to address alcohol misuse within the Strategies.” *Source: Centre for Public Health Liverpool John Moores University*

### [Understanding and preventing drug-related deaths](http://www.nta.nhs.uk/uploads/phe-understanding-preventing-drds.pdf)

“This report presents the independent findings, conclusions and recommendations of an expert group supported by Public Health England and the Local Government Association. The expert group investigated drug-related deaths in England with the aim of understanding recent rises in deaths and helping local areas to prevent future premature deaths.” *Source: Public Health England*

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## Cancer & Palliative Care

### [Public Knowledge of the Link Between Obesity and Cancer](https://www.cancerresearchuk.org/sites/default/files/obesity_awareness_executive_summary_final.pdf)

“This study, carried out by the Policy Research Centre for Cancer Prevention (PRCP), Cancer Research UK. The aim was to explore public awareness of obesity and health risks, particularly of cancer, and which factors influence this.” *Source: Cancer Research UK*

### [The role of social workers in palliative, end of life and bereavement care](http://cdn.basw.co.uk/upload/basw_15855-9.pdf)

“Social work has an important role in the delivery of meaningful palliative, end of life and bereavement care. Some social workers are palliative care social workers, working in services which specialise in this area of support. All social workers will encounter people who are experiencing loss, the end of life or bereavement. This resource aims to ensure that people benefit from good social work at the end of their life, and that those close to them are supported during this time and into bereavement.” *Source: Association of Palliative Care Social Workers (UK)*

### [Cancer Moonshot Blue Ribbon Panel Report 2016](https://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative/blue-ribbon-panel/blue-ribbon-panel-report-2016.pdf)

“The report describes a set of consequential recommendations for accelerating cancer research to achieve the ambitious goal of making a decade’s worth of cancer research progress in five years and to bring the most promising science and clinical developments to cancer patients in the near term.” *Source: National Cancer Institute (US)*

### [Improving Efficiency and Resource Allocation in Future Cancer Care](https://www.ohe.org/sites/default/files/839%20OHE-IHE%20Full%20report%20final%20Sept%202016.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7557855_HMP%202016-09-27&dm_i=21A8,4HZOF,FLWRH5,GOOYQ,1)

“The primary purpose of this report is to collate and examine the evidence regarding efficiencies and inefficiencies in cancer care in Europe, specifically considering whether health care systems are utilising their resources in the best possible way, and whether(and where) there are opportunities to create savings or efficiencies by reallocating resources. The report undertakes a synthesis of the evidence base regarding health care expenditure, health care outcomes and health care interventions specific to cancer control and cancer care in Europe.” *Source: Office for Health Economics (UK) and Swedish Institute for Health Economics*

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## Primary Care

### [Large-scale general practice in England: what can we learn from the literature?](http://www.nuffieldtrust.org.uk/publications/large-scale-general-practice-literature)

“Collaborative ‘at-scale’ models are increasingly being heralded as the answer to the formidable challenges facing general practice. NHS England has signalled that large-scale general practice organisations should form a core component of their vision for new care models set out in the Five Year Forward View. But can these organisations really deliver what is expected of them? This report presents findings of an extensive literature review examining the evidence.” *Source: Nuffield Trust*

### [Odyssey Primary Care Demonstration Programme](http://www.hpa.org.nz/research-library/research-publications/odyssey-primary-care-demonstration-programme)

“The Primary Care Demonstration Programme was designed and implemented by Odyssey in 2014. It seeks to demonstrate how the broader addiction intervention system (including AOD treatment services and primary care providers) can work more effectively to intervene early with a specific focus on population groups experiencing the greatest burden of AOD related harm and unequal access to help.” *Source: Health Promotion Agency (New Zealand)*

### [The organisation of out-of-hours primary care in OECD countries](http://www.oecd-ilibrary.org/social-issues-migration-health/the-organisation-of-out-of-hours-primary-care-in-oecd-countries_5jlr3czbqw23-en)

“Out-of-hours (OOH) services provide urgent primary care when primary care physician (PCP) offices are closed, most often from 5pm on weekdays and all day on weekends and holidays. Based on a policy survey (covering 27 OECD countries) and the existing literature, the working paper describes the current challenges associated with the organisation of OOH primary care and reviews the existing models of delivering OOH primary care. The paper pays particular attention to policies which have been pursued to improve access and quality of OOH primary care. Findings of the paper show that most OECD health systems report key challenges to provide OOH primary care in an accessible and safe way.” *Source: OECD*

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## Inequalities

### [Fairer Decisions, Better Health for All: Health Equity and Cost Effectiveness Analysis](http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP135_fairer_decisions_health_equity_cost-effectiveness.pdf)

“This report provides a non-technical introduction to practical methods for using cost-effectiveness analysis to address health equity concerns, with applications to low-, middle- and high-income countries. These methods can provide information about the likely impacts of alternative health policy decisions on inequalities in health, financial risk protection and other health-related outcomes that may be considered unfair, allowing for the distribution of costs as well as benefits. They can also provide information about the trade-offs that sometimes arise between improving total health and reducing health inequalities of different kinds.” *Source: Centre for Health Economics (UK)*

### [Evidence review: Settings for addressing the social determinants of health inequities](http://apo.org.au/files/Resource/newman_et_al_2015_vichealth_report_healthequity_settings-evidence-review.pdf)

“This report provides an overview of the current evidence base on work in health promotion settings that addresses the social determinants of health inequities. The review identifies key aspects of ‘what works’ to reduce health inequities in settings through focusing on social determinants of health. It also provides recommendations for future planning, action and research.” *Source: VicHealth (Australia)*

### [Cybersafety for an Indigenous Youth Population](http://teraumatatini.com/sites/default/files/Cybersafety%20for%20An%20Indigenous%20Youth%20Population.pdf)

“The main focus of this report is to explore the current research relevant to providing better information for Māori whānau (family and families) about social media and the encouragement to be involved with their tamariki (children) in their internet use. Ultimately this study will contribute to the discussion on the prevention of cyberbullying and the prevention in “dare to die” or “risk adverse type games” through employing cybersafety strategies.” *Source: Te Rau Matatini*

### [Investing in health literacy](http://www.euro.who.int/__data/assets/pdf_file/0006/315852/Policy-Brief-19-Investing-health-literacy.pdf?ua=1)

“This brief synthesizes what [is known] about the co-benefits for the education sector of health literacy programmes, and outlines the evidence on how to secure such co-benefits. It is hoped that setting out the evidence on effectiveness and co-benefits to other sectors more clearly will increase the potential for support from outside the health sector and facilitate the implementation of health literacy programmes.” *Source: WHO*

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## Disability Services

### [Making reasonable adjustments to obesity and weight management services for people with learning disabilities](https://www.improvinghealthandlives.org.uk/publications/313921/Making_reasonable_adjustments_to_obesity_and_weight_management_services_for_people_with_learning_disabilities)

“This guidance is for public health staff commissioning or running weight management services and other mainstream health professionals working to support people to lose weight. It is also for family carers, social care staff and learning disabilities professionals. It advises about specific aspects of weight management for people with learning disabilities.” *Source: Public Health England*

### [Knowing you’re not alone: Understanding peer support for stroke survivors](http://www.nuffieldtrust.org.uk/publications/knowing-you%E2%80%99re-not-alone-understanding-peer-support-stroke-survivors)

“Stroke Association Voluntary Groups (SAVGs) are volunteer-led, peer support groups based in local communities across the UK. Through the support they offer, SAVGs aim to improve outcomes for stroke survivors and the people who care for them. The Nuffield Trust was commissioned by the Stroke Association to independently evaluate the impact of the groups.” *Source: Nuffield Trust*

### [What Matters Most: Essential Attributes of a High-Quality System of Care for Adults with Complex Care Needs](http://www.thescanfoundation.org/what-matters-most-essential-attributes-high-quality-system-care-adults-complex-care-needs)

“A working group developed a goal statement and four Essential Attributes of a high-quality system of care that supports system transformation and evaluation, and is from the vantage point of adults with complex care needs. This primer document describes the Essential Attributes of this system and the core elements detailing how delivery systems should function to meet the goal, and key definitions of concepts. Collectively, they represent the milestones that, when regularly monitored and measured, can track progress toward the goal.” *Source: Scan Foundation*

### [Improving the well-being of disabled young people](http://www.qub.ac.uk/research-centres/InstituteofChildCareResearch/filestore/Filetoupload%2C630886%2Cen.pdf)

“The main aim of this study was to help to address some important gaps in our knowledge about the well-being of disabled adolescents, specifically how they manage the stresses they encounter and what they identify as impediments to their well-being and how they perceive their support needs.” *Source: Queen’s University Belfast*

### [Making Eye Health a Population Health Imperative: Vision for Tomorrow](https://www.nap.edu/catalog/23471/making-eye-health-a-population-health-imperative-vision-for-tomorrow?utm_source=NAP+Newsletter&utm_campaign=60d7297288-NAP_mail_new_2016_09_19&utm_medium=email&utm_term=0_96101de015-60d7297288-102579513&goal=0_96101de015-6)

“Making Eye Health a Population Health Imperative: Vision for Tomorrow proposes a new population-centered framework to guide action and coordination among various, and sometimes competing, stakeholders in pursuit of improved eye and vision health and health equity in the United States. Building on the momentum of previous public health efforts, this report also introduces a model for action that highlights different levels of prevention activities across a range of stakeholders and provides specific examples of how population health strategies can be translated into cohesive areas for action at federal, state, and local levels.” *Source: National Academies Press*

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## Child, Youth, & Maternal Health

### [Sexual and reproductive health and sexual violence among New Zealand secondary school students](https://gallery.mailchimp.com/c4f6b2fca0e12e49c424dea9f/files/Sexual_and_reproductive_health_Youth_2000_2016.pdf)

“This report presents findings from Youth’12, the third national health and wellbeing survey of secondary school students in New Zealand. This is New Zealand’s largest and most comprehensive survey of the health and wellbeing of New Zealand’s young people in secondary schools. Included in the survey are a range of factors that impact on the healthy development of young people, including family/whānau, community, education and social environments. This report focuses on reporting the sexual violence experiences and the sexual and reproductive health of students in secondary schools.” *Source: Adolescent Health Research Group, University of Auckland*

### [Transforming community health services for children and young people who are ill: a quasi-experimental evaluation](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0003/169770/FullReport-hsdr04250.pdf)

“Children’s community nursing (CCN) services support children with acute, chronic, complex and end-of-life care needs in the community. This research examined the impact of introducing and expanding CCN services on quality, acute care and costs.” *Source: National Institute for Health Research*

### [Health and early years, children and young people: a GCPH synthesis](http://www.gcph.co.uk/publications/658_health_and_early_years_children_and_young_people_a_gcph_synthesis)

“This report provides a synthesis of our learning about what factors influence the health of babies, children and young people and how improving circumstances during this life stage can help improve health and tackle health inequalities.” *Source: Glasgow Centre for Public Health*

### [The economic costs of child abuse and neglect](https://aifs.gov.au/cfca/publications/economic-costs-child-abuse-and-neglect)

“This paper examines expenditure related to child abuse and neglect by departments responsible for child protection services in Australia. The broader long-term costs of child abuse and neglect to society are also discussed.” *Source: Child Family Community Australia*

### [Stronger communities, safer children: findings from recent Australian research on the importance of community in keeping children safe](http://apo.org.au/resource/stronger-communities-safer-children-findings-recent-australian-research-importance)

“[This resource] presents findings from recent Australian research that highlights the importance of community – alongside a well-functioning statutory child protection system integrated with family services and early intervention – in keeping children safe.” *Source: Australian Institute of Family Studies*

### [Preventing Bullying Through Science, Policy, and Practice](https://www.nap.edu/catalog/23482/preventing-bullying-through-science-policy-and-practice?utm_source=NAP+Newsletter&utm_campaign=3d4036ec16-Final_Book_2016_09_15_23482&utm_medium=email&utm_term=0_96101de015-3d4036ec16-102579513&goal=0_96101de015-3d4036ec16)

“Recognizing that bullying behavior is a major public health problem that demands the concerted and coordinated time and attention of parents, educators and school administrators, health care providers, policy makers, families, and others concerned with the care of children, this report evaluates the state of the science on biological and psychosocial consequences of peer victimization and the risk and protective factors that either increase or decrease peer victimization behavior and consequences.” *Source: National Academies Press*

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## Person-Centred Approaches

### [Supporting self-management: A guide to enabling behaviour change for health and wellbeing using person- and community-centred approaches](http://www.health.org.uk/sites/health/files/RtVSupportingSelfManagement.pdf)

“This guide is for people who support those living with long-term conditions, their carers, families or communities. It summarises practical ways to support people to self manage effectively using person and community-centred approaches. Many of these activities are useful also for people who work to prevent the development of long-term conditions in the first place.” *Source: Nesta*

### [Spreading change: A guide to enabling the spread of person- and community-centred approaches for health and wellbeing](http://www.nesta.org.uk/sites/default/files/rtv-spreading-change.pdf)

“This guide is part of the NHS England-funded Realising the Value programme led by Nesta and the Health Foundation, which seeks to develop person- and community-centred approaches for health and wellbeing. The programme is doing so by building the evidence base and developing tools, resources and networks to support the spread and impact of these approaches. This guide offers two things: a framework for understanding and changing behaviour, and real-world examples of how these changes happen in practice.” *Source: Nesta*

### [Health as a Social Movement](http://www.nesta.org.uk/publications/health-social-movement-power-people-movements)

This report illuminates the power of people in movements to improve health and proposes the need for new models of engagement between institutions and social movements. *Source: Nesta*

### [Consumer Co-Creation in Health Innovating in Primary Health Networks](https://ahha.asn.au/system/files/docs/publications/evidence_brief_14_consumer_co-creation_in_health_innovating_in_primary_health_networks_0.pdf)

While healthcare consumers continue to be involved as active participants in managing their own health, the focus is now moving to include consumers in value creation in health care planning and delivery. As the health system moves toward a devolved model of care, the need to focus on consumer’s needs is increasingly important at both a policy and practice level. The growing body of literature on health value co-creation and its benefits in the health sector shows that value can be co-created for the individual consumer, clinical practices, health care organisations, and governments. *Source: Deeble Institute*

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## Health Research & Information Technology

### [Cultural contexts of health: the use of narrative research in the health sector](http://www.euro.who.int/__data/assets/pdf_file/0004/317623/HEN-synthesis-report-49.pdf?ua=1)

“Narrative (storytelling) is an essential tool for reporting and illuminating the cultural contexts of health – that is, the practices and behaviour that groups of people share and which are defined by customs, language and geography. This report reviews the literature on narrative research, offers some quality criteria for appraising such research and gives three detailed worked case examples: diet and nutrition, well-being, and mental health in refugees and asylum seekers.” *Source: World Health Organization*

### [Making IT Work: Harnessing the Power of Health Information Technology to Improve Care in England](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550866/Wachter_Review_Accessible.pdf)

“The National Advisory Group on Health Information Technology in England advises the Department of Health and NHS England about making the secondary care system more digital. The report, ‘Making IT Work: Harnessing the power of health information technology to improve care in England’ details the group’s overall findings and principles and gives 10 implementation recommendations.” *Source: Department of Health (UK)*

### [Atlas of eHealth country profiles: The use of eHealth in support of universal health coverage](http://apps.who.int/iris/bitstream/10665/204523/1/9789241565219_eng.pdf)

“The third global survey on eHealth conducted by the WHO Global Observatory for eHealth (GOe) has a special focus – the use of eHealth in support of universal health coverage. eHealth plays a vital role in promoting universal health coverage in a variety of ways. For instance, it helps provide services to remote populations and underserved communities through telehealth or mHealth. It facilitates the training of the health workforce through the use of eLearning, and makes education more widely accessible especially for those who are isolated. It enhances diagnosis and treatment by providing accurate and timely patient information through electronic health records. And through the strategic use of ICT, it improves the operations and financial efficiency of health care systems.” *Source: WHO*

### [A digital NHS? An introduction to the digital agenda and plans for implementation](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/A_digital_NHS_Kings_Fund_Sep_2016.pdf)

“In recent years, the digital agenda in health care has been the subject of an array of promises and plans, ranging from the Secretary of State’s challenge to the NHS to ‘go paperless’ to the commitment set out in the NHS’s Five Year Forward View to ‘harness the information revolution’. But have expectations been set too high? And is there sufficient clarity about the funding available to achieve this vision? This report looks at the key commitments made and what [is known] about progress to date.” *Source: King’s Fund*

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