



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

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

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Equity

[Te Ara Pounamu - A Tiriti-dynamic system](#)

On 26 November 2020, Te Hiringa Hauora/Health Promotion Agency hosted a national virtual hui that brought together public and population health leaders and practitioners to connect and reflect on proposed system changes, challenges and future opportunities in Aotearoa New Zealand. [The authors] have brought the themes and views from the hui into a short think piece. *Source: Te Hiringa Hauora Health Promotion Agency*

[Let's Talk: Community engagement for health equity](#)

“This installment of the Let’s Talk series emphasizes that engagement with communities that live with inequities is essential public health practice to achieve population health equity. It defines community engagement for health equity and encourages a shift in how community members who live with inequities are viewed: as stakeholders and partners in public health prioritization and decision-making.” *Source: National Collaborating Centre for Determinants of Health (Canada)*

[Movement-building as intersectoral action to achieve health equity](#)

“This practice brief by Knowledge Translation Specialist Dianne Oickle provides an overview of movement-building as intersectoral action to achieve health equity. It identifies core elements and strategies, and what this approach means for public health efforts in social justice and policy change. It also summarizes evidence, knowledge and recommendations as they relate to public health programs, policy and practice.” *Source: National Collaborating Centre for Determinants of Health (Canada)*

[The data divide: Public attitudes to tackling social and health inequalities in the COVID-19 pandemic and beyond](#)

“Data-driven technologies have not been experienced equally. Symptom-tracking apps, contact-tracing apps and consumer-facing mental and physical-health apps have been of immense use and value during the pandemic, particularly for health purposes, but not for everyone. The digital divide has shaped a ‘data divide’. The digital divide, between those who do and don’t have access and capabilities to use technologies, has an onward effect on who can be represented by, and has agency to shape, data-driven technologies. The longer-term consequences are disenfranchisement of those excluded digitally from consideration in design and development, with benefits reinforced for those who are included.” *Source: Ada Lovelace Institute (UK)*

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Health Systems, Costs, & Reforms

[Developing place-based partnerships: the foundation of effective integrated care systems](#)

“The King’s Fund reviewed existing evidence and experience on place-based working, explored the development of place-based partnerships within three systems and undertook targeted engagement with local leaders from ICSs, local authorities and voluntary and community sector organisations. This research highlights the potential role of place-based partnerships in improving health and wellbeing and illustrates how these opportunities can be realised.” *Source: King’s Fund (UK)*

[From place-based to place-led: a whole-area approach to integrating care systems](#)

“This paper describes the essential role of place-based approaches in taking forward the NHS reform agenda. Based on interviews with senior leaders, it seeks to provide further insight into how local systems can make progress in designing and delivering place-based, integrated care. In particular, it describes what system leaders can do to make this happen.” *Source: NHS Confederation (UK)*

[Global Road Map for Health Care Decarbonization](#)

“This report is about actions that help transform societies toward a resilient, sustainable, and healthy future. It is specific about how health leaders can best contribute. It recognizes that, in the

pursuit of universal health coverage, health systems face very different challenges and that the equitable pursuit of decarbonization pathways is essential.” *Source: Health Care Without Harm*

[Rise and try to shine: the social and economic cost of sleep disorders in Australia](#)

“Sleep disorders continue to present significant costs upon Australian society. In Deloitte Access Economics’ 2010 report, Re-awakening Australia, these costs were estimated to be \$36.4 billion. Deloitte Access Economics was commissioned by the Sleep Health Foundation to re-estimate the cost of sleep disorders based on updated cost information and developments in the literature, to present an up-to-date estimate of the cost of sleep disorders upon Australian society. The updated estimate allows for comparison to other recent reports estimating the cost of inadequate sleep and the cost-effectiveness of continuous positive airway pressure (CPAP) for people with obstructive sleep apnoea (OSA).” *Source: Sleep Health Foundation (Australia)*

[Timely Access to New Pharmaceuticals in Canada, the United States, and the European Union](#)

“Modern medicines not only treat illnesses that could not previously be treated, but also represent a substitution for older, less efficient, and less effective methods of treatment. Newer medicines can expand access to better health through reductions in adverse events and reactions, and may work better for some parts of the population poorly served by previous advances. Access to these newer (and potentially superior) drugs, however, is not equal across developed countries. New medicines are only accessible by the public after they have been granted regulatory clearance by a jurisdiction’s responsible body, such as Health Canada, the United States Food and Drug Administration (FDA), and the European Medicines Agency (EMA). Past studies have shown that Health Canada both takes longer to approve medicines (from the time of submission) and approves fewer medicines than its American and European counterparts.” *Source: Fraser Institute (Canada)*

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Information & Technology

[Shaping the future of digital technology in health and social care](#)

“This report, commissioned by the Health Foundation, provides a summary of evidence for how emerging technologies such as artificial intelligence, smartphones, wearable devices and the internet of things are being used within care settings around the world.” *Source: King’s Fund*

[Digitally kind: bridging the gaps between digital policy, process and practice to improve outcomes](#)

“This publication has been devised to help bridge the gaps between digital policy, process and practice to improve outcomes, and introducing kindness as a value to underpin an organisational approach.” *Source: Carnegie UK Trust*

[A Canadian framework for data reuse](#)

“A national framework for data reuse is needed to manage risks associated with data sharing. It should include sector-based data strategies, the certification of new classes of data professionals across data value chains, common interoperability and governance standards, and a safe and secure data transmission infrastructure. As common data-sharing spaces are needed for data reuse to occur, there is an opportunity to experiment with different data-sharing models. A national data reuse framework is essential for Canada to assert its data sovereignty and become a digital society.

This is why the federal government has a critical role to play. *Source: Centre for International Governance Innovation (Canada)*

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COVID-19

[Understanding and Communicating about COVID-19 Vaccine Efficacy, Effectiveness, and Equity](#)

“This rapid expert consultation summarizes social, behavioral, and decision science research relevant to communicating how well COVID-19 vaccines work are and how equitably they are being distributed. It offers practical strategies for both the process and the content of such communication, recognizing that people respond to both how they learn about something and what they learn about it.” *Source: National Academies Press*

[Rural Immunization Programs Considerations for the Canadian Context](#)

“Vaccine rollout in rural, remote, and Northern communities has unique challenges. This review of evidence provides an overview of the rural risk profile for COVID-19 and vaccination in rural Canada, and explores factors contributing to success in rural vaccination campaigns and ways to reduce vaccine hesitancy.” *Source: National Collaborating Centre for Infectious Diseases (Canada)*

[Enhancing COVID-19 Vaccine Acceptance in Canada](#)

“vaccine acceptance varies over time as personal decisions may be influenced by many factors. These include (i) knowledge, attitudes, cultural and religious beliefs; (ii) the communication environment including social networks; (iii) the rate of COVID-19 in a community, and (iv) the organization of health and community services and policies. Therefore to engage and empower people to make informed choices about COVID-19 vaccines, we need carefully designed interventions tailored to community needs and concerns that build trust in health authorities and those delivering vaccines, as well as promote acceptance.” *Source: Royal Society of Canada*

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Mental Health & Wellbeing

[Still alone together: How loneliness changed in Aotearoa New Zealand in 2020 and what it means for public policy](#)

“This report is the second in a series exploring lockdown loneliness. It draws upon new statistics and highlights the disproportionate loneliness felt by disabled people in Aotearoa New Zealand. The report also looks at how loneliness changed as the nation came out of Level 4 lockdown, and the progress made against the recommendations made in the original paper.” *Source: Helen Clark Foundation*

[Alcohol and mental wellbeing: An evidence summary](#)

“This evidence summary seeks to present insights into the relationship between alcohol use, mental distress and mental wellbeing based on published research. It highlights risk and protective factors for each and discusses challenges at different stages of the life course.” *Source: Te Hiringa Hauora Health Promotion Agency*

[A good practice guide to support implementation of trauma-informed care in the perinatal period](#)

“This guide aims to help staff and services understand the impact of psychological trauma on women in the perinatal period and respond in a sensitive and compassionate way. It aims to support staff to ensure they ‘do no harm’ through care delivery that, without thought or intention, could retraumatise individuals.” *Source: Blackpool Better Start (UK)*

[The National Suicide Prevention Trial: Insights and Impact](#)

“In 2016, the Commonwealth Department of Health launched the National Suicide Prevention Trial. This initiative was focused on trialling systems approaches to suicide prevention in 12 regions across Australia, with the objective of reducing suicide attempts and deaths. For the past four years, these 12 communities have been supported by the Black Dog Institute to design and deliver best practice suicide prevention initiatives, tailored to the needs of their communities. This publication showcases some of the incredible work that has emerged from the trial and demonstrates the importance of long-term funding for a systems approach to suicide prevention.” *Source: Black Dog Institute (Australia)*

[Community hubs and green space: Real world evidence for enhancement of wellbeing](#)

“This review of practice based case studies plugs some gaps in the evidence on how community hubs and green spaces can enhance wellbeing in a place. Case study evidence provides important and rich detail on these projects and activities, and how they are delivered. This provides policy makers and practitioners with tangible illustrations to refer to in the design and modification of interventions. This research identified community wellbeing outcomes that support the findings from systematic review evidence, as well as describing additional and unforeseen outcomes, including those that arise from the benefits of more informal spaces that may not have been the subject of formal evaluations, as well as benefits to the organisations responsible for the delivery of the interventions.” *Source: What Works Wellbeing*

[Unemployment and mental health](#)

“The relationship between mental health and unemployment is bi-directional. Good mental health is a key influence on employability, finding a job and remaining in that job. Unemployment causes stress, which ultimately has long-term physiological health effects and can have negative consequences for people’s mental health, including depression, anxiety and lower self-esteem.” *Source: Health Foundation (UK)*

[Adopting joint productive and healthy workplace practices: What impacts success?](#)

The researchers “asked organisations of different sizes and with ongoing wellbeing initiatives, what they have done to effectively implement them.” *Source: What Works Wellbeing*

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Nutrition

[The Healthy Food Environment Policy Index \(Food-EPI\): European Union](#)

“The aims of this research, applying the EU Healthy Food Environment Policy Index (Food-EPI), are:
1. To provide an overview of EU-level policies with a direct or indirect (potential) influence on food environments; 2. To assess the strength of EU-level policies and infrastructure support and identify

implementation gaps, by non-government, independent experts; and 3. To identify and prioritise policy and infrastructure support actions to create healthy food environments in the EU taking into account importance, achievability and equity, by nongovernment, independent experts.” *Source: Policy Evaluation Network (Europe)*

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Health of Older People

[Delivering prevention in an ageing world: Using technology effectively](#)

“This consultation paper identifies the key areas where technology can play a crucial role in helping push forward the prevention agenda. The paper also collates examples of good practice, including learnings from the ongoing COVID-19 pandemic.” *Source: International Longevity Centre (UK)*

[Assessing cash-for-care benefits to support aging at home in Canada](#)

“In this study, a group of leading scholars led by Colleen Flood argue that the challenge facing Canada’s policy-makers is to not only adequately meet the growing needs for LTC services, but also to ensure that those services are delivered where people want to receive them, most often at home. Of course, governments have to improve the quality and safety of care in LTC homes for those who require institutional care. But to avoid unnecessary or unwanted admissions to those institutions, they must also increase funding for formal home care and improve supports for informal caregivers.” *Source: Institute for Research on Public Policy (Canada)*

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Disability

[Evaluating Hearing Loss for Individuals with Cochlear Implants](#)

“The National Academies of Sciences, Engineering, and Medicine convened a consensus study committee to identify and recommend generalized testing procedures and criteria for evaluating the level of functional hearing ability needed to make a disability determination in adults and children after cochlear implantation. The committee's report, *Evaluating Hearing Loss for Individuals with Cochlear Implants*, details and supports its findings, conclusions, and recommendations based on published evidence and professional judgment.” *Source: National Academies Press*

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