

Ma European Public Health

Fac. Health, Medicine and Life Sciences

The programme information in this document is based on the selection criteria that you entered in the online prospectus (

www.maastrichtuniversity.nl/web/Faculties/FHML/TargetGroup/ProspectiveStudents/MastersProgrammes/Programmes

Should it not contain the information that you were looking for, we recommend that you try again using different selection criteria.

Please bear in mind that the programme information is continuously updated. It is therefore wise to check the online prospectus regularly.

The information for current and prospective students on the Maastricht University (UM) website has been compiled with the utmost care, and efforts have been made to make it as up to date as possible. Should there be inaccuracies in spite of this, neither UM nor the faculties involved can be held liable. No rights can be derived from any inaccurate or incomplete information. In the event of doubt or uncertainty about specific information, please contact the Fac. Health, Medicine and Life Sciences

Table of content

Diversity recognised and explored.....	3
Diversity compared.....	8
Diversity and Best Practices.....	13
Europe as one Zone.....	17
Unity Faces Diversity.....	21
Research Methods.....	26
From Diversity to Innovation.....	28
Monitoring Innovation.....	31
The European Union Revisited.....	35
Thesis.....	38
Placement.....	39

Diversity recognised and explored

Academic year 2011-12

Date last modified

23-4-2012 1:29

Period

Period 1 Startdate: 05-Jul-11 Enddate: 30-Jul-11

Code

EPH4001

ECTS credits

6.0

Organisational unit

Fac. Health, Medicine and Life Sciences

Coordinator

G. Burazeri

Description

1. Summary The aim of this first module is to enable students to make critical judgments, assess, explore, measure and recognize the striking diversity of populations' health status, health indicators, health inequalities, as well as organisation of healthcare systems in various countries of the European region. Accordingly, different approaches and techniques to assess and measure health, disease and quality of life are discussed in-depth. Thereof, definition of indicators, indicator sets and benchmarks are considered and analysed. Furthermore, students get acquainted with the health information systems and the major European public health databases. The module is built on an extensive EU perspective including the health information systems employed in the member states, but it also integrates the current developments in the transitional countries of Southeast Europe including a minimum health indicator set established in this region. Students will be offered the opportunity to practice and apply all these concepts through different practical assignments and project work. 2. Module Content 2.a. Contents: This opening module pays ample attention to the striking variation in the health status of populations and the healthcare arrangements within the European Region (from the Barents Sea to Cyprus, from the Azores to the Ural Mountains). In-depth analyses also take account of what are commonly known as the North-South and East-West gap hypotheses. This includes an understanding of how diseases are defined (e.g. in the International Classification of Diseases and Related Health Problems [ICD-10]). The module also covers how health, disease and quality of life are assessed and measured. In this respect the various approaches to defining indicators and establishing indicator sets and benchmarks are indispensable. Indicators are used to monitor and detect health determinants, different healthcare provisions, healthcare consumption, regional health status and health inequalities (including migrant health). These aspects are used to demonstrate the possibilities and limitations of the use of indicators and indicator sets. Health indicators that represent the objective dimension of health, such as mortality and morbidity measures, are frequently applied in public health. However, indicators of subjective health and sickness behaviour enjoy a growing popularity. The measurement of disability and functional (in)capacity, in particular, makes

sense in public health research, not only to quantify the seriousness of chronic disorders, but also to evaluate the outcome of interventions in physical therapy, rehabilitation medicine, or other medical fields. For this purpose, an impressive number of standardized health measurement rating scales have been developed, in the form of structured interviews, questionnaires, and observation scales. Examples are the measurement tools aimed at rating of basic and instrumental activities of daily living (ADL), and various pain questionnaires. Measurement scales that focus on the individual perception of functional disability are frequently applied in quality of life (QoL) investigations. Many instruments have been developed to assess the health-related quality of life, be it generic (applicable to different sorts of health problems, irrespective of type and severity, and without taking into account specific health dimensions), domain-specific (applicable to either the physical, or the psychic, or the social component of various diseases), or disease-specific (applicable to specific diseases and/or patient categories) QoL measures. Students will be systematically introduced into all these important public health concepts and tools which provide a scientific basis for assessment and measurement of population health. Indicator sets are also used to investigate how health information systems can be operated and maintained. The different EU health projects that have developed health information systems are used here as examples (e.g. the projects on European Community Health Indicators [ECHI & ECHIM], European Urban Health Indicators System [URHIS], and Development of Regional Indicators for Health [ISARE 1-3]). UM staff members include members from the steering groups of these projects; other group members will be invited to give guest lectures. In addition to the EU perspective, the example of Southeast Europe is used, where a Minimum Health Indicator Set (MHIS) was developed for 10 countries of this region between 2001 and 2003. The concept of 'burden of disease' and its related DALY (disability-adjusted life years) is also introduced in this first module. Different burden of disease studies from EU countries are provided as concrete examples of measurement of health at population level. Thus, the content of the first module addresses mainly the issues and questions of health assessment and measurement as well as health care indicators, which is the first step in the programme's aim that is facilitation of innovations, diffusion and translation of knowledge, and best practice exchange between the EU member states. Assessment and measurement of health status and health care systems dealt with in module 1 lays the grounds for the second module which in turn deals with the issue of "comparison" of health indicators and healthcare provisions in the European Region.

2.b. Essentials Strand: In the first module two topics are involved: history and basic understanding of standardization of public health data. The first lecture (on history) aims to provide students with essential knowledge and understanding of the history and the resulting dynamics within the European Region. From this point of view, this lecture on European history lays the foundations for understanding the topics in politics and implementation covered in later modules (especially in Module 4). To this end, it brings students on a higher level of understanding of how Europe and especially the European Union emerged politically. It also highlights the underlying chances and challenges of this political region, and in this way helps students understand the problems European health faces today. Advanced courses in European history and culture follow in the next modules. The second lecture deals with the basics of standardization of public health information. Standardization is a basic prerequisite for a fair comparison in order to assure that "apples are compared with apples". Age-standardization is a common procedure for comparison of public health indicators among countries and populations with different age structures. Students will get acquainted with the necessary skills to perform some basic age-standardization procedures.

2.c. Critical Thinking Strand: Two lectures in this module deliver a critical stance on basic concepts of Public Health in general and methodological aspects in particular. In a first lecture, the terms "Public" and "Health" are discussed, to reflect on implications when talking of "Public Health". This lecture deals with the theoretical understanding of health and disease. Different models to conceptualise these essential notions are presented. This discussion relates to questions of objectivity and normativity in defining health and disease. It reflects critically on the discussion of disease categories from the lectures in the Contents strand. When discussing the meaning of "Public" in Public Health it will be asked who or what "Public" is - especially in the context of Europe and the European Union - and how "Public Health" relates to "the Public's Health." The second lecture pays attention to further epistemological questions related to the work with

quantitative data. It presents and discusses the work of Theodore M. Porter (“Trust in Numbers”) that delivers historical and philosophical insights on the power of representation, the use and misuse of statistics, value-ladenness and normativity of categories and numbers. The lecture draws attention to the “metrological regime”, in this case the question of influence of measurement techniques on the public health knowledge base.

3. Practicals and Skills

3.a. Practice Strand: As students learn in this module how to work with indicators, they need practice to consolidate their understanding and learn how to apply the theoretical knowledge. To be able to compare health data, students learn in the Contents strand about different levels of data availability. An important dimension of finding the right data is which NUTS-level the data refer to (NUTS = nomenclature d'unités territoriales statistiques, a classification used by EUROSTAT). The lectures on “European public health databases” and “Health indicators and public health surveillance” provide students with the necessary theoretical background. In the Practice strand they now work with different databases (Eurostat, HFA, OECD, EUPHIX), but mainly HFA, to inquire into diversity in health status and healthcare provision in different countries of the European region. This is done in the computer lab classroom.

3.b. Project Strand: In addition to lectures on core knowledge and tutorials using PBL, the “Project” strand stimulates students to apply what they have learned and to develop their own pieces of work. This helps prepare them to become independent learners and workers. The project work starts with a lecture or supervised meeting before the groups begin work on their own. The results are presented at the end of each module. The first task in this module is to evaluate on statistical grounds a health measurement scale employing the SPSS software. The aim of the second task is to retrieve and consider a health measurement scale for public health evaluation purposes. Finally, students are required to make a detailed analysis of health measurement data by use of SPSS.

Goals

Objectives Knowledge and understanding At the end of the module, students have:

- knowledge about the main aspects of health status (including morbidity and mortality indices) of populations in the European region;
- knowledge about assessment and measurement of health, disease and quality of life;
- knowledge about health indicators, indicator sets and benchmarks;
- knowledge of the main indicators employed for detection and monitoring of health determinants, health inequalities, as well as healthcare provision, utilization and expenditure;
- knowledge about the main health information systems and databases used in the European region;
- understanding of the concept of “burden of disease”;
- understanding of the concept of “quality adjusted life years (QALY)”;
- knowledge and understanding of the health inequalities between North- South and East-West in the European region;
- knowledge about the various dimensions of health and the use of health indicators and vital statistics in public health planning and evaluation;
- knowledge on the principles of classifying health and disease phenomena, and the use of health classification systems;
- knowledge about health registries and health surveillance systems;
- knowledge about the International Classification of Diseases (ICD 10);
- knowledge about the various types of health measurement scales;
- knowledge on the theory of health and exposure measurement (clinimetrics), and the major parameters of the quality of a health measurement scale (validity, reliability, sensitivity to change, etc.);
- knowledge on the step-wise process of the development of a health (outcome) measurement scale;
- knowledge about the main principles of diagnostic testing and diagnostic strategies;
- knowledge on the main principles of population screening of health and disease problems and risk factors, and the evaluation of screening activities;
- knowledge about the main aspects of national healthcare systems in the European region including financing, delivery and organisation of health services;
- in-depth knowledge about the history and the resulting dynamics within the European region;
- knowledge and understanding of probabilistic thinking and evidence- based public health;
- knowledge on different categories and approaches of philosophy of health;
- knowledge on hidden normativity in numbers.

Application of knowledge and understanding At the end of the module, students are able to:

- use different health information systems and databases to obtain relevant indicators which describe/portray the health status and healthcare organisation in different countries of the European region;
- compare and interpret different indicators

pertinent to the health status and healthcare provisions in different countries of the European region; • calculate and interpret age-standardized morbidity and mortality rates in different countries of the European region using both the direct method and the indirect method of standardization; • retrieve and assess health measurement scales employed in different public health disciplines; • perform a statistical evaluation of health measurement scales used in different public health disciplines; • produce summary tables to describe and compare health status and health care systems in countries of the European region; • produce different types of charts (line charts, pie charts, histograms, box-plots, scatter-grams) to describe and compare different indicators of health status, health inequalities and healthcare systems in European countries. Making judgments At the end of the module, students are able to: • recognize and distinguish between different indicators and indicator sets related to health status, health inequalities and healthcare organisation in different countries of the European region; • examine and consider the major benchmarks employed for detection and monitoring of health status, health determinants, health inequalities and healthcare provisions in the European region; • appreciate the main elements of the learning process including selection of the most suitable reading materials and the most effective means of processing, storing and retrieving of the information obtained; • make critical judgements using the philosophically differentiated concepts of health and disease. Communication At the end of the module students are able to • communicate in a professional manner with healthcare professionals, public health experts, policymakers and decision-makers about issues related to health status and healthcare systems in the European region; • write and discuss in a professional/scientific fashion about topics related to health status, health inequalities and healthcare provisions in the European region; • perform well, and participate actively as a member of a tutorial group. Learning skills At the end of the module, students are be able to: • identify and distinguish between various core indicators of health status, health inequalities and healthcare provisions in different countries of the European region; • comprehend and give & receive feedback on the major health information systems and indicators sets employed for monitoring the health status and healthcare systems in the European region.

Instruction language

Prerequisites

Recommended literature

Basic Literature • Boorse C (1977) Health as theoretical concept. *Philosophy of Science* 44: 542-573. • D. L. Streiner and G. R. Norman. *Health Measurement Scales; a practical guide to their development and use* (third edition). New York, Oxford University Press, 2003. (SG WA 950; SL WA 950). • EU (2008). *European Union Public Health Information System (EUPHIX)*. Available at: <http://www.euro.who.int/HFADB>. Bilthoven, the Netherlands. • EU (2009). *Eurostat*. Available at: http://epp.eurostat.ec.europa.eu/portal/page?_pageid=1090,30070682,1090_33076576&_dad=portal&_schema=PORTAL. • Field A (2005). *Discovering Statistics using SPSS*. 2nd edition. SAGE Publications. • Gert B, Culver CM, Clouser KD (1997). *Bioethics: A return to fundamentals*. Oxford University Press, New York, Oxford. • Gordis L (2004). *Epidemiology*. 3rd edition. Philadelphia, W.B. Saunders Company. • Harbers MM, Van der Wilk EA, Kramers PGN et al. (2008). Dare to compare! Benchmarking Dutch Health with the European Community Health Indicators (ECHI). RIVM report number 270051011. Houten, Bohon Stafleu Van Loghum. • Khushf G (2007). An agenda for future debate on concepts of health and disease. *Medicine, Health Care and Philosophy* 10: 19-27. • Leder D (1995). Health and disease: V. The experiences of health and illness. In: Reich WT (Hrsg.) *Encyclopedia of bioethics*. Revised edition. Vol. 2., Schuster and Schuster Macmillan, New York. S 1106- 1113. • Mackenbach J, Meerding WJ, Kunst A (2007). *Economic implications of socio-economic inequalities in health in the European Union*. Luxembourg: European Commission, Health & Consumer Protection, Directorate General. • Marmot M, Wilkinson R (2006). *Social determinants of health*. 2nd edition. Oxford University Press. • Navarro V, Muntaner C (2004). *Political and economic determinants of population health and well-being: controversies and developments*. Baywood Publishing Company. • Nordenfelt L (2007).

The concepts of health and illness revisited. *Medicine, Health Care and Philosophy* 10: 5-10. • Organization for Economic Cooperation and Development (OECD) [2009]. SourceOECD (the OECD's Online Library of Statistical Databases, Books and Periodicals). Available at: <http://oberon.sourceoecd.org/vl=1150063/cl=33/nw=1/rpsv/home.htm>. • Porter TM (2006) Speaking Precision to Power: The Modern Political Role of Social Science. *Social Research* 73, 4:1273-1294 • Pult I, Sajantila A, Simanainen J, Georgiev O, Schaffner W, Pääbo S (1994) Mitochondrial DNA sequences from Switzerland reveal striking homogeneity of European populations. *Biol Chem Hoppe Seyler*. Dec;375 (12):837-40. • Tulchinsky TH & EA Varavikova (2008). *The New Public Health: An introduction for the 21st century*. 2nd edition. San Diego: Academic Press. • Van der Wilk EA, Melse JM, Den Broeder JM, Achterberg PA (2008) Learning from our Neighbours: Cross-national inspiration for Dutch public health policies: smoking, alcohol, overweight, depression, health inequalities, youth, screening. RIVM Report 270626001. • Verweij M, Dawson A (2007). The meaning of “public” in “public health”. In: Dawson A, Verweij M (Hrsg.) *Ethics, prevention and public health*. Clarendon Press, Oxford: 13-29. • WHO (2008). *Atlas of health in Europe*. 2nd edition. Copenhagen, WHO Europe. • WHO (2009). *European health for all database (HFA-DB)*. Copenhagen, WHO Europe. Available at: <http://www.euro.who.int/HFADB>. • Zaletel-Kragelj L, Bardehle D, Burazeri G, Donev D, Laaser U (2005). *Minimum Health Indicator Set for PH-SEE Countries, Second Report*. Edited by Stability Pact - Public Health Collaboration in South Eastern Europe (PH-SEE). LÖGD Bielefeld (ISBN 3-88139-128-2).

Teaching methods

ASSIGNMENT(S)

LECTURE(S)

PBL

TRAINING(S)

Assessment methods

WRITTEN EXAM

PRESENTATION

Key words

Diversity compared

Academic year 2011-12

Date last modified

23-4-2012 1:29

Period

Period 1 Startdate: 03-Oct-11 Enddate: 28-Oct-11

Code

EPH4002

ECTS credits

6.0

Organisational unit

Fac. Health, Medicine and Life Sciences

Coordinator

K.M. Czabanowska

Description

1. Summary This module will acquaint students with the science and art of comparing health and healthcare in the European Region. The students will learn why and how comparisons are made, how difficult it is to compare and what is being compared. Leading questions asked in this module are: How are we to choose the areas for comparison? What are the theoretical implications of comparative research and quantitative and qualitative methods used? What are the differences between variable and case-based comparisons? How can we assure that the factor and units of comparison resemble each other? How to cluster the units of comparison? The students will understand what can be the flaws of doing comparative research in the health field. They will be guided how to make use of the available datasets and databases for comparative studies such as: EUROSTAT, HFA-DB or EUPHIX. In the practical part of the module, students will be acquainted with public health geography approaches which will underpin the good health reports development to inform policy makers and the general public. At the end of the course, students will know how to design and write a meaningful and comparative health report integrating the knowledge and skills acquired in the module and horizontal supportive strands. 2. Module Content 2.a. Contents: This module concentrates on the comparability of regional, national and EU surveys and datasets. It examines which indicators can be compared to make a first step towards comparing health status and healthcare services in the European Region. In terms of methodology, attention is paid to the theoretical and practical aspects of comparative study designs, as well as to the pitfalls of comparative surveys and differences between variable and case-based comparisons. Research designs and techniques are taught which make valid comparative studies on aspects of health and healthcare at different levels (i.e. local and regional). The method of clustering regions into comparable groups is introduced. Special attention is also paid to data reflecting individual behaviour, group and organisational characteristics, the environment and society. Thus, this module utilises and increases the skills and knowledge obtained during the first module and gives to the studies a comparative regional, international and transnational direction challenging students to look at the EU programs which encourage cross-country comparisons.

It is foreseen that experts in the area of comparative health reporting from DG SANCO and EUROSTAT and experts on clustering and geographical approaches will give guest lectures for the students, The methods taught here are necessary to make meaningful, comparative public health reports. Writing such reports is one of the basic tasks of public health professionals, and an important tool in public health assessment. Thus, different ways of producing good health reports are taught, and students master their ability to write comparative public health reports. The topics used in the reports are also integrated in the Practice and Project strands of this module. How to make a policy impact through health reports is explored further in Module 6, when policy counselling in the context of implementing health innovations is studied.

2.b. Essentials Strand: In this module the following topics are covered: Advanced statistical techniques employed for assessment of the health impact of different risk factors based on the data and reports from various countries of the European region. These techniques include multivariable-adjusted logistic regression, linear regression, general linear models, and Cox proportional hazard regression. Advanced epidemiology and research methods, where students will obtain advanced knowledge about commonalities and differences of quantitative and qualitative research approaches, and an in-depth understanding of the preliminary steps of scientific research (research topic, literature review, formulation of study purpose, specific objectives and research hypotheses) and the main research designs employed in both quantitative and qualitative research pertinent to the area of public health. In addition, students will learn how to distinguish between various classes of intervention studies. They begin to identify core elements of the intervention study design (parallel, placebo-controlled, randomised clinical and community trials). They study the strategies and procedures to statistically analyse intervention trial results (survival analysis including life tables, Kaplan-Meier survival curves, log rank testing and Cox regression analysis). An in-depth course on multilevel modelling, which is a statistical technique used to analyse, e.g., hierarchical data, models and area-related effects by measuring the area-attributable variation and identifying area-based characteristics.

2.c. Critical Thinking Strand: The two lectures in this module analytically reflect on essential concepts used in European Public Health. First, the leading terms of the first three modules - difference and diversity - are discussed. What is the difference of these terms and what implications follow? How are the terms diversities / differences used when describing healthcare systems and practices throughout Europe? What do these concepts mean with regard to different populations with different health needs in Europe? What role does multiculturalism play for European Public Health? Questions of difference and diversity are e.g. related to the question of measles immunisation - a topic that will later be picked up in this strand again. The findings of the discussions are then related to the concepts of inequalities and inequities. When are inequalities considered to be inequities? What are the criteria for this? These concepts need reflective understanding for public health professionals to fulfil their duties, e.g. writing health reports. Second, the concepts of nations, nationalism, methodological nationalism, nationalities and citizenship are investigated, because these concepts become more and more important as the modules proceed. E.g. it will be asked what nations are, how they differ from societies and / or populations and what consequences from these understandings flow.

3. Practicals and Skills

3.a. Practice Strand: This part presents the public health geography approach, which combines maps with the presentation of indicators to analyse health situations and underpin good health reports. This is especially important in health reports for policymakers and the general public, because public health maps make comparative public health reporting in particular ostensive and vivid. Computer programmes like Instantatlas® and Gapmider are presented and techniques which are used to make public health maps demonstrated. Two sessions are held on this topic in the computer lab classroom so that students learn to use the appropriate programs. Students also learn to apply multilevel techniques to analyse the data obtained.

3.b. Project Strand: To deepen students' understanding of health reports, the project consists of two tasks. In the first task, students are to comment critically on existing health reports in light of the studied concepts, methods and approaches. For the second task, students write their own short health reports. Working groups are offered to contribute to the EUPHIX (EU Public Health Information & Knowledge System) database.

Goals

Objectives Knowledge and understanding At the end of the module, students have: § knowledge on science and art of comparing health and healthcare § knowledge on why comparisons are made and what is being compared § knowledge on theoretical implications of comparative research § knowledge of comparative methods § knowledge on the differences between variable and case-based comparisons § knowledge on the use of quantitative and qualitative methods § knowledge on how to assure that the factor and units of comparison resemble each other § knowledge on how to choose the areas for comparison § knowledge and understanding why the comparisons are made and what can be flows of doing comparative research in health § knowledge on how to design a comparative research in health and healthcare § knowledge how to make use of the available data sets for comparative studies e.g. from: EUROSTAT, HFA-DB § knowledge how to critically appraise the available comparative reports § knowledge of ethical aspects of comparative research in health and healthcare § knowledge on how to apply Public Health geography in the development of health reports § knowledge on why Public health geography approach is important in producing the health reports for both policy makers and general public § knowledge on how to write a health report § knowledge on how EU policy related to international comparisons is implemented by using instruments such as projects and programs. § knowledge on how to use the health reports to make policy impact and introducing change § knowledge of such approaches and statistical techniques as linear regression and multilevel modelling § knowledge of epidemiological research methods and approaches

Application of knowledge and understanding At the end of the module, students are able to: § apply knowledge and understanding to make theoretical assumptions related to comparative research in health and healthcare § design comparative studies § apply proper comparative methods § apply knowledge to develop quantitative and qualitative comparative study designs § make proper use of available data sets § choose areas for comparison § apply knowledge about geographical approaches used to comparing health § critically appraise health and healthcare reports § make ethical judgements about comparative research

Making judgments At the end of the module, students are able to: § formulate judgements based on available or provided information or data in such a way that it shows their ability to synthesize and analyse information in view of existent limitations and reflect on both social and ethical aspects linked to the problem in question § make proper judgements based on sound understanding of the concepts of diversities and differences used when describing healthcare systems and practices throughout Europe

Communication At the end of the module students are able to: § communicate their knowledge related to design, analysis and caveats of comparative health and healthcare research § present the results and conclusions of their work (health report) to both specialist/professional and lay audience § communicate the major aspects of the health and healthcare reports in a meaningful way with understanding of the impact it can have on policymaking.

Learning skills At the end of the module, students are able to: § investigate the field of comparative research health and healthcare in a fully self-directed and autonomous way § continue the investigation and upgrading the knowledge related to European health and healthcare comparisons according to their learning demand without supervision

Instruction language

Prerequisites

Recommended literature

Basic Literature • Allardt, E (1990). Challenges for comparative social research. *Acta Sociologica*, 33, pp.183-193 • Anand S, Peter F, Sen A (eds.) (2004) *Public health, ethics, and equity*. Oxford University Press, New York. • Bilheimer, Linda T. and Jane E. Sisk, *Collecting Adequate Data on Racial and Ethnic Disparities In Health: The Challenges Continue*, *Health Affairs*, 27, no. 2 (2008): 383-391 <http://content.healthaffairs.org/cgi/content/full/27/2/383>. • Chernilo D (2006). *Social Theory's Methodological Nationalism*. *European Journal of Social Theory* 9 (1): 5-22. • Cummins, Steven; Sarah Curtis, Ana V. Diez-Roux, Sally Macintyre (2007). *Understanding and representing 'place' in health research: A relational approach*,

Social Science & Medicine, Volume 65, Issue 9, November, 1825-1838. • Daniels N (2008). Just health: Meeting health needs fairly. Cambridge University Press, Cambridge. • D’Orazio M., Di Zio M., Scanu M. (2006) statistical Matching. Theory and Practice. Willey, Chichester. • Drummond, M et.al. (2005). Methods of economic evaluation of healthcare programs, Oxford University Press. • Espelt, Albert et al. (2008). Inequalities in health by social class dimensions in European countries of different political traditions, International Journal of Epidemiology 37(5):1095-1105; • EU (2008). European Union Public Health Information System (EUPHIX). Available at: <http://www.euro.who.int/HFADB>. Bilthoven, The Netherlands. • Fédération Nationale des Observatoires Régionaux de la Santé (2001). ISARE Project. Final Report. European Commission. • Field A (2005). Discovering Statistics using SPSS. 2nd edition. SAGE Publications. Chapters 5-6, 8-10. • Freedman D, Pisani R, Purves R. Statistics (2006). 3rd edition. Norton Publisher. Chapters 1-2. • Gordis L (2004). Epidemiology. 3rd edition. Philadelphia, W.B. Saunders Company. Chapters 6-8. • Hantrais L & Mangen St (eds.) (2007). Cross-National Research Methodology & Practice. London & New York: Routledge. • Hantrais L, (2008). International Comparative Research. Theory, Methods and Practice. Palgrave Macmillan • Healy J, McKee M (2004). Accessing Health Care: Responding to Diversity. Oxford, Oxford University Press. • Herzog T.N., Scheuren F.J., Winkler W.E. (2007). Data Quality and record Linkage Techniques. Springer, New York. • Hofstede G, (1991). Cultures and Organizations. Software and the mind. McGraw-Hill; London • Hofstede G, (2001). Culture’s Consequences: Comparing Values, Behaviors, Institutions and Organizations Across Nations. Thousand Oaks CA. • Kennet P (2001). Comparative Social Policy. Theory and Research. Buckingham: Open University Press. • Moore DS, McGabe GP (2006). Introduction to the practice of statistics. 5th edition. New York, Freeman. Chapters 10-13, 16. • Neuman WL (2006). Social Research Methods: quantitative and qualitative approaches. 6th edition. Chapters 1-5. • Nussbaum M, Sen A (eds.) (1993). The Quality of Life. Clarendon Press, Oxford. • Organization for Economic Cooperation and Development (OECD) [2009]. SourceOECD (the OECD’s Online Library of Statistical Databases. • Rihoux B., View on Qualitative Comparative Analysis. Bridging the Gap between the Qualitative and Quantitative Worlds? A Retrospective and Prospective. Field Methods 2003; 15; 351 (The online version of this article can be found at: <http://fm.sagepub.com/cgi/content/abstract/15/4/351>) • Scheuch, E (1989). Theoretical implications of comparative survey research: why the wheel of cross-cultural keeps on being reinvented, International Sociology, 4, pp147-689. • Vallagarda S, Koch L (eds) (2008). Research methods in public health, Gyldendal Akademisk, Copenhagen. • Spika JS, Wassilak St, Pebody R (2003). Measles and Rubella in the World Health Organization European Region: Diversity Creates Challenges. Journal of Infectious Disease 187(Suppl 1):191-197. • Stake R.,E. (1994). Case Studies, in Denzin, N.,K., Lincoln Y.,S. eds. Handbook of Qualitative Research. Sage Publications; Thousand Oaks, London, new Delhi. • Stone D (1999). Learning Lessons and Transferring Policy across Time, Space and Disciplines. Politics 19(1): 51-59. • Strauss A, Corbin J (1998). Basics of qualitative research. 2nd edition. SAGE Publications. Chapters 1-4. • WHO (2008). Atlas of health in Europe. 2nd edition. Copenhagen, WHO Europe. • WHO (2009). European health for all database (HFA-DB). Copenhagen, WHO Europe. Available at: <http://www.euro.who.int/HFADB>. • Yin., R. (2004). Case study Method. Sage Publications.

Teaching methods

LECTURE(S)

PBL

TRAINING(S)

PRESENTATION(S)

Assessment methods

WRITTEN EXAM

ASSIGNMENT

ATTENDANCE

Key words

Diversity and Best Practices

Academic year 2011-12

Date last modified

23-4-2012 1:29

Period

Period 2 Startdate: 31-Oct-11 Enddate: 25-Nov-11

Code

EPH4003

ECTS credits

6.0

Organisational unit

Fac. Health, Medicine and Life Sciences

Coordinator

T. Rotter

Description

1. Summary of the module In the third module, students are introduced to the evaluation of prevention and care in the European region, and to the identification and selection of best practices. They learn about models for evaluation and selection of best practices based upon criteria of equity, humanity, client satisfaction, efficiency, effectiveness and cost-effectiveness; they familiarise themselves with the methodology to assess the effectiveness and cost-effectiveness of prevention and care; and learn how these models and methods can be applied for cross-national comparison. In addition, they learn how to apply systematic reviews and benchmarking with a view to standardisation and best practices. The methodologies of health impact assessment (HIA) and health technology assessment (HTA) are introduced and applied. The students also study the international comparability of cost of illness. 2. Module Content 2.a. Contents: At the start of the module, students learn about different approaches to the evaluation of prevention and care. They are introduced to the different goals of process versus output and outcome evaluation, and learn about the methods for the assessment of the effectiveness and cost-effectiveness of interventions for prevention and care. Specifically, they are introduced to the hierarchy of evidence for defining best practices, including systematic reviews and meta-analysis, randomised controlled trials, cohort studies, case-control studies, cross-sectional surveys, case reports, and expert opinions. They are also introduced to criteria and protocols that have been specifically designed to address scientific evidence for public health interventions, including the Cochrane Library and review protocols, and are invited to critically reflect on the applicability of these approaches to public health and health promotion. In close connection to the Essentials and Project strands, the students gain a thorough understanding of systematic reviews and economic evaluation (notably cost-effectiveness, cost-benefit and cost-utility analyses). The different steps of a systematic review process and the methodologies of health impact assessment (HIA), health technology assessment including economic evaluation (HTA) are introduced and applied. Next, the students learn how to apply these models and methods for cross-national comparison and they explore methods for benchmarking based on standardisations and best practices. Further emphasis is

given to the question how cross-national and cross-regional research methodology is feasible. Students learn to identify pitfalls in cross-national and regional research and how to improve such research methodologically. This means using techniques to assure comparability and standardisation of the methods employed in each country.

2.b. Essentials Strand: In the third module the following topics are covered: A lecture on European history rounds off students' historical background knowledge. This particularly touches upon the question how history can explain the current cultures prevailing in Europe. This provides background understanding of some of the pitfalls researchers must keep in mind when carrying out cross-national and regional studies. In the statistics lecture, students are provided with an overview of meta-analysis and systematic reviews. Nowadays, meta-analysis is widely used in epidemiology, evidence-based medicine and evidence-based public health. Students will be introduced to the basic principles and rationale of this powerful technique (i.e. meta-analysis), which combines the results of several studies that address a set of related research hypotheses. This is normally done by identification of a common measure of effect size, which is modelled using a form of meta-regression. On the other hand, systematic reviews are advanced literature reviews focused on specific questions/topics which try to identify, appraise, select and synthesize all high quality research evidence relevant to the question/topic at hand. Systematic reviews of high-quality randomized controlled trials are crucial to evidence-based medicine, and randomized community trials are becoming a standard for evidence-based public health. From this point of view, an understanding of systematic reviews and how to implement them in practice is becoming mandatory for all professionals involved in public health and healthcare delivery. In the epidemiology lecture, students further learn about observational research designs and the advantages and disadvantages of these designs. This involves group-based studies (correlation/ecologic studies), as well as individual-based studies (cross-sectional designs, case-control studies, prospective/cohort studies, nested case-control studies, case-control within cohort designs, case-cohort designs and case-crossover designs).

2.c. Critical Thinking Strand: As this is the first module to deal explicitly with the concept of 'best practice', students critically reflect on this concept from the perspective of the philosophy of health sciences. A first strand of discussion leaves from a critical appraisal of evidence-based medicine (and Randomised Controlled Trials) and leads to lessons to learn for European Public Health. A second topic elaborates on context, culture and realism, to critically reflect upon the "Contents" and "Essentials" topics. This introduces the sociology of science and the question of different worldviews. This will be discussed in the context of Ludwik Fleck's and Thomas Kuhn's approaches. Questions of culture in general are broken down into questions of the culture of science.

3. Practicals and Skills

3.a. Practice Strand: To consolidate the understanding of evaluation and review, respectively, and to learn how to apply the theoretical knowledge, practice sessions are foreseen to learn to apply the different steps of a systematic review process and of health impact assessment and health technology assessment. In addition, a field trip to Luxembourg will be arranged to sensitise the students to topics for Module 4, including: policymaking and the world of politics, 'lobbying' to the European Institutions and working with civil society. The trip involves visits to a Directorate General of the European Commission, the Executive Agency for Health and Consumers, and possibly the European Parliament.

3.b. Project Strand: Students practice the methods for systematic reviewing and benchmarking, including the advanced statistics of the methodology, by assessing and criticising existing practices. This includes reviewing published studies and the simulation of a peer-review of a study to be submitted on the quality of a benchmark or HTA study with a strong quantitative component.

Goals

Objectives Knowledge and understanding At the end of the module, students have - insight in and knowledge of definitions and concepts of evaluation - insight in and knowledge about models and methods to assess effectiveness, cost-effectiveness, cost-benefit and cost-utility - insight in and knowledge about methods for systematic review and selection of best practices - insight in and knowledge about techniques to ensure cross-national comparability and standardisation - insight in and knowledge about concepts, models and methods of benchmarking - insight in and

knowledge about methodologies of health impact assessment (HIA) and health technology assessment (HTA) - insight in basic concepts of sociology of science - insight in meta-analysis, systematic reviews and observational research designs

Application of knowledge and understanding At the end of the module, students are able to: - understand the concept and role of evaluation in prevention and care - are able to apply methods to select and define best practices in prevention and care - are able to formulate a design or protocol to assess effectiveness of practices in prevention and care - understand the quantitative aspects of effectiveness, cost- effectiveness and cost-utility analysis and of systematic reviews - understand the difficulties and pitfalls in cross-national and cross- regional research - are able to apply the concepts, models and methods of benchmarking - understand the methods of health impact assessment (HIA) and health technology assessment (HTA)

Making judgements At the end of the module, students are able to: - critically reflect on the concepts of context, European culture and (scientific) culture - critically reflect on approaches to evaluation, evaluation studies and best practices - critically reflect on cross-national and cross-regional comparisons of prevention and care - make suggestions for evidence-based improvement of prevention and care practices

Communication At the end of the module students are able to: - communicate in a professional way with researchers, health experts, policy makers and other representatives of European organisations about issues of evaluation, effectiveness and best practices in health across the EU - write, discuss and present issues of evaluation, effectiveness and best practices in health across the EU in a professional manner

Learning skills At the end of the module, students are able to: - read, understand and comment on published evaluation studies and reviews - select appropriate methods to assess prevention and care practices in a cross-national context - search for, identify, analyse and interpret key information to underpin recommendations for improvement of practices in prevention and care

Instruction language

Prerequisites

Recommended literature

Basic Literature • Armstrong R, Waters E, Jackson N, Oliver S, Popay J, Shepherd J, Petticrew M, Anderson L, Bailie R, Brunton G, Hawe P, Kristjansson E, Naccarella L, Norris S, Pienaar E, Roberts H, Rogers W, Sowden A, Thomas H. (2007). Guidelines for Systematic reviews of health promotion and public health interventions. Version 2. Melbourne University: Australia. http://www.ph.cochrane.org/Files/Website%20Documents/Guidelines%20HP_PH%20reviews.pdf. • Centers for Disease Control and Prevention. (CDC). (1999). Framework for program evaluation in public health. Recommendations and Reports, 48 (RR-11), 1-40. • CRD: NHS Centre for Reviews and Dissemination. (2001). Undertaking Systematic reviews on research on Effectiveness. CRD's Guidance for those carrying out or commissioning reviews. CRD report Number 4 (2nd Edition). The National Health Service Centre for Reviews and Dissemination. <http://www.york.ac.uk/inst/crd/report4.htm> • Dorsch J, Yasin M (1998). A framework for benchmarking in the public sector. Literature review and directions for future research. International Journal of Public Sector Management, 11 (2/3), 91-115. • Driever MJ (2002). Are Evidenced-Based Practice and Best Practice the Same? Journal of Nursing Research 24(5), 591-597. • Field A (2005). Discovering Statistics using SPSS. 2nd edition. SAGE Publications. Chapter 16. • Fleck L (1979). Genesis and Development of a Scientific Fact. The University of Chicago Press, 1979. • Freedman D, Pisani R, Purves R. (2006). Statistics. 3rd edition. Norton Publisher. Chapters 1-2. • Garrido MV, Kristensen FB, Nielsen CP, Busse R (2008). Health Technology Assessment and Health Policy-Making in Europe. Current status, challenges and potential. Copenhagen: World Health Organization. • Goldenberg MJ (2006). On evidence and evidence-based medicine: Lessons from the philosophy of science. Social Science & Medicine 62: 2621-2632. • Gordis L (2004). Epidemiology. 3rd edition. Philadelphia, W.B. Saunders Company. Chapters 9-10, 13. • Harbers MM, Van der Wilk EA, Kramers PGN et al. (2008) Dare to compare! Benchmarking Dutch Health with the European Community Health Indicators (ECHI). RIVM report number 270051011. Houten, Bohon Stafleu Van Loghum. • Higgins JPT, Green S (Eds) (2008). Cochrane Handbook for Systematic

Reviews of Interventions Version 5.0.1 [updated September 2008]. The Cochrane Collaboration, 2008. Available from www.cochrane-handbook.org. • Jackson N, Waters E, for the Guidelines for Systematic Reviews of Health Promotion and Public Health Interventions Taskforce. Guidelines for Systematic Reviews of Health Promotion and Public Health Interventions, Version 1.2. Australia: Cochrane Health Promotion and Public Health Field, 2005. • Kelly P, Speller V, Meyrick J (2004). Getting evidence into practice in public health. London: Health Development Agency. • Kuhn TS (1996). The Structure of Scientific Revolutions, 3. edition. The University of Chicago Press, Chicago. • Lin V, Gibson B (2004). Evidence-based Health Policy. Oxford: Oxford University press. • Moore DS, McGabe GP (2006). Introduction to the practice of statistics. 5th edition. New York, Freeman. Chapter 17. • Neuman WL (2006). Social Research Methods: quantitative and qualitative approaches. 6th edition. Chapters 6, 9-11. • Nutbeam D, Bauman A (2006). Evaluation in a nutshell. Sydney: McGraw Hill. • Rossi, P. H., Freeman, H. E., & Lipsey, M. W. (1999). Evaluation: A systematic approach. Thousand Oaks, CA: Sage. • Rickles D (2009). Causality in complex interventions. *Medicine, Health Care and Philosophy* 12(1), 2009: 77-90. • Rychetnik L, Hawe P, Waters L, Barratt A et al. (2004). A glossary for evidence based public health. *J Epidemiol Community Health* 58: 538- 545. • Schlesselman JJ (1982). Case-control studies: design, conduct, analysis. New York: Oxford University Press, USA. • Strauss A, Corbin J (1998). Basics of qualitative research. 2nd edition. SAGE Publications. Chapters 5-8. • Vos R, Houtpen R, Horstman K (2002). Evidence-Based Medicine and Power Shifts in Health Care Systems. *Health Care Analysis* 10: 319-328. • Windsor, R., Baranowski, T., Clark, N., & Cutter, G. (1994). Evaluation of health promotion, health education, and disease prevention programs. Mountain View, CA: Mayfield.

Teaching methods

ASSIGNMENT(S)

LECTURE(S)

PRESENTATION(S)

TRAINING(S)

PBL

Assessment methods

ASSIGNMENT

WRITTEN EXAM

PRESENTATION

Key words

Europe as one Zone

Academic year 2011-12

Date last modified

23-4-2012 1:29

Period

Period 2 Startdate: 28-Nov-11 Enddate: 23-Dec-11

Code

EPH4004

ECTS credits

6.0

Organisational unit

Fac. Health, Medicine and Life Sciences

Coordinator

D.M.R. Townend

Description

1. Summary of the module In this module the European institutions are discussed from a legal and historical perspective. The first aim is to introduce students to the institutions, their history and tasks. The second aim is to teach students how policy processes and decision-making procedures are organised at the European and National level and what implications this has on the potential transfer of best practices throughout Europe. The third aim is to discuss European policy and law concerning (public) health. The fourth aim is to highlight the translation of evidence into policy. The continuum from evidence to policy making is an overarching component in the module. Students will strengthen their quantitative and qualitative research abilities in order to be equipped for this process. 2. Module Content 2.a. Contents: The EU treaties concentrate on the free movement for people, goods, services, and capital; less attention is paid to health and healthcare so far. These are generally perceived as public rather than private goods under the governance of member states (the subsidiarity principle in Art. 168 EC Treaty). Against such framework conditions, a central question is: how do we transform benchmarks into norms - how do we get from benchmark to reality? The EU and national regulations and agencies perform an important role in the transferability of practices in prevention and care between member states. In this module, students discuss potential opportunities and threats, realistic ambitions, and enabling as well as hindering actors and factors in the health field. This involves the study of EU treaties, the role of regulations and agencies with regard to health, and the transferability of practices in the EU (including the Commission's agencies EMEA, OSHA, EFSA, ECDC) and the European Region. Students will address the development of EU Health Principles and Actions, and in particular the "health in all policies" approach. As the focus is on the whole European Region, not only the EU, also the WHO, OECD, IMF and the World Bank have to be considered. A stakeholder analysis that reflects on the diversity of actors in the political reality is combined with institutional and governance theory. A multilevel analysis shows how different levels of actors are affected and what their impact on best practices is (including EC Health forums etc.). This module strives to provide the most appropriate actual overview of and insight into the position and role of EU, other European

and International bodies, and national regulations and agencies with regard to the transferability of situations and practices in prevention and care. 2.b. Essentials Strand: In the fourth module the following topics are covered: A lecture on European history links the previous history lectures of the Essentials strand with the politics and institutions of the European Region and the EU. This is done in close coordination with the Contents strand, but has added value in that it takes the perspective of history, and thus provides a systematic timeframe. The focus is on European integration and the establishment of an internal market, with the aim of providing a background to their influence on health policy. The lecture also covers the history of the EU treaties. With regard to statistics and economic analysis: Students deepen their understanding of the quantitative aspects of cost-effectiveness analysis (e.g. frequentist versus Bayesian approaches, an introduction to Markov Chain Monte Carlo [MCMC] methods). To contribute to their study of economic evaluations, students learn additional techniques such as ratio statistics and uncertainty analysis. Students further advance their epidemiology skills and integrate their knowledge on statistics by learning criteria to evaluate research quality, such as internal and external validity, measurement precision/accuracy, statistical efficiency, and issues related to the study power. In addition, this strand focuses also on advanced qualitative research. Furthermore, students deepen their understanding and ability to use quantitative questionnaires measuring multidimensional constructs, which are often used in European health surveys; for this very reason, factor analysis is introduced. Students consolidate their knowledge in the Project strand. 2.c. Critical Thinking Strand: The concepts of harmonisation, convergence and subsidiarity are discussed from an epistemological, philosophical, cultural and political perspective in the first lecture. Theories of social constructivism in combination with social technologies are examined to equip students with critical attitudes on how problems and solutions in fields relevant to policymaking are constructed and influence policy agendas. The second lecture discusses neofunctionalistic versus actor-centred institutionalist approaches in social and political theory in relation to the concept of harmonisation. 3. Practicals and Skills 3.a. Practice Strand: The political reality of European health policymaking is once more on the agenda. Following the Brussels excursion, two forums at Maastricht University with guests from Brussels are planned. These forums sensitise students to the 'real world' of public health policymaking - and especially health policymaking. For the first forum three representatives are invited to present their current work: one from a policymaking body, one from an expert EU forum and one from a civil society organisation (NGO). They will discuss with each other and with the students the topics on their agenda and on how policymakers and civil society really work together. Their shared experience and expertise allow students to gain better insight into the reality of health policy work, and train them to engage in discussions with these professional groups. For the second forum a representative from the pharmaceutical or food industry presents the topics s/he is currently prioritising, and engage in critical discussions with students on both content and meta-levels about how to make public-private partnerships. 3.b. Project Strand: Using their knowledge of qualitative research, students are to conduct a stakeholder analysis relating to what has been discussed in this module. The topic is the implementation of a health in all policies initiative. This can relate to the work of the first forum to be organised in the practice strand. Students also prepare for their thesis and placement. They apply for host institutions using a database with over 40 host institutions eager to take students of European health (this database has already been successfully used for the bachelor's programme). This is the students' first step in finding a thesis topic and host institution. Once they have identified the host institution, they narrow down their thesis topic together with their thesis and host supervisors. In the next modules students then prepare and write their thesis proposal.

Goals

Objectives Knowledge and understanding At the end of the module, students have: - insight in and knowledge about the main political and legal institutions of the EU, their tasks and their competences - insight in and knowledge about the decision procedures and legal and policy instruments - insight in and knowledge about the historical development of European unification and the role and content of the European Treaties - insight in and knowledge about the relation

between EU and the Member States and the principle of subsidiarity - insight in and knowledge about the formal competences and activities of the EU in the field of health (prevention, research, pharmaceuticals, services) - insight in and knowledge about the transformation of principles and evidence into policy - insights in theories of social constructivism related to aspects of transferability Application of knowledge and understanding At the end of the module, students: - understand the impact of the legal and political infrastructure of the EU - are able to assess the role of the EU and other bodies concerning prevention and healthcare on the level of the EU and on the national level. - are able to formulate a design or protocol for a policy oriented, translational research project Making judgements At the end of the module, students are able to - critically reflect on the function of laws, moral principles, and regulations which shape the governance of prevention and healthcare. Communication At the end of the module students are able to: - communicate in a professional way with policy makers and other representatives of European organisations - decipher the language barriers between professions involved in the translation of evidence into policies Learning skills At the end of the module, students are able to: - read a juridical case - have improved their writing skills, especially writing in an argumentative and analytical style - assess the translation process of evidence into policies.

Instruction language

Prerequisites

Recommended literature

Basic Literature • Bevan, G, Heldermaann JK, Wilsford D,(2010), Changing choices in health care: implications for equity, efficiency and cost, 1-17 • Boessen S (2008). The Politics of European Union Health Policy-Making. An actor-centred institutionalist analysis. Maastricht: Universitaire Pers Maastricht. • Field A (2005). Discovering Statistics using SPSS. 2nd edition. SAGE Publications. Chapter 15. • Freedman D, Pisani R, Purves R. Statistics (2006). 3rd edition. Norton Publisher. Chapter 6. • Ginsburg GS (2008). “‘Grand Challenges’ in the Translation of Genomics to Human Health”, European Journal of Human Genetics 16: 873-874. • Gordis L (2004). Epidemiology. 3rd edition. Philadelphia, W.B. Saunders Company. Chapters 5, 18. • Gostin, L.O. (2001). Health Information: Reconciling Personal Privacy with the Public Good of Human Health, Health Care Analysis 9: 321-335. • Hervey, T.K. & McHale, J.V. (2004). Health Law and the European Union. Cambridge University Press. • Khoury, M.J et al (2007). The continuum of translation research in genomic medicine: how can we accelerate the appropriate integration of human genome discoveries into healthcare and disease prevention?, Genetics in Medicine, 9 (10): 665 - 674. • Kickbusch I (2007). Innovation in health policy: responding to the health society, Gac Sanit. 21(4):338-42. • Lomas J (2007). “The in-between World of Knowledge Brokering” BMJ 334: 129-132 • Moore DS, McGabe GP (2006). Introduction to the practice of statistics. 5th edition. New York, Freeman. Chapter 14. • Mur-Veeman I, van Raak A, Paulus A (2008). Comparing integrated care policy in Europe: Does policy matter? Health Policy 85: 172-183. • Neale WC (1987). Institutions. Journal of Economic Issues, 21, 3, 1177-1206. • Neuman WL (2006). Social Research Methods: quantitative and qualitative approaches. 6th edition. Chapters 7-8. • Piattoni S (2009). Multi-level Governance: a Historical and Conceptual Analysis. European Integration Vol. 31, No. 2, 163-180. • Puska P, Stahl T, (2010) Health in All Policies—The Finnish Initiative: Background, Principles, and Current Issues, Annual Review of Public Health, Vol. 31: 315-328 • Schäfer W (2006). Harmonisation and Centralisation versus Subsidiarity: Which Should Apply Where? Intereconomics 41(5) 246-249. • Sieveking, K (2007). ECJ Rulings on Health Care Services and Their Effects on the Freedom of Cross-Border Patient Mobility in the EU, European Journal of Migration and Law 9: 25-51(long paper). • Stahl, T et al. (2006). Health in all Policies - Prospects and Potentials, Publication by the Finnish EU Presidency 2006, Finnish Ministry of Social Affairs and Health. • Strauss A, Corbin J (1998). Basics of qualitative research. 2nd edition. SAGE Publications. Chapters 9-14. • Van Kimmern J, deSavigny D, Sewankambe N (2006). Using Knowledge Brokering to Promote Evidence-based Policy-Making: the Need for Support Structures, Bulletin of World Health Organization 84: 608-612.

Teaching methods

LECTURE(S)

PBL

TRAINING(S)

Assessment methods

ATTENDANCE

WRITTEN EXAM

Key words

Unity Faces Diversity

Academic year 2011-12

Date last modified

16-10-2011 1:21

Period

Period 3 Startdate: 09-Jan-12 Enddate: 03-Feb-12

Code

EPH4005

ECTS credits

6.0

Organisational unit

Fac. Health, Medicine and Life Sciences

Coordinator

K.H.A.J. Michelsen

Description

1. Summary of the module The aim of this module is to enable students to address the diversity of health status and healthcare systems and to think critically about the aspects of the transferability of situations and practices to local and regional settings in Europe. "Diffusion" and "dissemination of innovation" as well as "transferability" are the key terms. Respective theories, models and studies will be studied. Several aspects of transferability are taken into consideration including socioeconomic and cultural factors, ethical aspects, quality of health information systems, management of healthcare services (including financial incentives) and quality assurance systems in place. Module 5 has strong links with module 6 and will address some topics which will be studied in depth in the next module where different approaches and instruments for effective and efficient transfer of good practices are discussed and considered in detail. These involve standards, guidelines, regulations, norms and conventions pertinent to organisation and administration of healthcare services including public health interventions, preventive medicine, as well as clinical practices and health targets as a unifying management tool across the European regions. In module 5, these approaches and instruments are mentioned as approaches to overcome the challenges linked with the dissemination of innovation and transferability. Their impact and effectiveness will be studied in Module 6. 2. Module Content 2.a. Contents: The will to disseminate innovation / best practise in a diverse environment requires to take the challenge of transferability into account. This fifth module addresses aspects of the challenges for the dissemination of innovation, especially the challenges linked with transferability, between different kinds of settings. The importance of demographic and epidemiological factors plays a role here, as do regulations and the conventions of local clinical practice and organisation in relation to quality and financial incentives. These factors and other relevant aspects of transferability, such as cultural factors, are explored and explained in depth. In other words, this module sets out to introduce the concepts of translation and transferability. The challenges of transferability are explored. Other obstacles in transferring standards belong to the policy and political arena. Thus, this module also examines health advocacy versus health diplomacy by way of the EU's health strategy, and

scrutinises political negotiations in this context. By studying the needs and requirements to stimulate and support the dissemination of innovation, students will become familiar with different approaches, tools and instruments (beside others the concept of health targets as a tool to 'unify' health management efforts in a diverse world; the open method of coordination, OMC). The impact and effectiveness of the different approaches, their major advantages and disadvantages will be studied in Module 6. 2.b. Essentials Strand: In the fifth module the following topics are covered: In the first lecture students get familiarised with demographic changes and its impact on public health, focusing on the European Region. This includes fact and figures as well as insight into different policies in the European Region. In the second lecture students learn about the contribution of health economics to the questions of translation, transferability and diffusion. The third lecture deals with in-depth analysis of economic evaluation of transferability, the related limiting factors and approaches to overcome obstacles and problems pertinent to transferability and diffusion. 2.c. Critical Thinking Strand: The two lectures in this module are on public health ethics - the field that works on criteria to balance individual rights with the common good where they come into conflict. Starting with a case study, the moral implications of obligatory measles immunisation, - that some might describe as an example of good public health management -, are discussed. This discussion will be led by applying several public health ethics frameworks. These include codes of conduct, approaches using mid-level principles and virtue ethics. Students acquire skills in ethical reasoning and learn to apply ethics to concrete situations and challenges. In a role play - arguing in favour and against obligatory measles immunisation -, they practise balancing and specifying norms and apply theoretical knowledge. Furthermore, they are introduced to the relationship of "good governance" (which will be a main topic also in the 6th module) and ethics. In this context students learn about good governance and local democracy in public health, using the case study of measles immunisation. 3. Practicals and Skills 3.a. Practice Strand: In the project strand, the students look at activities by the European Union directed towards stimulating innovation and supporting dissemination in the fields of public health and/or health services. They will analyze the specific policies / programmes and describe their (management) structure, aims and activities in the light of the theories and models about the dissemination of innovation. Thereby they prepare for the next parts of the project strand in Module 6 and 7, where they will develop a concept for the evaluation of the respective activities and get experiences in writing project proposals to acquire funding.

Goals

Objectives Knowledge and understanding At the end of the module, students have:

- knowledge about theories, models and approaches linked with the "dissemination of innovation"
- knowledge about the main aspects and issues related to transferability of health programmes, healthcare services and healthcare related technology in the European region
- knowledge and understanding of the principles and methods of health advocacy pertinent to the EU's health strategy
- knowledge and understanding of the concept of health diplomacy related to the EU's health strategy
- understanding of the importance of political context, political debates and negotiations as basic prerequisites for effective and efficient transferability and diffusion of good examples and best practices in the health field
- understand the main problems, challenges and obstacles related to transferability and diffusion of health programmes and healthcare services in different settings of the European region
- knowledge and understanding of the open method of coordination (OMC)
- in-depth knowledge and understanding of studies dealing with economic evaluation of healthcare programmes
- knowledge of the main designs employed for evaluation of effectiveness and impact of intervention programmes and healthcare practices encountered in different countries of the European region
- knowledge of moral aspects and reasoning in public health ethics.

Application of knowledge and understanding At the end of the module, students are able to:

- mention different approaches and techniques for transferability and diffusion of best practices related to health programmes in different countries of the European region
- understand an economic evaluation related to a health target programme in a particular setting of the European region
- take the first steps to design a study for evaluation of the effectiveness and impact of a health programme in the European region (this will be developed further in module 6)

and 7) • ethically argue about conflicts when transferring morally challenging best practices. Making judgments At the end of the module, students are able to: • recognize and distinguish between concepts of health advocacy and health diplomacy • examine and consider benchmarks related to transferability and diffusion of healthcare services and practices in the European region • appreciate the main elements of the learning process including selection of the most suitable reading materials relevant to the current module, and the most effective means of processing, storing and retrieving of the information obtained Communication At the end of the module students are able to: • communicate in a professional fashion with health experts, advocates, policymakers and decision-makers about issues related to transferability and diffusion of best practices and programmes pertinent to the health field in the European region • write and discuss in a professional manner on topics related to transferability and diffusion of healthcare programmes and practices in the European region • perform well, and participate actively as a member of a tutorial group Learning skills At the end of the module, students are able to: • identify and distinguish between different approaches and techniques employed for transferability and diffusion of healthcare programmes and practices in the European region • give and receive feedback on the most effective means of transferability and diffusion of health technology, as well as healthcare programmes and practices in the European region

Instruction language

Prerequisites

Recommended literature

Basic Literature • Aarden E, Van Hoyweghen I, Horstman K & Vos R (2008). Learning from Co-evolution of policy and technology. Different PGDs in the Netherlands, Germany and Britain. *Journal of Comparative Policy Analysis: Research and Practice*, 10, 2, 191-206. • Bayer R, Gostin LO, Jennings B, Steinbock B (2007) (eds). *Public Health Ethics. Theory, policy, and practice*. Oxford University Press, Oxford. • Bochner S., Center Y. (1996): Implementing conductive education in Australia: A question of programme transplantation. *Educational Psychology*, 16 (2): 181-192. • Boulenger, S., Nixon, J., Drummond, M., Ulmann, P., Rice, S. & Pourvourville, G. de. (2005). Can economic evaluations be made transferable?. *Eur J Health Econom*, 6 (4), 334-346. • Brand H (2007). Good governance for the public's health. *Eur J Public Health*: 17(6): 541. • Childress JF, Faden RR, Gaare RD, et al. (2002). *Public Health Ethics: Mapping the Terrain*. *Journal of Law, Medicine & Ethics* 30. S. 170-178. • Dawson A (2007). Herd protection as a public good: vaccination and our obligations to others. In: Dawson A, Verweij M (Hrsg.) *Ethics, prevention and public health*. Clarendon Press, Oxford, S. 160-178. • Dearing J.W. (2009): Applying Diffusion of Innovation Theory to Intervention Development. *Research on Social Work practice*, 19 (5): 503- 518. • Dearing, J. W. (2004). Improving the State of Health Programming by Using Diffusion Theory. *Journal of Health Communication*, 9 (6), 21-36. • Dearing, J. W. (2008): Evolution of Diffusion and Dissemination Theory. *Journal of Public Health Management and Practice*, 14 (2): 99-108 • Drummond, M. et al. (2009). Transferability of Economic Evaluations Across Jurisdictions: ISPOR Good Research Practices Task Force Report. *Value in Health*, 12 (4), 409-418. • Drummond, M., Manca, A. & Sculpher, M. (2005). Increasing the generalizability of economic evaluations: Recommendations for the design, analysis, and reporting of studies. *International Journal of Technology Assessment in Health Care*, 21 (2), 165-171. • Fetter, R.B., et al. (1980). Case mix definition by diagnosis related groups, *Medical Care*, 8 (S2): 1-53. • Field A (2005). *Discovering Statistics using SPSS*. 2nd edition. SAGE Publications. Chapter 14. • Fielding JE, Marks JS, Myers BW et al. (2002). How Do We Translate Science into Public Health Policy and Law? *The Journal of Law, Medicine & Ethics*, Suppl. to Vol. 30:3: 22-32. • Fitzgerald L (2002). *The Diffusion of Innovations in Health Care: The Science in Medicine*. Leicester Business School. • Goeree, R., Burke, N., O'Reilly, D., Manca, A., Blackhouse, G. & Tarride, J.- E. (2007). Transferability of economic evaluations: approaches and factors to consider when using results from one geographic area for another. *Current Medical Research and Opinion*, 23 (4), 671-682. • Gordis L (2004). *Epidemiology*. 3rd edition. Philadelphia, W.B. Saunders Company. Chapters 19-20. • Green, Lawrence W./Ottoson, Judith M./García,

César/Hiatt, Robert A. (2009): Diffusion Theory and Knowledge Dissemination, Utilization, and Integration in Public Health. *Annual Review of Public Health* 30: 151-174 • Greenhalgh T, Bate P, Kyriakidou O, Peacock R, Robert G, MacFarlane F, Donaldson L (2005). Diffusion of innovations in health service organisations: a systematic literature review. Blackwell Publishing. • Greenhalgh, Trisha/Robert, Glenn/Macfarlane, Fraser/Bate, Paul/Kyriakidou, Olivia (2004): Diffusion of Innovation in Service Organizations: Systematic Review and Recommendations. *The Milbank Quarterly* 82: 581-629 • Griggs, Jennifer J./Sobero, Melony E. S./Ahrendt, Gretchen/Stark, Azadeh/Heininger, Susanne/Gold, Heather T./Schiffhauer, Linda M./Dick, Andrew W. (2009): The Pen and the Scalpel. Effect of Information on Nonclinical Variations in Surgical Treatment. *Medical Care* 47: 749-757 • Haider, M. & Kreps, G. L. (2004). Forty years of Diffusion of Innovations: Utility and value in Public Health. *Journal of Health Communication*, 9 (6), 3-11. • Hämäläinen, TJ, Heiskala, R (eds) (2007). Social innovations, institutional change and economic performance : making sense of structural adjustment processes in industrial sectors, regions and societies. Edward Elgar. • Harz, Susanne/John, Jürgen (2009): Public health policy decisions on medical innovations: What role can early economic evaluation play? *Health Policy* 89: 184-192) • Hashimoto, Hideki/Noguchi, Haruko/Heidenreich, Paul/Saynia, Olga/Moreland, Abigail/Miyazaki, Shunichi/Ikeda, Shunya/Kaneko, Yoshihiro/Ikegami, Naoki (2006): The diffusion of medical technology reinvention: A comparative case study on coronary stenting. *Health Policy* 79: 221-230 • Keramaris, N. C./Kanakaris, N. K./Tzioupis, C./Kontakis, G./Giannoudis, P.V. (2008): Translational research: From benchside to bedside. *Injury* 39: 643-650 • Kimberly J.R., De Pourville, G.D'Aunno (eds). (2008): *The Globalization of managerial Innovation in Health care*, Cambridge: Cambridge University Press. • Kincaid, D. L. (2004). From Innovation to Social Norm: Bounded Normative Influence. *Journal of Health Communication*, 9 (6), 37-57. • Knies, S., Evers, S. M. A. A., Candel, M. J. J. M., Severens, J. L. & Ament, A. J. H. A. (2009). Utilities of the EQ-5D. Transferable or Not? *Pharmacoeconomics*, 27 (9), 767-779. • Knies, S., Severens, J. L., Ament, A. J. H. A. & Evers, S. M. A. A. (2008). Using cost-effectiveness results from abroad for local policy decisions. *European Journal of Hospital Pharmacy Practice*, 14 (4), 51- 54. • Latour B. (1987): *Science In Action: How to Follow Scientists and Engineers through Society*. Cambridge, MA: Harvard University Press, pp. 274. • Meyer, G. (2004). Diffusion Methodology: Time to Innovate? *Journal of Health Communication*, 9 (6), 59-69. • Moore DS, McGabe GP (2006). Introduction to the practice of statistics. 5th edition. New York, Freeman. Chapter 15. • National Institute for Health and Clinical Excellence (NICE). (2007). *The guidelines manual*. London: NICE. • Neuman WL (2006). *Social Research Methods: quantitative and qualitative approaches*. 6th edition. Chapter 16. • Nuffield Council on Bioethics (2007). *Public health: Ethical issues*. London, Nuffield Council on Bioethics. • Organisation for Economic Co-operation and Development (OECD) [2005]. *Health technologies and decision making: The OECD Health Project*. OECD Publishing. • Packer, Claire/Simpson, Sue/Stevens (on behalf of EuroScan: the European Information Network on New and Changing Health Technologies) (2006): International diffusion of new health technologies: A ten- country analysis of six health technologies. *International Journal of Technology Assessment in Health Care* 22: 419-428 • Pedersen A.V. (2000): Conductive Education - A critical Appraisal . *Advances in Physiotherapy*, 2: 75-82. • Ratzan, S. C. (2004) Editor's Note. *Journal of Health Communication*, 9 (6), 1. • Roer, N. van der, Tulder, M. van, Mechelen, W. van & Vet, H. de. (2008). Economic Evaluation of an Intensive Group Training Protocol Compared With Usual Care Physiotherapy in Patients With Chronic Low Back Pain. *Spine*, 33 (4), 445-451. • Rogers EM (1995). *Diffusion of Innovations*, 4th edition, New York: Free Press. • Rogers, E. M. (2004). A Prospective and Retrospective Look at the Diffusion Model. *Journal of Health Communication*, 9 (6), 13-19. • Rosenau, Pauline Vaillancourt (2000): Manage Medical Technology: Lessons for the United States from Quebec and France. *International Journal of Health Services* 30/3: 617-639 • Slade, Eric P./Andersen, Gerard F. (2001): The relationship between per capita income and diffusion of medical technologies. *Health Policy* 58: 1-14 • Snyder, L. B. et al. (2004). A Meta-Analysis of the Effect of Mediated health Communication Campaigns on Behaviour Change in the United States. *Journal of Health Communication*, 9 (6), 71-96. • Stephens, K. K., Rimal, R. N. & Flora, J. A. (2004). Expanding the Reach of Health Campaigns: Community Organizations as Meta-Channels for the Dissemination of Health Information. *Journal of Health Communication*, 9 (6), 97-111. • Welte, R., Feenstra, T., Jager, H. & Leidl, R.

(2004). A Decision Chart for Assessing and Improving the Transferability of Economic Evaluation Results Between Countries. *Pharmacoeconomics*, 22 (13), 857- 876. • WHO (2006): Public health, innovation and intellectual property rights. Geneva: WHO.

Teaching methods

ASSIGNMENT(S)

LECTURE(S)

PBL

PRESENTATION(S)

TRAINING(S)

Assessment methods

ASSIGNMENT

WRITTEN EXAM

PRESENTATION

Key words

Research Methods

Academic year 2011-12

Date last modified

23-4-2012 1:29

Period

Period 3 Startdate: 09-Jan-12 Enddate: 03-Feb-12

Code

HPI4005

ECTS credits

6.0

Organisational unit

Fac. Health, Medicine and Life Sciences

Coordinator

F. Angeli

Description

Summary At the end of the master program, the students must conduct an individual research project and write a thesis about the project. This unit prepares students for the proper execution of a research project. Students acquire knowledge of the qualitative and quantitative research methods which are used frequently in the fields that are covered by the master program. This knowledge concerns the following steps that are taken during the preparation and execution of a research project: formulating a problem statement, choosing or selecting a theoretical framework, developing a research design, selecting methods for data collection and for data analysis, writing a report. Among the research methods are descriptive and inferential statistics, case study methods, literature review, policy, process and effect evaluation. During a skills training each student learns how to apply the acquired knowledge by writing a research proposal, which is executed during the thesis research project. For this proposal and in consultation with their thesis supervisor and the placement coordinator, students can select their own topic, provided that the chosen topic fits with one or more key topics of the master program. Preferably, topics should also match with research topics of "The School for Public Health and Primary Care: CAPHRI". In addition, they can select the theory, design and research methods from a range of accepted approaches. Practical(s) and Skills training During the skills training, the students are supervised by a trainer who guides them through the process of preparing and writing a research proposal for their individual master thesis research project. Students prepare and write their proposal as a member of a study team ('thesis group'). During the consecutive meetings of the study team in the training, the students present the parts of their proposal ('work-in progress'), they receive feedback from the other team members and the trainer and they give feedback to the other members. Students use the feedback improve their research proposal. Because the meetings allow students to become acquainted with each other's proposals, these meetings not only assist students in designing and improving their own research proposal, but also enable them to acquire more general insights into the actual process of setting up research. After the unit, students will execute their master thesis research project on the basis of the research proposal which they

wrote during the unit.

Goals

Objectives Knowledge and understanding Students will acquire knowledge of and insight into: 1. Research methodologies and research designs that are common in the fields of the master program. 2. Methods for data collection and data analysis that are key in the fields of the master program. 3. Reporting methods. Applying knowledge and understanding Students will be able to: 4. Use knowledge of theories and issues from other units to write a research proposal. 5. Select or develop a problem statement, a theoretical framework, the research methodology and research methods for their master thesis research project. Making judgments 6. Students develop a scientific attitude. After having completed this unit, the students are able to: 7. Critically assess the applicability, strengths and weaknesses of the research methodologies and methods that are taught and discussed during the unit. 8. Form opinions about the proper use of research methods in research articles. Communication 9. Students are able to communicate effectively by discussing research methods, doing presentations, giving feedback to the work of others, and by writing a research proposal. Learning skills The student are trained to: 10. Draw up a research proposal in a collaborative setting.

Instruction language

Prerequisites

Recommended literature

Literature - Aveyard, H. (2007). Doing a literature review in health & social care. Maidenhead, Berkshire: Open University Press, McGraw-Hill Education. - Cresswell, J.W. (2008) Research Design: Qualitative, Quantitative and Mixed Methods Approaches. 3rd edition. London: Sage. - Polit, D.F. and Beck, C.T. (2008) Nursing Research: Generating and Assessing Evidence for Nursing Practice. 8th Edition. Philadelphia: Lippincott, Williams and Wilkins.

Teaching methods

LECTURE(S)

PBL

Assessment methods

FINAL PAPER

WRITTEN EXAM

Key words

From Diversity to Innovation

Academic year 2011-12

Date last modified

23-4-2012 1:29

Period

Period 4 Startdate: 06-Feb-12 Enddate: 09-Mar-12

Code

EPH4006

ECTS credits

6.0

Organisational unit

Fac. Health, Medicine and Life Sciences

Coordinator

T. Rotter

Description

1. Summary of the module This module introduces the students to the concepts and methods of health target setting and their implementation. Starting from the theoretical frameworks of change theory, governance theory, organisational theory, and network theory, students will consider the role of target setting and the implementation and monitoring of health targets for innovative policy making at national and subnational level in the EU and in the European region. In addition, they will consider project planning as a framework to apply planned change for the implementation of health policies. Particular attention will be given to the role of research evidence and health reporting, participation of relevant stakeholders and leadership in the processes of implementing change. Capacity building will be discussed as a framework to create the conditions for sustained change of health practices. The practicals and skills component of this module will focus on training students in project planning and management, which will prepare them for the assignment to develop a business plan for a health management programme. 2. Module Content 2.a. Contents: The focus of this module is to help students understand the challenges of implementation at different levels. To this end, students will apply the theoretical frameworks of planned change, and will be introduced to organisational theory, network theory, and governance theory - while focussing on national, regional and local settings. The students will then critically examine policy making processes from the perspective of governance theory and the concept and methods of policy counselling to bring about policy change. Particular attention will be paid to the translation of research evidence and health statistics and of health information systems as examined in previous modules into policies, to leadership and regulation, and to information from and participation of relevant stakeholders (including healthcare professionals) in processes of innovation and change. In addition, students will learn to apply intervention mapping to identify and address the challenges and barriers that need to be overcome for successful implementation of innovative practices. In this context, project planning models and planning quality assessment protocols will be introduced as a means to enhance the effectiveness of innovative interventions. Capacity building models will be discussed as a way to ensure sustainability of outcomes. 2.b. Essentials

Strand: In this module the following two topics are covered: Organisational theory: students are introduced to the most authoritative theories of basic functioning of organisations and best examples and practises in the European region. Innovation networks: aspects related to the effectiveness and efficiency of innovation networks are discussed. Students will get familiar with the most successful examples and best practices pertinent to innovation networks. 2.c. Critical Thinking: Implementation, innovation and modernisation are no easy concepts - neither in theory nor in practice. The Critical Thinking strand in this module deals with different theoretical approaches to these concepts. It touches upon the concrete hindering and promoting factors of implementing health innovations in the EU and the European Region. 3. Practicals and Skills 3.a. Practice Strand: To consolidate the understanding of planned change as applied to policy making and innovation, and to learn how to apply the theoretical models of change, practice sessions are foreseen in which students learn to apply the different steps of intervention mapping to plan and implement a project. This knowledge should not only help them prepare their master's thesis during their placement, but is also of direct relevance for their future career, as many students will be directly involved in project management tasks as project coordinators or collaborators in various health organisations, as project officers in different health institutions, or as health researchers. 3.b. Project Strand: Students will apply the project planning and management models through an assignment for which they are instructed to develop a business plan for a health management programme. They are expected to apply this to one of their own projects - e.g. the master's thesis preparation. During this time they are also expected to continue writing their thesis proposals.

Goals

Objectives Knowledge and understanding At the end of the module, students have • insight in and knowledge of concepts and models of planned change, including organisational theory, network theory, diffusion of innovations theory and capacity building models • insight in and knowledge of concepts and models of planned policy change, including governance theory • insight in and knowledge of policy making processes in the European region • insight in and knowledge of models for project planning and project management, including intervention mapping. Application of knowledge and understanding At the end of the module, students are able to: • compare and interpret the main advantages and disadvantages of different approaches and techniques for the transferability, implementation and diffusion of health care and prevention programmes in the European region • understand the role of research evidence and health reporting as a basis for innovation and change of policies and practices related to health • understand the role of participation of relevant stakeholders and of leadership in the processes of innovation and change • apply and integrate concepts and models of organisational change and of planned policy change to plan and implement innovative practices in existing settings • apply project planning models to develop a business plan for a prevention project or health management programme. Making judgements At the end of the module, students are able to: • critically reflect on the EU public health law • critically reflect on policy making processes and innovation practices for public health in the EU and in the European region • make suggestions for evidence-based interventions to innovate prevention and care practices in the EU and in the European region. Communication At the end of the module students are able to: • communicate in a professional way with researchers, health experts, policy makers and other representatives of European organisations about policy making processes and innovation practices for public health in the EU and in the European region • write, discuss and present issues related to policy making processes and innovation practices for public health in the EU and in the European region Learning skills At the end of the module, students are able to: • read, understand and comment on published documents related to EU health policy making and innovation practices • search for, identify, analyse and interpret key information to serve as a basis for innovation and change of policies and practices related to health • develop a business plan for a prevention project or health management programme.

Instruction language

Prerequisites

Recommended literature

Basic Literature • Atun R, Menabde N, Saluvere K et al. (2006). Introducing a complex health innovation—Primary healthcare reforms in Estonia. *Health Policy*, Volume 79, Issue 1, Pages 79-91. • Buse K, Mays N, & Walt G (2005). *Making health policy*. Open University Press, Berkshire • Ingraham P, Lynn E (2004). *The art of governance: analyzing management and administration*. Georgetown: Georgetown University Press. • Green LW, Kreuter MW (1999). *Health Promotion Planning: An Educational and Ecological Approach* (third edition) Mountain View, California: Mayfield, 1999. • Kickbusch I (ed.) (2009). *Policy Innovation for Health*. New York, Springer. • McLean S, Feather J, Butler-Jones D (2005). *Building health promotion capacity: action for learning, learning from action*. Toronto/Vancouver: UBC Press. • NSW Health Department (2001). *A Framework for Building Capacity to Improve Health*. www.health.nsw.gov.au. • Organisation for Economic Co-operation and Development (OECD) [2005]. *Health technologies and decision making: The OECD Health Project*. OECD Publishing. • Scott J (1992). *Social Network Analysis*. Newbury Park CA: Sage. • Versluis E (2007). Even rules, uneven practices. *Opening ‘the black box’ of EU law in action*. *West European Politics*, 30 (1), 50-67. • Wismar M, McKee M, Ernst K, Srivastava D, Busse R (2008). *Health Targets in Europe. Learning from experience*. Brussels: European Observatory on Health Systems and Policies. • Schofield J (2001) Time for a revival? *Public Policy implementation: a review of the literature and an agenda for future research*. *International Journal of Management reviews*, 3 (3), 245-263. • Nutley S, Walter I, Davies HT (2003). From knowing to doing. *A framework for understanding the evidence-into-practice agenda*. *Evaluation*, 9 (2), 125-148.

Teaching methods

ASSIGNMENT(S)

LECTURE(S)

PBL

TRAINING(S)

Assessment methods

WRITTEN EXAM

PRESENTATION

Key words

Monitoring Innovation

Academic year 2011-12

Date last modified

23-4-2012 1:29

Period

Period 4 Startdate: 12-Mar-12 Enddate: 06-Apr-12

Code

EPH4007

ECTS credits

6.0

Organisational unit

Fac. Health, Medicine and Life Sciences

Coordinator

K.H.A.J. Michelsen

Description

1. Summary of the module This module is the core module in the Assurance Phase, following the programme's underlying three steps of the Public Health Trias (see above point 2.1). Once a new practice is implemented, there is no guarantee that it will be continuously effective. Following the cycle of the Public Health Trias policies and other kinds of interventions need to be re-assessed and, if necessary, modified or replaced. In this module, students explore the role and influence of monitoring and quality systems and agencies in prevention and care as applied in Europe. Attention is paid to the efficiency and effectiveness of the coexistence and collaboration of different governing systems and agencies. But the main focus will be on the organizational level (quality management in hospitals and other service providing institutions). Quality assurance approaches are also exemplified in the context of health promotion.

2. Module Content

2.a. Contents: This module is the core module in the Assurance Phase, following the programme's underlying three steps of the Public Health Trias (Modules 1-3 = Assessment, Modules 4-6 = Policy Development, Module 7-8 = Assurance). Once a new practice is implemented, there is no guarantee that it will be continuously effective. In this module, students explore the role and influence of monitoring and quality systems and agencies in prevention and care as applied in Europe. Attention is paid to the efficiency and effectiveness of the coexistence and collaboration of different governing systems and agencies. But the focus is on the organisational level (e.g. quality management in hospitals and other service providing institutions). Quality assurance approaches are exemplified in the context of health promotion. Quality assurance is here also linked to (process) evaluation (cf. Module 3).

2.b. Essentials Strand: In the seventh module research methods, statistics and epidemiology are taught for the last time, now geared towards students' thesis proposals: Sources of bias, including selection bias, information bias and confounding. Students learn how to deal with these issues using techniques and procedures to minimise/avoid different types of selection and/or information bias. Strategies for both sampling and statistical modelling are taught in order to obtain more valid results. The problems in health outcome analyses when dealing with aggregate data are dealt with in detail. Advanced qualitative research: the last lecture wraps

up the students' acquired knowledge on qualitative research methods. 2.c. Critical Thinking: In the first lecture, the concepts of empowerment, control and quality assurance in the health promotion context are critically discussed. To wrap up the discussions led in this module, the second lecture investigates the possibilities and limitations of pluralistic approaches in public health and comparative health policy analysis. It will be done by repeating central arguments and applying theories in role play discussions. 3. Practicals and Skills 3.a. Practice Strand: A lecture is given on self-motivation in times of writing a thesis or dissertation. This complements the self-organisational aspects of the Practice strand from the last module. Students also receive methodological guidance for writing their theses. This includes: • the formulation of the purpose (the 'why' of the study), • specific objectives (the 'what(s)' of the study), • hypothesis, • definition of study type, • definition of study population and sampling method (if applicable), • methods of data collection (interview, inspection, physical examination including laboratory testing, literature research, or use of documentary sources), • variables (operational definition of variables included in the study and their respective scales of measurement), • data analysis (statistical procedures and/or qualitative techniques), • reporting of the findings (presentation of results in tables, graphs, etc.), and • discussion and interpretation of the findings. Special attention is paid to the discussion and consideration of study limitations to sensitise students regarding the pitfalls/drawbacks/limitations of any kind of research, regardless of its strengths. 3.b. Project Strand: In this module students work in thesis groups and refine their proposals. These groups act like research forums, in which students peer-review and critically appraise each other's proposals.

Goals

Objectives (in progress) Knowledge and understanding At the end of the module, students have • insight and knowledge of the relevance of monitoring systems, quality management, and evaluation for the implementation and reassessment of different kinds of innovations; • knowledge about existing agencies / institutions and their practices in the field of monitoring and evaluation in prevention and health care, especially at the EU level as well as for selected Member States and other European States; • not "only" insight and knowledge of different concepts and methods of monitoring, quality management and evaluation, but also opportunities and challenges linked with their practical realization; • insight and knowledge about the different requirements for monitoring and evaluation in different contexts (e.g. at the European level, the level of the Member States or within organizations, or linked with policy making, programs, projects or organizational activities); • challenges linked with health policies and health systems, especially in the fields of prevention and health promotion. **Application of knowledge and understanding** At the end of the module, students are able to: • assess concepts and methods for monitoring, quality management and evaluation; • assess the effects of agencies and institutions being involved in monitoring, quality management and evaluation; • analyze materials from monitoring systems, quality management, evaluation to assess if a new policy, programme, project, practice has been implemented effectively and works in line with expectations; • become involved in the developing, implementation and realisation of respective concepts; • produce materials for the assessment of policies, programmes, projects and practices. **Making judgements** At the end of the module, students are able to: • make judgments if policies, programmes or projects have been implemented adequately, fulfill requirements and expectations or should be modified or replaced; • make judgments about concepts and methods for monitoring, quality management and evaluation and their practical realization. • make judgments about the effects of monitoring, quality management and evaluation regarding control, learning and capacity building. **Communication** At the end of the module students are able to: • communicate in a professional way with researchers, health experts, policy makers and other representatives of European organizations about opportunities and challenges to monitor and evaluate the effects of the implementation of policies, programmes, projects, practices or the findings and conclusions from monitoring and evaluation. • organize, moderate and participate in communication being necessary for monitoring, quality management and evaluation. **Learning skills** At the end of the module, students are able to: • assess the opportunities, challenges and effects of selected existing monitoring systems,

quality management and evaluation; • analyze and use information from monitoring systems, quality management and evaluation; • become involved in the conceptualization and realization of internal and external monitoring systems, quality management programs and evaluation.

Instruction language

Prerequisites

Recommended literature

Basic Literature • Allegrante (2006). In Search of a New Ethic for Health Promotion. *Health Education & Behavior*, Vol. 33 (3): 305-307. • Arah, Onyebuchi A./Klazinga, Niek S./Delnoij, D.M.J./Ten Asbroek, A.H.A./Custers, T. (2003): Conceptual frameworks for health systems performance: a quest for effectiveness, quality, and improvement. *International Journal for Quality in Health Care* 15 (5): 377-398 • Arah, Onyebuchi A./Westert, Gert P./Hurst, Jeremy/Klazinga, Niek S. (2006): A conceptual framework for the OECD Health Care Quality Indicators Project. *International Journal for Quality in Health Care* 2006: 5-13 • Buchanan DR (2006). A New Ethic for Health Promotion: Reflections on a Philosophy of Health Education for the 21st Century. *Health Education & Behavior*, Vol. 33 (3): 290-304. • Buchanan DR (2006). A New Ethic for Health Promotion: Reflections on a Philosophy of Health Education for the 21st Century. *Health Education & Behavior*, Vol. 33 (3): 290-304. • Freedman D, Pisani R, Purves R. *Statistics* (2006). 3rd edition. Norton Publisher. Chapter 6. • Gordis L (2004). *Epidemiology*. 3rd edition. Philadelphia, W.B. Saunders Company. Chapters 14-15. • Grol, Richard/Wensuing, Michel/Eccles, Martin (2005): *Improving Patient Care. The Implementation of Change in Clinical Practice*. Edinburgh et al.: Elsevier • Jasanoff, S. (2007): *Designs of Nature. Science and Democracy in Europe and the United States*. Princeton University Press: (pp. 1-41) • Komashie, Alexander/Mousavi, Ali/Gore, Justin (2007): Quality management in healthcare and industry. *Journal of Management History* 13 (4): 359-370 • Legido-Quigley, Helena/ McKee, Martin/ Nolte, Ellen/Glinos Irene A (2008): *Assuring the Quality of Health Care in the European Union. A Case for Action*. Observatory Studies Series No. 12. Copenhagen: WHO on behalf of the European Observatory on Health Systems and Policies. (<http://www.euro.who.int/document/e91397.pdf>) • Lighter, Donald E./Fair, Douglas C. (2004): *Quality management in health care: principles and methods*. 2nd ed. Boston et al.: Jones and Bartlett • Marmor et al. (2005): Comparative perspectives on policy learning in the World of health care. *Journal of Comparative Policy Analysis* 7 (4): 331-348 • McLaughlin/Kaluzny (2006) *Continuous Quality Improvement in Health Care*. 3rd edition. Sudbury et al.: Jones and Bartlett • Moore DS, McGabe GP (2006). *Introduction to the practice of statistics*. 5th edition. New York, Freeman. Chapter 10. • Murray, Christopher J. L./Evans, David B. (2003): *Health systems performance assessment: debates, methods and empiricism*. Geneva: WHO (<http://whqlibdoc.who.int/publications/2003/9241562455.pdf>) • Neuman WL (2006). *Social Research Methods: quantitative and qualitative approaches*. 6th edition. Chapters 12-13. • Pringle, M. (2003): *Improving Quality: bridging the health sector divide*. *International Journal for Quality in Health Care* 15 (6): 457-462 • Strauss A, Corbin J (1998). *Basics of qualitative research*. 2nd edition. SAGE Publications. Chapters 15-17. • Tengland PA (2007). Empowerment: A goal or a means for health promotion? *Medicine, Health Care and Philosophy* 10:197-207.

Teaching methods

ASSIGNMENT(S)

LECTURE(S)

PBL

TRAINING(S)

Assessment methods

WRITTEN EXAM
PRESENTATION

Key words

The European Union Revisited

Academic year 2011-12

Date last modified

23-4-2012 1:29

Period

Period 5 Startdate: 09-Apr-12 Enddate: 20-Apr-12

Code

EPH4008

ECTS credits

3.0

Organisational unit

Fac. Health, Medicine and Life Sciences

Coordinator

D. Popa

Description

1. Summary of the module This final module reflects upon the future role and position of the European Union, the individual Member States and their respective agencies in the quest for better quality, equity, transferability, innovativeness and competitiveness in health and healthcare in Europe. This includes an investigation of health implications and health strategies with regard to the EU enlargement, especially Turkey and Southeast Europe. Finally, as a means to fully grasp the European dimensions of health, students are taught to look beyond the European Region, to examine health from a global perspective and to identify and distinguish the role and contribution of Europe in global health. These issues are discussed in the first 2 weeks. In the framework of this module, students will also visit the headquarters of the WHO in Geneva to discuss different aspects and issues related to the role of the (European) health policy and decision-making - also in the global perspective. The second part of this module is the placement of students, where they finalise their master thesis (10 weeks). 2. Module Content 2.a. Contents: This module wraps up the topics of the previous modules and allows students to look beyond the borders of the EU. This is done while focusing different aspects synthesised in futuristic scenario discussions: one aspect is to reflect upon the future role and position of the European Union, the individual Member States and their respective agencies in the quest for better quality, equity, transferability, innovativeness and competitiveness in health and healthcare in Europe and the world. The question remains open how stakeholders can secure the right balance between diversity and unity in practice and governance in Europe. The second aspect widens these scenario discussions focussing on health implications and health strategies with regard to EU enlargement (especially Turkey and Southeastern Europe). Finally, as a means to fully grasp the European dimensions of health, students are taught to look beyond the European Region, to examine health from a global perspective and to identify and distinguish the role and contribution of Europe in the quest for global health. . 2.b. Essentials Strand: The Essentials strand presents general scenarios for Europe's future, including the EU enlargement. This feeds into the perspective of the Contents strand. Response lectures are offered to ask questions and deepen aspects

of research methods. 2.c. Critical Thinking Strand: The last lecture of this strand in the programme will be on global justice and health - to critically reflect on the last aspect of the Contents strand. In other words: What are the moral duties of European citizens for the sick and the poor in other continents and how could European institutions facilitate change to fulfil our moral duties towards health in a global perspective. 3. Practicals and Skills 3.a. Practice Strand: A field trip to Geneva is arranged. Students meet with public health representatives from the national, regional (canton) and local level. In doing so, they learn how a non-EU state surrounded by EU states operates in the health field and what impact the EU has on this independent state. Students will visit the headquarters of the WHO in Geneva to discuss the role of the (European) health policymaking in a global perspective. 3.b. Project Strand: During the academic year students begin preparatory work on the selected topic of their master's research project (see above). They receive guidance during the initial phase of writing their proposal and in planning their project, which they eventually submit as the master's thesis. The training sessions in the first two weeks of this module are Thesis Groups meetings where students present their work to each-other for peer-review. In the last 10 weeks of this module, students finalise their thesis in a placement. They collect data, analyse these data and subsequently write the master thesis. Time is devoted solely to writing and finalising the thesis. Guidance for this process begins at the start of the programme.

Goals

Objectives Knowledge and understanding At the end of the module, students have:

- knowledge of the method of scenario discussions
- knowledge of European enlargement
- knowledge of the position of the European health institutions' perspectives on enlargement and health
- knowledge and understanding of the main problems and challenges related to inclusion and integration into EU of Turkey and SEE countries
- knowledge and understanding of the future role of the European Union in Europe
- knowledge of global health challenges
- knowledge of approaches towards global health
- knowledge of moral reasoning with regard to global justice.

Application of knowledge and understanding At the end of the module, students are able to:

- complement their problem solving abilities through using the method of scenario discussions
- lead scenario discussions
- understand the implications of EU enlargement for health
- understand the implications of the EU in global health
- argue about duties of Europe and the European Union in global health.

Making judgments At the end of the module, students are able to:

- recognize and distinguish challenges of EU enlargement with regard to health
- recognize and distinguish the main challenges related to enlargement of EU
- recognize and distinguish challenges of global health and Europe's and the EU's role in this.

Communication At the end of the module students are able to:

- use scenario discussions in their future career
- communicate in a professional fashion with health experts, advocates, policymakers and decision-makers about issues related the future of the European Union in the light of enlargement
- communicate in a professional fashion with health experts, advocates, policymakers and decision-makers about the role of Europe, European and especially EU institutions on global health
- write and discuss in a professional and expert manner on the topic chosen for the Master thesis.

Learning skills At the end of the module, students are able to:

- give and receive feedback on scenario discussions with regard to EU enlargement and the global perspective
- write a research proposal on a Master level.
- write a larger piece of own work (= Master thesis) in a placement.

Instruction language

Prerequisites

Recommended literature

Basic Literature • European Commission: Health in Candidate Countries http://ec.europa.eu/health/ph_international/enlargement/enlarg_en.htm. • Hollis A, Pogge T (2008). The Health Impact Fund. Making New Medicines Accessible for All. Yale University: Incentives for Global Health.

<http://www.yale.edu/macmillan/igh/>. • Legido-Quigley H, McKee M, Nolte E, Glinos IA (2008). Assuring the quality of healthcare in the European Union. A case for action. Copenhagen: World Health Organization. • McKee M, McLehose L, Nolte E (2004). Health Policy and European Union Enlargement. Open University Press. • Neiner JA, Howze EH, ML (2004). Using Scenario Planning in Public Health: Anticipating Alternative Futures. Health Promotion Practice 5 (1): 69-79. • Pogge T (2008). World Poverty and Human Rights: Cosmopolitan Responsibilities and Reforms, second edition. Cambridge, Polity Press 2008. • Tavanxhi N, Burazeri G, Laaser U (2008). Southeastern Europe, Health Systems of. In Heggenhougen C and Quah S (eds.). International Encyclopedia of Public Health. Elsevier. Vol. 6: 137-147.

Teaching methods

LECTURE(S)

PBL

TRAINING(S)

Assessment methods

ASSIGNMENT

WRITTEN EXAM

Key words

Thesis

Academic year 2011-12

Date last modified

23-4-2012 1:29

Period

Period 5 Startdate: 09-Apr-12 Enddate: 01-Jun-12

Code

EPH4009

ECTS credits

15.0

Organisational unit

Fac. Health, Medicine and Life Sciences

Coordinator

P. Schröder

Description

Goals

Instruction language

Prerequisites

Recommended literature

Teaching methods

Assessment methods

Key words

Placement

Academic year 2011-12

Date last modified

23-4-2012 1:29

Period

Period 5 Startdate: 09-Apr-12 Enddate: 01-Jun-12

Code

EPH4010

ECTS credits

0.0

Organisational unit

Fac. Health, Medicine and Life Sciences

Coordinator

P. Schröder

Description

Goals

Instruction language

Prerequisites

Recommended literature

Teaching methods

Assessment methods

Key words