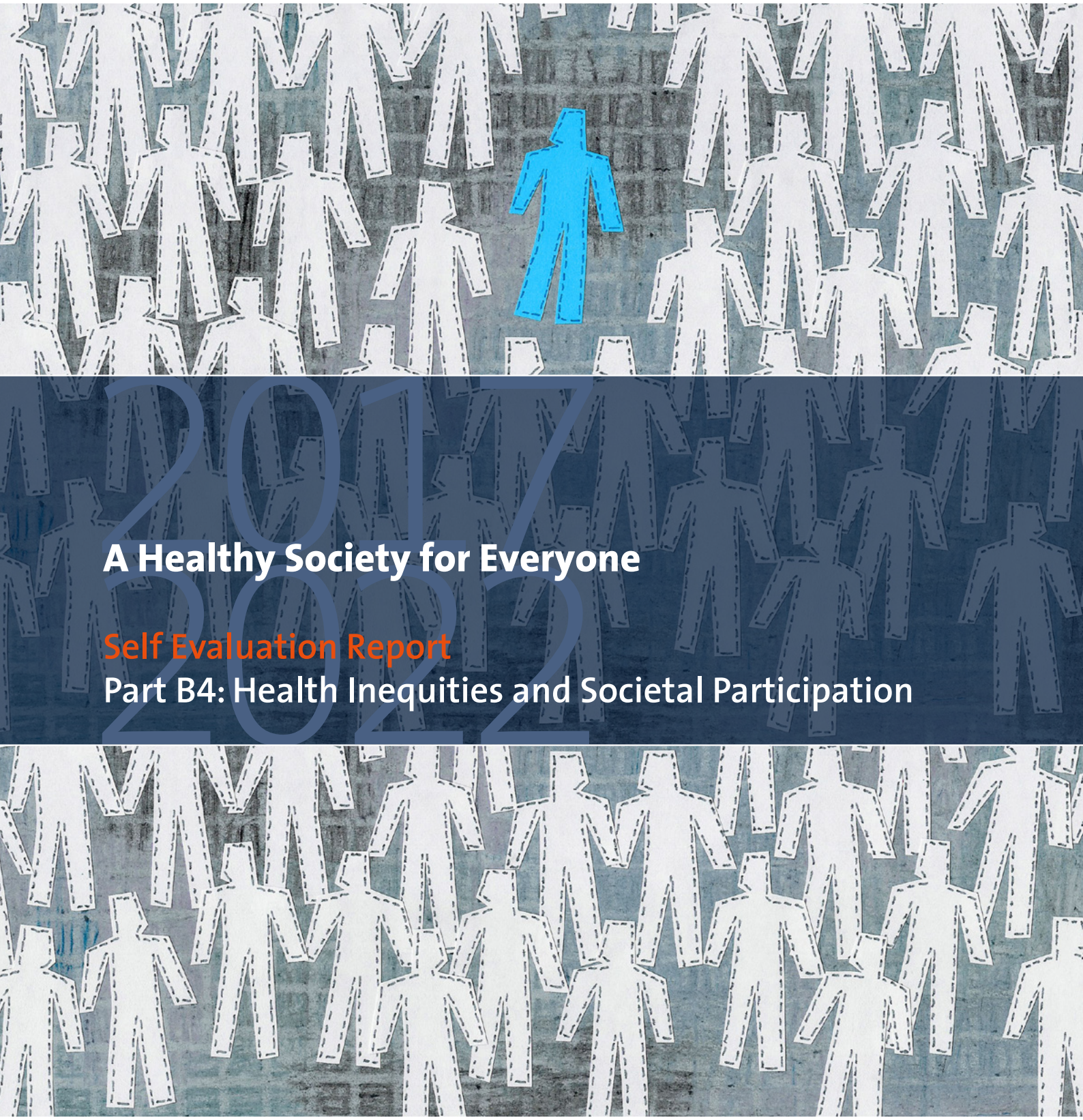
CAPHRI

Care and Public Health Research Institute



A Healthy Society for Everyone

Self Evaluation Report

Part B4: Health Inequities and Societal Participation

Maastricht University | Maastricht UMC+

1 Mission, strategy and ambition

Summary HISP Research focus and societal impact

The research line Health Inequities and Societal Participation (HISP) focuses on reflective, conceptual and empirical research of health inequities and societal participation in the region and globally, thereby crossing borders between disciplines, theoretical approaches and methodologies, and settings. By unravelling the complex dynamics of health in real-life contexts, our research has a high societal impact and we offer sustainable innovative strategies to reduce health inequities and increase participation. Our research line is fuelled by the departments Health, Ethics and Society, Social Medicine, and Medical Microbiology, Infectious Diseases and Infection Prevention- a unique interdisciplinary collaborative organisation.

1.1 Vision, mission, and objectives

Mission Statement

Globally and locally, we are confronted with major, entangled inequalities in health, literacy, economic welfare, employment and societal participation. At the same time we face new health challenges, such as increasing number of people with chronic physical and mental conditions, emerging and re-emerging infectious diseases as well as the (in)direct effects on health by for example climate change, migration and war. In addressing these challenges, public health has to deal with historically shaped 'gaps': the groups that suffer most are often not reached and many real life problems remain "hidden" as we lack the tools and methodologies to be in touch with populations, communities and publics. We have become aware of and have reflected on the pitfalls of top down approaches that do not attune to the perspectives and experiences of relevant groups. We are convinced that the development of effective responses, as well as legitimate and just solutions to these challenges, depends on the understanding and inclusion of the perspectives of all stakeholders, especially of vulnerable, disadvantaged and less literate groups.

It is our mission to contribute to the reduction of inequities and to stimulate participation in public health to strengthen local and global biosocial ecologies of health. To that purpose, our objectives are to go beyond individualistic perspectives on health and to develop and experiment with transdisciplinary, participatory and collaborative research that takes the geography as well as the cultures of health and disease and political cultures seriously. Furthermore, our research programme aims to reflect on and unravel the entanglements of health inequities and societal participation in diverse public health practices (preventing infectious diseases and strengthen youth health, occupational health, health promotion and environmental health), and how these entanglements are affected by - positively and negatively - public health research itself, public health law and public health policies (summarised in Figure 1).

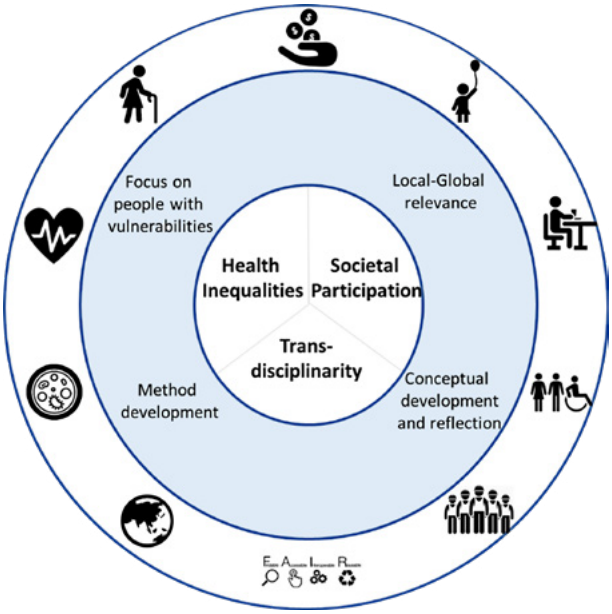


Figure 1.1: Health Inequities and Societal Participation: Research themes, approaches and collaborative partners. Within HISP the study subjects are collaborative partners in the research process.

1.2 Strategy and Research Area

In order to realise the mission and aims of HISP, we have developed a strategy that consists of several elements:

Research culture

Our research line is uniquely composed of disciplines that cover the whole health chain of laboratory to society and policy: microbiology, infectious diseases prevention, social epidemiology, occupational health sciences, health law and governance, global health and ethics, science and technology studies, sociology, and philosophy. To reach our aims and to bring these disciplines together, we continue to develop a collaborative, lively and inspiring research culture. We have organized regular informal research meetings to share diverse research experiences. These included, for instance speed dating, presentations of work-in-progress, PhD pitches during research meetings and discussions about draft research proposals. We also have staff meetings dedicated to administrative and financial issues.
Furthermore, we regularly organise courses, symposia and seminars often in collaboration with national and international scientific and societal partners. One example is a 2019 transdisciplinary symposium entitled "*Ethnographics and statistics of global traveling practices, multiple borders, infectious diseases: challenges for public health knowledge infrastructures, public health policies and public health interventions*". This meeting resulted in a proposal named *Bacteria and Borders*, that won a Mingler Scholarship for scientific-artistic collaboration in 2020, an initiative of the Dutch Royal Academy of Sciences.

To invest in the development of new concepts and tools for innovative HISP research, we facilitate and stimulate the development of research talents. The past 6 years we obtained several Kootstra Talent grants, two VIDI grants, a Veni grant and an ERC starting grant. Additionally several of our PhDs were recognised as CAPHRI Talent or awarded the prize for best CAPHRI dissertation.

Research networks

To develop HISP research, in terms of content and funding, robust research networks are crucial. HISP has developed relevant global-local research networks with scientific and societal partners, including policymakers, practitioners, NGOs, professional organisations, citizens and patient organisations. In line with our mission, we also have developed longer-term relationships with disadvantaged neighbourhoods. These strategic networks and collaborations are described in more detail in chapter 4.

Research and education

HISP academic staff considers the academic education of the next generations a very important task. Therefore, we contribute in many ways to the curricula in FHML and introduce students in the study of health inequities and societal participation. As such, we develop smart research connections with the honours programmes and master's programmes, like the Master 'Work, Health & Career' and the Master 'Global Health' which are both (partly) coordinated by HISP staff members. Both programmes are well evaluated by students and the Global health programme has been one of the most highly rated programmes within the faculty, both by students and external evaluators. HISP benefits from the connections with these programmes in several ways, for example by designing master thesis projects as well as honours programmes as pilots of bigger research projects. Moreover, the networks established through these master's programmes are also beneficial for the development of HISP. In line with this, we also invest in educational innovation with respect to HISP themes. In 2015-2018 we for instance coordinated ERASMUS+ programme *Bridging Innovations, Health and Society. Educational capacity building in the Eastern European Neighbouring Areas* (url: BIHSENA). The master programme Work, health 7 Career has signed an Erasmus agreement with the university of Gothenburg for the exchange of thesis students. Collaborations in these international educational networks feed into our research networks in an elegant and fruitful way.

Research & practice

HISP developed and is developing several Living Labs. Living Labs can be considered vital, experimental knowledge ecosystems that enable continuous learning-by-doing through active experiments and engagement of all stakeholders. The Living Labs are highlighted in more detail in chapter 4: collaborations, strategic partnerships and infrastructure.

1.3 Specific targets of the last six years (2017-2022)

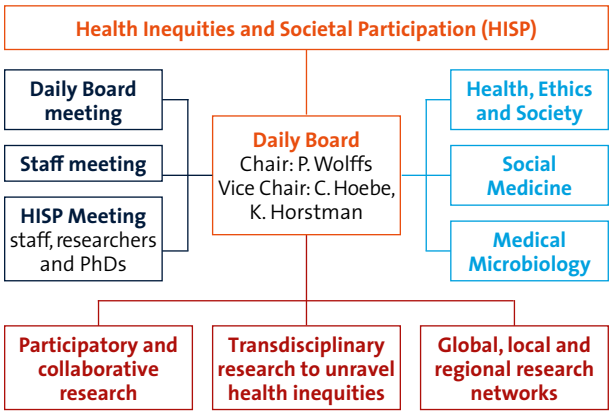
During the past 6 years, one of the main targets within HISP was to bring more focus and collaboration in the highly multi-disciplinary research line. Jointly we have developed the mission and strategy described in the current report, and we have worked hard to bring our research expertise together into a cohesive research line. This has led to multiple fruitful collaborations and projects across the departments and disciplines, and examples of the joint output are highlighted in table 3.1b. In addition we emphasized the development of our younger talents. As described throughout the report, we are proud of the personal grants and awards obtained by our new generation of researchers.

2 Description of the Research Line's organisation, composition and financing

2.1 Organisation and embedding of the Research Line

The Research Line 'Health Inequities and Societal Participation is one of six research lines within the School CAPHRI *(Part A §2)*. The research line is currently working on a governance structure. To give an idea of the organisation of the research line, the following organisation chart was drafted.

Figure 2.1: Organisation chart research line 'Health Inequities and Societal Participation'



2.2 Composition

Table 2.2 Research Staff at Research Line level (2017-2022)

	2017	2018	2019	2020	2021	2022
Research staff	**#/fte**	**#/fte**	**#/fte**	**#/fte**	**#/fte**	**#/fte**
Scientific staff FHML[1]	22/9.4	4/10.2	22/9.3	22/9.45	20/8.9	23/8.9
Scientific staff azM	1/0.1	1/0.1	1/0.1	1/0.10	1/0.1	1/0.1
Postdocs[2]	11/6.0	9/5.8	12/6.9	12/ 6.65	19/9.6	13/6.5
Internal PhD candidates[3]	7/6.6	6/5.6	6/5.7	8/7.0	11/10.3	11/10.4
	41/22.1	**40/21.7**	**41/21.9**	**33/23.20**	**51/28.9**	**48/25.9**
External PhD candidates[4]	52	57	60	62	57	63

[1] Categories Prof / Assoc. Prof / Assist. Prof; tenured and non-tenured staff appointed at the FHML.
[2] Category Researcher (1, 2, 3, 4), with completed PhD, not belonging to scientific staff (note 1)
[3] Standard PhD (employed)
[4] External PhD (externally or internally funded but not employed)

2.3 Financing

Table 2.3a: Funding at Research Line level (2017-2022)

	2017		2018		2019		2020		2021		2022	
Funding	**Fte**	**%[6]**	**Fte**	**%**	**Fte**	**%**	**Fte**	**%**	**Fte**	**%**	**Fte**	**%**
Direct funding[1]	7.10	34%	7.20	33%	8.45	39%	8.2	36%	7.5	26%	7.2	28%
Research grants[2]	3.60	17%	6.40	30%	3.90	18%	5.6	24%	6	21%	5.1	20%
Contract research[3]	9.60	45%	5.90	27%	9.45	43%	9.2	40%	15.4	53%	13.5	53
Other[4]	0.80	4%	2.10	10%	0	0%	0	0%	0	0%	0	0%
Total funding[5]	**21.10**	**100%**	**21.60**	**100%**	**21.80**	**100%**	**23**	**100%**	**28.9**	**100%**	**25.8**	**100%**

[1] Direct funding by FHML/ Maastricht University ('basis financiering' / lump sum budget).
[2] Research grants obtained in national scientific competition (e.g. grants from NWO, ZonMw and KNAW)
[3] Research contracts for specific research projects obtained from external organisations, such as industry, governmental ministries, European organisations, including ERC, and charity organisations
[4] Funds that do not fit the other categories.
[5] The funding in fte includes the total research staff but excludes the academic hospital-staff
[6] the funding in % in the research programme should be compared to the total within each research programme

In addition to the research grants stated on the right, it is important to mention that several (large) research grants in the area of infectious disease control were obtained by C. Hoebe at the Public Health Service South-Limburg (GGD Zuid-Limburg) as part of the Living Lab Public Health: among others several grants on Infection Prevention outside the hospital of about 400.000 euro (from Ministry of Health), the Corona Research Limburg study of 500.000 euro from the Province of Limburg, and the EuPrevent Covid-19 study form Interreg EMR V-A 2020 of almost 1M euro. The total amount of these grants for the period 2017-2022 was about 2,5M euro. All research conducted in these projects was imbedded within HISP.

Table 2.3b Research Grants at Research Line level (2017-2022)

Funding	Order	Grant title	Principal Investigator	2017	2018	2019	2020	2021	2022
Grants	30951801N	ZonMw NECCST	N.H.T.M. Dukers	€49.650					
	30951808N	ZonMw Integrity	B. Penders	€150.000					
	30951810N	ZonMw CHILDoc	F.J.M. Feron	€24.060					
	30951812N	ZonMw MAISE Houkes	I. Houkes	€300.000					
	30951813N	ZonMw Low SEP	A.M. Meershoek		€299.790				
	30951814N	ZonMw VIMP SaNAE	N.H.T.M. Dukers		€50.000				
	30951817N	ZonMw Mantelzorgers	J.H.A. Bosma		€200.000				
	30951820N	ZonMw Chlamydia	N.H.T.M. Dukers			€49.500			
	30951827N	NWO CARRIER Townend	D.M.R. Townend				€355.570		
	30951828N	ZonMw Trend-breuk - fase 2	C.J.P.A. Hoebe				€420.000		
	30951830N	ZonMw AMR Alphen	P.H.M. Savelkoul				€244.010		
	30951837N	INJUST Bosma	J.H.A. Bosma					€750.000	
	41150424008N	ZonMw 360 CHILDDOC	C. Heuts-Bastiaenen						€24.965
	41150426021N	TKI Burgerkennis	K. Horstman						€287.880
Grants Total				**€523.710**	**€549.790**	**€49.500**	**€1.019.580**	**€750.000**	**€312.845**
Contracts	30951807N	EMS Inov. Oldenburg				€240.000			
	30951809N	Nuffic Columbia	K. Horstman	€74.333					
	30951811N	ESDF	A. Koster	€150.000					
	30951816N	Erasmus Trust	D.M.R. Townend		€52.187				
	30951818N		J.S.M. Krumeich		€183.941				
	30951819N	Interreg IKIC	T. Krafft		€401.667				
	30951822N	Kootstra Moes	K. Horstman			€53.143			
	30951823N	PhD Traject Putri	A. Krumeich			€68.000			
	30951824N	Marie Curie MARKETS	K. Horstman			€549.369			
	30951825N	Erasmus+ INPACT	J.S.M. Krumeich			€204.000			
	30951826N	ILEG	T. Krafft			€158.750			
	30951832N	ERC InPart Zvonareva	O. Zvonareva				€1.499.510		
	30951833N	Kootstra Kamenshchikova	K. Horstman				€40.550		
	30951834N	Bertelsmann Stiftung	T. Krafft				€82.410		
	30951835B	Provincie Corona	C.J.P.A. Hoebe				€48.840		
	30951836N	RIVER-EU	K. Horstman					€240.875	
	30951838N	Jaarorder Townend	D.M.R. Townend					€0	
	30951839N	Phd Budget Savelkoul	P.H.M. Savelkoul					€0	
	30951840N	DARTBAC-MMB	P.H.M. Savelkoul					€428.755	
	41150427008N	Horizon iRECS	D.M.R. Townend						€210.250
	41150427009N	DFG project	T. Krafft						€44.200
Contracts Total				**€224.333**	**€637.795**	**€1.273.262**	**€1.671.310**	**€669.630**	**€254.450**
Grand Total				**€748.043**	**€1.187.585**	**€1.322.762**	**€2.690.890**	**€1.419.630**	**€567.295**

3 Research Quality and Societal Relevance

3.1 Research quality

3.1.1 Research products for peers

Main categories of research output at Research Line level

Table 3.1a: Main categories of research output at Research Line level (2017-2022)
Since 2021 FHML is using the KUOZ categories for the P&C reports regarding publications. Publications classified as KUOZ category A 'Refereed journal article' are presented below. Please note that - in contrast to KUOZ reports - items do not have to be printed to be included for P&C reports; e-publications are also included.

Research output	2017	2018	2019	2020	2021	2022
Refereed articles	143	133	104	165	179	126
PhD theses involved/accounted	5/3.4	9/8.5	6/5.8	8/7.7	9/8.3	5/4.3

Most important scientific publications

For this category, papers were selected that strongly represent the different themes and approaches that characterize HISP such as health inequities, societal participation, and the use of trans-disciplinary approaches and collaborations.

Table 3.1b: Most important scientific publications (2017-2022 top-10)

Year	Scientific publication
2017	'Foreigners', 'ethnic minorities', and 'non-Western allochtoons': an analysis of the development of 'ethnicity' in health policy in the Netherlands from 1970 to 2015. Helberg-Proctor, Alana; Meershoek, Agnes; Krumeich, Anja; Horstman, Klasien.2017 In: BMC Public Health, Vol. 17, 132,
2018	The silent burden of stigmatisation: a qualitative study among Dutch people with a low socioeconomic position. Simons AMW, Houkes I, Koster A, Groffen DAI, Bosma H. BMC Public Health. 2018 Apr 3;18(1):443.
2018	Migrants' access to healthcare services within the European Union: a content analysis of policy documents in Ireland, Portugal and Spain. Ledoux C, Pilot E, Diaz E, Krafft T. Global Health. 2018
2019	Treatment Effectiveness of Azithromycin and Doxycycline in Uncomplicated Rectal and Vaginal Chlamydia trachomatis Infections in Women: A Multicenter Observational Study (FemCure). Dukers-Muijrers NHTM, Wolffs PFG, De Vries H, Götz HM, Heijman T, Bruisten S, Eppings L, Hogewoning A, Steenbakkers M, Lucchesi M, Schim van der Loeff MF, Hoebe CJPA.Clin Infect Dis. 2019 Nov 13;69(11
2019	The making of new care spaces. How micropublic places mediate inclusion and exclusion in a Dutch city. Knibbe M, Horstman K. Health Place. 2019 May;57:27-34.
2020	Alone But Supported: A Qualitative Study of an HIV Self-testing App in an Observational Cohort Study in South Africa. Janssen R, Engel N, Esmail A, Oelofse S, Krumeich A, Dheda K, Pai NP. AIDS Behav. 2020 Feb;24(2):467-474.
2020	Transdisciplinary work against antimicrobial resistance. Kamenshchikova A, Wolffs PFG, Hoebe CJPA, Horstman K. 2020 In: Lancet Infect Dis. 20(5):526-527.
2022	Validation of the MAastricht Instrument of Sustainable Employability (MAISE-NL) Adapted for Employees in Low-Skilled Jobs (MAISE-Easy). Mignon P, Hazelzet E, De Rijk A, Bosma H, Houkes I. Int J Environ Res Public Health. 2022 Jun 29;19(13):7977.
2022	Work-related support in clinical care for patients with a chronic disease: Development of an intervention. Butink, M., Dona, D., Peters, M., Senden, T., Baadjou, V., Boonen, A. & de Rijk, A. 2022. Journal of Occupational Rehabilitation, 1-14.
2022	Practices of patient engagement in drug development: a systematic scoping review. Zvonareva O, Craveț C, Richards DP. Res Involv Engagem. 2022 Jun 29;8(1):29

3.1.2 Use of research products for peers

The output that HISP research generates is used in different ways by our peers. Most commonly, our research papers are cited in other scientific publications. Figure 3.1 gives an overview of the distribution of our work in different CNCI bins. The CNCI is the ratio of citations received by an output, against the average for other outputs of the same age, publication type and subject area. The strength of this indicator is that it corrects for differences in citation frequencies that are attributable to age, document type and subject area, which makes it suitable for benchmarking.

A CNCI of > 1 means that a publication is cited more frequent as the world average regarding its publication year, document types and subject area. As the figure shows more than half of our scientific publications are on par with the world average (categories 0.5-1.0 and 1.0-2.0) while almost 15% of publications is significantly above the world average.

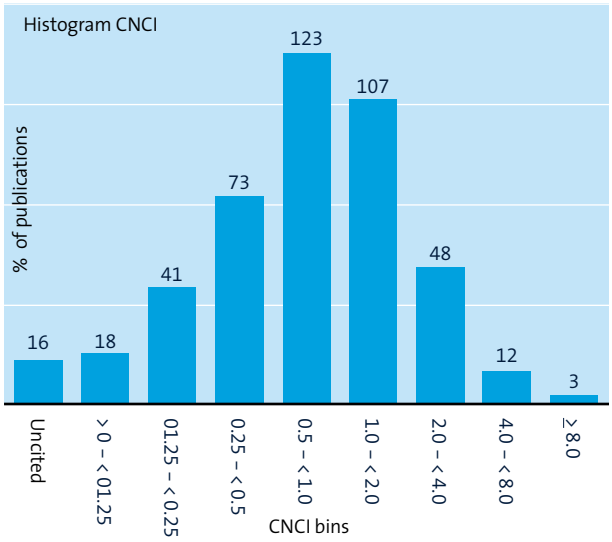


Figure 3.1: Histogram CNCI HISP

3.1.3 Marks of recognition from peers

Scientific Awards/Public Societal prizes

Table 3.1c: Most important scientific awards or Public Societal prizes (2017-2022, top-10)

Year	Name	Scientific Awards/Public Societal prizes
2019	F. Feron	Flora van Laarprijs 2019, AJN Jeugdartsen Nederland
2019	C. Peters	Oral Presentation - First Prize, 2019 STI & HIV World Congress
2019	A. de Rijk	Best presentation Young Researchers, Work Disability Prevention and Integration conference in Odense, Denmark June 2019
2020	A. Kamenshchikova	Kootstra Talent Fellowship 2020 Maastricht UMC+
2020	O. Zvonareva	ERC Starting Grant European research Council
2020	K. Horstman	Mingler award for "Bacteria and borders", KNAW: Mingler Netwerk and Young Academy
2021	A. Kamenshchikova	CAPHRI Dissertation Award
2022	V. Hackert	CAPHRI Dissertation Award
2022	C. Jamin	Best abstract award, Division of Microbial Genomics of KNVM.
2022	J. Penders	7th International Conference of Clinical Metagenomics Award

Research grants

Table 3.1d: Research grants awarded to individuals (2017-2022)

Year	Name	Type of grant
2017	-	-
2018	-	-
2019	F. Moes	Kootstra
2020	O. Zvonareva	ERC Starting
2020	A. Kamenshchikova	Kootstra
2021	A. Kamenshchikova	Niels Stensen Fellowship
2022	A. Boonen en A. de Rijk	The Next Step, MUMC+

3 Research Quality and Societal Relevance

Invited lectures

Table 3.1e: Most important invited scientific lectures (2017-2022 top-10)

Year	Name	Which organisation	Name event	Name lecture/workshop
2017	K.Horstman	Norwegian University Centre St Petersburg	Academic Network Global Challenges, Science, Technology and Medicine, 14-16 November, St Petersburg	Stool and Stories. Developing interdisciplinary methodologies in the context of infectious diseases prevention and One Health.
2017	O.Zvonareva	European University at St-Petersburg, Russia	The eleventh Exhibition of the Academic Research Achievements (VDNKh), November 17th 2017	"Navigating uncertainties: health, technologies, and politics in post-Soviet settings" - presentation of the newly published book
2019	J. Penders	International Human Microbiota Conference	3rd International Human Microbiota in Health and Diseases Congress Istanbul, Turkey	Does our microbiome travel well? (Keynote & session chair)
2019	A. de Rijk	European Forum for Research in Rehabilitation	15th Congress of the European Forum for Research in Rehabilitation, Berlin, 15-17 April 2019	Return-to-work and rehabilitation in the Netherlands: large role for employers.
2019	N. Engel	WHO	Guideline group meeting Molecular assays intended as initial tests for the diagnosis of pulmonary and extrapulmonary TB in adults and children. Policy Update. 3-6 December	User perspectives on Xpert testing: results from qualitative research
2019	D. Shaw	European Society for Organ Transplantation Ethics and Law section (ELPAT)	Annual congress, Krakow	Should we abandon the term brain death?
2019	A. Koster	International Society for the Measurement of Physical Behaviour	International Conference on Ambulatory Monitoring of Physical Activity and Movement	Symposium presentation, Title: Novel methods for processing large activPAL device datasets. A review of different approaches to the challenge of effective data extraction.
2021	B. Penders	Leiden University Libraries & Elsevier	Seminars on reproducible research.	Replication as the right tool for the job?
2021	M.T. Brancaccio	European Association for the History of Medicine and Health	Biennial EAHM Conference, Leuven 7-10 September	"Dear Albert, Caro Augusto": notes on the introduction of Sabin vaccine in Italy.
2022	A. de Rijk	French National Cancer Institute	International conference of Cancer, work & employment, Paris	Keynote: Unity, diversity and uncertainty of societal safety nets for workers with cancer across Europe: implications for comparative studies

Memberships of scientific committees, boards or editorships

Table 3.1f: Most important memberships of scientific committees, board or editorships (2017-2022 top-10)

Year	Name	Which organisation	Which role
2017-2022	P.Wolffs	Dutch Working group on Molecular Diagnostics of Infectious Diseases	Chair
2017-2021	T.Krafft	Commission on Health and Environment of the International Geographic Union	Chair
2017-current	C. Hoebe	Dutch Health Council (gezondheidsraad), Ministry of Health (VWS) and National Outbreak Management Team	Chair committee COVID19 vaccination, member programme committee "vaccinations", member committee 'employees and vaccination'
2018-current	H. Bosma	International Journal of Environmental Research and Public Health	Associate editor
2018	J. Penders	World Universities Network inVivo Planetary Health	Co-director
2019-current	A. de Rijk	Academic Knowledge Centre Work and Health - South East Netherlands (Academisch Kenniscentrum Arbeid en Gezondheid - Zuid Oost Nederland) (= Living Lab with Social Insurance South East Netherlands)	Board member
2019	D. Shaw	National Institute for Health and Care Excellence (UK)	Member, Shared Decision-Making Guidelines Development Committee
2020- current	B. Penders	Publications	Associate editor and in 2021 interim Editor-in-chief
2021- current	E. Pilot	Commission on Health and Environment of the International Geographic Union	Member of Steering Committee and Scientific Secretary
2022	K. Horstman	NWO VICI grants Humanities and Social Sciences	Member of selection committee

3.2 Relevance to society

3.2.1 Research products for societal target groups

Public events

Table 3.2a: Public events: lectures/workshops for health care professionals and/or general public/patients (2017-2022 Top-10)

Year	Name	Type of event
2017	A.de Rijk and I. Houkes	Goed werkgeverschap: Conference for employers on 2 contemporary HR challenges: Sustainable Employability and Cancer among employees on June 9 2017, in Maastricht, in collaboration with AMC Amsterdam / Organizers
2017	K. Horstman	Stadronde Gemeente Maastricht. Terugkijken op twee Burgertoppen Maastricht, 14 February 2017, City Hall Maastricht / Invited speaker
2017	O.Zvonareva	"Bridging innovation, health and society" week-long course "Innovations for health of people and society" attended by students of various specialities, medical professionals and innovation developers, Russia Course developer and instructor
2018	K. Horstman	Universiteit met de buurt (continue collaborative programma with disadvantaged neighborhoods www.universiteitmetdebuurt.nl
2018	P. Wolffs, L. van Alphen and P. Savelkoul	3rd Course on Principles of Molecular Microbiological Diagnostics for the European Society for Clinical Microbiology and Infectious Diseases. Maastricht, Members Course organisers / speakers
2018	N. Engel	Course director and faculty of an annual, weeklong international workshop on Qualitative Methods in Global Infectious Diseases Research at McGill Summer Institute in Infectious Diseases and Global Health, McGill University.
2019	T. Krafft	Organiser: Workshop on European Cross-Border Mechanism and its Relevance for Cross-Border Collaboration in Emergency Medicine and Public Safety
2022	B. Penders	Shifting Scientific Behaviors, a podcast with B. Penders: Convos on the Common, a Commonplace podcast (https://commonplace.knowledgefutures.org/pub/007zfvt4/release/1)
2022	A. de Rijk	Rapporteur of the European working group Cancer and Work during the EU Cancer Days, February 4, Paris
2022	K. Horstman and Mare Knibbe	Public presentation of the book *Gezonde Stad. Uitsluiting en ontmoeting in de publieke ruimte* by Klasien Horstman & Mare Knibbe. A series of public presentations and lectures about this book for the municipality

Cohorts based within the Research Line

Several cohorts are essential for the research work performed within HISP. These are also described within section 1.3. More specifically two examples of cohorts that are integrated with HISP are:

1 The Maastricht study: a cohort of more than 9.000 participants living in Maastricht and 'Heuvelland'. A. Koster is a member of the management team of this cohort. Within HISP 3 current research lines/projects make use of this cohort.
   - One line of research (N. Dukers) focuses on social networks and impact on (preventive) behaviors and health-risks. Using a validated name-generator method, we assessed the complex interactions between people, i.e. their social networks, by its structural and functional aspects. We demonstrated strong preventive social effects on diabetes onset and progression and respiratory and gastrointestinal infectious diseases.
   - Another line of research focuses (A. Koster) on the impact of physical activity and sedentary behavior on people's health. Using thigh-worn accelerometry data we have the unique opportunity to study physical behavior, from sleep to sitting and high-intensity physical activity in relation to a wide variety of health outcomes. In the Maastricht Study we have shown that high levels of sedentary time increase the risk of having type 2 diabetes. Results have current been translated into an intervention study with a novel e-health component in participants with type 2 diabetes to increase their daily activity and the impact of cardiovascular health.
   - A final line of research (H. Bosma) is about "How social class gets under the skin?". In that line, strikingly large differences in the risk of type 2 diabetes were found among the local neighbourhoods. By further exploring the exact mechanisms (e.g. the type of food outlets, amount of green space, air pollution), we hope to find additional means for ultimately developing better interventions aimed at tackling environmental injustice and thereby health inequities.
2 STI-cohort Maastricht. This cohort of more than 25.000 patients and 50.000 biological samples collected by the sexually transmitted infection (STI) clinics of the Public Health Service South-Limburg, is essential for the research conducted on STI within HISP. The combination of patient data with extensive analysis of biological samples allows the studying of both patient and microbiological characteristics, in the search for more tailored control of STIs. The cohort also is essential for the National Reference Laboratory for *Chlamydia trachomatis,* which is partly hosted by the department of Medical Microbiology and the Living Lab Infectious Disease Control.
3 The multicentre COMBAT (Carriage of Multidrug Resistant Bacteria After Travel) study. This worldwide largest longitudinal cohort among intercontinental travellers

3 Research Quality and Societal Relevance

includes 2,001 travellers and 215 household members and >10,000 biological samples (fecal samples and bacterial isolates). The study initiated by the Department of Medical Microbiology, Infection Prevention and Infectious Diseases in collaboration with Amsterdam UMC, Erasmus UMC and various Travel Clinics in Amsterdam, Rotterdam and South Limburg primarily aimed to study the acquisition and spread of multidrug resistant bacteria during travel. The extensive questionnaire data and biosample collection additionally allows to study acquisition of viral, parasite and bacterial enter-pathogens as well as the microbiome in association to travel-related exposures.

Most important societal publications/outputs

The papers below were selected because of their high societal impact. Several papers, such as Brinkhues et al., and D'Souza et al were selected because they gained a lot of (inter)national media attention. Whereas others such as Penders and Shaw and Philips et al. sparked wide discussions across social media. Others were used as a basis for different policy documents such as Tremblay et al., Arcilla et al., and Dukers-Muijrers et al. For example this last paper laid the groundwork for the current revision of the Dutch multi-disciplinary STD guideline.

Table 3.2b: List of the most important societal publications/outputs per year of the research programme (2017-2022 top-10)

Year	Publications/outputs
2017	Socially isolated individuals are more prone to have newly diagnosed and prevalent type 2 diabetes mellitus - the Maastricht study, Stephanie Brinkhues, Nicole H. T. M. Dukers-Muijrers, Christian J. P. A. Hoebe, Carla J. H. van der Kallen, Pieter C. Dagnelie, Annemarie Koster, Ronald M. A. Henry, Simone J. S. Sep, Nicolaas C. Schaper, Coen D. A. Stehouwer, Hans Bosma, Paul H. M. Savelkoul, Miranda T. Schram., BMC Public Health
2017	Sedentary Behavior Research Network (SBRN) - Terminology Consensus Project process and outcome., Mark S. Tremblay, Salomé Aubert, Joel D. Barnes, Travis J. Saunders, Valerie Carson, Amy E. Latimer-Cheung, Sebastien F.M. Chastin, Teatske M. Altenburg, Mai J.M. Chinapaw on behalf of the SBRN Terminology Consensus Project Participants (incl. A. Koster)., Int. J. of behavioural nutrition and physical activity.
2017	Import and spread of extended-spectrum β-lactamase-producing Enterobacteriaceae by international travellers (COMBAT study): a prospective, multicentre cohort study. Maris S Arcilla, Jarne M van Hattem, Manon R Haverkate, Martin C J Bootsma, Perry J J van Genderen, Abraham Goorhuis, Martin P Grobusch, Astrid M Oude Lashof, Nicky Molhoek, Constance Schultsz, Ellen E Stobberingh, Henri A Verbrugh, Menno D de Jong, Damian C Melles, John Penders. Lancet Infectious Diseases
2017	How patients navigate the diagnostic ecosystem in a fragmented health system: a qualitative study from India. Vijayashree Yellapa, Narayanan Devadasan, Anja Krumeich, Nitika Pant Pai, Caroline Vadnais, Madhukar Pai, Nora Engel. Global Health Action
2020	Genomics: data sharing needs an international code of conduct. Phillips M, Molnár-Gábor F, Korbel JO, Thorogood A, Joly Y, Chalmers D, Townend D, Knoppers BM. Nature. 2020 Feb;578(7793):31-33.
2020	Civil disobedience in scientific authorship: resistance and insubordination in in science. Accountability in Research. Bart Penders and David Shaw
2020	Gender differences in managers' attitudes towards employees with depression: a cross-sectional study in Sweden. Mangerini I, Bertilsson M, de Rijk A, Hensing G. BMC Public Health. 2020 Nov 19;20(1):1744.
2021	Destination shapes antibiotic resistance gene acquisitions, abundance increases, and diversity changes in Dutch travelers. D'Souza AW, Boolchandani M, Patel S, Galazzo G, van Hattem JM, Arcilla MS, Melles DC, de Jong MD, Schultsz C; COMBAT Consortium; Dantas G, Penders J. Genome Med. 2021 Jun 7;13(1):79.
2021	The European Union and Public Health Emergencies: Expert Opinions on the Management of the First Wave of the COVID-19 Pandemic and Suggestions for Future Emergencies. Gontariuk M, Krafft T, Rehbock C, Townend D, Van der Auwermeulen L, Pilot E. Front Public Health. 2021 Aug 20;9
2022	Controversies and evidence on Chlamydia testing and treatment in asymptomatic women and men who have sex with men: a narrative review. Dukers-Muijrers NHTM, Evers YJ, Hoebe CJPA, Wolffs PFG, de Vries HJC, Hoenderboom B, van der Sande MAB, Heijne J, Klausner JD, Hocking JS, van Bergen J. BMC Infect Dis., 22(1)

3.2.2 Use of products by societal groups

Advisory reports

Table 3.2c: Advisory reports for policy makers and/or clinical guidelines (2017-2022, top-10)

Year	Name	Advisory report
2017	A.Koster	Member of the national expert committee to develop new physical activity guidelines in the Netherlands
2017	I.Houkes & H.Bosma	-Vision at Work. De ontwikkeling en een praktijktoets van een applicatie ter screening van de arbeidsmarktkansen voor mensen met een visuele beperking
2017/2022	I.Houkes & A.de Rijk	Ontwikkeling van de MAISE (Maastricht Instrument for Sustainable Employability) en de MAISE-Easy (gericht op praktische geschoolde medewerkers)
2017 - 2022	C. Hoebe	13 National Health Council policy advices regarding vaccination 45 National Health Council policy advices regarding COVID19 vaccination
2018	M.Knibbe, K.Horstman	Zoeken naar een inclusive stad. Participatiemaatschappij in actie. (dec. 2017) / Municipality Maastricht
2019	K.Horstman	Uw initiatief past niet in ons kader. En wat doen we nu? Een uitgave van Synthese, Universiteit Maastricht en de Vereniging Kleine Kernen Limburg. Op verzoek van de Provincie Limburg tav de omgang van beleidsmakers met burgerinitiatieven.
2019	N. Dukers	scientific evidence base: STI control multidisciplinary guideline
2019	D. Shaw	Shared decision-making (NICE)
2020-2022	C. Hoebe	92 national policyadvices from the National Outbreak management Team COVID19
2022- current	P. Savelkoul	ESCMID guidelines BSI diagnostics
2021-2024	A. de Rijk	Chair guideline commission Multidisciplinary Guideline Cancer & Work for occupational physicians, insurance physicians and occupational experts

Collaborative projects

Table 3.2d: Collaborative projects implemented with/for professionals, non-scientific organisations, companies or public entities (2017-2022 top-10)

Year	Project	Non-scientific partner organisation
2017-now	University with the neighborhood	Inhabitants of disadvantaged neighborhoods, Municipality Maastricht, Social Work Organisation Traject, Neighborhood Networks, Health Centre Dr. Van Kleef Centrum, Hogeschool Zuyd, shopping centre De Brusselse Poort, organisations of citizens with knowledge of experience of psychiatric struggles.
2017	Training Participatory media approach public mental health, trauma, peace & reconsilliation, Valledupar, Colombia, 25-29 September	Javeriana University Bogota, media professionals, several civil organisations (e.g. Victim Organisations, indigenous organisations, local policy makers)
2017	Euro-Healthy	European Commission
2017	Towards an inclusive city. Participation society in action.	Municipality Maastricht, four innovative public-private, citizen-professional care & participation initiatives
2017	Citizens initiatives and public accountability	VVKL, Synthese, Gemeente Peel en Maas.
2017	COAD (CO-creation At hanD: The road to independence). Project on cerebral palsy (CP).	Professionals (therapists, physiatrists, remedial educationalist), parents of children with CP, an adolescent with CP, and a representative of the BOSK
2017-2019	I41Health	i-4-1-Health project , Innovation, Integration, Intelligence, IRIS for One Health. Project granted by Interreg Vlaanderen-Nederland. In the border region of Vlaanderen-Nederland worked 9 Hospitals, 7 public health services (GGDen (NL) en Agentschap Zorg en Welzijn (B)), 7 knowledge institutes and 3 companies.
2017-2019	VWData	IDS, Maastricht Study, Central Bureau of Statistics (NL)
2018-2023	Healthy HR	Dialogue-based employability intervention for organisations. Including website, tools and consultancy
2019	Woonpijn. Bronnen en drempels voor veerkracht in de stad (Painful belonging.)	Municipality Maastricht, professional organisations for homeless people, young asylumseekers, and (ex) psychiatric patiens, migrants, psychiatric patient organisations

3 Research Quality and Societal Relevance

3.2.3 Marks of recognition by societal groups

Memberships of civil society advisory bodies

Table 3.2f Memberships civil society advisory bodies (2017-2022, top-10)

Year	Name	Which advisory body	What kind of membership
2015-current	P. Savelkoul	Typened, National typing steering group of spread of AMR bacteria	Member of steering group
2017	A. Koster	Dutch Health Council : Committee to develop new physical activity guidelines in the Netherlands	Member
2017	K. Horstman	RIVM External Advisory Committee Declining Vaccination Rate	Member
2017	K. Horstman	International Selection Committee Interdiscplinary Chairs, University Ghent	Member
2017-current	C. Hoebe & Paul Savelkoul	Limburgs Infection Prevention and Antibiotic Resistance Network (LINK) ABR	Members board steering committee
2017-current	C. Hoebe	Dutch Health Council	Member permanent Committee on vaccinations, Committee on vaccination and employees, Chair/ member COVID-19 vaccination and member committee on PreP
2020-current	C. Hoebe	Dutch National Outbreak Management Team (regular, vaccination and zoonosis)	Member
2017 - 2020	C. Hoebe	National board for Infectious Diseases and Public Health	Member representing the South of the Netherlands (Zeeland, Brabant en Limburg)
2018	D. Townend	Department of Political Science University of Vienna	Member advisory board of Centre for the study of Contemporary Solidarity (CeSCoS)
2021- current	T. Krafft	Dutch China University Network DUCN	Member representing UM

3.3 Case studies

"The future of research is transdisciplinary"; Fruitful collaboration across national and disciplinary boundaries[01]	This case study was selected because it showcases the transdisciplinary work within HISP very well.
The challenge of growing social health inequalities in the era of participation; 'Life at the bottom'[02]	Health inequity is one of the key topics within HISP and this case study demonstrates part of this important line of research.
Involving employees in creating a healthy workplace; Health at the workplace for and with everyone?[03]	This case study highlights an important topic within our research line that uses participatory approaches to generate a high societal impact.

[01] | www.maastrichtuniversity.nl/research/school-caphri-care-and-public-health-research-institute/our-research/health-inequities-3
[02] | www.maastrichtuniversity.nl/research/school-caphri-care-and-public-health-research-institute/our-research/health-inequities-4
[03] | www.maastrichtuniversity.nl/research/school-caphri-care-and-public-health-research-institute/our-research/health-inequities-5

4 Collaborations, strategic partnerships and infrastructure

Collaborations and strategic partnerships

Research within HISP would not be possible without many strategic partners and collaborations both locally, regionally and globally. Crucial to the participatory approaches of our research are the partnerships with scientific, societal and professional partners, as well as directly involving citizens and patients. The figures below show overviews of many of our national and international strategic partners, as well as highlight the success and prolificity of our collaborations.

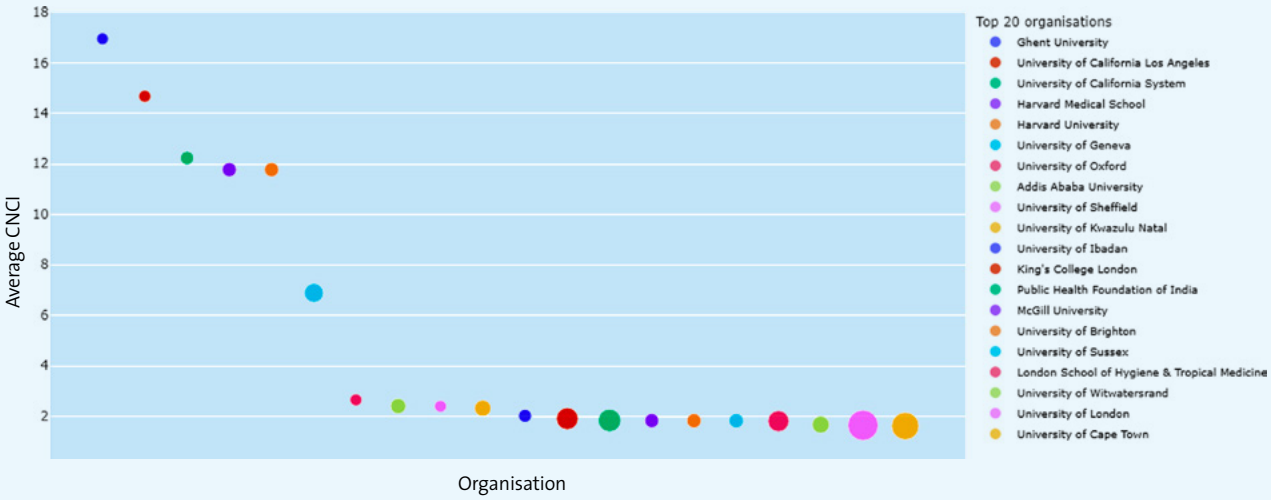


Figure 4.1: Overview of international collaborations in 2017-2020 ranked on average CNCI score.

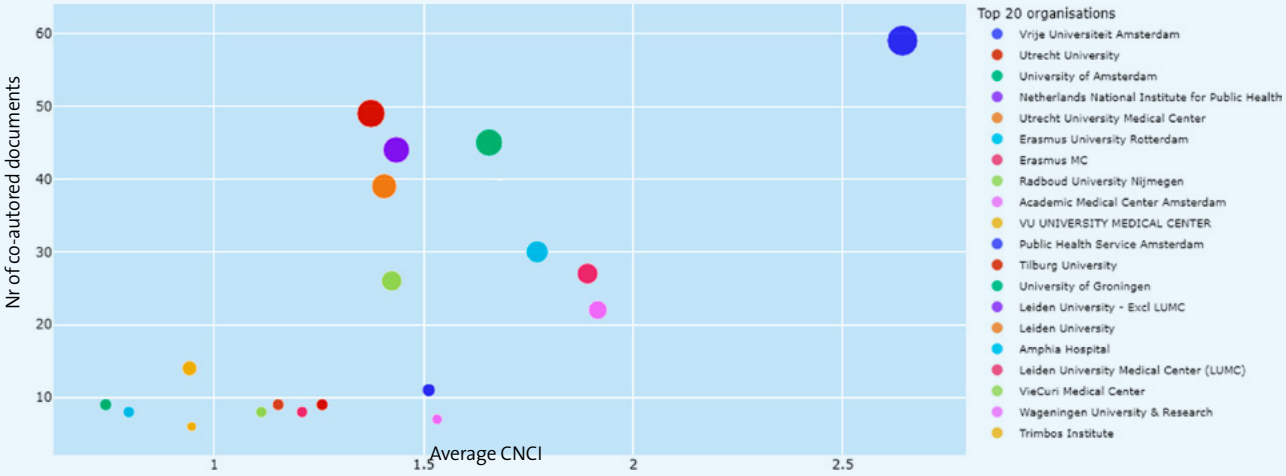


Figure 4.2: Overview of national collaborations in 2017-2020 ranked on co-authored documents.

In addition to HISP's strategic (inter)national partners we would like to mention that there are several fruitful collaborations with other research lines within CAPHRI. In particular we would like to mention the collaboration in the area of labor participation with the research line of Functioning, Participation and Rehabilitation (FPR). HISP and FPR collaborate in PhD projects on labor participation when desirable and advantageous. Complementary expertise is combined where I. Kant and A. Boonen (FPR) specialise in epidemiological research and research that involves hospital patients. Whereas A. de Rijk and I. Houkes (HISP) specialise in intervention development and re-integration into work research, and in research on sustainable employability. Both A. de Rijk and Inge Houkes have specific expertise on organisational development and Human Resource Management. The collaboration has resulted in several finished and ongoing joint (PhD) projects.

4 Collaborations, strategic partnerships and infrastructure

Infrastructure

HISP developed and is developing several Living Labs. We consider the Living Lab a fruitful concept and an organisational infrastructure essential to the work of HISP as it coordinates transdisciplinary work in real life settings and enables collaboration between research, policy and societal practices. As such this format creates societal impact of research not only after, but during the research activities. Below we briefly describe the main living labs that are associated with HISP.

A | Living Lab Public Health

This Living Lab Public Health is a collaboration between the Public Health Service and Maastricht University/CAPHRI for three themes: Infectious Disease Control, Youth Health care and Integral Public Health/Healthy living. For the theme Infectious Disease Control the Living Lab enables a unique collaboration between microbiology, social medicine, epidemiology, social sciences and the Public Health Service (PHS) South-Limburg in order to contribute to an optimal and socially robust infectious disease control, both nationally and internationally (with special attention to cross border public health). It is characterised by the development of innovative methodologies to study known as well as hidden populations through network methodology, geographic information systems (GIS) methodology, E-health approach, web-based respondent-driven sampling, intervention mapping strategies, mixed methods with qualitative needs assessments. This Living Lab is nationally recognised and is also hosting the *National Chlamydia trachomatis reference Laboratory* and has an (inter) national network of collaborators including RIVM, other Living Labs Public Health, PHSs, QCMD (UK), University of Pretoria (South-Africa).

B | Urban Health Living Lab

To coordinate and align participatory-ethnographic action research of health and participation in the city of Maastricht, we developed an Urban Health Living Lab in three disadvantaged neighbourhoods in North-West Maastricht. (www.universiteitmetdebuurt.nl) The aim of this Living Lab is to develop new ways to 'reach' groups that are not reached by classic health promotion interventions or local policies to stimulate participation and to learn from them. The aim is to invent new participatory routes, tools and formats to engage disadvantaged neighbourhoods with health and participation. The Living Lab developed several ethnographic-participatory action-research projects like for instance ''Transforming Anti-Social Green Zones into Social Green Zones'', ''Philosophy Café in a disadvantaged neighbourhood'', ''Redesigning the park'', ''Neighbourhood Camping'', ''citizens knowledge and public places''.

C | Health, Work and Participation Living Lab

This Living Lab is comprised of work on 3 different areas. Although currently separate, we are looking to integrate these topics further in coming years:

1 Health, Work and Participation of low socioeconomic status citizens: Low socioeconomic status (LSES) citizens in working age have more problems with health, vitality, sustainable employability and with participation in the labour market compared to higher-educated citizens. Work Place Health Interventions to increase their health and participation are not effective, as they consider these employees as 'object' or as 'target group' and do not attune to their lifeworld and do not incorporate their experiences, knowledge, needs and perspectives. Based on several research grants, we developed collaborative and participative strategies to study how LSES employees can be engaged in labour participation and workplace health promotion. This way a new approach is developed to get in touch with LSES employees (see: www.gezondheidmetdewerkvloer.nl) Also a new, validated instrument for employers is developed that enables them to develop interventions that do attune to employees, the Maastricht Instrument for Sustainable Employability (MAISE). The networks developed with professionals in social insurance and occupation health stimulate new PhD research in this field.

2 Academic Knowledge Centre Work and Health-South East Netherlands (Academisch Kenniscentrum Arbeid en Gezondheid-Zuid Oost Nederland) (www.akag-zon.nl). This Living Lab is developed to increase the academic collaboration between the Social Insurance (UWV) South East Netherlands (Limburg and South East-Brabant), Maastricht University and Maastricht UMC+. The focus is on gaining and exchanging scientific knowledge in relation to all members of the working population and the role of insurance medicine in particular. This Living Lab has five pillars:
   1 work-related support in health care (in order to bridge health care and insurance medicine);
   2 mental health problems (being the largest diagnostic category in insurance medicine);
   3 international comparisons of systems (including the issues of cross-border workers);
   4 validity of insurance medicine assessments;
   5 supporting vulnerable clients in the social insurance system (e.g. low literacy). The pillars are partly based on the needs for more information by social insurance physicians as expressed during interactive workshops offered by the Living Lab. There are currently five PhD-students working in this Living Lab, and several smaller research projects are being conducted.

3 Academic knowledge centre Lifestyle with Occupational Health service 'Arbo Unie'. This Living Lab focuses on lifestyle in relation to the work of occupational physicians. The nationwide occupational health service Arbo Unie has invited Maastricht to collaborate on interventions to improve lifestyle along with improving the working conditions. There is currently on PhD-student working in this Living Lab.

D | Euregional/Cross-border public health

It has become increasingly clear that prevention and control of infectious diseases and AMR requires insight in biological as well as social processes. Therefore, this Living Lab is dedicated to developing transdisciplinary concepts and methods to understand health and disease as an ecological, bio-social phenomenon. We explore how collaboration of the biomedical disciplines and the social sciences helps to understand infections and epidemics in border regions. In a further collaboration on *Bacteria and Borders*, we won the annual Mingler Scholarship of the Society of Arts/Royal Netherlands Academy of Arts and Sciences for scientific-artistic collaboration in 2020. During the COVID pandemic we extended this work studying the infectious disease control measures across borders and the specific impact on a border region in the Interreg EMR project entitled: EuPrevent Covid-19.

E | Global Health Living Lab

Many promising interventions and policies in global health in practice do not deliver what they promise. This Living Lab aims to understand these gaps by studying processes of innovation at both global and local sites. It is unique in its approach of studying innovations in global health from bench to bedside and from policy document to clinic, across multiple scales (from the laboratory in the US to the meeting rooms at WHO and to a clinic in India) and locations. This way, we study for instance point of care diagnostics for TB and HIV, fast tests to diagnose AMR and new pharmaceuticals. The aim of these studies is to improve innovation cultures and global-local innovation processes as well as the quality of life of patients. Furthermore, in this Global Health Living Lab, health inequity and societal participation are also addressed by applying a combination of quantitative and qualitative research methods including advanced network analysis using Geographic Information Systems and participatory approaches that address issues of transparency, health literacy, ethics and justice. Policy recommendations and focus reports to stake-holder complement the research findings. The successful Master of Science in Global Health is primarily anchored in the research done in the context of this Living Lab.

F | Innovations in Emergency and Acute Care Systems Living Lab

This Living Lab is built on three pillars that correspond to the mission of this research line:

1 a strong Euregional network in our region with partners at the neighbouring universities of Aachen, Liege and Hasselt that collaborate on emergency and acute care systems with regional care providers /stakeholders and a specific focus on cross-border care, surveillance and preparedness for public safety:

2 a European network of leading EMS systems as innovation hubs and test sites that provide critical evidence base for our research and:

3 a focus on translating research and innovations into regulatory (legal) frameworks and targeted system designs following a participatory approach. As integral part of the Health Law and Governance Group members of this lab come from a broad range of disciplines reaching from operational research (OR), public health, health geography, health law, ethics to clinical (emergency) medicine and follow a common systemic approach in their trans-disciplinarity reseach.

5 Trends, SWOT, strategic plans and viability

5.1 Trends, SWOT and strategic plans

5.1.1 Trends

There are several trends that impact and link strongly with the HISP research line. An important trend is the global and local increase of social and health inequalities (e.g. due to poverty, bad housing, bad jobs). There are also at present highly polarised debates about the impact of economic and financial globalisation on groups with diverse vulnerabilities in the Netherlands but even more in low-income countries globally. While this disparity leads some to stress the importance of global exchange and international solidarity, it leads others to argue for nationalism and embracing national identities. In this light, we also see increasing polarisation in politics and society. These contextual developments directly relate to HISP themes and approaches.

A second important trend, related to the previous, is the increased uneasiness about the lack of political and social participation of disadvantaged groups. Welfare states in Europe are being transformed into participation states, but the disadvantaged groups play a minor role in the development and legitimation of these policies while the impact of these policies on their participation is uncertain. Research and monitoring of this impact are increasingly important within HISP. Most institutional fields, including the (social) health fields, call for participatory approaches. Scientific funding considers participation of stakeholders, co-creation and citizens science increasingly as essential. Although participatory approaches can be highly challenging in themselves, HISP has strategically chosen to use the Living Labs as a tool to guarantee a close collaboration between research, societal and policy practices and to reflect on the participatory methods that we develop and use.

Aside from these ongoing trends, acute and rather unpredictable events will impact our research line. In the past few years, the COVID-19 pandemic has affected many research projects (delay in data collection, no access to a field et cetera), but has a more pronounced impact specifically on our research line.
For example, several members of our team had central roles in the national and regional management of the COVID-19 outbreak. While this of course affected the work in HISP and resulted in delays, infectious disease control and outbreak management match the expertise and research interests of our group. And importantly, COVID-19 has illustrated the importance of many of the HISP themes and the need for transdisciplinary approaches. As a direct result, the public outreach of the group (e.g. >500 media interviews) as well as the acquisition of funding was very successful in this period.

Finally, the trends outlined above are not likely to end soon. There is a high need for the monitoring of how health develops not only in diverse socioeconomic groups in Europe, but also within high- and low-income countries, to see whether the gap can be eventually narrowed. The underrepresentation of vulnerable populations and nations in global policies continue to need close attention. In addition to the surveillance and etiological research (the search for better explanations), there is also an increased need for improved contextual and situated policies and interventions. How can inequities in health and in societal participation be narrowed, and how to continuously learn about our own role in this? How can we improve sustainable employment and prevent lifestyle-related chronic conditions (such as type 2 diabetes), particularly in vulnerable groups? And how can we engage citizens and communities in technology-driven health initiatives? There is still much to be learned, but this is the playing field in which HISP is centrally situated!

5.1.2 The SWOT analysis

Table 5.1: SWOT analysis of the Research Line

Strengths	Weaknesses
• Large experience with crossing disciplinary boundaries, highly inter/ transdisciplinary collaborative approaches. • Focus on participative approaches. • Living labs infrastructure within HISP. • Strong global, national, regional networks. • Well engaged with initiatives to reflect on the values and performance indicators of scientific research. • Relatively high number of personal grants and talent awards.	• Difficulty to further develop interdisciplinary into transdisciplinary approaches in a disciplinary organised scientific culture. • Wide scope of our research interests. • Risk of brain drain by simultaneous retirement of several professors.
Opportunities	**Threats**
• Further development of Living Labs. • Connecting with public agendas on health inequalities and participation. • Planetary Health as a major research topic that fits the expertise of HISP. • Growing awareness amongst policy makers and in society for transdisciplinary approaches (i.e. COVID-19).	• Pandemic has threatened the availability of research staff. • High workload limits the possibility to respond to upcoming opportunities. • Although transdisciplinary research has gained on priority on research agendas, most research infrastructure is still organised disciplinarily (funding bodies, journals etc.).

5.1.3 Strategic plans

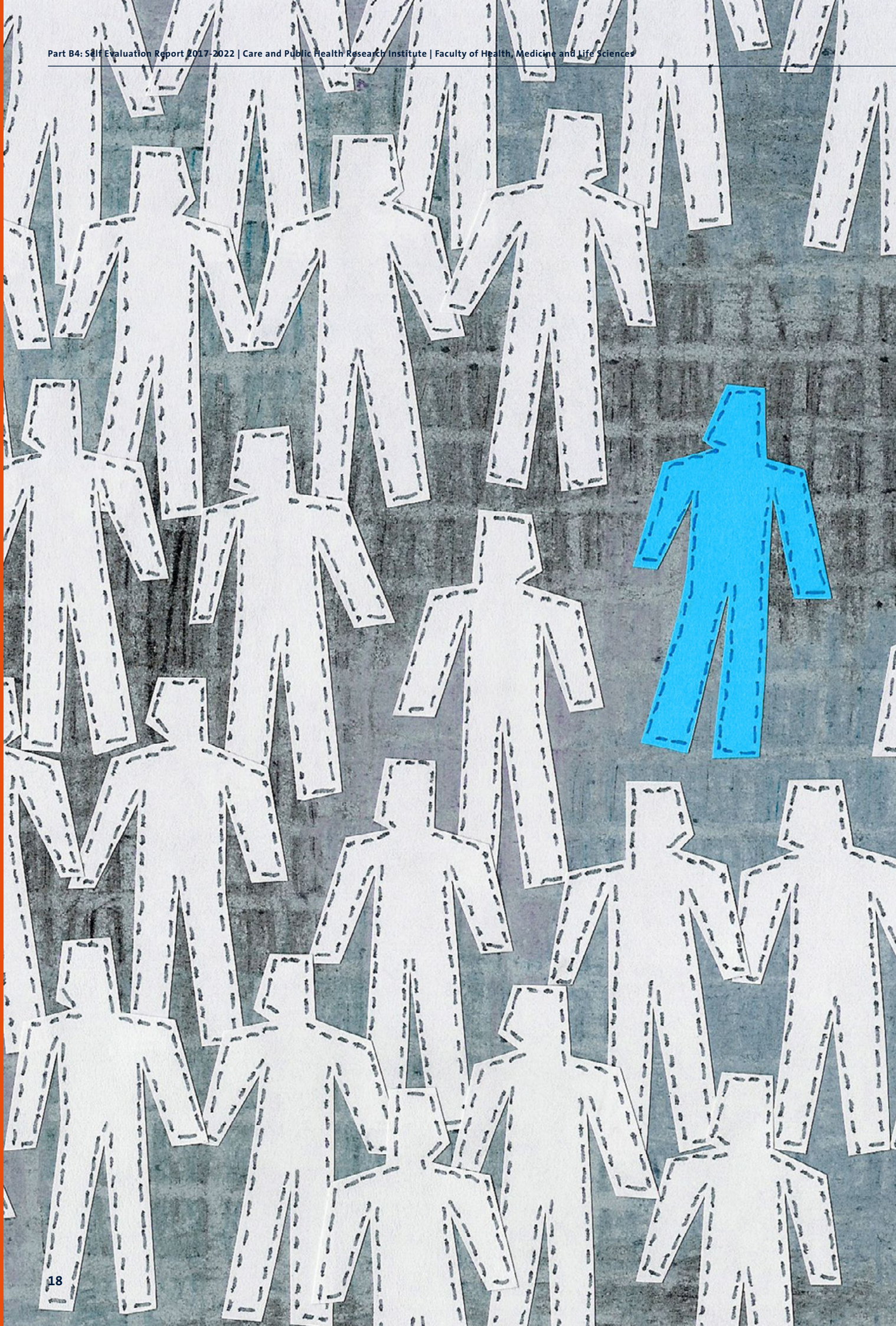
HISP is well positioned to provide highly relevant research on health inequities and societal participation within the context of the EU (including our Euregion) and beyond, following a global health perspective. While the funding opportunities in the Netherlands become increasingly limited, our multi-national staff and network allow for competing for funding on a much broader scope. Financial, political, environmental, and biological crises have led to increasing inequities at home and abroad. As a consequence, we see limitations in access to care and declining health literacy in an even more complex and compartmentalised health system as part of the predominant politics of austerity measures. The direct and indirect societal and public health consequences are critical issues that need further research and scientific analysis including a comprehensive understanding of the respective effects on vulnerable groups. Within this background, HISP is determined to further develop its coherent programme following our academic and societal responsibilities. To be able to do this, we will focus on the following strategic steps:

1 Sustaining HISP mission and objectives (see chapter 1).
2 Enhancing our transdisciplinary collaborative research culture. Several initiatives are being employed to strengthen our transdisciplinary focus:
   1. we focus on adding young researchers with expertise in this area to our HISP team (permanent staff);
   2. two young researchers have started a transdisciplinary research forum across institutes and research lines to stimulate this research culture;
   3. we focus on active acquisition of funding in this area.
3 Extending of the Living Lab infrastructure within HISP:
   The current Living Lab public health (academische werkplaats publieke gezondheid) including the Living Lab youth health (kenniswerkplaats jeugd) is recently organised within the department of social medicine, thereby covering the different social medicine domains and bringing all research collaboration with the regional public health services within HISP.
   The plan is to establish long-term research collaboration with the public health services of the provinces of Brabant and Limburg. And furthermore, a consortium of 5 Dutch Living Labs in the area of infectious disease control will be established and chaired by members of HISP.
4 Strengthening our focus on using participatory approaches in our research and including both academic as well as societal advisors to help us reflect on the development of HISP research.
5 Sustaining and further developing international collaborations in order to enhance chances for future grant applications and strengthening the impact of HISP research.
6 Investing in expressing, framing, conceptualizing, visualizing and communicating HISP research for diverse audiences, including stakeholders.
7 Positioning young researchers to be future leaders of HISP, in preparation for the upcoming retirement of staff members and ensuring a smooth transition of responsibilities. Hereby we prioritise the training and funding of these promising researchers.

5.2 Viability

HISP is a vital research programme. Viability is promising considering the enthusiasm of the staff, as expressed in HISP meetings and in the collaborative projects that have already been started, many of which have an innovative character. Furthermore, as mentioned in the SWOT analysis, the quality of our research staff is good, our financial position is sound, the group is both well connected in the region and has an extended international network, and is also attractive to external parties (stakeholders, professionals, students, etc.). Furthermore, we think that the connection with the highly successful Global Health Master programme is a strong asset. Thus, we are confident that our RL will have what it takes to

1 continue to develop as a coherent programme;
2 realise the academic and societal output and;
3 continue with and intensify the strategies mentioned above (paragraph 1.6.3).



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