



CIEE Amsterdam, Netherlands

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| Course title: | Public Health in the Netherlands |
| Course code: | PUBH 3001 NETU |
| Programs offering course: | Summer Contemporary Netherlands Studies, Summer London Amsterdam Comparative Public Health Systems 2+3 |
| Language of instruction: | English |
| U.S. semester credits: | 3.00 |
| Contact hours: | 45.00 |
| Term: | Summer Session III 2025 |

Course Description

The Netherlands, as many other Western countries, is facing today's challenges of rising health care costs and an ageing population. In this course students will develop a better understanding of the Dutch approach to norms and standards in today's public health and health care system. The course will touch upon culturally sensitive issues such as euthanasia, public insurance, and home birth, as well as global issues such as elderly care and children's health. Through a series of thematic lectures, including guest lectures from professionals in the field, and guided site visits, students will be able to place these challenges in the specific context of the Netherlands, while also critically analyzing and comparing both the health care challenges and outcomes to those of other countries (chiefly, the United States and neighboring European countries).

Learning Objectives

By completing this course, students will:

- Demonstrate an in-depth understanding of the current structure and the historical evolution of the Dutch health care system and its principal stakeholders;
- Identify and critically assess the differing public policy approaches on health care policy that characterize both the Dutch health care system and its analogues in the United States and select European countries;
- Formulate informed and policy-based evaluations of the Dutch approach to specific health care concerns (ranging from euthanasia and abortion to women's and children's health and obesity);
- Articulate clearly the principal challenges that face both the Dutch and American health care systems, both currently and in the future, and weigh the efficacy of proposed health care solutions.

Course Prerequisites

None

Methods of Instruction

- Each theme presented will include an introductory lecture. Some of these lectures will be supplemented with guest speakers who are professionals in that specific field or a group guided site visit or group project related to that specific theme.
- Throughout the course, all students will take scheduled tests to monitor their comprehension of the themes presented and discussed. Students will be able to use the feedback from these tests to prepare for the final exam.
- In this course, students will also have two assigned papers in which they will apply their knowledge of the themes presented.
- In between class sessions, students are expected to work independently on their assignments, complete the assigned readings, and study for their scheduled tests and final exam.
- At the end of the course all students will take a final exam and will deliver a final presentation. The professor will discuss with the group the preferred means of delivering the final presentation (either individual or group presentations)

Assessment and Final Grade

1. Two papers (each worth 15%)

30%

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| 2. | Midterm test | 15% |
| 3. | Final Presentation | 20% |
| 4. | Participation | 15% |
| 5. | Final Exam | 20% |
| | TOTAL | 100% |

Course Requirements

Two papers (each worth 15%)

During the course students have to complete two papers about public health in general, in the context of the discipline students are majoring in. The papers must be 1,200 words in length and must contain a list of references of at least three scientific sources. Proper APA formatting, including in-text citation, must be used for each of the assigned papers.

Midterm test

Students will take a test at the halfway point of the course to assess their knowledge of the content covered in the first two weeks of the class. Students will be provided the opportunity to use the feedback received from this test to prepare for their final exam.

Final Presentation

The course encourages students to do presentations through the eyes of the discipline in which they are majoring. For example, if a student is discussing the theme of drugs: the sociology major could approach the issue by looking at the reasons that addicts as a social group resort to drug abuse. The psychology major could approach this by looking at the effects of drug abuse on the individual and the psychological effects.

Students must conduct a fifteen-minute presentation, followed by five minutes of discussion (Q&A), on a public health theme of their own choice and may use other audiovisual equipment such as a film if this a way the student is used to expressing himself/herself. Examples of topics that may be covered within the presentation are the effectiveness of the policies or the effect they have on the image of Amsterdam. Other examples include emerging public health issues described in class and their impact on the Dutch public health system.

The final presentation may be completed either individually or as a group presentation, in discussion and agreement with the professor.

Participation

Each student is required to attend all sessions of the course and to participate actively in class discussions and during guided site visits. As part of this discussion, students will be expected to lead at least one group discussion by presenting an informal, five-minute presentation in addition to two open-ended discussion questions.

Students who make active connections to the concepts from the reading materials in class discussions, students who actively ask questions, and students who actively reflect on out-of-class experiences in class will receive extra points for participation. Participation points will be deducted when students do not participate in class or have not read the assigned reading materials before coming to class.

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Since we will be discussing culturally sensitive issues in class, the classroom must be a safe space in which students are able to express their opinions openly. Discriminatory comments or language of any kind will not be tolerated.

Final Exam

The final exam will test students' cumulative understanding of the Dutch health care system by asking them to produce cogent and well-structured responses to four essay-length questions that together cover the principal subjects discussed in class

Attendance

CIEE promotes experiential learning that requires class attendance. Students should notify their instructor and CIEE academic staff of foreseen absences. Accommodations for missed classes, if any, will be determined by the course instructor and CIEE academic staff. Chronic absences may result in Withdrawal or Failure. Please see your Academic Manual for more details.

Academic Integrity

Academic integrity is essential to a positive and inclusive teaching and learning environment. All students are expected to complete coursework responsibilities with fairness, respect, and honesty. Failure to do so by seeking unfair advantage over others or misrepresenting someone else's work as your own can result in grade penalties or disciplinary action. See the CIEE Student Academic Manual for further information on academic integrity.

N.B. Course schedule and co-curriculars are subject to change. The final duration and distribution of content and assignments will be determined and presented to students at the onset of the course.

Weekly Schedule

Week 1

Class: 1.0 Introduction and history of public health in the Netherlands

Content: a historical overview of the three waves of development that have shaped the Dutch public health care system

Reading:

C. Weel, H. Schers, and A. Timmermans (2012); Health care in the Netherlands. Journal of the American Board of Family Medicine 25 (1): 12-17.

Class: 2.0 Public health in transition

Content: politics, costs and health insurance matters in the Dutch health care system

Reading:

C. Weel, H. Schers, and A. Timmermans (2012); Health care in the Netherlands. Journal of the American Board of Family Medicine 25 (1): 12-17.

Class: 3.0 The Dutch health care system vis-a-vis the rest of the world

Content: A comparison of the Dutch health care system with the rest of the world

Reading:

S.M.B Gutiérrez, T. Mizota and Y. Rakue (2003); Comparison of four health care systems: Cuba, China, Japan, and the USA: an approach to reality. Institute of tropical medicine. Southeast Asian Journal of Tropical Medicine and Public Health 34 (4): 937-946.

Van den Berg, M., Kringos, D.S., Marks, L.K., & Klazinga, N.K. (2014); The Dutch health care performance report: seven years of health care performance assessment in the Netherlands. Health Research Policy and Systems 12 (1): 1-7.

Class: 4.0 Guest Lecture: Migrant health care in the Netherlands

Content: Exploring the complex barriers that affect access to health of migrant populations in the Netherlands and how these relate to the rest of the world

Week 2

Class: 5.0 Politics of health: WTO/TRIPS and Dutch health care

Content: An investigation into the workings of the WTO and TRIPS in relation to health access

Reading:

J. Subhan (2006); Scrutinized: the TRIPS agreement and public health. *McGill Journal of Medicine* 9 (2): 152-159.

M. Chorev and K, Shadlen (2015); Intellectual property, access to medicines, and health: new research horizons. *Studies in Comparative International Development* 50 (2): 143-156.

Class: 6.0 Sex work in the Netherlands, a model for the world?

Content: Investigating the benefits and limitations of Dutch policy on sex work

Reading:

Dutch Ministry of Foreign Affairs (2012); Dutch Policy on Prostitution.

J.G. Raymond (2003); Ten reasons for not legalizing prostitution and a legal response to the demand for prostitution. *Journal of Trauma Practice* 2 (3-4): 315-332.

Class: 7.0 Social determinants of health

Content: Understanding how different social factors lead to different health outcomes in the Netherlands and around the world

Reading:

C. Bambra et al. (2010); Tackling the wider social determinants of health and health inequalities: evidence from systematic reviews. *Journal of Epidemiology and Community Health* 64 (4): 284-291.

Class: 8.0 Human rights approaches to health (with a focus on the Dutch model)

Content: Investigating the different ways the human rights based approach is implemented in the Netherlands and the rest of the world

Reading:

L. London and H. Schneider (2012); Globalisation and health inequalities: Can a human rights paradigm create space for civil society action? *Social Science & Medicine* 74 (1): 6-13.

Muzyamba et al. (2015); You cannot eat your rights: a qualitative study of views by Zambian HIV-vulnerable women, youth, and MSM on human rights as public health tools. *BMC International Health and Human Rights* 15: 1-16.

Class: 9.0 Euthanasia

Content: Debating the relative merits and demerits of euthanasia as a public health practice

Reading:

P. Sulmasy (2016); Non-faith-based arguments against physician-assisted suicide and euthanasia. *The Linacre Quarterly* 83 (3): 246-257.

Week 3

Class: 10.0 Neoliberalism and health

Content: investigating the impact of the Neoliberal agenda on public health in the Netherlands and the rest of the world

Reading:

D. Coburn (2004); Beyond the income inequality hypothesis: class, neo-liberalism, and health inequalities. *Social Science & Medicine* 58 (1): 41-56.

Class: 11.0 Sexual health in the Netherlands

Content: Analyzing the uniquely Dutch approach to sexual health as evaluated by patients

Readings:

I. Vanwesenbeeck et al. (2010); Sexual health in the Netherlands: main results of a population survey. *International Journal of Sexual Health* 22 (2): 55-71.

Class: 12.0 Obesity and nutrition in the Netherlands

Content: Investigating the impact and mitigation techniques of obesity in the Netherlands and the world at large

Readings:

C.M Renders et al. (2010); Tackling the problem of overweight and obesity: the Dutch approach. *Obesity Facts* 3 (4): 267-272.

Class: 13.0 Mental health

Content: Investigating the impact of the movement for global mental health in the Netherlands and the world

Reading:

S. Cooper (2016); Global mental health and its critics: moving beyond the impasse. *Critical Public Health* 26 (4): 355-358.

Class: 14.0 Aging and elderly care in the Netherlands

Content: A look at the Dutch innovations on elderly care

Reading:

C.H.M. Smit et al. (2014); Aging in the Netherlands: state of the art and science. *The Gerontologist* 54 (3): 335-343.

Week 4

Class: 15.0 Recreational drug use

Guest lecture: the founder of Festival Zusters will discuss his organization's role in providing information to drug users who attend Dutch festivals and how his organization's philosophy dovetails with the Netherlands' focus on harm reduction as a public health strategy

Class: 16.0 Dutch drug policy

Guest lecture: Researcher at the Netherlands Drug Policy Foundation

Reading:

C. Chatwin (2016); Mixed messages from Europe on drug policy reform: the cases of Sweden and the Netherlands. *Foreign Policy at Brookings*: 1-12.

Class: 17.0 The use and prescription of antibiotics in the Netherlands

Reading:

A. Akkerman et al. (2008); Antibiotics in Dutch general practice: nationwide electronic GP database. *Pharmacoepidemiology and Drug Safety* 17 (4): 378-383.

H. Otters et al. (2004); Trends in prescribing antibiotics for children in Dutch general practice. *Journal of Antimicrobial Chemotherapy* 53 (2): 361-366.

Class: 18.0 Presentation

Content: Different groups present their projects after which a question and answer session follows

Class: 19.0 Final exam

Course Materials

Readings

C. Weel, H. Schers, and A. Timmermans (2012); Health Care in The Netherlands. *JBFM* 12 (16).

S.M.B Gutiérrez, T. Mizota and Y. Rakue (2003); Comparison of four health care systems: Cuba, China, Japan, and the USA: an approach to reality. *Institute of tropical medicine. Southeast Asian Journal of Tropical Medicine and Public Health* 34 (4): 937-946.

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