

CIEE Amsterdam, the Netherlands

Course title:	Dutch Public Health
Course number:	PUBH 3001 NETU
Programs offering course:	CIEE
Language of instruction:	English
U.S. Semester Credits:	3
Contact Hours:	45
Term:	January 2020

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 are able to place these challenges in a specific context, critically analyzing and comparing them to other countries.

These are the course themes:

- History of Dutch Public Health
- Politics, costs and insurance matters
- Primary and secondary care
- Euthanasia
- Maternal and children's health
- Elderly care
- Psychiatry
- Drugs, alcohol and tobacco
- Ethnicity in healthcare
- The role of the general practitioner

Learning Objectives

By completing this course, students will be able to:

- 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 analogue in the United States;
- Render 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

No prerequisites

Methods of Instruction

- The course meets every weekday for a total of 3 weeks, with one additional weekend session (on Saturday, January 19).
- Each theme will include a two-hour 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.
- In the afternoons and evenings, students are given time to work independently on their assignments and study for the final exam.
- At the end of the course all students will take a final exam.
- The course is worth 3 US credits (4.5 quarter hours).

The last lecture of the course will be a summary of all the themes discussed in order to help students understand how all of the topics are interrelated.

Assessment and Final Grade

Participation:	10%
Presentation:	20%
Paper 1:	20%
Paper 2:	20%
Final Exam:	30%

Course Requirements

Participation = 10%

Each student is required to attend all sessions of the course and to participate actively in class discussions and during guided site visits.

Presentation = 20%

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 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.

Two papers (each worth 20%)

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 1,500 words in length and must contain a list of references of at least three scientific sources.

Final Exam = 30%

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.

Grading scale

Your performance in this course will be graded in accordance with the CIEE course grading scale and rubric adopted for all CIEE courses, both of which are posted in Canvas.

Attendance and participation

Each student is expected to attend all sessions of the course and to participate actively in class discussions. Attendance will be taken every class session by the course instructor. Absences will be penalized according to the CIEE Amsterdam attendance policy outlined below:

1 absence = allowed

2 absences = extra assignment (1 page in consultation with the instructor)

3 absences = 10 points (out of 100) are deducted from the student's final grade

4 absences = the student fails the course

- If a student comes in 15-30 minutes late to class, this counts as a ½ absence.
- At all times, the student needs to inform the instructor – before the start of class – in case he or she will incur an absence. Failure to notify the teacher in advance will result in an extra assignment.
- Note about all assignments: Late assignments will be marked down by 1 point (out of 10) for every day the assignment is late. Assignments that are more than 3 days (72 hours) late will not be accepted.

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.

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.

Laptops are allowed, but only when they are used to take notes or to look up information directly related to the class discussion. The instructor reserves the right to prohibit laptop use in case this distracts other students or this privilege is abused.

Weekly Schedule

Week 1

- 1.1 History of the Public Health and the evolution of the current health care system
Class excursion to the Boerhaave Museum
Readings:
C. Weel, H. Schers, and A. Timmermans (2012); Health Care in The Netherlands. *JBFM* 12 (16)

Week 2

- 2.1 The GGD and the role of preventative health care in the Netherlands
Guest lecture by Dr. Robert Vonk on Dutch public health in transition and the political considerations of (curbing) rising health care costs
Readings:
C. Weel, H. Schers, and A. Timmermans (2012); Health Care in The Netherlands. *JBFM* 12 (16)
- 2.2 The role of the general practitioner in primary care
Guest lecture by Dr. Menno van Woerkom on the prescription of medication in the Netherlands, with a special focus on the role of antibiotics of in Dutch health care policy
Readings:
P. van de Hormberg (2016) Patient experiences with family medicine: A longitudinal study after the Dutch health care reforms in 2006. *BMC Family practice*. 17 (118)
- 2.3 The psychiatric profession and the treatment of mental health issues in the Netherlands
Class excursion to the Amsterdam Underground, where students will hear from former drug addicts and homeless people about surviving on the streets in Amsterdam and the role of the municipality in implementing the city's homelessness and drug addiction and harm reduction policies
Readings:
Sara Cooper (2016) Global mental health and its critics: moving beyond the impasse, *Critical Public Health*, 26:4, 355-358.
Paper #1 is due
- 2.4 Euthanasia and physician assisted suicide: where ethics, politics, and health care policy meet
The ageing population in the Netherlands and the local and national dimensions of elderly care
Readings:
P. Sulmasy (2016) Non-faith-based arguments against physician-assisted suicide and

euthanasia The Linacre Quarterly 83 (3), 246–257

C.H.M Smit et al Aging in The Netherlands: State of the Art and Science The Gerontologist. Cite journal as: The Gerontologist Vol. 54, No. 3, 335–343.

- 2.5 Site visit to the GGD (the Municipal Healthcare Service) in The Hague to learn about health care policy in action on the local level
Readings: TBA

Week 3

- 3.1 Women’s and children’s health in the Netherlands, with a special focus on the popularity of home births in the Netherlands
Sexual health in the Netherlands: the role of prevention and education
Site visit to the P&G free clinic, where registered nurses offer medical advice and treatment to Amsterdam’s sex workers
Readings: TBA
- 3.2 Race, ethnicity, and divergent health care outcomes in the Netherlands
Obesity and nutrition in the Netherlands’
Readings:
C.M Renders et al (2010) Tackling the Problem of Overweight and Obesity: The Dutch Approach. Obes Facts;3:267–272
- 3.3 The history of drug policy in the Netherlands
Guest lecture by Dr. Frederik Polak, a retired psychiatrist who used to work for both the GGD and The Netherlands Drugs Policy Foundation
Readings:
Caroline Chatwin (2016) Mixed Messages from Europe on Drug Policy Reform: The Cases of Sweden and the Netherlands University of Kent
Paper #2 is due
- 3.4 Guest lecture by Dr. Jasper-Job Greuter on recreational drug use in the Netherlands
Readings: TBA
Student presentations (1)
- 3.5 The history of alcohol and tobacco policy in the Netherlands
Readings: TBA
Student presentations (2)
- 3.6 The future of Dutch health care
Readings: TBA
Student presentations (3)
- 3.7 Final exam

Course material

The course will use a compilation of articles and statistics taken from academic articles and other journalistic sources (together referred to as the course reader). These articles will be uploaded to Canvas.

1. C. Weel, H. Schers, and A. Timmermans (2012); Health Care in The Netherlands. *JBFM* 12 (16)
2. P. van de Hormberg (2016) Patient experiences with family medicine: A longitudinal study after the Dutch health care reforms in 2006. *BMC Family practice*. 17 (118)
3. P. Sulmasy (2016) Non-faith-based arguments against physician-assisted suicide and euthanasia *The Linacre Quarterly* 83 (3), 246–257
4. C.M Renders et al (2010) Tackling the Problem of Overweight and Obesity: The Dutch Approach. *Obes Facts*;3:267–272
5. Sara Cooper (2016) Global mental health and its critics: moving beyond the impasse, *Critical Public Health*, 26:4, 355-358.
6. Caroline Chatwin (2016) Mixed Messages from Europe on Drug Policy Reform: The Cases of Sweden and the Netherlands University of Kent
7. C.H.M Smit et al Aging in The Netherlands: State of the Art and Science *The Gerontologist*. Cite journal as: *The Gerontologist* Vol. 54, No. 3, 335–343.