

Erasmus MC

University Medical Center Rotterdam



Activities report 2010-2011

Department of Public Health

Department of Public Health facts

Organisation

The Department of Public Health was established in 1969. The department is part of the Health Sciences cluster of the Erasmus Medical Center in Rotterdam. It includes about 130 employees of which 100 are primarily involved in research. We have a dedicated team, responsible for development of our educational courses. Many staff members are involved in teaching activities. Our support staff consists of an administrative office, a research support office, and a substantial ICT group. The latter group is specialized in design of web-based data collection and advises many research groups in Erasmus MC on efficient use of internet questionnaires.

For more detailed information on staff and their personal websites: <http://survey.erasmusmc.nl/intern/pwp/>

Total staff: 130 (85 women, 45 men)

Postdocs and senior researchers: 40

PhD students and junior researchers: 60

Support personnel: 30

Professors at the Department:

Johan Mackenbach, Head of Department, Public Health

Alex Burdorf, Determinants of Population Health

Jan-Willem Coebergh, Cancer Surveillance

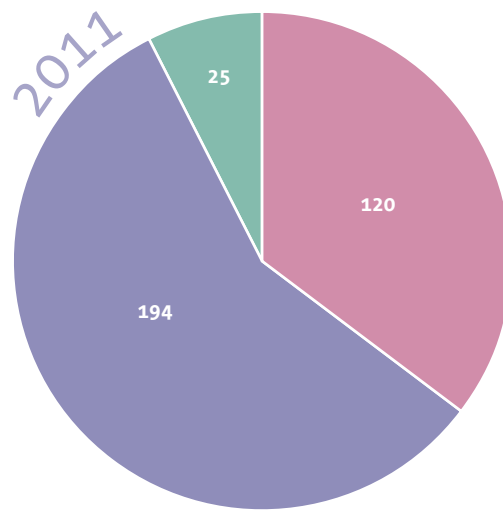
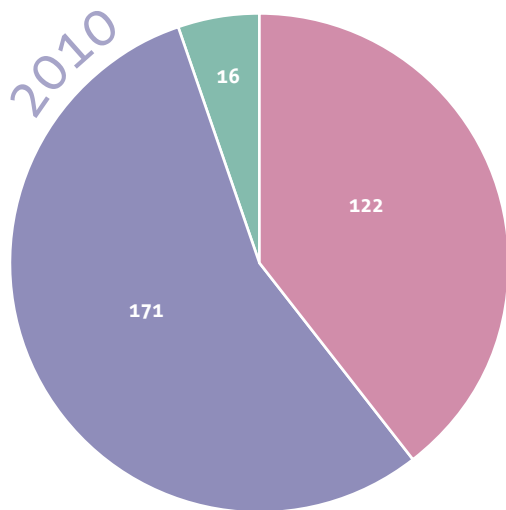
Harry de Koning, Evaluation of Screening

Ewout Steyerberg, Medical Decision Making

Newly appointed professors at the Department:

Hein Raat, Youth Health Care (2011)

Jan Hendrik Richardus, Infectious Diseases (2010)



Articles first author



Articles co-author



PhD theses



Foreword On the occasion of our 40th anniversary, which we celebrated in 2011, we decided to look back and to see what the main successes of prevention in this period have been. We found no less than 22 success stories and wrote them up in a book that attracted a lot of attention. In terms of the annual number of deaths avoided, tobacco control, detection and treatment of hypertension, removal of trans fatty acids, and improved traffic safety were the most successful interventions. But there were many more, such as various forms of screening among new-borns and children, the prevention of Sudden Infant Death Syndrome and cervical cancer screening. We were happy to see that during the life of our Department we have made contributions to the development and evaluation of several of them, but more importantly these 22 successes altogether avoid about 16,000 deaths and several hundred thousand disease cases annually in the Netherlands. These successes are easily forgotten, because in contrast to the successes of medical care there are no grateful patients. Although prevention therefore risks being the Cinderella of health care, it certainly deserves better and we will continue to work on that in the years to come.

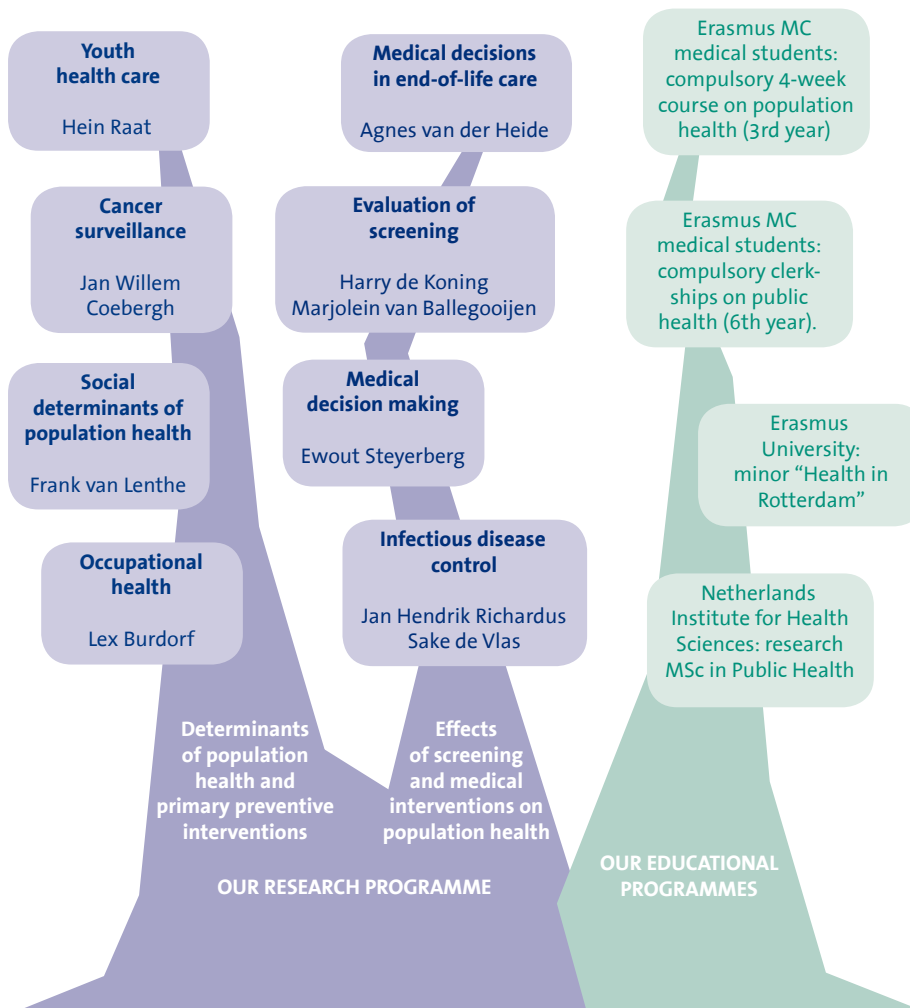
Johan Mackenbach
Head of the Department of Public Health



MISSION AND ORGANISATION

Our mission is to conduct eminent research and provide excellent education with a discernable impact on population health at the local, national, and international level.

Our goals are to strive at high-quality scientific publications on relevant and innovative topics, and to disseminate our knowledge and expertise to support evidence-based public health.



Education

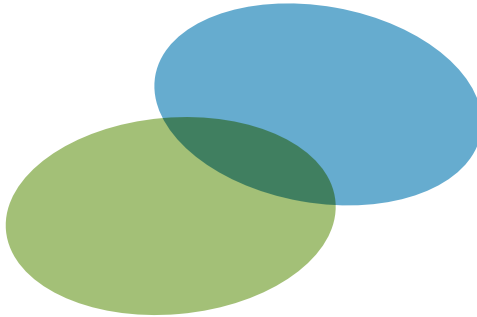
The Department of Public Health provides a large range of education and training modules for several target groups. Primary target groups are medical students and public health researchers and practitioners. Medical students at Erasmus MC receive education and training on population health, preventive and social medicine, and quality and financing of health care. Major compulsory curriculum elements are a 4-week course on 'population health' (3rd year) and a 2-week internship 'social medicine' (6th year). A cohort of 350 medical students follows these courses, and 10-15% receives additional teaching through minors on 'international health', 'urban health' or elective internships of 3-15 weeks in infectious diseases, maternal and child health, occupational health, forensic medicine or international health. Modules for public health researchers and practitioners are offered within the framework of the Netherlands Institute of Health Sciences. The department uses a range of modern approaches in its public health teaching, including e-learning (e.g. serious gaming and computer assisted collaborative learning), interactive group exercises, skills training and community projects.



Ed van Beeck

Community projects

According to international consensus, 'health advocacy' belongs to the major skills of (future) physicians, who should be aware of their important role in combating public health problems. These skills can best be developed by challenging students to analyse and solve 'real world' problems. In 2011, we therefore invited local and national public health organisations to provide us with 'community projects' to be conducted by our students. Over 60 projects and real world questions were formulated on various topics, such as primary and secondary prevention, maternal and child health, occupational health, infectious diseases, injuries and violence, addiction, palliative care, and patient safety. Projects were conducted by student groups within one month, consisting of combinations of literature reviews, interviews, questionnaires, and descriptive analyses of available data. According to field organisations, many project results have added value for public health practice and policy. Six projects were published in a national scientific journal.



Social determinants of population health

While life expectancy increases in the general population, systematic inequalities in health remain substantial or even widen. The reduction of these inequalities in health is among the key challenges in contemporary public health. It requires a thorough description of (area-based) inequalities in health, health-adjusted life expectancy and determinants of health, understanding of the physical, social and cultural determinants of inequalities in health and health behaviours at different stages of the life course, as well as the evaluation of (natural) experiments aimed at the reduction of inequalities.



Frank van Lenthe



Hein Raat

Youth health care

This research section aims to unravel the mechanisms that cause childhood health inequalities and contributes to effective health promotion and prevention. Healthy growth and development of babies, children and adolescents are essential to public health. Even in the Netherlands, the health of children varies along the lines of social and ethnic background. These differences show up in pregnancy and continue to be present during childhood, leaving their marks throughout life. At a national and international level our research section studies factors that might influence these inequalities, helps develop and implement prevention strategies and evaluates their effectiveness.



Occupational health

In a society with an ageing population, one of the most important challenges is enabling persons to work longer in good health. This requires a good working ability in relation to physical and psychosocial factors at work as well as health and lifestyle. Important questions to answer in our research are: How important is health in entering and maintaining paid employment, Which factors determine work ability and sustainable employment, How can workers with chronic diseases remain productive at work, and What interventions are needed and how (cost-)effective are these?



Lex Burdorf



Jan Willem Coebergh

Cancer surveillance

The research group studies various cancer epidemics, determinants, and prognosis using population-based registries within the Netherlands and Europe. In 2010 we finished the FP6 Eurocadet project, contributing to scenario development for cancer prevention across Europe. In 2011 the Epiderm project on skin cancer was finalised. Translational epidemiological research was done with the EORTC melanoma group of the striking prognostic male inferiority of melanoma. Two national projects (funded by KWF) generated broad involvement of epidemiologists and clinical oncologists, i.e. progress against cancer, and increasing burden of multiple malignancies. A landmark overview paper was published in 2010 in Int J Cancer. Isabelle Soerjomataram, now at IARC, received an Erasmus University scholarship for burden of cancer studies, whereas Jan Willem Coebergh was reappointed for another 2 years August 2011 through IKZ.

Evaluation of screening



Marjolein van Ballegooijen and Harry de Koning

Screening tests for the detection of asymptomatic disease are increasingly used in clinical practice and organized screening programs. Our research quantifies the *effects* of screening for a wide range of diseases and helps individuals, clinicians and policymakers to make informed screening choices. Early detection of disease can considerably improve survival or quality of life, but can additionally prolong the period of awareness of having a disease. Sometimes the screen test can be false positive, likely inducing unnecessary diagnostic interventions. Only part of the earlier detected individuals may benefit from screening. Our research quantifies the health benefits, harms, impact of screening on quality of life, and costs. Based on our research, we advise introducing screening, or not, or to modify a screening program. For example, in 2011 the Dutch Health Council published the advisory report 'Population screening for cervical cancer', to replace cytology by HPV testing as primary screening test in the current cervical cancer screening program. This advice was partly based on our cost-effectiveness analyses.

Infectious disease control

Infectious diseases are an important and worldwide health problem. By international cooperation with scientific, governmental and non-governmental organizations, our research section contributes to the development and evaluation of control programs for infectious diseases in developing countries, in particular worm infections, leprosy and HIV. Locally, we are involved with diseases common in the immigrant population of the city of Rotterdam, such as viral hepatitis, tuberculosis and STDs. An example of our research relates to the rapidly expanding ART coverage in sub-Saharan Africa, which will substantially change the HIV epidemic. Using the STDSIM model we predicted for South Africa that the HIV prevalence in patients aged 50+ will nearly double in the next 30 years, while the fraction of HIV infected patients aged over 50 will triple in the same period. This ageing epidemic has important consequences for the South African health-care system, as older HIV patients require specialized care.



Jan Hendrik Richardus and Sake de Vlas

Medical decision making

The research group Medical Decision Making studies health-related decision problems. We aim to support patients, clinicians, and health care policymakers in making the best decisions about diagnostic, therapeutic and other medical interventions. An important and relatively new part of our research focuses on quality of care. There is a growing focus on quality and safety in healthcare. Outcome indicators are increasingly used to compare hospital performance. We study various methodological aspects of such indicators. Examples are our studies on case-mix differences and random variation and on performance indicators for Dutch hospitals. These studies are of particular relevance to the current debate on accountability and transparency of health care. We actively take part in this debate through memberships of several national working groups, e.g. on the development and publication of the Dutch Hospital Standardized Mortality Ratio. Our future research will focus on developing methodology for valid and reliable quality of care measurement.



Ewout Steyerberg



Agnes van der Heide

Medical decisions in end-of-life care

Medical care and decision making in the last phase of life is at the forefront of current scientific and societal debate. An important part of our work in this field is focused at international exchange and collaboration. One example is our involvement in OPCARE9, a European collaboration to optimize research for care of cancer patients in the last days of life. We performed systematic searches of scientific literature and consulted hundreds of experts in nine countries in Delphi procedures, which indicated that the current knowledge base in this area lacks breadth and depth. This holds e.g. for the practice of (artificial) nutrition and hydration at the end of life, for which there is very little evidence-based guidance, resulting in widely varying attitudes and practices. The Liverpool Care Pathway for the dying, a tool to structure and support care for the dying, will be used in future research to address this important gap in knowledge.



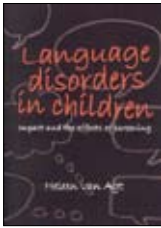
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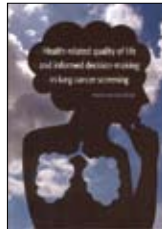
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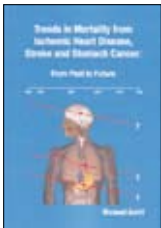
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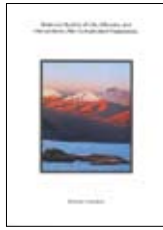
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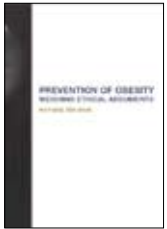
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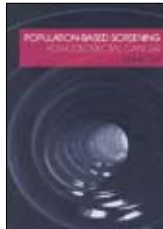
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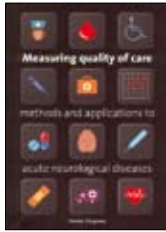


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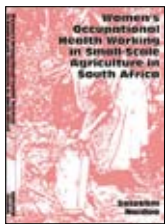
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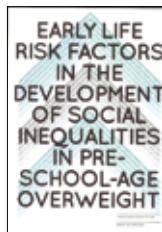
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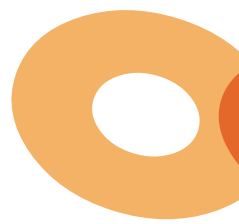
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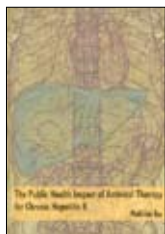
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Wolfers, M.E.G.

STI prevention in local public health: from theory to practice.
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Steenbergen, L.N. van

Variation in occurrence, management, and outcome of colorectal cancer in the Netherlands, on the eve of mass screening.
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Veen, M. van

The Manchester Triage System in paediatric emergency care.
PhD thesis Erasmus Universiteit Rotterdam, 16-04-2010

Fellowship of the Dutch Cancer Society (KWF Kankerbestrijding)

“The decision-making processes about participation in cancer screening and the potential role of quality of life information.”

My fellowship focuses on the decision-making processes about uptake of cancer screening. Participating in screening may generate benefits at a personal level, but also potential drawbacks, such as false reassurance or overtreatment. Lack of knowledge may lead to sub-optimal decisions about either declining or accepting a screening offer. Insight in the levels of decision-relevant knowledge will enable the identification of knowledge gaps. Insight in considerations about screening uptake will enable the targeting of interventions. My aim is to provide potential screenees with the information they need to make a good decision about having screening or not.



Ida Korfage

VENI vernieuwingsimpuls grant (NWO)

“Relieving suffering at the end of life.”

End-of-life care involves complex decisions about practices that affect the quality of dying. A frequently and increasingly used last resort intervention is palliative sedation, that is, using sedating drugs to induce a state of unconsciousness to take away the patient’s perception of symptoms. Palliative sedation is often heavily criticized for depriving patients of the ability to communicate and its resemblance to euthanasia. In my international study I will examine the determinants of the use of palliative sedation. Further, I will study patients’ quality of dying after the use of palliative sedation as perceived by physicians, nurses and relatives. This study will improve our understanding of the impact of palliative sedation on the quality of dying. As a result, evidence-based strategies can be developed to improve the death experience for terminally ill patients and their relatives.



Judith Rietjens



VIDI-grant (The Netherlands Organization for Scientific Research)



Yvonne Vergouwe

“A different perspective on prognostic research: methods for clustered data.”

In clinical practice, risk models are essential to guide the prognostication for individual patients. With this personal grant, I aim to make a further step in the methodology of prognostic research with clustered patient data. Clustering is present in data contributed by multiple centers, since patients from the same center are usually more alike than patients from different centers. Further, clustering exists if multiple events occur within the same patient, such as second or third recurrences in bladder cancer. Together with two PhD students, I will develop methods for prognostic research with these different types of clustering, leading ultimately to more accurate prognostication.

Takemi Fellowship in International Health at the Harvard School of Public Health

“The burden of chronic hepatitis B in mainland China: modeling costs and effects of universal vaccination, early detection and treatment”

Chronic hepatitis B (CHB) is a vaccine preventable viral disease that, if untreated, can lead to early death from cirrhosis and liver cancer. It is a major public health problem, particularly in China, where the annual mortality exceeds that of tuberculosis, HIV and malaria combined. The aim of my research is to extend the mathematical model for CHB that I have developed, which describes the natural history and treatment of the disease, with a module describing the transmission component of viral hepatitis. I will use this new dynamic population model to understand better the factors that are responsible for the persistence of transmission, the dynamics of the infection process, and how to interrupt transmission of the hepatitis B virus. I will assess the health impact and cost-effectiveness of early detection and treatment, and of universal vaccination. My new model will be applied to available data from mainland China. The results will help support public health policy regarding hepatitis B in mainland China, and other high endemic settings.



Mehlika Toy

CEPHIR The 'Centre for Effective Public Health In the larger Rotterdam area' is the collaborative centre of the Public Health Service Rotterdam (GGD Rotterdam-Rijnmond) and department of Public Health of Erasmus MC. From 2004 onwards, CEPHIR fosters innovations in public health and strengthens the evidence base for public health policy and practice. This is achieved through three core activities: (1) structural exchange of knowledge and ideas between researchers, policymakers and practitioners, (2) research directed to the population health policy program in Rotterdam, and (3) advice for organisations in Rotterdam and adjacent municipalities in its programme "Klein maar Fijn" on effectiveness, instruments, or implementation strategies of public health activities. For more details: www.cephir.nl.

Cisnet CISNET is a consortium of investigators sponsored by the National Cancer Institute (NCI) of the United States. The main focus of CISNET is research on cancer control interventions such as primary prevention, screening, treatment on incidence and mortality trends in the population using statistical modeling. CISNET projects are focused on five cancer sites (breast, colorectal, esophagus, lung and prostate cancer). The Department of Public Health is involved in research on all five sites as the only non-American modeling group.

Notable recent publications of the CISNET group to which the department contributed are:

- van Ravesteyn et al., *Annals of Internal Medicine*, 2012.
- Zauber et al., *NEJM*, 2012.
- Moolgavkar et al., *JNCI*, 2012.
- Gulati et al., *Cancer Causes Control*, 2012.

Results of these projects are used to advise stakeholders on cancer control interventions, such as the implementation and evaluation of national screening programs.

For more details: <http://cisnet.cancer.gov/>

China China faces major public health challenges as it goes through a rapid economic development. Our Department of Public Health has developed close ties with a number of Institutes in China over the past years. With the Beijing Institute of Microbiology and Epidemiology (BIME) we collaborate in the area of airborne infections (e.g. SARS, avian influenza and human influenza) and tickborne infections (e.g. anaplasma, scrub typhus and hantavirus). Erasmus University has signed an agreement with the Chinese Scholarship Council and since 2010 we have two Chinese students at our department on such scholarship. We have also contacts with institutes in Shanghai and Shenzhen, the second and third largest cities in China. As part of our deep interest in global public health, we strive to expand our collaboration with China in the coming years.





Our activities attract considerable media attention, as illustrated by the large number of items in newspapers referring to our research. In the past few years several activities received wide media coverage. In 2010, Johan Mackenbach wrote his book “Ziekte in Nederland: volksgezondheid tussen biologie en politiek” [Disease in the Netherlands: Population health between biology and politics]. His core message was that 50% of all diseases can be attributed to avoidable causes. In 2011, we celebrated our 40th anniversary and published a book on 40 successes of prevention 1970-2010. The best estimate showed that in the Netherlands at least 16,000 deaths each year are postponed.

Awards

Dr. Suzan Robroek was awarded the 2011 Ferenc Bojan Young Investigator Award during the European Public Health Conference in Copenhagen (november 2011)

Prof.dr. Johan Mackenbach was awarded the Danish Society of Public Health prize during the European Public Health Conference in Copenhagen (november 2011)

Prof. dr. Dik (J.D.F.) Habbema was bestowed the royal distinction of Officer in the Order of Oranje- Nassau (2010)



Colophon

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Correspondence for reproduction

Erasmus MC, University Medical Center Rotterdam,
Department of Public Health, Room Ae 224,
P.O.Box 2040, 3000 CA Rotterdam, the Netherlands.
Phone: + 31 10 7038460 or + 31 10 7038464
Fax: + 31 10 7038474
E-mail address: mgz@erasmusmc.nl

Edited by

Lex Burdorf, Yvonne van Loon, Britt van Lettow, Rogier van Rijn, Jan Hendrik
Richardus, Yvonne Vergouwe. Department of Public Health, Erasmus MC,
University Medical Center Rotterdam, the Netherlands.

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For more details on scientific projects and scientific publications, see www.erasmusmc.nl/mgz/

Afdeling Maatschappelijke Gezondheidszorg

Erasmus MC
Postbus 2040
3000 CA Rotterdam

Bezoekadres

Erasmus MC: Ae-gebouw
Dr. Molewaterplein 50
3015 GE Rotterdam
Tel. 010 703 84 60 / 010 703 84 64
Fax 010 703 84 75
mgz@erasmusmc.nl
www.erasmusmc.nl/mgz

Department of Public Health

Erasmus MC
P.O. Box 2040
3000 CA Rotterdam, The Netherlands

Visitors address

Erasmus MC: building Ae
Dr. Molewaterplein 50
3015 GE Rotterdam
Tel. +31 10 703 84 60 / +31 10 703 84 64
Fax +31 10 703 84 75
mgz@erasmusmc.nl
www.erasmusmc.nl/mgz

