CAPHRI
Care and Public Health Research Institute



CAPHRI annual report 2025

Maastricht University | Maastricht UMC+

CAPHRI ANNUAL REPORT 2025

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PREFACE

A year of connection and collaboration

As Scientific Director of the Care and Public Health Research Institute (CAPHRI), I am pleased to present our 2025 annual report.

At CAPHRI, our research is driven by the ambition to contribute to a healthier society for all. We take a broad perspective on health, care, and well-being, bringing together expertise from different disciplines and connecting research with practice, policy, and society. By looking beyond individual diseases or diagnoses, we aim to better understand how health and care can be organised in ways that are accessible, effective, and responsive to the needs of citizens and patients.

In 2025, CAPHRI placed particular emphasis on strengthening inter- and transdisciplinary research. Addressing today's complex challenges in care and public health requires us to bring together expertise, perspectives, and partners across disciplinary boundaries. This ambition was at the heart of our annual CAPHRI Research Day. Under the theme "Connecting Disciplines, Building Tomorrow's Care and IPublic Health," researchers from across the institute came together to exchange ideas and explore both the opportunities and challenges of inter- and transdisciplinary collaboration. The day demonstrated the value of looking beyond our own fields and creating new connections to address complex questions in care and public health.
Our commitment to connection and collaboration extends beyond CAPHRI. We greatly value our partnerships at the regional, national, and international level. During the year, we organised meetings with colleagues from Radboud University Nijmegen and the Centre for Health and Society at Heinrich Heine University Düsseldorf, Germany. These exchanges provided valuable opportunities to share knowledge, explore common interests, and strengthen our networks.

The challenges ahead increasingly call for approaches that cross disciplinary and institutional boundaries. They invite us to remain open to different perspectives, learn from one another, and actively build the partnerships needed to advance research

and contribute to better care and public health. The work presented in this annual report reflects this shared ambition. It showcases the research, people, and collaborations that shape CAPHRI and illustrates how connecting knowledge, disciplines, and partners can drive meaningful change in care and public health.

We hope you enjoy reading this annual report and discovering the work that shaped CAPHRI in 2025.

We hope you enjoy reading our annual report.

On behalf of the CAPHRI community,

Silvia Evers
Scientific Director CAPHRI,
Care and Public Health Research Institute

September 2026



Scientific Director Silvia Evers and Managing Director Sabina Bulic

ABOUT CAPHRI

Mission and Vision

CAPHRI strives to create a healthy society for everyone by providing high quality research to improve the individual quality of life and innovate healthcare and public health. Building a bridge between our research and society has our highest priority.

Our innovative work focuses on prevention, prognostic studies, and intervention research, ranging from public and primary healthcare to person-oriented, long-term care.

Our research addresses local, regional, national, European, and global topics, and is thematically embedded in six research lines. In all of our work, we are guided by our core values:

We care for health and wellbeing

We believe that health, care, and wellbeing are crucial elements of resilient individuals and successful societies.

We value cooperation and inclusion

It is our conviction that true innovation happens when people from different backgrounds, perspectives, and capabilities come together.

Our research has societal relevance

While generating new knowledge is essential, we are particularly focused on ensuring this knowledge creates real societal impact. We see knowledge as a means to an end, and therefore actively share our findings with the wider public through publications, public education, and outreach initiatives.

Research Lines

CAPHRI's research is structured around six thematic Research Lines (RLs). In each line, multidisciplinary teams of researchers from different discipline-oriented departments collaborate to tackle key challenges

Each RL is led by a Chair and a Vice-Chair, and comprises researchers from various departments. The Research Lines are the lifeblood of CAPHRI, driving our research output and activities.



Ageing and Long-Term Care (ALTC)



Creating Value-Based Health Care (VHC)



Functioning, Participation and Rehabilitation (FPR)



Health Inequities and Societal Participation (HISP)



Optimising Patient Care (OPC)



Promoting Health and Personalised Care (PHPC)

CAPHRI's Organisational Structure and Governance

CAPHRI operates within the Faculty of Health, Medicine and Life Sciences (FHML). The overall governance of the institute rests with the CAPHRI Management Board, which consists of the Scientific Director and the Managing Director.

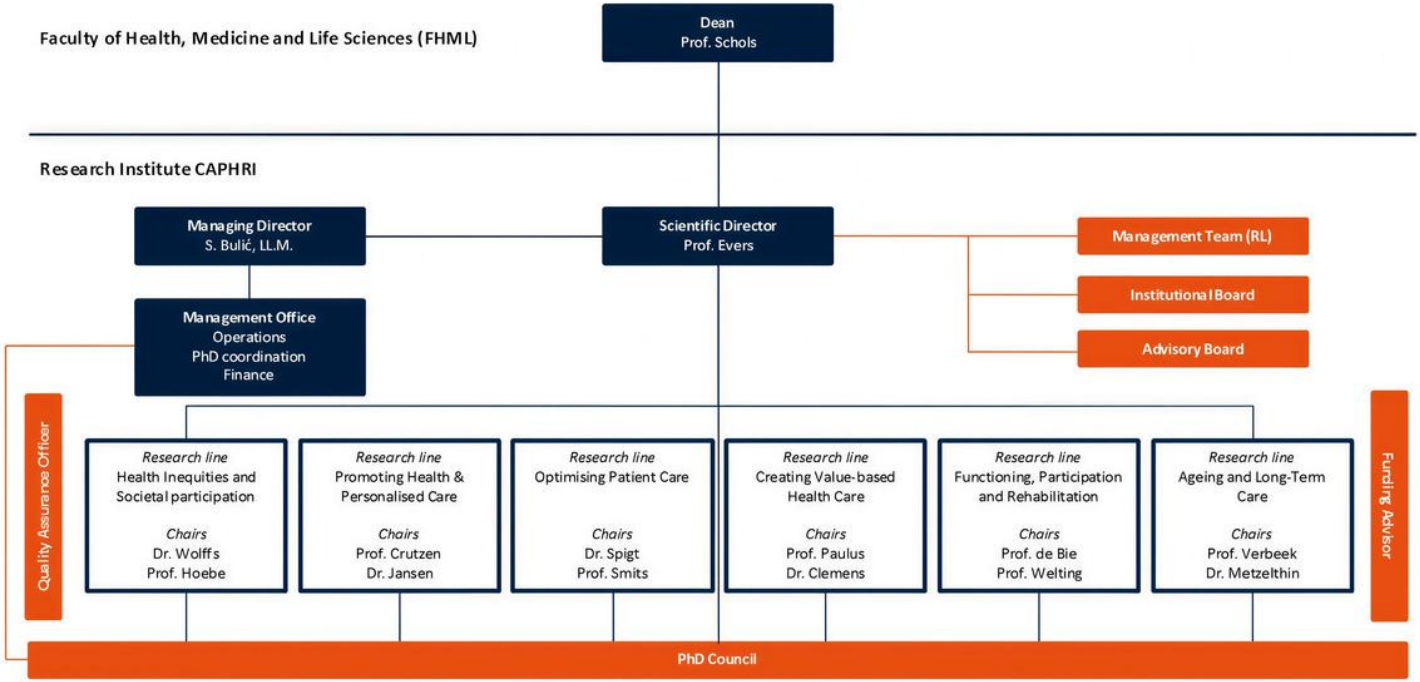
The Scientific Director holds final accountability for all strategic and academic matters and reports directly to the Dean. The Managing Director oversees operational management and day-to-day business, supported by the Management Office (handling Finance, Operations, and PhD Coordination).

Our governance structure includes external oversight from an Institutional Board and advice from an Advisory Board, ensuring robust strategic direction. Essential functional support is provided by a Quality Assurance Officer and a Funding Advisor.

Management and Research Lines

The CAPHRI Management Team, which was formerly known as the RL-leaders meeting, was established in early 2022 to provide additional emphasis to team management and to emphasise the equal roles of all its members.

The Management Team comprises the six RL Chairs and the Management Board, ensuring short communication lines between the RLs and the Management Board. The Management Team provides input, maintains oversight across activities, develops policies, etc. The individual RL Chairs hold the responsibility for the scientific and financial management of their respective RL, while ensuring accountability to the Management Board.



Core Departments
Epidemiology
Family Medicine
Health Promotion
Health Services Research
Health, Ethics and Society
International Health
Methodology and Statistics
Orthopaedic Surgery
Rehabilitation
Social Medicine
Clinical Epidemiology and Medical Technology Assessment

Associated Departments
Internal Medicine / Rheumatology
Medical Microbiology, Infectious Diseases & Infection Prevention

Commissions
Science Commission
Communication Commission
Collaboration Commission
Quality Assurance Committee

Living Labs and Centers
Living Lab Ageing and Long-Term Care Limburg
Living Lab Public Health Limburg Mosa
Living Lab Rehabilitation
Living Lab Sustainable Care Limburg
Maastricht Health Economics and Technology Assessment
Living Lab Family Medicine – Ho3rizon

WHO Collaborating Centre for Cross-Border Public Health
WHO Collaborating Centre for Public Health Leadership and Workforce Development

CAPHRI Chairs

Research Line	Name	Title Chair
FPR	Chris Arts	Orthopaedics, in particular Translational Biomaterials Research
FPR	Rob de Bie	Research in Physiotherapy
PHPC	Loes van Bokhoven	Interprofessional Collaboration and Learning in Primary Healthcare
FPR	Annelies Boonen	Rheumatology
HISP	Hans Bosma	Social Epidemiology
PHPC	Gerard van Breukelen	Methodology and Statistics
PHPC	Jako Burgers	Promoting Personalised Care in Clinical Practice Guidelines
OPC	Jochen Cals	Effective Diagnostics in Family Medicine
PHPC	Matty Crone	Health Promotion, focussing specifically on the Connection between Prevention and Care
PHPC	Rik Crutzen	Behaviour Change & Technology
VHC	Kasia Czabanowska	Public Health Leadership and Workforce Development
VHC	Carmen Dirksen	Health Technology Assessment of Clinical Interventions

OPC	Edward Dompeling	Early Diagnosis, in particular Monitoring and Treatment of Lung Diseases in Childhood
VHC	Silvia Evers	Public Health Technology Assessment
VHC	Wim Groot	Health Economics
ALTC	Jan Hamers	Care of Older People
ALTC	Jeroen Hendriks	Nursing Science, in particular focused on Integrated Care
VHC	Mickaël Hiligsmann	Health Preferences and Economics of Prevention
HISP	Christian Hoebe	Social Medicine, in particular Infectious Disease Control
HISP	Klasien Horstman	Philosophy of Public Health
ALTC	Daisy Janssen	Old Age Medicine with special focus on Personalised Care for People with Advanced Chronic Organ Failure
VHC	Judith de Jong	Healthcare System and Governance
VHC	Manuela Joore	Health Technology Assessment and Decision Making
FPR	IJmert Kant	Epidemiology, in particular Occupational Epidemiology
HISP	Anja Krumeich	Translational Ethnographics in Global Health and Education
FPR	Ton Lenssen	Clinical Physiotherapy
VHC	Frits van Merode	Logistics and Operational Management in Healthcare

OPC	Jean Muris	Family Medicine
PHPC	Gera Nagelhout	Health and Wellbeing of People with a Lower Socioeconomic Position
PHPC	Marianne Niewenhuijze	Midwifery
VHC	Aggie Paulus	Economics of Education and Healthcare
VHC	Milena Pavlova	Health Economics and Equity
PHPC	Jany Rademakers	Health Literacy and Patient Participation
HISP	Angelique de Rijk	Work and Health, specialising in Re-integration into Work
VHC	Dirk Ruwaard	Public Health and Health Care Innovation
HISP	Paul Savelkoul	Medical Microbiology
OPC	Onno van Schayck	Preventive Medicine
FPR	Rob Smeets	Rehabilitation Medicine
OPC	Luc Smits	Clinical Epidemiology and Risk-Based Care
VHC	Marieke Spreeuwenberg	Health Innovation and Digital Transformation
OPC	Joep Teijink	Integrated Care in Vascular Disease
FPR	Astrid Tubergen	Outcomes and Innovation in Rheumatology Practices

ALTC	Hilde Verbeek	Long-Term Care Environments
FPR	Jeanine Verbunt	Rehabilitation Medicine
FPR	Tim Welting	Experimental Orthopaedics, in particular Molecular Cartilage Biology
PHPC	Trudy van der Weijden	Implementation of Clinical Practice Guidelines
PHPC	Guido de Wert	Ethics of Reproductive Medicine and Genetic Research
FPR	Paul Willems	Integrated Spinal Care
PHPC	Marc Willemsen	Tobacco Control Research
OPC	Maurice Zeegers	Complex Genetics and Epidemiology
ALTC	Sandra Zwakhalen	Nursing Science, in particular focused on Geriatric Care at Home

MEET OUR NEW PROFESSORS

Slowing down osteoarthritis through molecular cartilage research

Prof. Tim Welting knew early on that he wanted to use fundamental molecular knowledge to create societal impact. Today, he is doing exactly that. "Osteoarthritis is a major issue and it's only going to grow," Welting explains. "If we can delay the course of the disease, it would be a huge win for patients and society."

Around 1.5 million people in the Netherlands currently have osteoarthritis, a number expected to double over the next 25 years. It is often dismissed as unavoidable wear and tear, but Welting refutes this: "We are increasingly seeing younger people developing it due to lifestyle, genetics, and environmental factors. It is primarily a biomolecular, cell-driven disease." Currently, no medicines can slow its progression; treatments only manage pain until a joint replacement becomes inevitable.

To change this, Welting's research focuses on three molecular pillars:

- **Molecular understanding:** Steering cartilage cells toward a healthier profile.
- **Drug development:** Developing small protein fragments (peptides) and screening existing, safe medicines (repurposed drugs) via automated high-throughput screening to find candidates faster.
- **Subtype diagnostics:** Discovering variations of the disease. By exposing cartilage cells equipped with a molecular 'thermometer' to joint fluid, researchers let the cells themselves signal how they experience their environment. This helps match patients with the right treatment.

Additionally, Welting's team uses a Growth Fund grant to develop animal-free models, like 'cartilage-on-a-chip' technology, using patient cells. "Our ultimate aim is to treat human patients. Together with colleagues and patient organizations, I am determined to make a tangible impact."

→ View academic publications



Photo: Joey Roberts

Advancing the economics of prevention and health preferences

Is prevention cheaper than cure? For Professor Mickaël Hiligsmann, prevention encompasses everything that can help avoid health problems, from routine vaccinations and smoking cessation support to population screening for bowel and breast cancer. As health systems face growing pressure worldwide, evaluating the economics of prevention, specifically its costs, benefits, and long-term sustainability, has never been more critical.

With nearly two decades of expertise in health economic evaluation, cost-effectiveness analysis, and decision-analytic modelling, Professor Hiligsmann has dedicated his career to addressing complex public health challenges, ranging from chronic disease management to innovative preventive strategies. To advance this vital field, he has been appointed to the newly established chair in Health Preferences and Economics of Prevention at CAPHRI, Maastricht University.

His work combines health economics with patient preferences to help design more efficient, sustainable, and person-centred health systems worldwide. Reflecting on his new role, Professor Hiligsmann stated:

“Prevention must be the cornerstone of how we envision and shape the future of health care. Understanding economics and truly valuing people’s preferences are essential to designing prevention strategies that are not only efficient and scalable, but also genuinely centred on individuals. There remains much to accomplish, and I am deeply committed to advancing this mission through my work and the chair in Health Preferences and Economics of Prevention.”

→ View academic publications



EMERITUS PROFESSORS

Time scarcity

With the transition of Prof. dr. Frits van Merode to Emeritus Professor, CAPHRI marks the conclusion of a highly impactful active tenure. Within our institute, the chair has been pivotal in addressing one of the most critical challenges in modern healthcare: modernizing organizational design to tackle rising inefficiencies. By pioneering the application of advanced logistics and operational management theories, traditionally used in industrial sectors, to the medical field, this research has fundamentally changed how healthcare delivery is analyzed and optimized.

The academic focus specifically investigated how access times to outpatient clinics and waiting times within complex healthcare processes (such as diagnostic examinations, admissions, and surgeries) arise. The core of this work bridges two vital disciplines. Logistics manages the physical flow of patients, healthcare professionals, and resources, ensuring the right people and materials are in the right place at the right time.

Operational management complements this by optimizing the planning, steering, and capacity allocation of these processes so that healthcare systems run smoothly.

Together, these disciplines provide the framework required to optimally support both patients and healthcare providers. Throughout a distinguished career within CAPHRI, these insights highlighted both the immense opportunities and the systemic challenges in improving regional and national healthcare networks. This dedication to reducing 'time scarcity' has left a lasting legacy on how healthcare organizations operate, ensuring that care remains both accessible and sustainable for the future.

→ View valedictory lecture
→ View academic publications



Genuine attention to diversity: a decade of health literacy research

Marking her transition to Emeritus Professor, CAPHRI celebrates a highly impactful decade of research led by Prof. dr. Jany Rademakers. Appointed in 2015 to the chair of Health Literacy and Patient Participation, she introduced a field of study that was then relatively new to the Netherlands. Over the past ten years, this academic focus has evolved into a vital pillar of health sciences, fundamentally reshaping how we understand the intersection of healthcare communication, policy, and patient empowerment.

The core of this research addresses a critical determinant of socioeconomic health disparities: identifying exactly what patients and citizens need to fully comprehend and effectively apply healthcare information and prevention strategies. Central to her academic vision is the principle of 'Nothing about us without us', a strong advocacy for actively involving individuals with limited health literacy in both healthcare delivery and scientific research. By championing this genuine attention to diversity, her work has bridged academic insights with daily clinical practice to ensure that vulnerable groups are heard and represented.

Throughout her distinguished tenure within CAPHRI, which she combined with her role as a senior researcher at Nivel, Prof. dr. Rademakers successfully connected scientific analysis with practical healthcare interventions. Her dedication to translating these findings into actionable methods has left a lasting legacy, ensuring that healthcare and preventative measures become more inclusive, accessible, and responsive to the diverse needs of all individuals in society.

→ View academic publications



Genomic and reproductive medicine: dynamics and ethics

With a distinguished academic career spanning over four decades, Prof. dr. Guido de Wert has transitioned to Emeritus Professor, leaving a profound mark on the field of medical ethics within CAPHRI. Since the 1980s, his work at the former Institute for Health Ethics in Maastricht laid the foundation for contemporary thinking on technology, responsibility, and humanity in healthcare.

Throughout his tenure, Prof. dr. De Wert successfully connected science, policy, and practice, contributing significantly to national and international guidelines through roles in the Health Council, ESHRE, and ESHG. His guiding vision on embryo selection, focused not on perfection, but on the prevention of suffering, has carried lasting societal significance, contributing to the birth of over 1,800 children in the Netherlands free from serious hereditary disorders.

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In recognition of his exceptional and lasting impact on medical ethics, healthcare, and society, Prof. dr. De Wert was awarded the MUMC+ honorary medal by FHML Dean Annemie Schols upon his retirement.

→ View valedictory lecture
→ View academic publications



PHD
COMMUNITY

PhD Community

Within CAPHRI, we aim at optimising the development of PhD candidates by investing in training, support, and supervision. We train highly employable and skilled PhD candidates for independent research positions in the academic, industrial, and governmental labour market and systematically contribute to workforce capacity building of professionals.

PhD Community

A total of 467 PhD candidates (93 internal PhD candidates, 43 PhD candidates employed by UM/MUMC+ and 331 external PhD candidate (all types) is part of our CAPHRI Community [as per December 31, 2025]. And in 2025 we welcomed an additional 85 new candidates. In this same year, CAPHRI was involved in 70 PhD theses. Congratulations to all these PhD candidates on their outstanding achievements!

CAPHRI PhD awards

Several of our PhD candidates have been rewarded for their work over the past year:

CaRe Dissertation Award

Sjim Romme (PHPC, Department of Family Medicine) won this award for his PhD thesis titled “Patient involvement as a two-way street: How patients can be prepared for and benefit from involvement in healthcare professionals’ training” (2024). He was nominated for this award together with Veja Widdershoven (HISP, Department of Social Medicine).

CAPHRI Nanne de Vries Dissertation Award

Sjim Romme (PHPC, Department of Family Medicine) also won this award for his PhD thesis titled “Patient involvement as a two-way street: How patients can be prepared for and benefit from involvement in healthcare professionals’ training” (2024). He was nominated for this award together with Danny Claessens (OPC, Department of Family Medicine), Lindsay Groenvynck (ALT-C, Department of Health Services Research), Rob Simons (VHC, Department of Ophthalmology) and Veja Widdershoven (HISP, Department of Social Medicine).

CAPHRI Poster Awards

Fatima Al Zahraa Chokr (OPC/PHPC, Department of Epidemiology/Health Promotion) was awarded by the CAPHRI Science Commission for her poster "Adherence to Lebanese dietary and lifestyle guidelines for pregnancy and its association with postpartum weight retention". In addition, Senne Wijnen (PHPC, Department of Health Promotion) was awarded by the CAPHRI Community for her poster "Perceived stress and associated environmental and individual factors in adults with post-COVID-19 condition: PRIME study".

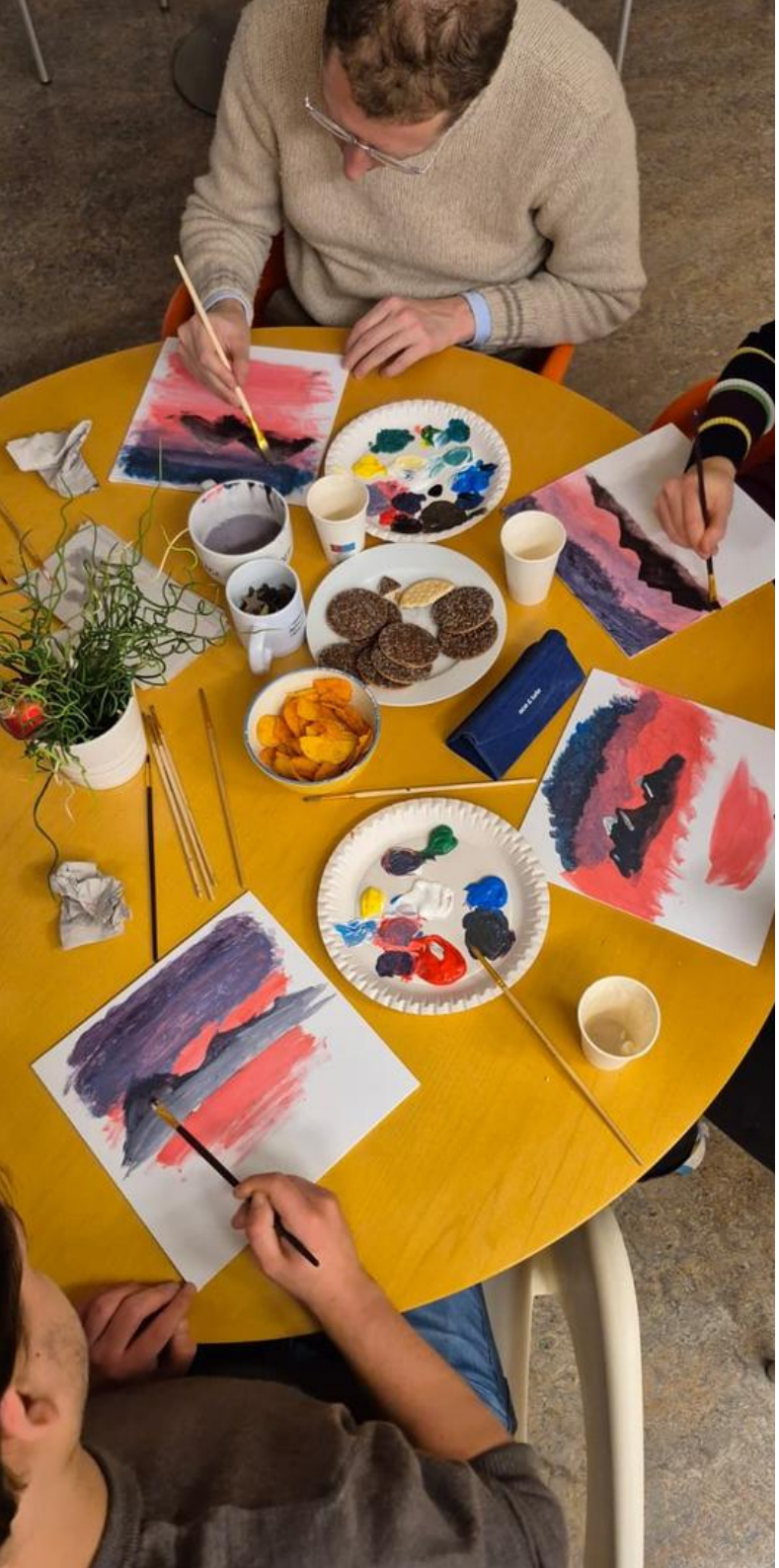
PhD Representation and support

CAPHRI is strongly committed to representing and supporting its PhD candidates. In 2025, we closely collaborated with a team of 5 PhD representatives: Nienke de Graef (VHC, Department of Health Services Research), Quincy Merx and Maud Hamers (as of May 1, 2025) (ALT-C, Department of Health Services Research), Anne Verkerk (HISP, Department of Medical Microbiology), Esther van Santbrink (FPR, Department of Epidemiology) and Giselle Menting (PHPC, Department of Health Promotion). The representatives organise both formal and informal events to strengthen the PhD community. In 2025 they have organised an online Spring Meeting ("Improve your impact outside academia"), the Kick-off Academic Year Meeting ('Life after the PhD') and a Winter Meeting (painting and Christmas celebration). In addition, they communicate news, updates, and opportunities through the monthly PhD POST, UMployee and personal communication within their research line and department. Finally, they voice the PhD perspective in quarterly meetings with the CAPHRI management, but also during regular meetings at the faculty, university and national level. In addition, CAPHRI has two confidential contact persons: Inge Houkes (HISP, Department of Social Medicine) and Milena Pavlova (VHC, Department of Health Services Research). They offer independent advice, support and confidential guidance to PhD candidates seeking advice, or facing challenges.




Integrating hepatitis B/C and HIV
migrant tuberculosis screening: A






Meet the panel!



PhD Dissertations 2025

Clicking a research line will take you directly to the dedicated webpage of all associated PhD dissertations

Ageing and Long-Term Care

Fostering Continuous Learning and Improvement in Long-Term Geriatric Nursing Care
E.A. van Lierop

AI in Nursing Homes. Utilizing artificial intelligence to enhance data-analysis in long-term care for older adults
C.W.J.G. Hacking

Exploring Shared Decision Making in Swiss Acute Psychiatric Care
C.G. Gurtner

Fair and meaningful comparison of inpatient fall rates in acute care hospitals
N.B. Bernet

Reablement and the philosophys goal Paving the way for reablement in the Netherlands using global insights
L.E. Buma

Acute care demands in older adults: predicting outcomes, evaluating quality and optimising care
M.G.A.M. van der Velde

To the roots: Green Care Farms as alternative long-term care setting for people living with dementia
K. Rosteius

Moving towards culture change Insights into relocating nursing home residents with dementia to innovative living arrangements
M.P.J. Brouwers

Same client, different care? Investigating practice variation in home care needs assessment
J.I.E. van Dorst

Creating Value-Based Health Care

Skin integration for better acceptance of hearing implants.
M. van Hoof

All that glitters isnt gold: Examining how and why organizations collaborate to address wicked problems in healthcare
R.P. Peeters

Choosing a health insurance policy in the Netherlands
L. Holst

Collective Health, Individual Lives. Utilizing routine data in a Population Health Management approach for type 2 diabetes
R.J. Geurten

Capturing and measuring the wider health impacts and associated social value of sustainable investment in public health
K.A. Ashton

Pharmaceutical policies in post-communist Albania
D.R. Roshi

Public Health Workforce Development and Professionalization The Implications for Ukraine
O.V. Gershuni

Defining and Professionalising the Role of Parkinson Nurses: Competency Development for Personalised Parkinsons Care
M. van Munster

Leadership in Columbian Undergraduate Medical Education
P.A. Rodriguez Feria

A health economic evaluation guideline in low- and middle-income countries: A case study from Lebanon
C. Elias Daccache

Facilitating and Inhibiting Factors of Value-Based Payment Models
D.L. Leao

Complexity of healthcare and medical incidents
D.M.T.V. Klemann

Public support for solidarity in healthcare financing in The Netherlands. Insights from the perspective of the insured
M.A. Meijer

Health expenditures, outcomes and efficiency in the EU
J.P. Piscopo

Health outcomes and health service use in complex emergencies
A.R. Ojeleke

Organising the Right Care in the Right Place
L.J. Damen

Modernization needs of the German Public Health services
L. Arnold

Supporting the decision making process of curatively treated breast cancer patients concerning their aftercare trajectory: Which route to take?
L.A. Klaassen

Improving osteoporosis care and fracture prevention with emphasis on adherence
D.S.H.W. Cornelissen

Evidence-based management in eye hospitals. Drivers, practices, and organizational outcomes
G.B. Balu Subburaman

The complexity of multi-hospital Oncology Networks - A widely used and promising structure without a blueprint
R.G.F.M. van der Ven

The impact of omitting the sentinel lymph node biopsy on radiation therapy adherence, patient-reported outcomes and cost-effectiveness
V.M. Wintraecken

Functioning, Participation and Rehabilitation

Improving osteoporosis care and fracture prevention with emphasis on adherence
D.S.H.W. Cornelissen

Resistance training and muscle-brain crosstalk
W.A.J. Vints

Warm-up! Prehabilitation in orthopedic patients
P.G. Gränicher

Walking with the clubfoot child
A.T. Besselaar

Secondary shoulder surgery in brachial plexus birth palsy patients. Long term results and novel insights
S.G.C.J. de Joode

Improving Sleep Quality in Nurses Who Work Irregular Shifts: Necessity and first steps towards intervention
U.M.D. Albakri

The pathway to optimal ankle replacement surgery
J. Hermus

From struggle to strength: Post-COVID rehabilitation
C.M.H. Wiertz

Knee Joint Preservation throughout Life
R.M. Jeuken

Health Inequities and Societal Participation

Have a little faith: validating student voices in vocational education
E. M. A. Geurts

Implementing home-based sexual health care in public health; an evidence-based integrated care approach for HIV elimination
C.J.D. Goense

Lokale context als kompas Publieke gezondheidszorg in Maastricht 1900-1940
L.G.C.E. Bastiaens

The spectrum of COVID-19 epidemiology: from public health alarm state to long-term struggle
D.M.E. Pagen

Producing knowledge, care and profits. The ambiguous role of private clinics in Russian healthcare
Mariia Denisova

Beyond the red lights, Understanding the STI/HIV burden and sexual healthcare needs of home-based and migrant sex workers
C.M.M. Peters

Plasmodium vivax Radical Cure Interventions in Endemic Settings: A Case Study of Cambodia
S.A. Cassidy-Seyoum

Modern Citizens, Unmodern Others: Epistemic and Everyday Governance of Difference in Dutch Migrant Integration Practices
N.L. Blankvoort

Sight under siege: understanding corneal infections and ocular health.
J.M.J. Veugen

The Impact of Neighborhood Environments on Lifestyle, Socioeconomic Health Disparities, and Cardiovascular Disease
J.A. Chan

Optimising Patient Care

Improving the reproducibility and reporting quality of search strategies in biomedical systematic reviews
M.L. Rethlefsen

Optimizing diagnosis and conservative treatment of intermittent claudication in the Netherlands
D. Hageman

The representation, identification and continued impact of retracted publications in biomedical literature
C. Bakker

Impact of immunization on demand for antibiotics and infectious disease-related out-of-pocket expenditure
H.H. Farooqui

Sedentary behavior during pregnancy and early childhood and its association with maternal and child health outcomes, especially markers of obesity
Yamuna Ana

Tailored self-management support for people living with COPD
M. Voorhaar

Early years matter: Contextual factors shaping caregiving and child development in urban poor neighbourhoods of Bangalore, India
Eunice Lobo

Electronic consultations between general practitioners and hospital specialists: shifting expertise, not patients.
K.M.M. Peeters

A mixed-methods investigation of the trajectories of patient-reported functional mobility in people with Parkinsons disease.
A.M.H. Hanff

Clinical research in the era of data science
M.S.V. Imkamp

Promoting Health & Personalised Care

Understanding Health inequalities among vulnerable populations in post conflict-affected settings
D.B. Bwirire Lwabauma

Learning shared decision making in postgraduate education
A.H.F. Baghus

Supporting the decision making process of curatively treated breast cancer patients concerning their aftercare trajectory: Which route to take?
L.A. Klaassen

Exploring Tobacco Control: Intervention Enhancement, Policy. Opposition, Retail influence and Individual Variations in Smoking Cessation
N.L Poole

Improving uptake of Prevention of Mother to Child Transmission services in Sudan
I.E. Elsheikh A Badr

Using stepped care to strategically organize eHealth and promote self-care
F.R. Zimbile

Please, see me - The impact of addiction problems of relatives on young adult family members
D.M. van Namen

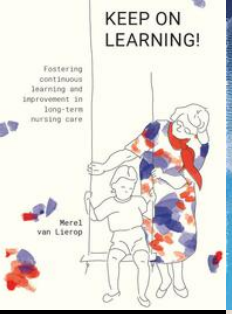
Rethinking Mindfulness in Health Promotion: From Trait to Targeting Eating
C.E. Preissner

The midwife as influencing factor in clinical decision-making
L.Z. Zondag

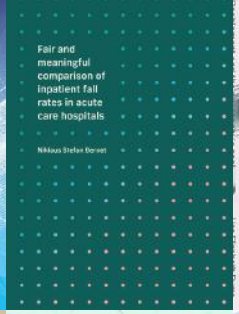
Evaluation of a tailored m-health intervention for improving health behaviours in pregnant teenage girls in South Africa
R. Sewpaul

In the mind of healthcare professionals: perceptions of and actions against antibacterial resistance
L. Vonken

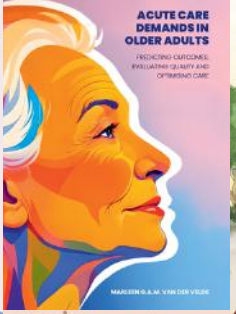
Exposure to Inter Parental Violence and Child Development An Exploration in the Context of Tanzania"
A. Archangela Minanago

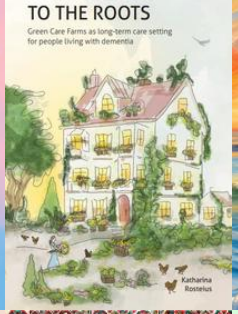

KEEP ON LEARNING!
Fostering continuous learning and improvement in long-term nursing care
Merel van Lierop


Exploring Shared Decision Making in Swiss Acute Psychiatric Care
Caroline Guntner-Zaenther

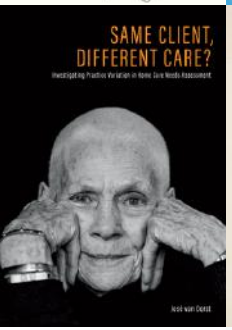

Fair and meaningful comparison of inpatient fall rates in acute care hospitals
Nikkaus Stefan Bennet


Reablement and the philosophy's goal
Lise Elisabeth Buma

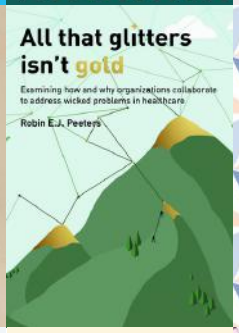

ACUTE CARE DEMANDS IN OLDER ADULTS


TO THE ROOTS
Green Care Farms as long-term care setting for people living with dementia
Katharina Rosterius


MOVING TOWARDS CULTURE CHANGE
Insights into relocating nursing home residents with dementia to innovative living arrangements
Mara Brouwers

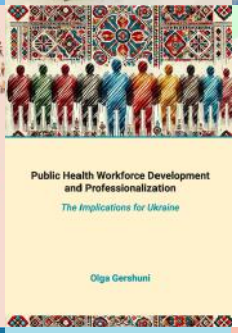

SAME CLIENT, DIFFERENT CARE?
Investigating Practice Variation in Home Care Needs Assessment


Skin integration
for better acceptance of hearing implants
Marc van Hoof

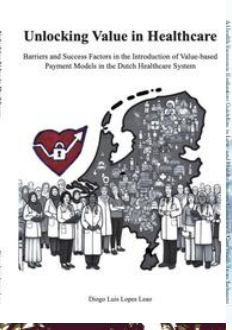

All that glitters isn't gold
Examining how and why organizations collaborate to address wicked problems in healthcare
Robin E.J. Peeters

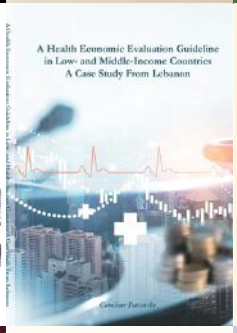

Exploring Health Insurance Literacy in the Netherlands
Citizens' skills and needs in choosing a health insurance policy
Laurens Heist


COLLECTIVE HEALTH, INDIVIDUAL LIVES


Public Health Workforce Development and Professionalization
The Implications for Ukraine
Olga Gershuni

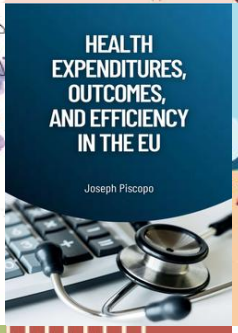

Defining and Professionalising the Role of Parkinson Nurses: Competency Development for Personalised Parkinson's Care
Marlena van Munster


Unlocking Value in Healthcare
Barriers and Success Factors in the Introduction of Value-based Payment Models in the Dutch Healthcare System
Diogo Luis Lopes Lone


A Health Economic Evaluation Guideline in Low- and Middle-Income Countries
A Case Study From Lebanon

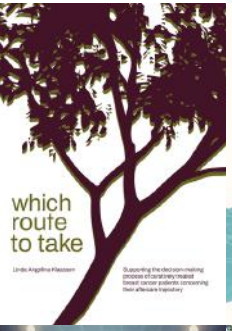

Public support for solidarity in healthcare financing in the Netherlands
Insights from the perspective of the insured
Marloes Meijer


Complexity of healthcare and medical incidents

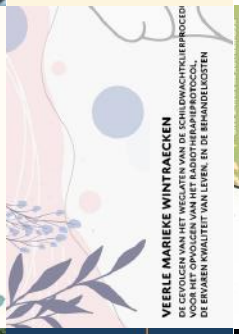

HEALTH EXPENDITURES, OUTCOMES, AND EFFICIENCY IN THE EU
Joseph Piscopo

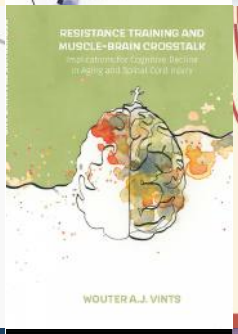

Health outcomes and health service use during armed conflicts
A comparison of conflict and non-conflict areas in Northern Nigeria


Organising the Right Care in the Right Place

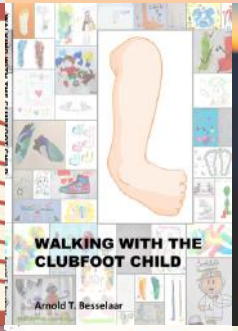

which route to take


The Complexity of Multi-hospital Oncology Networks


VEERLE MARIEKE WINTRAECKEN
DE CEVOLGEN VAN HET WEGLATEN VAN DE SCHILDWACHTKLEIPROCEDURE VOOR HET OPVOLGEN VAN HET RADIOTHERAPIEPROTOCOL
DE ERVAREN KWALITEIT VAN LEVEN, EN DE BEHANDELKOSTEN


RESISTANCE TRAINING AND MUSCLE-BRAIN CROSSTALK
WOUTER A.J. VINTS



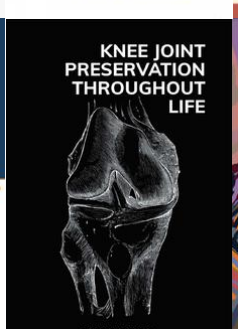

WALKING WITH THE CLUBFOOT CHILD
Arnold T. Besselaar

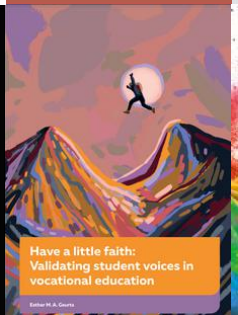

Secondary shoulder surgery in brachial plexus birth palsy patients.
Long term results and novel insights


Improving Sleep Quality in Nurses Who Work Irregular Shifts
Necessity and first steps towards intervention


The pathway to optimal ankle replacement surgery
The pursuit of solutions

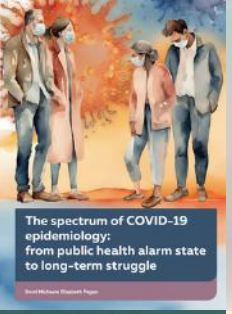

FROM STRUGGLE TO STRENGTH

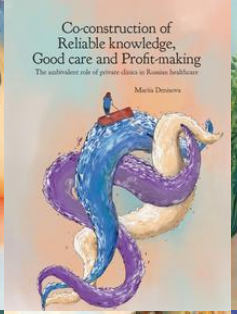

KNEE JOINT PRESERVATION THROUGHOUT LIFE


Have a little faith: Validating student voices in vocational education


limburg 4zero
Implementing home-based sexual health care in public health


LOKALE CONTEXT ALS KOMPAS
LUCIE BASTIAENS

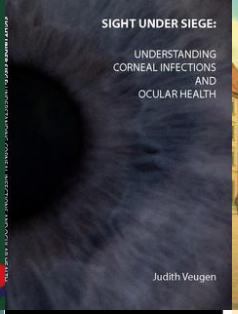

The spectrum of COVID-19 epidemiology: from public health alarm state to long-term struggle


Co-construction of Reliable knowledge, Good care and Profit-making
The ambivalent role of private clinics in Russian healthcare
Maria Denisova


PUBLIC HEALTH SERVICE
Beyond the red lights:
Understanding the STI/HIV burden and sexual healthcare needs of home-based and migrant sex workers


AI in Nursing Homes
Utilizing artificial intelligence to enhance data analysis in long-term care for older adults


Modern Citizens, Unmodern Others
Epistemic and Everyday Governance of Difference in Dutch Migrant Integration Practices
Nadine Louise Blankvoort

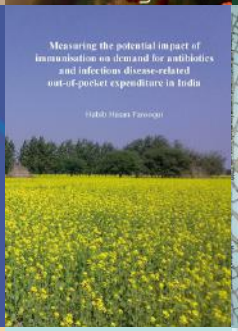

SIGHT UNDER SIEGE:
UNDERSTANDING CORNEAL INFECTIONS AND OCULAR HEALTH
Judith Veugen


The Impact of Neighborhood Environments on Lifestyle, Socioeconomic Health Disparities, and Cardiovascular Disease
Jeffrey Alexander Olsen

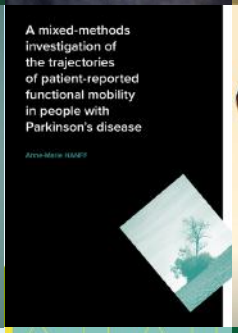

Improving the reproducibility and reporting quality of search strategies in biomedical systematic reviews
Melissa L. Rethlefsen


Improving osteoporosis care and fracture prevention with emphasis on adherence


The Presentation, Use and Identification of Retracted Publications in the Health Sciences

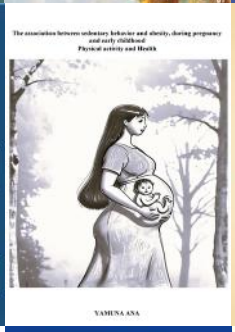

Measuring the potential impact of immunisation on demand for antibiotics and infectious disease-related out-of-pocket expenditure in India
Habib Hasan Farooqui

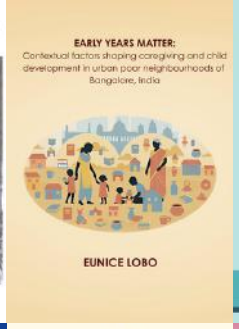

Tailored self-management support for people living with COPD
Maarten Voorhaar


A mixed-methods investigation of the trajectories of patient-reported functional mobility in people with Parkinson's disease

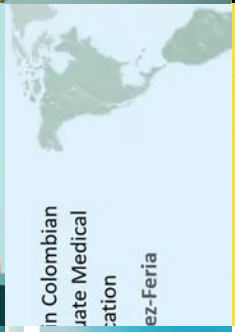

Policies in
Albania


System designed with feedback loop
Operational adaptability
Leadership & Strategic Focus
Addressing Barriers
Systematic improvement methods
Effective practices
Continuous process improvement
Technology Adoption
Regulatory framework
Information Policy
Data Availability & Integration
Benchmarking

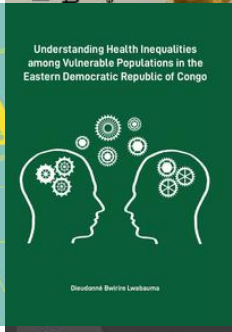

YAMUNA ANA


EARLY YEARS MATTER:
Contextual factors shaping caregiving and child development in urban poor neighbourhoods of Bangalore, India
EUNICE LOBO

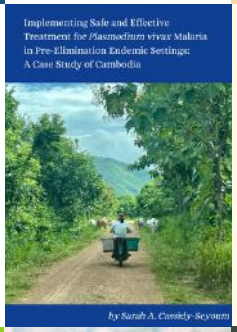

ELECTRONIC CONSULTATIONS BETWEEN GENERAL PRACTITIONERS AND HOSPITAL SPECIALISTS: SHIFTING EXPERTISE, NOT PATIENTS
KEN PEETERS

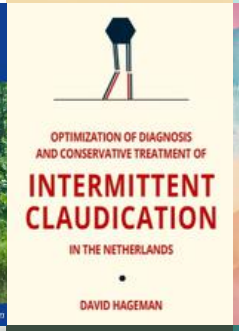

Colombian
Medical
Feria

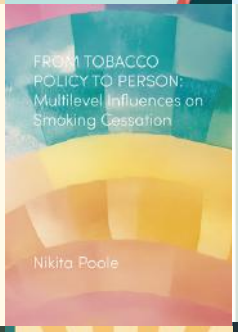

clinical research in the era of
DATA

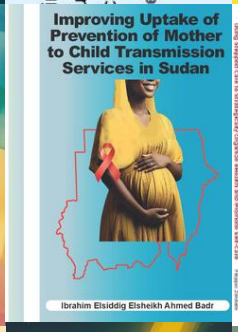

Understanding Health Inequalities among Vulnerable Populations in the Eastern Democratic Republic of Congo
Dieudonné Bwirire Lwabauma

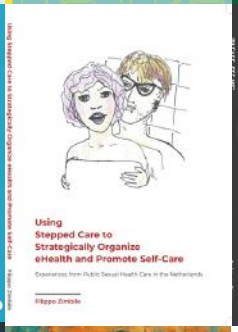

Learning shared decision making in postgraduate medical education


Implementing Safe and Effective Treatment for Plasmodium vivax Malaria in Pre-Elimination Endemic Settings: A Case Study of Cambodia
by Sarath A. Cassidy-Seyoum


OPTIMIZATION OF DIAGNOSIS AND CONSERVATIVE TREATMENT OF
INTERMITTENT CLAUDICATION
IN THE NETHERLANDS
DAVID HAGEMAN

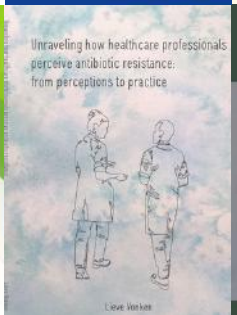

FROM TOBACCO POLICY TO PERSON:
Multilevel Influences on Smoking Cessation
Nikita Poole

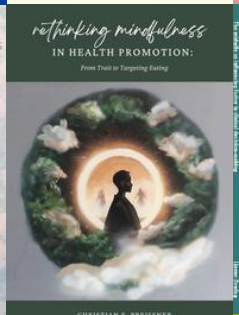

Improving Uptake of Prevention of Mother to Child Transmission Services in Sudan
Ibrahim Elsiddig Elsheikh Ahmed Badr


Using
Stepped Care to
Strategically Organize
eHealth and Promote Self-Care


'PLEASE, SEE ME'
The impact of addiction problems of relatives on young adult family members
Darline van Nieuwa

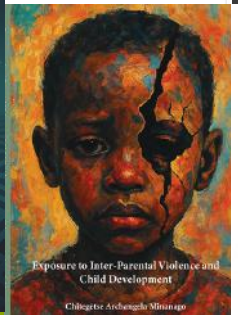

HEALTH


Unraveling how healthcare professionals perceive antibiotic resistance: from perceptions to practice


rethinking mindfulness
IN HEALTH PROMOTION:


The midwife as influencing factor in clinical decision-making


A tailored mHealth intervention for improving antenatal care seeking and its determinants among pregnant adolescent girls and young women in South Africa
Ronet Sewpaul


Exposure to Inter-Parental Violence and Child Development
Chilegette Archangela Minanago


TY-BUILDING FOR EVIDENCE-INFORM

CAPHRI RESEARCH DAY

Connecting Disciplines, Building Tomorrow's Care and Public Health

On 18 June 2025, CAPHRI welcomed researchers from across the institute to Vaeshartelt, Maastricht, for its annual Research Day. This year's theme, "Connecting Disciplines, Building Tomorrow's Care and Public Health," highlighted the essential role of inter- and transdisciplinary collaboration in addressing complex healthcare challenges.

The day opened with a welcome from Scientific Director Silvia Evers, followed by a plenary session and panel discussion expertly moderated by Prof. Hilde Verbeek. These sessions sparked lively dialogue on the opportunities and challenges of working across disciplinary boundaries.

After lunch, participants engaged in hands-on workshops focused on transdisciplinary teamwork, research visualisation, ethical citizen science, AI in healthcare, and collaborative elderly care. These interactive sessions encouraged practical learning and reinforced the value of working together to drive innovation.

The event concluded with a plenary recap and the award ceremony. Sjim Romme received the Nanne de Vries Dissertation Award for his research on patient involvement in healthcare education. Fatima Al Zahraa Chokr was awarded the CAPHRI Public Poster Award 2024 for her work on maternal health in Lebanon, and Senne Wijnen received the CAPHRI Poster Award 2024 for her study on stress in adults with post-COVID-19 condition.




CAPHRI
certificate
Sjim Romme


And the winner is:
Fatima Al Zahraa Chokr (OPC/PHPC)



CASE STUDIES



The Sectorplan hub for prevention: tackling disparities together

The promotion of public health is challenged by a complex interplay of socioeconomic, cultural, and environmental disparities. Ensuring equity in prevention is essential to achieve health and well-being for all.

The Sectorplan 'Accelerating on Health' addresses this challenge head-on. It funds thirty early-to-mid career academics from across all research schools within the Faculty of Health, Medicine, and Life Sciences (FHML) of Maastricht University. Eighteen of them are affiliated with CAPHRI. They work across research lines and form a bridge between departments, including Epidemiology, Ethics and Society, Family Medicine, Health Promotion, Human Services Research, Rehabilitation, Social Medicine, Statistics and KEMTA (Clinical Epidemiology and Medical Technology Assessment).

As part of the Sectorplan, they form a local prevention community, linking research and education in various programs including BSc Health Sciences and Medicine, as well as MSc programs in areas such as Health Policy, Innovation and Management (HPIM), Epidemiology (EPI) and Health Promotion (HEP). By sharing knowledge, networking, and transferring expertise, they turn equity in prevention into a reality.

About the Sectorplan hub

Mission: Promoting health and reducing disparities through prevention

Vision: A collaborative and sustainable prevention community

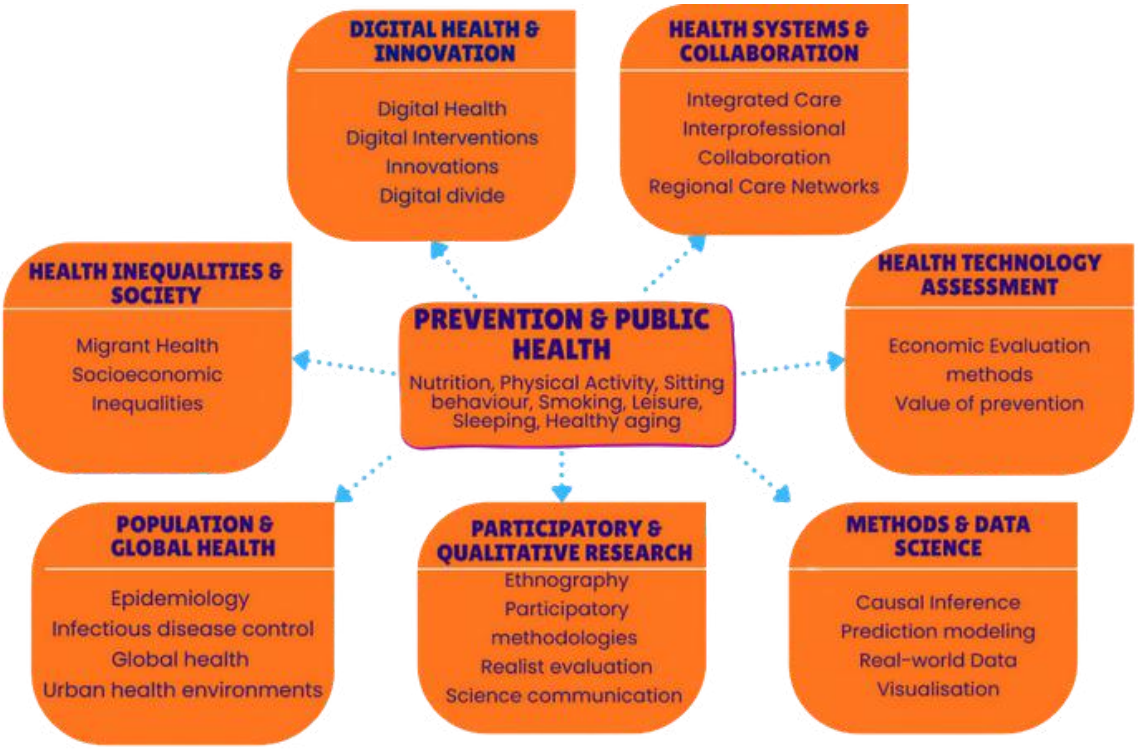
Strategy: Knowledge sharing, network building and transfer of expertise

How do CAPHRI researchers contribute to the mission?

Researchers from CAPHRI that are involved in the Sectorplan contribute with a broad range of expertise, from methodology to

implementation and everything in between.

The figure illustrates the research themes from CAPHRI affiliates, highlighting key areas of expertise to collectively contribute to improving population health by advancing innovative, evidence-informed healthcare systems. At the core is Prevention and Public Health, which focuses on promoting healthy lifestyles and reducing disease burden through research on a wide variety of topics healthy diets, promoting physical activity, improving sleep quality, and healthy aging, among others. The following quotes of researchers investigating these lifestyle factors show how they focus on socioeconomic inequalities.



My research improves understanding of how physical activity, sitting, and sleep relate to health as well as examining how socioeconomic and environmental determinants influence these behaviors.

Annemarie Koster (department of Social Medicine)

I integrate sustainable and personalized lifestyle support into oncological care, with particular attention to health literacy and socioeconomic disparities.

Melissa Voorn (department of Rehabilitation)

Surrounding this core are several complementary research domains. Digital Health and Innovation investigates how digital technologies, related interventions, other innovations could help with improving health. Health Systems and Collaboration examines forms of integrated care, interprofessional collaboration, and building regional networks to improve coordination and effectiveness of prevention with care and societal systems. An example of intervention that falls under both these themes is the development of co-created lifestyle interventions for primary schools in the region.

We implement context-sensitive, school-based prevention strategies in close collaboration with regional partners.

Marla Hahnraths (department of Family Medicine)

Within the theme Health Technology Assessment, economic evaluation and decision-making is used to inform healthcare policy and resource allocation. This involves assessing the value of preventive interventions. To update current methods on economic evaluations a researcher explains how she contributes to this theme.

Methods and Data Science strengthen the methodological foundations of research through approaches like longitudinal causal inference, prediction modeling and the use of real-world data. The focus of this theme is also on making complex methodological advancements accessible outside the research context. Two researchers from statistics and epidemiology departments explain in quotes how they work on these themes.

> *I work on Health Technology Assessment methods for recognizing the value of prevention and estimating its uncertain benefits*
>
> ***Sabine Grimm (department of Clinical Epidemiology and Medical Technology Assessment)***

> *I develop causal inference methods to understand what works for whom in studies of socioeconomic health disparities.*
>
> ***Lon Wen Wei (department of Statistics)***

> *I use prediction models taking into account care pathways, costs (in the broadest sense) and contextual factors. We use this to improve screening for skin cancer.*
>
> ***Audrey Meulendijks (department of Epidemiology)***

> *I aim to make realist evaluation more accessible for researchers and students in order to study complex prevention programs in a meaningful and transferable way.*
>
> ***Rowan Smeets (department of Health Services Research)***

Participatory and Qualitative Research are used by sectorplan researchers to get a deeper understanding of complex health systems through ethnography, co-design methodologies, realist evaluation, and science communication as summarized in two quotes by researchers.

In the theme, Population and Global Health the focus is on public health challenges, ranging from epidemiology, infectious disease control, and urban health environments. Citizen science approaches are used to tackle Health Inequalities in Society and map social determinants of health. As quotes by Latifa, why we should incorporate citizens views in our research on prevention.

Together, these themes highlight the interdisciplinary approach used by CAPHRI researchers to contribute to the Sectorplan's mission, vision, and strategy. This work is inherently collaborative: early-to-mid career researchers come together every two months for community meetings and are part of smaller peer development groups. This enables them to network, start new

collaborations, and share experiences. More senior academics contribute through an advisory group and offer career guidance and inspiration during and beyond the community meetings. This fosters collaboration not only within CAPHRI but also with other research institutes that are part of FHML. Together, this multidisciplinary approach helps generate scientific knowledge and translate it into practice and education to support health equity.

How does this work lead to impact?

The CAPHRI affiliated researchers strive to make impact within and beyond the walls of academia. Their work reaches international scientists, practitioners, policymakers, and the public through news appearances, societal activities, reports, education, conferences, and peer-reviewed output. This breadth of output reflects the community's shared commitment to not only advancing knowledge but ensuring it reaches those who need it most.

> *I develop innovative approaches to citizen participation to enable co-production of knowledge about public health in urban environments.*
>
> ***Mare Knibbe (department of Health, Ethics, and Society)***

> *I do what is needed and go the extra mile to involve those people in my work who feel judged, not heard, not seen, underrepresented and marginalized in society.*
>
> ***Latifa Abidi (department of Health Promotion)***

Important output of CAPHRI affiliated Sectorplan researchers

Daily news

De Correspondent (2026). Hoe maak je gezondheidsverschillen kleiner? Vraag het aan de mensen die erdoor worden geraakt (How do you reduce health inequalities? Ask the people affected by them). Abidi, Latifa.
https://decorrespondent.nl/16740/hoe-maak-je-gezondheidsverschillen-kleiner-vraag-het-aan-de-mensen-die-erdoor-worden-geraakt/2cc2e4a9-476b-0cb8-0be2-d2db33a9ea8e

De Limburger (2026). Een uitdagende hobby is een goede manier om dementie te voorkomen (A challenging hobby is a good way to prevent dementia). Bruinsma, Jeroen.
https://www.limburger.nl/regio/heerlen/heerlen/een-nieuwe-uitdagende-hobby-is-een-goede-manier-om-dementie-te-helpen-voorkomen-leerden-wetenschappers-jeroen-en-giselle-in-parkstad/128055801.html

Societal activity

Theatre Werkhuis Maastricht (2025). Van wie is het groen? (Whose green is it?) Knibbe, Mare.
https://vimeo.com/1120909653/4fb388848a?share=copy

World Café on Acute Care for Older Adults in Limburg (2025). A regional, multi-stakeholder knowledge exchange aimed at preventing acute crises and avoidable emergency admissions. Everink, Irma.

Multiple meetings in the care network of Elsloo (n.d.). An active and growing interprofessional network of medical and social professionals and citizens. Van Dijk, Anneke.

Reports

Van den Bulck Anne, et al. (2025). Samen werk maken van gezonde wijken. Lessen en inspiratie uit een casestudie naar zes integrale wijkaanpakken (Working together towards healthy neighbourhoods. Lessons and inspiration from a case study of six integrated neighbourhood approaches). Universiteit Maastricht, Zuyd, Limburg Meet (LIME).

World Health Organisation (2023). Physical activity measurement and surveillance in adults: report of a scoping and planning meeting. Koster, Annemarie.
https://www.who.int/publications/i/item/9789240095557

Meulendijks, Audrey (2026: in press). Perinatale uitkomsten in Limburg vergeleken met de rest van Nederland: De rol van maternale leefstijl en gezondheid in de periode 2019-2023 (Perinatal outcomes in Limburg compared to the rest of the Netherlands: The role of maternal lifestyle and health in the period 2019–2023).

Educational
Hands-on workshop equipping fellow researchers and students with knowledge and skills to apply realist evaluations. Smeets, Rowan.

Conferences
Ummels Darcy, et al. (2023). Implementatie van een chronisch pijnnetwerk in het Beweeghuisconcept (Implementation of a chronic pain network in the Beweeghuisconcept). Pa!n Congres, Veenendaal, the Netherlands.
https://pijnalliantieinnederland.nl/nieuws/pitches-pan-congres-zelfmanagement-en-leefstijl

Hahnraths Marla. (2025). A symposium on implementation in a real-world context. ISBNPA, New Zealand.

Peer-Reviewed Publications
Poole NL, van den Brand Floor, et al. (2025). Is Seeing Cigarettes in the Retail Environment Associated with Impulse Purchases? Findings From Surveys in Disadvantaged and Non-disadvantaged Neighborhoods in the Netherlands. Nicotine & Tobacco Research.
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https://www.pnas.org/doi/10.1073/pnas.2525811122

Janssen Ricky, et al. (2025). How to make an app-based program work and show how it works. PLOS Global Public Health.
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005034





Quality Assurance: support to achieve the best research

When it comes to trustworthy research, the outcomes tell only a part of the story. In CAPHRI, focus lies on how those results are achieved, and help is offered along the way.

To Laure Wynants, associate professor at the department of epidemiology, and Bart Penders, associate professor at the department Health, Ethics & Society, offering this help is what drives CAPHRI Quality Assurance (QA) system. Laure chairs the Quality Assurance committee, and Bart holds the role of Quality Officer. Their tasks are different, with Laure and the multidisciplinary Quality Assurance committee in charge of developing quality policy further, and Bart guiding and assisting CAPHRI researchers how to best live up to the ambitions written into the policies. They share a view on Research Quality, though.

Rules and reflections

The QA system combines clear guidance with active evaluation. A central website was launched in 2020 and was regularly updated. In 2026, it was updated further into a dynamic online Quality Assurance Handbook which accompanies researchers through the decisions they need to make when they plan, design and perform research, ranging from ethics, data management, open science principles and how to responsibly work with participants, all in one easily accessible spot.

This system is not only about useful resources and prescriptions though. Researchers are invited to have their work reviewed. When that happens, Bart sits down with them and together they take a tour through the past and planned research process. CAPHRI is home to truly diverse types of research, and through these tailor-made reviews, Bart can help researchers

Contact persons

Dr Bart Penders and Dr Laure Wynants

researchers figure out how quality expectations and requirements concretely apply to their work. The reviews also help the Committee to further develop the system. “This is all about mutual learning,” Bart says.

Coffee and reviews

A database of approved projects helps Bart select studies to invite for a review. Often, reviews of a few studies by one researcher are combined, to minimise the pressure on researchers. Bart visits them in their offices, and they sit together with a cup of coffee. Researchers can also initiate a review themselves, when they are unsure about how to do new forms of research. After nearly 40 of such reviews, Bart and Laure are impressed about the effort researchers put into their work. “Over 90% of reviews report no issues whatsoever”, Bart observes. Mere compliance is not what most researchers are after though. “Researchers want to get the most out of their research, and are eager to learn from each other,” he adds, “and the Quality Assurance system allows this to happen.”

Better science

With multiple intersecting codes of conduct in place, navigating research regulations can feel overwhelming. The QA system helps create clarity about what applies in which situation. Helping researchers figuring out what applies to them is one part. Learning what matters to them is the other side of the coin, and this allows the Quality Assurance System to evolve as scientific practice evolves.

The online Quality Assurance Handbook continues to be updated. Most recently, resources on knowledge security evaluations were added, and researchers are offered help accordingly. Building trustworthy CAPHRI research is the overachieving goal. How that happens? “Helping researchers achieve better science every day, outside of the spotlight,” Laure answers, “by helping them to adopt best practices.”

> *We try to make CAPHRI research a little bit better every day.*
>
> ***Bart Penders, Quality Officer***


Limburg
Living Lab
in ageing and long-term care


Mosa
Academische Werkplaats
Publieke Gezondheid


Academische
Werkplaats Revalidatie


Sustainable
LIMBURG
LIVING LAB
Care


MaastrichtHETA
Health Economics and Technology Assessment


horizon
ACADEMISCHE WERKPLAATS
HUISARTSENZORG


academische
werkplaats limburg
wijkverpleging

Living Labs at CAPHRI: sustainable team science for impactful knowledge development

Contemporary challenges in health and care, such as population ageing and the shortage of staff, are complex and persistent. Addressing these challenges requires more than isolated research projects or short-term collaborations. Instead, it calls for sustainable partnerships in which scientific knowledge development and practical expertise are continuously combined. Within CAPHRI, there is a longstanding tradition in which Living Labs have been developed as a structural response to this need.

Living Labs within CAPHRI

The seven Living Labs at CAPHRI are long-term, structural, and collaborative partnerships between Maastricht University and societal partners. These partners are diverse and include care organizations, general practices, rehabilitation centres, health care insurers, hospitals, municipalities, social care organizations, educational institutes and policy actors.

Seven CAPHRI Living Labs

1. Living Lab in Ageing and Long-Term Care Limburg
2. Living Lab Public Health Mosa
3. Living Lab Rehabilitation Limburg
4. Living Lab on Sustainable Care Limburg
5. Living Lab Family Medicine - Ho3rizon
6. Living Lab of Community Nursing
7. Living Lab on Health and Labour

Together, these seven Living Labs cover a broad range of health and care domains, reflecting CAPHRI's mission to connect science and practice across the life course.

Some Living Labs already exist nearly thirty years, where others have recently started. They are all embedded in real-world settings and focus on co-creation of knowledge that is both scientifically robust and directly relevant for practice. Rather than centring on individual projects, Living Labs function as durable infrastructures for ongoing collaboration, co-creation, learning and

innovation. They are based in the various sectors within the health and social care, including long-term care, public health, primary care, rehabilitation and occupational health.

Across these Living Labs, a shared model has emerged, characterised by three core components that distinguish Living Labs from more traditional forms of collaboration. Prof dr Hilde Verbeek, chair of the Living Lab in Ageing & Long-term Care and Prof dr Christian Hoebe, chair of the Living Lab Public Health Mosa explains these core components.

Core characteristic 1: dual appointments bridging science and practice

A defining feature of the CAPHRI Living Labs is the use of joint appointments (duobanen). In all Living Labs, academics work partly within practice settings at scientific research or professionals from practice work at the university. Not to do a specific research project (e.g. PhD thesis) but to structurally build relationships, getting to know both worlds and create an infrastructure for scientific research. Examples include professors working at Public Health Services (GGD), or in rehabilitation centres or general practitioners and nurses working at the University. Verbeek explains: “In our Living Lab we have scientific linking pins, senior researchers (i.e. assistant or associate professors), who work for one or two days a week in a long-term care organization. They work in partnership with a practice-based linking pin, staff from the long-term care organization who work at the university for 1 day a week. These dual roles enable people to act as boundary spanners between science and practice and give researchers and practice professionals a better mutual understanding of our respective fields. This allows us to research questions that are closely aligned with real-world needs; to deliver translatable scientific insights and to carry out research projects grounded in everyday care.” Through these joint appointments, value is created for all parties involved.

Core characteristic 2: beyond project-based collaboration

“Living Labs explicitly move beyond project-based collaboration,” follows Hoebe. “While individual research projects are important, we believe they are embedded within a broader, long-term partnership. This continuity allows our partners to build trustful relationships, develop shared agendas and invest in joint capacity building of staff members.”

"By working together over longer periods, Living Labs facilitate cumulative learning," adds Verbeek. Knowledge generated in one project informs subsequent initiatives, creating a coherent longstanding programme of research and innovation. "A clear example is the Living Lab's research line on involuntary treatment in long-term care. What began as a practice-driven need for insight (how often do we actually use physical restraints on our residents?) evolved into the conceptual and empirical foundations of what later became nationally recognised as involuntary care, encompassing not only physical restraints but a broader range of practices that restrict autonomy." Building on this foundation, the Living Lab in Ageing and Long-term Care developed a multifaceted intervention programme aimed at reducing involuntary treatment, both in nursing homes and in home care settings. Verbeek follows: "We are proud that this programme is officially recognised by Vilans, the Dutch Centre of Expertise for Long-Term Care, underscoring its evidence base, practical relevance and transferability."

Core characteristic 3: a team science approach to knowledge development

Knowledge development in Living Labs follows a team science approach. Verbeek:

"Scientific researchers, patients and their family members, healthcare professionals, educators, and other stakeholders all contribute from their expertise. Each perspective adds value: scientists contribute methodological rigour, while professionals provide contextual knowledge and experiential insights. This collective approach recognizes that impactful knowledge emerges from collaboration, dialogue and reflection across disciplines and professional boundaries." Hoebe immediately recognizes the importance of collective knowledge development. "In the MICK study, we examined the declining vaccination coverage among schoolchildren in our region. Conversations with parents provided us with many insights into willingness to vaccinate in general, but also into the vaccination services that we provide through the GGD Zuid-Limburg."

Living Labs as a new research paradigm

"It is important to recognize how living labs embody a paradigm shift in how research and innovation in health and care are conceived and practiced," summarizes Hoebe. "Living Labs are not the latest methodological addition to traditional science — they are integral ecosystems where knowledge is co-produced with those it ultimately aims to serve." This approach

demonstrates how Living Labs enable the integration of experiential knowledge into scientifically grounded methods that support quality improvement in long-term care.

Illustration of international impact

Although a Living Lab has a strong regional connection with partners in the region, there is also international impact. Furthermore, the Living Lab model is not context-bound, but transferable across health systems and countries. The Living Lab in Ageing and Long-Term C is modelled in four comparable twin living labs have been established: in the UK (NICHE Leeds, 2018; North-West Coast Living Lab in Ageing and Dementia Liverpool, 2024), Germany (Prawidem Cologne and Halle, 2021) and Austria (Opinion Lab Graz, 2022). The four living labs collaborate in an international network.

> *Scientific research in long-term care is still only happening sporadically in Austria. That is why the Limburg Living Lab model is so interesting for us. Having a living lab with more than 25 years of experience as a prime example means we do not have to reinvent the wheel. It is great that we can learn from each other within the international network and broaden our scientific knowledge. For example, during a working visit to Maastricht, I learned how crucial it is to get the management and board of a healthcare organization on board. Otherwise, your research will not amount to much.*
>
> ***Manuela Hödl, scientific lead of Opinion Lab***

Most important scientific output

Gifford, R., Westra, D., Van De Baan, F., Ruwaard, D., Zijlstra, F., Poesen, L., & Fleuren, B. (2021). To uncertainty and beyond: Cataloguing hospitals' adaptations during the COVID-19 pandemic. In Academy of Management Proceedings (Vol. 2021, No. 1, p. 11316). Briarcliff Manor, NY 10510: Academy of Management. Best Theory to Practice Paper Award

Verbeek, H., Urlings, J., & Hamers, J. (2023). Twenty-five years of aging research and innovation in the Living Lab. Nature Aging, 3, 1168–1169.

Drost, R. M., van Mastrigt, G. A., Vluggen, S., Metzelthin, S. F., Bleijlevens, M. H., Huisman-de Waal, G., ... & Zwakhalen, S. M. (2025). A multi-center trial-based economic evaluation of the SELF-program: A function-focused care program for nursing staff providing long-term care for geriatric clients in nursing homes compared to care as usual. PLoS One, 20(7), e0320649.

de Rijk, A., Carrasco-Negüe, K., & Houkes, I. (2022). The cross-country comparison model for labor participation (CCC model for LP) of persons with chronic diseases. Journal of Occupational Rehabilitation, 32(2), 225-240.

Most important output for societal target groups

The Living Lab in Ageing & Long-term Care developed the ZELF programme, an evidence-based training that supports care professionals in stimulating the self-reliance and autonomy of older adults. Building on research on reablement, the programme provides practical tools and training to help professionals encourage clients to remain active and independent in daily life. The programme is offered to care organizations through Zuyd Professional (Zuyd Hogeschool).

The Living Lab Public Health Mosa has developed a toolbox for the prevention of respiratory infections in primary care. The toolbox provides professionals with practical guidance for implementing infection-prevention measures that can be scaled up or down depending on the level of infection pressure. Based on scientific evidence, professional guidelines, and interviews with healthcare professionals, it offers scenario-based care sheets, communication materials, and checklists to help practices protect both patients and staff.

The Living Lab on Work and Health has developed Healthy HR, an online program for employers that is complemented by consultancy from a researcher-consultant, working together with the workplace to achieve health improvements within companies.

The SiSPC model (Systemic Indicators for the Strength of Primary Care) is a standardized set of structural indicators developed with contribution from the Living Lab on Sustainable Care to describe and compare how primary care systems are organized across countries. It updates earlier frameworks by focusing on system structure, facility management and care delivery, and the broader context of primary care, enabling international research and cross-country learning about primary care strength. More info.

In the media

The podcast "The Crucial Role of Work-Focused Care" focuses on a hospital-wide approach to integrating work into healthcare. Angelique de Rijk discusses how the Maastricht University Medical Center addresses patients' work situations during medical consultations. Patients with complex issues can be referred to a specialized Work & Health clinic, where experts provide tailored support to help patients remain in or return to work.

In the Skipr blog series titled "Beyond the Hype," Daan Westra and Robin Peeters critically reflect on the growing emphasis on collaboration in the so-called network society. Referring to policy agendas such as IZA, GALA and WOZO, the series examines whether the strong focus on collaboration and networked approaches always leads to the intended improvements in healthcare practice.
https://www.skipr.nl/blog/de-hype-voorbij-organiseren-en-leiden/

De Limburger highlights the work of Veja Widdershoven (LLPH Mosa) on reversing declining vaccination rates in South Limburg. It describes how Hoebe investigates the reasons behind low vaccine uptake and engages with communities to better understand and address people's concerns about immunization. The piece illustrates how academic research interacts with real-world public health challenges and communicates findings to a broader regional audience.

The AWO-L Kletspodcast is hte offical podcast of the Living Lab Ageing & Long-Term Care, where researchers and practicioners talk about the people, projects, and ideas behind their work in long-term care.
https://open.spotify.com/show/0O6JDY9DyO6AUumETSwDlq


Gerrie van Norden

Ik Snap Je Zorg: healthcare Of the future starts with understanding each other better today

Imagine solving the future of healthcare over a serving of fries. It might sound unconventional, but sitting down together in a local neighbourhood setting is exactly where the solution begins. This grassroots approach cuts straight through the noise of modern healthcare debates by creating a space for genuine connection.

Two worlds, one shared goal

"Ik snap je zorg is a science communication project that aims to bridge the gap between science and society", says Rowan Smeets who is the project leader of Ik snap je zorg. Healthcare is heavily under pressure which has trigged strong debates in society about ways to ensure healthcare is future-proof. Innovations in healthcare are also widely studied by researchers.

However, although both 'worlds', i.e. society and science, want to maintain high-quality and accessible healthcare and play key roles in creating sustainable healthcare, society, and science are not well connected around this topic.

Rowan Smeets explains: "The overarching aim of 'Ik snap je zorg' is therefore to create stronger connections between society and science around healthcare. To reach this aim, the main instrument is to organize Frietpraat (Fries Talk in English) meetings bringing together citizens and scientists in

Project Details

Funding Providers
WECOM grant by Dutch Research Council

Contact Person
Dr. Rowan Smeets

Involved Research Lines
Value-Based Health Care (VHC)

local snack bars in South-Limburg. The team that manages this project also unites society and science: researchers from Maastricht University (Living Lab for Sustainable Care), citizens (from Burgerkracht Limburg) and communication experts (both from Maastricht University and communication agency Zuiderlicht) are part of the multidisciplinary project team."

Pulling up a chair: fries, conversation, and connecting communities

By organizing Frietpraat in local snack bars in South-Limburg, Ik snap je zorg brings together citizens, scientists and often also care professionals and (local) policymakers, to discuss healthcare topics that matter to them. According to Rowan Smeets, the recruitment strategy is key in this project. "When it comes to citizens, we aim to reach citizens who usually feel quite distanced from science, but are interested in science in a more practical way. 'In a practical way' means that citizens are in fact interested in science if a healthcare issue or innovation directly impacts their own life or the life of a loved one. To recruit citizens, the network of Burgerkracht Limburg is used in combination with local recruitment via, amongst others, local newspapers and the



snack bar (owner). Furthermore, the wide networks of the Living Lab for Sustainable Care and the closely related Living Lab in Ageing and Long-term Care are used to invite scientists, care professionals and policy makers for Frietpraat.

"The tone and atmosphere at the Frietpraat

constructive and respectful: a moderator at the table makes sure everyone is heard and the aim is to 'look through each other's eyes' instead of convincing others", Rowan Smeets explains. Starting from May 2024, two Frietpraat events took place – in Kerkrade and Maastricht – and a third (in Valkenburg) and fourth (in Sittard-Geleen) will take place in the spring of 2026. Each Frietpraat unites on average 15 citizens and 15 people working in science, healthcare and/or policymaking. A survey that was launched in 2025 as part of this project serves as input for selecting healthcare topics that both citizens and scientists have concerns about.

Beyond the snack bar: inspiring society and science alike

Each Frietpraat results in different communication products, such as videos or newspaper articles, to inform and inspire other citizens and scientists to join Frietpraat and think about the other's perspective. These videos and newspaper articles are also published on the project's website: https://iksnapjezorg.nl/. Besides, Rowan Smeets explains, the project will deliver an inspiration document, outlining the lessons learned, challenges and best practices of science communication.

"This inspiration document will be presented at the closing symposium of this project at the end of 2026. Hence, although this project is in the first place aimed at crossing the bridge between society and science, a second aim is to serve as a source of inspiration and guidance for other researchers, healthcare providers, citizen organizations and policy makers who want to engage in science communication. Besides this societal impact, the impact of Ik snap je zorg is scientifically studied in this project. In an interview study starting in 2026, the impact of Frietpraat and related communication products (e.g. videos) on citizens and scientists will be studied. "For instance, we want to find out if this project has actually changed the attitude of citizens and scientists who participated in Frietpraat to be open and positive towards the perspective of others. The results of this scientific study will be published in scientific papers."

Bridging research and reality

By connecting science directly to society, Ik snap je zorg meets CAPHRI's essential goals to make research more diverse, inclusive, and driven by the needs of people. Rowan Smeets notes that this project perfectly reflects the institute's strategies to make

science societally relevant for the wider public. It directly fulfils the standard set by CAPHRI itself: “Building a bridge between our research and society has our highest priority.”

The power of collaboration

Collaborating partners are citizen organization Burgerkracht Limburg and communication agency Zuiderlicht. They reinforce the multidisciplinary project team with both citizen advisors and creative experts.

Zuiderlicht values this collaboration deeply: “These are the programmes we love to contribute to because we value the connection between citizens, researchers and healthcare professionals. In this case, we co-created a concept that both stands out and that also truly helps AWDZ to reach their objectives: the ‘Frietpraat’ concept enabled us to make the participatory sessions accessible for an audience that we could not have attracted otherwise.”

Apart from these formal partners, the Living Lab for Sustainable Care leverages its wide network in science, healthcare, policymaking, and education throughout different stages of the project, from setting up the team to recruiting participants.

From snack bar conversations to scientific evidence

Beyond social connection, the project drives academic research. “As part of this project, a scientific survey study was performed in 2025 in South-Limburg to collect concerns of scientists (in organization of care) and citizens concerning healthcare. This study is used as input for the selection of topics for Frietpraat. In an interview study starting in 2026, the impact of Frietpraat and related communication products (e.g. videos) on citizens and scientists will be studied. We aim to publish both scientific studies in peer-reviewed scientific journals and present the findings at (inter)national conferences around science communication, integrated care and related fields.”

> *Building a bridge between our research and society has our highest priority.*
>
> **Dr. Rowan Smeets**

Important output
Project website
https://iksnapjezorg.nl/

LinkedIn page Ik snap je zorg
https://www.linkedin.com/company/ik-snap-je-zorg/posts/?feedView=all

Video Frietpraat over de huisartsenzorg
https://www.youtube.com/watch?v=YgsX_mYOqZo

Video Frietpraat over digitale zorg
https://www.youtube.com/watch?v=Lj57IhY0NvA&t=1s

In the media
The snack bar as a neutral meeting place Observant (2025)
https://www.observantonline.nl/english/Home/Articles/id/64011/the-snack-bar-as-a-neutral-meeting-place



Bridging science, policy and society CAPHRI's global impact through WHO Collaborating Centres

The World Health Organisation (WHO) has officially designated two research hubs within the Care and Public Health Research Institute (CAPHRI) at Maastricht University as WHO Collaborating Centres (WHO CCs). This recognition underscores their crucial role in supporting the WHO European Region. The hubs focus on professionalising the public health workforce and strengthening leadership at regional and country levels by generating robust evidence, developing practical tools, and designing capacity-building programmes.

These two research centres focus on distinct yet deeply interconnected areas of public health, translating scientific research into tangible benefits for diverse countries and everyday people.

Addressing the reality of cross-border health

The first hub, the WHO Collaborating Centre for Regions for Health and Cross-Border Public Health, is embedded within the Living Lab Public Health Mosa and led by the Department of Social Medicine. Under the leadership of Prof. Dr Christian Hoebe and Youth Health Physician Dr Rianne Reijs, this centre addresses a pressing European reality: approximately 30% of the European Union consists of border regions. These areas are home to roughly 125 million people who regularly cross borders for healthcare, employment, education, and

Project details

Contact Persons
Prof. Katarzyna Czabanowska (Kasia) and Prof. Christian Hoebe

Involved Research Lines
Creating Value-Based Health Care (VHC)
Health Inequalities and Societal Participation (HISP)

daily life.

While these regions face complex challenges due to differing laws, healthcare systems, and socioeconomic conditions, they also offer exceptional opportunities for collaboration. Focusing on three vital themes—infectious disease control, youth mental health, and environmental health—the centre aims to bring substantial value to Maastricht University, CAPHRI, and, most importantly, the citizens living across European borders, particularly in the Euregion Meuse-Rhine. As Prof. Dr Christian Hoebe notes, this international recognition serves as an essential engine to turn evidence into cross-border action.

Building a sustainable public health workforce

Simultaneously, the Department of International Health at CAPHRI has been designated as the WHO Collaborating Centre on Public Health Leadership and Development. Linked to the professorial chair held by Professor Katarzyna Czabanowska (Kasia), who leads the centre alongside Professor Milena Pavlova, this hub concentrates on strengthening public health leadership capacity, often in the face of ongoing emergencies and crises. According to Professor Czabanowska, the driving philosophy is clear: health systems can only address current and future challenges effectively if we invest in, recognise, and build the capacity of the people who make up the public health workforce.

This centre builds upon a longstanding history of collaboration with the WHO, including vital projects and missions in countries such as Ukraine, the Czech Republic, Greece, Moldova, Georgia, and Tashkent. A core focus of their current work is addressing regional disparities in how public health is perceived. In some countries, public health is not yet considered a distinct scientific discipline, often being subsumed under nursing or medical sciences. For instance, colleagues in the Czech Republic currently lack a dedicated Public Health Bachelor or Master programme.

Actionable tools and regional successes

To facilitate progress across Europe, the centre has developed a practical model outlining actionable steps for nations to professionalise their workforce, guiding them through competency development, training, and formal frameworks like credentialing, accreditation, and professional codes of conduct.

The centre's impact is already visible across

several successful regional initiatives:

- Environmental Health Competency report: Working closely with the WHO EURO Bonn office, the team developed environmental health competency profiles. This collaboration has resulted in a comprehensive report that, after being reviewed by the WHO, will soon be published and presented to the governments of all 52 countries in the WHO European Region.
- Capacity building & training: The centre actively drives capacity building by implementing WHO European Public Health Leadership courses, alongside a specialised 'Leadership in One Health' programme developed with the Kyiv-Mohyla Academy and the WHO EURO Country Office in Kyiv.
- Published research: The team has successfully published cutting-edge research on workforce enumeration, digital public health, and the crucial intersection between primary care and public health.

The linking pins: bridging science and policy

Ultimately, these two designations signal a broader, deeper shift: the link between policy-making stakeholders like the WHO and scientific institutes like CAPHRI has never been closer. Since the profound global stress test of COVID-19, the world increasingly requires a proper scientific grounding for policy, making it clear that impactful policies must be co-created.

For CAPHRI, this close connection to science inherently means coming closer to society. Public health professionals act as the vital 'linking pins' who must bridge the gap between scientific institutes, ministries, medical professionals, and the general public, a crucial task in an era of misinformation and fake news.

This designation as WHO Collaborating Centres serves as a valuable recognition, but more importantly, it reminds us of why we do this work: to ensure that knowledge is generated to serve a shared, global philosophy: we can't leave anybody behind, and we never will.

NUMBERS TELL THE STORY

Key figures

STAFF AT SCHOOL LEVEL	
School	N/FTE 2025
Scientific staff FHML	140 / 54,9 fte
Scientific staff academic hospital	16 / 3,6 fte
Postdocs	78 / 49,4 fte
Internal PhD-students	76 / 67,4 fte
Total research staff	*310 / 175,2 fte*
Support staff (research)	44 / 25,2 fte
Support staff (managerial)	11 / 9,5 fte
Total support staff	*55 / 34,6*
Total staff incl. academic hospital	*365 / 209,8*
Total staff excl. academic hospital	*349 / 206,2*
External PhD students	427
Honorary professor	17
Visiting fellows/professors	N/A

FUNDING 2025		
Funding 2025	FTE	%
(1) Direct funding	45.7	27%
(2) Research grants	58.2	34%
(3) Contract research	36.5	21%
(4) Other	31.1	18%
Total	*171.5*	*100%*

TURNOVER		
Turnover 2025 (x1000)	€	%
Government funding (direct)	12.796	36%
Revenues contract education	6.753	19%
KNAW/NOW/ZonMw (indrect government funding)	6.803	19%
Other research revenues (Third party funding)	5.358	15%
Other revenues	2.228	6%
Internal settlements	1.235	4%
Total	*35.173*	*100%*

BEYOND 2025

A look ahead

Looking beyond 2025, an important milestone for CAPHRI is the midterm review. It provides an opportunity to reflect on our progress and benefit from the perspectives of our Advisory Board as critical friends, helping us further shape our strategic direction for the years ahead.

Our ambition is to further strengthen CAPHRI's international position as a leading research institute in public health, health, care and well-being. We will continue to build connections across disciplines and expand collaboration with healthcare organisations, academic and public health institutes, and societal partners at regional, national and international levels.

Inter- and transdisciplinary research will remain central to this ambition. By bringing together different perspectives and methodological expertise, and by investing in innovative research approaches, talent development and team science, we aim to create the conditions for research that is both scientifically excellent and societally relevant.

At the same time, we will further strengthen the connections between research, practice, policy and education, helping knowledge find its way into society and contribute to meaningful change. Communicating the quality, relevance and impact of CAPHRI's research will remain an important part of this effort.

Together with our researchers, staff and partners, we will continue to build bridges between science and society and contribute to future-proof, accessible and appropriate care and a healthier society. We look forward to continuing this journey together. We hope to see you at CAPHRI to exchange ideas and perspectives, and to explore new opportunities for collaboration.



Management Office