

# HEALTH INEQUITIES AND SOCIETAL PARTICIPATION

## IN AN INTERCONNECTED WORLD





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## **IN AN INTERCONNECTED WORLD**

The research line Health Inequities and Societal Participation (HISP) is part of the Care and Public Health Research Institute (CAPHRI) in the Faculty of Health, Medicine and Life Sciences (FHML) at Maastricht University in the Netherlands.

# HISP

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# HEALTH INEQUITIES AND SOCIETAL PARTICIPATION

## IN AN INTERCONNECTED WORLD

**Let's be honest, the world is not always a comfortable place. The geopolitical landscape is rapidly changing with ongoing conflicts, a declining global commitment to mitigate climate change and its health impacts, and a lack of investments to monitor, prevent and control infectious diseases. The definition of public health problems and solutions is more controversial now than it has been for a long time and public health institutions are increasingly fragile. While disease patterns have shifted and life expectancy has increased across the world, there is uncertainty about how geopolitical changes will impact global health. In which directions global health will develop is uncertain, but it is not a bold claim that health inequities and inequalities remain widespread, globally, nationally and locally.**

*Health is never just biological. It is shaped at once by cells and cultures, by medicine and meanings, and therefore cannot be understood within single disciplines. Co-creation and interdisciplinarity are often treated as fashionable labels but in reality they are demanding practices that require researchers to unlearn old habits and build new ones together with society. This is exactly what HISP does. It is a space of experimentation where research is not first done in the academy and only later shared with society but is created with society through the active involvement of communities, professionals, and citizens. Here, participation is not an extra, but the very condition for both scientific innovation and societal relevance. This makes HISP a frontier example of the kind of interdisciplinarity we urgently need for a healthier and more just world.*

*(Ine van Hoyweghen, Professor in Sociology and director of the Life Sciences and Society Lab at KU Leuven, Belgium)*

Concerns about the world may lead to pessimism, but they also stimulate new perspectives and engagement in studying health inequities. First, while for several decades an individualistic paradigm of health with a focus on top-down behavioural interventions have prevailed, nowadays the tide is turning. It is generally agreed that context matters when it comes to adequately addressing health inequities. Second, instead of top-down interventions, it is important to mobilize the expertise and experiences of different stakeholders in practices of knowledge co-production. Third, it has become increasingly clear that to develop healthy societies, healthy environments, healthy planets, humans are not the only organisms to consider. Animals, plants, bacteria, viruses and fungi inhabit this world as well.

Against this background, the research line Health Inequities and Societal Participation (HISP) aims for transdisciplinary and participatory work, conceptually, methodologically, practically. This approach is allowed by the specific disciplinary composition of HISP. The research line has been established by scholars with very different backgrounds – philosophy, sociology, global health, occupational health, epidemiology, social medicine, infectious diseases control, medical microbiology. They work in very different places such as laboratories, sexual health clinics, neighbourhood parks and meeting places, workplaces, youth health care bureaus, schools, and asylum centres. By breaking down boundaries between scientific disciplines, as well as between science and society, HISP research aims to provide new perspectives on complex health problems and to open the door to participatory and sustainable real-world solutions. In this way, HISP researchers strive to contribute to resilient health practices in an uncertain geopolitical landscape.

This glossy gives an impression of the rationale, the fun and the challenges of HISP research. We hope the examples, collaborations and reflections will inspire you, illustrate the potential of transdisciplinary co-creation, and invite you to work together to contribute to societal change in local communities and beyond. Throughout the glossy, we include input from HISP colleagues as well as collaborators from within and outside of academia to provide their reflections on the type of research and approaches that are promoted in HISP.

*Alena Kamenshchikova, Ricky Janssen,  
Petra Wolffs, Klasien Horstman*

# IN LABORATORY AND SOCIETY



## Mission

Within HISP, we aim to get in-depth insight into the dynamics of health inequities and societal participation. Departing from a broad concept of health, the research focuses on public health concerns such as urban and planetary health, youth mental health, sexual health, infectious diseases and antimicrobial resistance, as well as work and health, and migrant health.

## Participatory and transdisciplinary methods

HISP scholars develop transdisciplinary participatory methodologies to co-design research, policies and programs to address inequities in collaboration with diverse stakeholders. HISP builds bridges across laboratory-based methods, epidemiology and methods from the social sciences and humanities.

## Collaborations

Collaboration is a top priority within our research line – with academics, policy makers, as well as societal stakeholders at local, regional, national and global levels. Crucially, we work with stakeholders who experience disadvantages themselves and have intimate knowledge of health inequities.

## Critical reflection

Questions of health are intertwined with questions about democracy. Therefore, HISP engages in critical reflections on the meaning and consequences of knowledge production and of participation within the field of health.





# HEALTH INEQUITIES, SOCIETAL PARTICIPATION AND THE SPACES IN-BETWEEN

**Thinking about interdisciplinarity departs from the notion that there are disciplines to begin with. There are countless definitions available for what a discipline is or should be, and likewise we can dive into a whole literature on interdisciplinarity, trying to grasp its forever fluid shape. That is a worthwhile endeavour and I would recommend it – but it cannot fit on these pages. Here, I will offer an extremely brief view on the issue of interdisciplinarity, to help understand the work it requires, the difficulties it encounters and the rewards it may offer.**

In his “Interdisciplinarity, the Paradoxical Discourse”, Peter Weingart asks “What is the underlying rationale for the positive valuation of interdisciplinarity in the face of its constant violation?” (Weingart 2000:26). The violation Weingart speaks of, is the relentless classification of research objects and topics in increasingly narrow categories, strictly associated with clearly delineated collectives: disciplines. Those collectives wield social (and sometimes other) power over what counts as valuable, interesting, worthy contributions and through the associated structures of hiring, firing, funding and publishing, solidify themselves. If every act of valuation in science is tied to a disciplinary structure, how on earth can one escape categorization?

The dominant strategy is to look for niches and uncharted territory. However, that uncharted territory does not exist on the same plane as the well-charted disciplinary spaces: it is a space in-between. The in-between is a space where cultures, traditions, communities, ideas and tools meet and mingle. The in-between is a space of potential and possibilities, where the new can emerge and find root, where uncertainty and ambiguity afford opportunity and where complexity can stay undisciplined.

Interdisciplinarity seeks to connect these spaces in-between and beyond disciplines with its own regimes of valuation. This can happen on the level of the individual researcher, the self, or on the level of practices and systems. Let’s start with the individual. Turner writes: “[W]hat disciplinary training serves to do is to create a community or audience of persons who can understand what is said” (Turner 2000:52). The communicative competence is not just about jargon and shared vocabulary, but also about the ability to read between the lines, to develop and acquire the tacit knowledge that comes with the territory. This means that to venture into unknown territory – to cross into another discipline – comes with communicative challenges: words no longer mean what you thought they did. Interdisciplinarity becomes a participatory method in this sense: learning the language of another discipline is a big part of the socialization process into the community. Interdisciplinarity can be an adventurous journey to improve oneself or one’s team, but through mutual exposure, the many lessons can go both ways. Those can be tough lessons, since we are predisposed to classify and to categorise, to think in terms of disciplines (Thompson Klein





1990:77). The product of this approach to interdisciplinarity, is the interdisciplinary researcher, who can act in multiple knowledge spaces and can act as a bridge between them: the interdisciplinary self (Calvert 2010; Cuevas-Garcia 2017).

Second, there is interdisciplinarity on the level of the collective. Here, interdisciplinarity is about value(s). Academic work pursues novelty, and yet, originality has to be rooted in rigour and be as error-free as possible. The innovation that originality and novelty demand can rarely be found in the own discipline, since it is a collection of already codified knowledge. One has to look elsewhere for inspiration. Yet the disciplinary space is still valued as providing tools, instruments, criteria and norms for what counts as reliable and legitimate. In this sense, interdisciplinarity and disciplines rely on one another, combining innovation with stability. That combination, of fluidity and rigidity, of out-ward looking and in-ward looking is as paradoxical as it is indispensable. The organisation of interdisciplinarity asks for a continuous balancing act in the institutional spaces that afford it: the co-existence of different vocabularies (and the pidgins that bridge them), differ regimes of worth, different norms for action. Interdisciplinary practices ask for endless amounts of articulation work, of negotiation, and reframing. An interdisciplinary practice or system may benefit from the participation of interdisciplinary researchers – but not all who participate need to subscribe to the interdisciplinary identity.

The study of health inequalities and social participation is a study of those who exist in-between the cracks of systems and structures. Institutional structures and disciplinary structures create a map carved up into discrete territories yet scattered with borderlands and hybrid spaces. Travelling those spaces, allows access and meaningful participation in the cultures in-between yet asks of us to go in-between the knowledge cultures we rely on. Interdisciplinarity is a project, a collection of evolving selves and practices. Interdisciplinarity is a promise, one of innovation and relevance. Interdisciplinarity is also a problem, one of conflicting values and valuations. All of that comes on top of regular academic labour, which makes up to a certain point, all interdisciplinarity, an achievement.

Bart Penders  
(Associate Professor, Biomedicine & Society)

**Further reading:**

Calvert, Jane. 2010. "Systems Biology, Interdisciplinarity and Disciplinary Identity." Pp. 201–18 in *Collaboration in the New Life Sciences*, edited by J. N. Parker, N. Vermeulen, and B. Penders. Farnham, UK: Ashgate.

Cuevas-Garcia, Carlos Adrian. 2017. "I Have Never Cared for Particular Disciplines'—Negotiating an Interdisciplinary Self in Biographical Narrative." Pp. 102–14 in *Revisiting the Self*. Routledge.

Thompson Klein, Julie. 1990. *Interdisciplinarity. History, Theory and Practice*. Detroit: Wayne State University.

Turner, Stephen. 2000. "What Are Disciplines? And How Is Interdisciplinarity Different?" Pp. 46–65 in *Practising Interdisciplinarity*, edited by N. Stehr and P. Weingart. Toronto: University of Toronto Press.

Weingart, Peter. 2000. "Interdisciplinarity: The Paradoxical Discourse." Pp. 25–42 in *Practising Interdisciplinarity*, edited by N. Stehr and P. Weingart. University of Toronto Press.

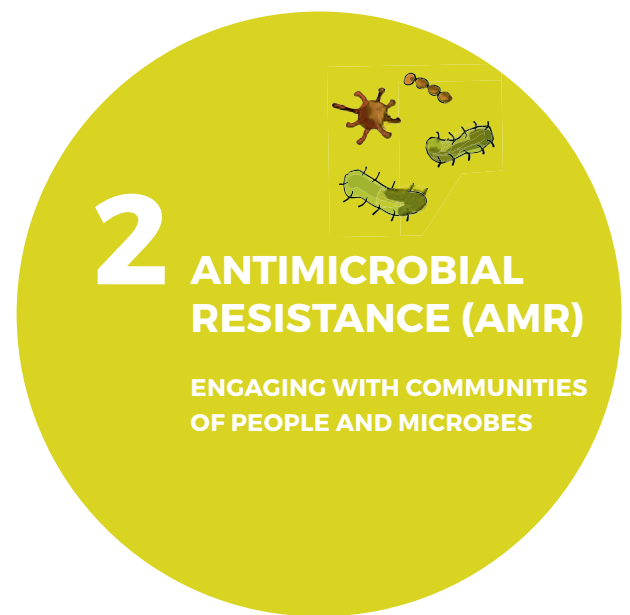
# MAPPING HISP RESEARCH

While research within HISP is diverse in scope and focus, there are four core themes that we mapped out in the following pages:



## 1 HEALTH AND SPACE

ENGAGING WITH DIVERSE KNOWLEDGES



## 2 ANTIMICROBIAL RESISTANCE (AMR)

ENGAGING WITH COMMUNITIES OF PEOPLE AND MICROBES

## The maps outline

- The research questions within HISP.
- The HISP approach to health inequities and social participation - through transdisciplinary, community-driven, and participatory methods of co-creation.
- Different examples of projects, research papers, and societal outputs that were developed within HISP.



*The maps do not aim to provide a comprehensive overview of all projects within HISP, but rather, aim to highlight the mission, vision and values of our transdisciplinary and participatory scholarship.*



3

### WORK AND HEALTH

RECONCEPTUALIZING  
WORK HEALTH AND CARE



4

### SEXUALLY TRANSMITTED INFECTIONS (STIs)

EXPLORING CARE WITHIN  
SEXUAL HEALTH



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# HEALTH AND SPACE

## ENGAGING WITH DIVERSE KNOWLEDGES



*"We need to develop new approaches in health research, not only doing research for communities, but with communities. It is important that we foreground the expertise of different community members in research, as well as ensure the translation of this expertise into policy."*

*(Klasien Horstman, Professor Philosophy and Sociology of Public Health)*

## HEALTH INEQUITIES

While questions of health and healthcare are often positioned within the context of healthcare systems, caring practices take place on a daily basis through relations and interactions across people, their lived environments and socio-political structures. These health and caring practices are shaped not only through formal channels, such as the provision of social services organised by the municipality, but also through informal connections. The informality of care in different spaces can take diverse shapes and forms - a neighbour drives another to a hospital; several people share their experiences and instructions on how to clean up plastic waste that have been polluting local waters; a group of people organise themselves to purchase HIV treatment and provide it to undocumented migrants who do not have access to it through official government sources. Although deeply diverse, attending to informal caring practices for people and environments provides researchers with an opportunity to explore questions around socio-economic inequities and inequalities, relations across diverse publics, as well as broader questions of trust and democracy.

Questions of trust and democracy are one of the central topics for HISP researchers when exploring health in diverse spaces. Whose voices count and how? Whose knowledge is informing governing structures and decision making? Who makes decisions about spaces where people live, meet and discuss matters of common concern and how are these decisions made? Within HISP, researchers explore these questions and examine how different publics and spaces participate within democracy and knowledge production.

## SOCIETAL PARTICIPATION

When it comes to matters of participation, it may be assumed that people live in communities, such as a low-income community or community of migrants. This idea of communities can give policymakers and public health professionals a vision where public health programs can be designed for those specific communities with their definable attributes, such as being poor or being a foreigner. Although people tend to organize themselves in groups when it comes to certain forms of participation, such as a group of cancer survivors lobbying for healthcare coverage, in reality, our societies are deeply heterogeneous. It is crucial to engage and reflect on this heterogeneity to explore the diverse publics that may reside within low-income neighbourhoods or engage in debates around access to healthcare services. Engaging with the diversity of publics allows researchers in HISP to reflect upon the ideas of societies' margins and inclusivity - who falls outside the formal channels of participation? Scholars within HISP experiment with creative methods of participatory research to explore meaningful forms of engagement with diverse publics, and in particular, those who are often positioned in the margins of our societies. Therefore, together with a variety of societal actors, HISP researchers take a transdisciplinary approach in developing research and interventions within communities.



## AREAS OF RESEARCH

**HOW DO WE UNDERSTAND AND ADDRESS HEALTH INEQUITIES IN DIFFERENT CONTEXTS?**

**HOW CAN MEANINGFUL PUBLIC PARTICIPATION BE ENSURED IN GOVERNING MATTERS OF COLLECTIVE CONCERN?**

**HOW CAN WE CO-CREATE KNOWLEDGE WITH PEOPLE IN DIVERSE CONTEXTS TO IMPROVE HEALTH?**

## TRANSLATED INTO PRACTICE >>>

# EXAMPLES FROM OUR RESEARCH LINE

HOW DO WE UNDERSTAND AND ADDRESS HEALTH INEQUITIES IN DIFFERENT CONTEXTS?



## By researching knowledge production

**'Known to be unhealthy': Exploring how social epidemiological research constructs the category of low socioeconomic status.**

*Dijkstra, I. and Horstman, K.*  
Social Science & Medicine, 2021



## By exploring environmental health

**Dhaka Sitting on a Plastic Bomb: Issues and Concerns around Waste Governance, Water Quality, and Public Health.**

*Nadiruzzaman, M., Shewly, H. J., and Esha, A.A.*  
Earth, 2022



## By conducting longitudinal studies



*The Maastricht Study is an ongoing unique study involving around 10000 participants in the south of Limburg. The study investigates the occurrence, causes and interventions around type 2 diabetes, cardiovascular diseases and other chronic diseases.*

**Do poor psychosocial resources mediate health inequalities in type 2 diabetes mellitus? Findings from the Maastricht study.**

*Sezer, B., Alber, J., Meisters, R., Schram M.T., Köhler, S., Stehouwer, C.D.A., Koster, A., Bosma, H.*  
European Journal of Public Health, 2024

*"We collaborated with the university to make the neighborhood park livelier, to restore a neglected garden, to plant more trees and install more benches and play elements for children. In this collaboration, the university did research but also seriously listened and helped the neighborhood. We as residents also collected some data about the daily life of the garden. It was interesting that the researchers discussed their reflections on the neighborhood and on interactions between the neighborhood, and the municipality with us. It helped us to better understand these negotiations."*

*(Ine Orbons, Resident of Maastricht, Active in TogetherGreener)*



## HOW CAN MEANINGFUL PUBLIC PARTICIPATION BE ENSURED IN GOVERNING MATTERS OF COLLECTIVE CONCERN?



### By exploring democratic and non-democratic settings

To dwell or drown? Private clinics in the swampy infrastructure of cancer care in Russia.

Denisova, M., Zvonareva, O., and Horstman, K.

SSM - Qualitative Research in Health, 2024



### By working with marginalized communities

Transgender Activists "We know best because our skin is in the game": Doing politics through DIY Pharmaceuticals.

Stoli, N., Horstman, K., and Zvonareva, O.

Social Inclusion, 2025

Displaced Adolescent Mothers Identity Struggles During Resettlement: An Ethnographic Approach of Internally Displaced Adolescent Mothers in Bogota.

Cadena-Camargo, Y., Krumeich, A., Duque-Páramo, M. C., and Horstman, K.

Journal of Refugee Studies, 2020

"For me, transdisciplinary work means being well equipped to reflect on these processes of conflictual claims from different disciplines and being able to make them explicit."

(Olga Zvonareva, Associate Professor in Social Studies of Science and Technology)

"The thematic issue „Public Participation Amidst Hostility: When the Uninvited Shape Matters of Collective Concern.“ by Olga Zvonareva and Claudia Egger continues to challenge readers, policymakers, civil society organizations, and activists alike to see public participation as something that can be informal, reframed, embodied—especially in situations where participation is not welcomed or is actively resisted."

(Mariana Pires, Editor of the Social Inclusion journal)

## HOW CAN WE CO-CREATE KNOWLEDGE WITH PEOPLE IN DIVERSE CONTEXTS TO IMPROVE HEALTH?



### By working with local stakeholders



University with the Neighborhood is a platform that connects academic and non-academic actors and forms of knowledge in Maastricht Northwest. Within this initiative, we learn from each other to improve the quality of life.

Citizen Participation in Healthy City Making: An Analysis of Infrastructural Work in a Low-Income City Area.

Knibbe, M., Raap, S. and Horstman, K. Social Inclusion, 2025



An interview with Klasien Horstman about the book Gezonde Stad

(in Dutch)

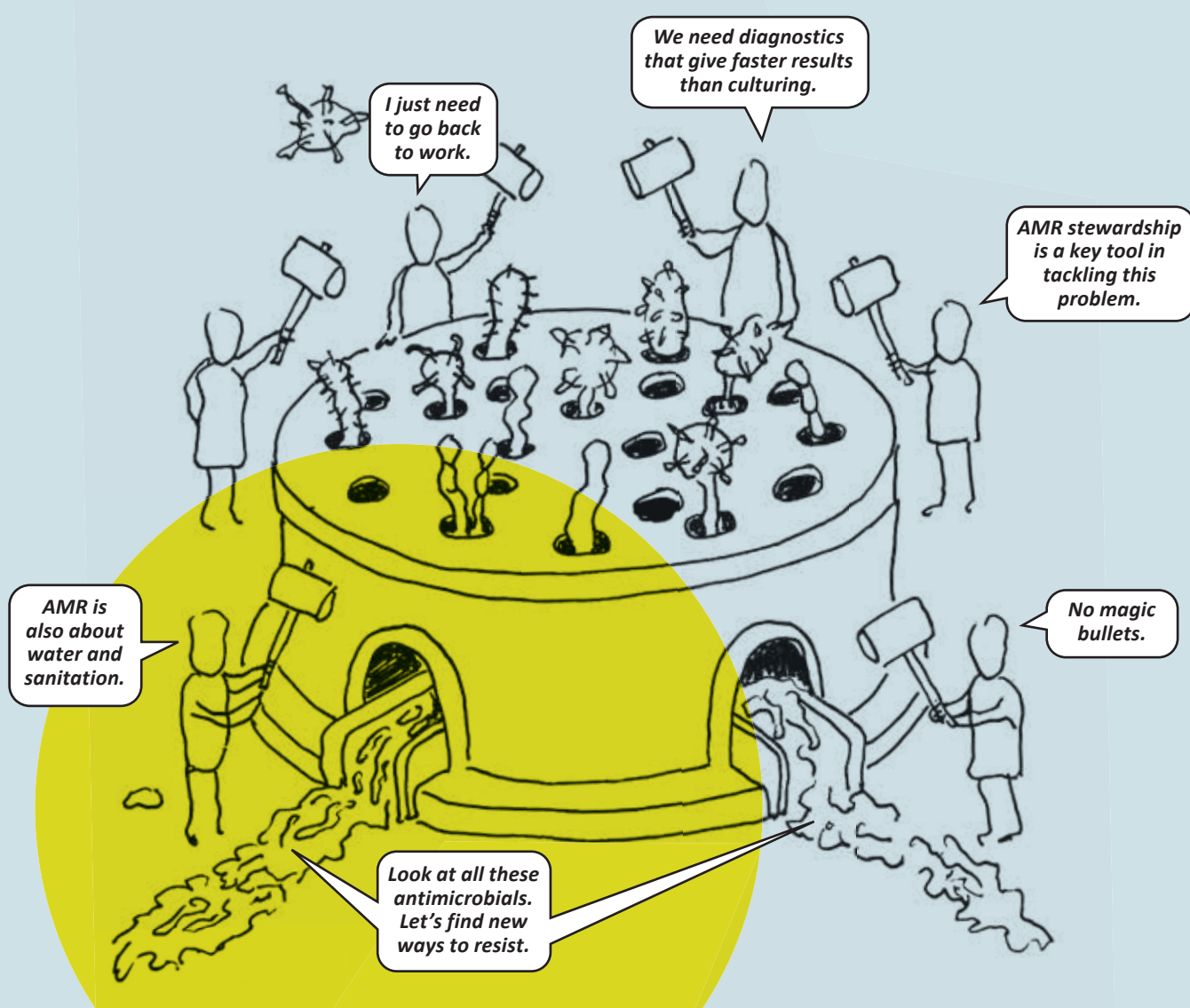


"Being part of HISP is also a way for me to learn different ways of knowing and thinking about how we can approach inequity in health, because I always think of inequity in terms of neighbourhoods, but it can manifest in all sorts of different forms, including public health."

(Sanne Raap, PhD Candidate in Urban Public Health)

# AMR

## ENGAGING WITH COMMUNITIES OF PEOPLE AND MICROBES



*"It is very important that we approach AMR not only as an isolated biomedical problem but as a complex biosocial phenomenon requiring continuous transdisciplinary communication and collaboration."*

*(Alena Kamenshchikova, Assistant Professor in Social Studies of Infectious Diseases)*

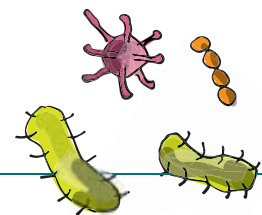
## HEALTH INEQUITIES

Antimicrobial resistance (AMR) is a major global health challenge referring to the ability of microorganisms, such as bacteria, viruses and fungi, to develop resistance and tolerance to antimicrobials, thus making these ineffective. AMR poses challenges not only to our healthcare systems, but also to agricultural production, as antimicrobials are widely used for treatment, as well as prevention, of infections in animals and plants. While AMR is an evolutionary process in microorganisms, the development but especially transmission, of AMR is also a deeply social process driven by practices of governance, production, use, and waste disposal of antimicrobials. Therefore, transdisciplinary approaches are required to understand the complex questions posed by AMR: how do microorganisms develop AMR? How can AMR be detected and treated? Who is affected by infections with resistant microorganisms and why? What are the diverse reasons for individuals and professionals to use and prescribe antimicrobials?

As a global health challenge, AMR is not distributed equally across the planet, but it has a severe impact on the most vulnerable populations - those who cannot afford stable access to healthcare, those who cannot afford sick leave, and those who are continuously exposed to antimicrobials and their waste, such as farm workers. This means that AMR is an institutional and infrastructural problem that raises questions of equity and justice in care access. AMR is embedded into modern ways of life through the organization of healthcare systems, demand for cheap food and widely experienced poverty. Yet, current public health approaches to address AMR are often focused on individuals' and professionals' behaviours and decisions to use or prescribe antimicrobials. Researchers within HISP aim to go beyond an individual-based focus and research the contexts and systems that push the development of AMR and shape practices around antimicrobial use.

## SOCIETAL PARTICIPATION

As mechanisms of AMR development are deeply social, it is crucial that the solutions and approaches to tackle AMR are developed in collaboration with diverse professionals and populations that are affected by this challenge. On the one hand, there is a pressing need to develop new antimicrobials, as well as new and faster AMR diagnostics. On the other hand, it is important to acknowledge that the development of new technological solutions to AMR will not guarantee their implementation and use. Therefore, informed by the insights of critical implementation studies and participatory research, HISP scholars work transdisciplinary and aim to move beyond the separation of development and implementation processes. Rather, working collaboratively across disciplines, and in a participatory manner with diverse populations, HISP research on AMR aims to explore the specific challenges that AMR poses in different contexts and to co-develop approaches, including creative and art-based approaches, to those challenges.



## AREAS OF RESEARCH

**HOW CAN WE UNDERSTAND AND ENGAGE WITH AMR IN DIFFERENT CONTEXTS?**

**HOW DO MICROBIAL COMMUNITIES DEVELOP RESISTANT MECHANISMS TO ANTIMICROBIALS, AND HOW CAN THIS BE ADDRESSED?**

**HOW DO WE UNPACK SOCIAL, POLITICAL AND ECONOMIC PROCESSES BEHIND AMR?**

## TRANSLATED INTO PRACTICE >>>

# EXAMPLES FROM OUR RESEARCH LINE

HOW CAN WE UNDERSTAND AND ENGAGE WITH AMR IN DIFFERENT CONTEXTS?



**By collaborating with community members**

 **UNIVERSITEIT MET DE BUURT**

**GEZONDHEIDSCAFÉ – OVER BACTERIËLE INFECTIES EN ANTIBIOTICA**

Tijdstip: 15.00-17.00u

Wat zijn bacteriële infecties? Worden we ongevoelig voor antibiotica? Over het gebruik van antibiotica en het risico dat het steeds minder werkt tegen infecties.

Gast: Mevr. Dr. Petra Wolfs, Medisch microbioloog in het HUMC



**By co-producing solutions with diverse stakeholders**

Due to the specificity of residential facilities within disability care, AMR prevention can be challenging. Therefore, the project **Graphic Communication for AMR in Centres for People with Intellectual and Developmental Disabilities** aims to develop, implement and evaluate visual graphic-based interventions to improve AMR prevention among both healthcare workers and their clients.



**PODCAST** | Alena

**Kamenshchikova**

with One Health Trust on AMR in migrant communities (*in English*)



*“My experience as a researcher in working together with this group, that focuses on promoting inclusion, has shown me that, first and foremost, we need to learn to speak each other’s language. This requires time to get to know one another, to build trust, respect, and understanding, and above all to remain flexible and adaptive. When we approach research with this mindset and involve people with intellectual disabilities, I’ve found that we learn a great deal from them and achieve truly valuable outcomes”.*

*(Erica Baarends, Senior Researcher at Stichting Koraal, the Netherlands)*

## HOW DO MICROBIAL COMMUNITIES DEVELOP RESISTANT MECHANISMS TO ANTIMICROBIALS, AND HOW CAN THIS BE ADDRESSED?



### By exploring specific microbial communities

#### Antibiotic Use before Chlamydia and Gonorrhea Genital and Extragenital Screening in the Sexually Transmitted Infection Clinical Setting.

Dukers-Muijers, N. H., van Liere, G. A., Wolffs, P. F., Den Heijer, C., Werner, M. I., & Hoebe, C. J. *Antimicrobial Agents and Chemotherapy*, 2015

#### Dissemination of Antimicrobial resistance and Microbial Ecosystems through Horizontal Gene Transfer.

Von Wintersdorff, C. J., Penders, J., Van Niekerk, J. M., Mills, N. D., Majumder, S., Van Alphen, L. B., Savelkoul, P., & Wolffs, P. F. *Frontiers in Microbiology*, 2016



"I think it is really important that we have data scientists and bioinformaticians who analyse the data from a microbiological perspective, which is quite different from clinical genetics. The human genome is very stable – you can test it in 20 years, and it will still be the same. Whereas bacteria are continuously changing because they are taking DNA from outside. We are really specialized in getting a hold on what is happening on a genetic level, and we are developing new PCRs to do this."

(Paul Savelkoul, Professor in Medical Molecular Microbiology)

## HOW DO WE UNPACK SOCIAL, POLITICAL AND ECONOMIC PROCESSES BEHIND AMR?



### By considering diverse vulnerabilities

#### Rapid molecular tests for tuberculosis and tuberculosis drug resistance: a qualitative evidence synthesis of recipient and provider views.

Engel N., Ochodo E.A., Wanjiku Karanja P., Schmidt B.M., Janssen R., Steingart K.R., and Oliver S. *Cochrane Database Systematic review*, 2022



### By working across disciplines and settings

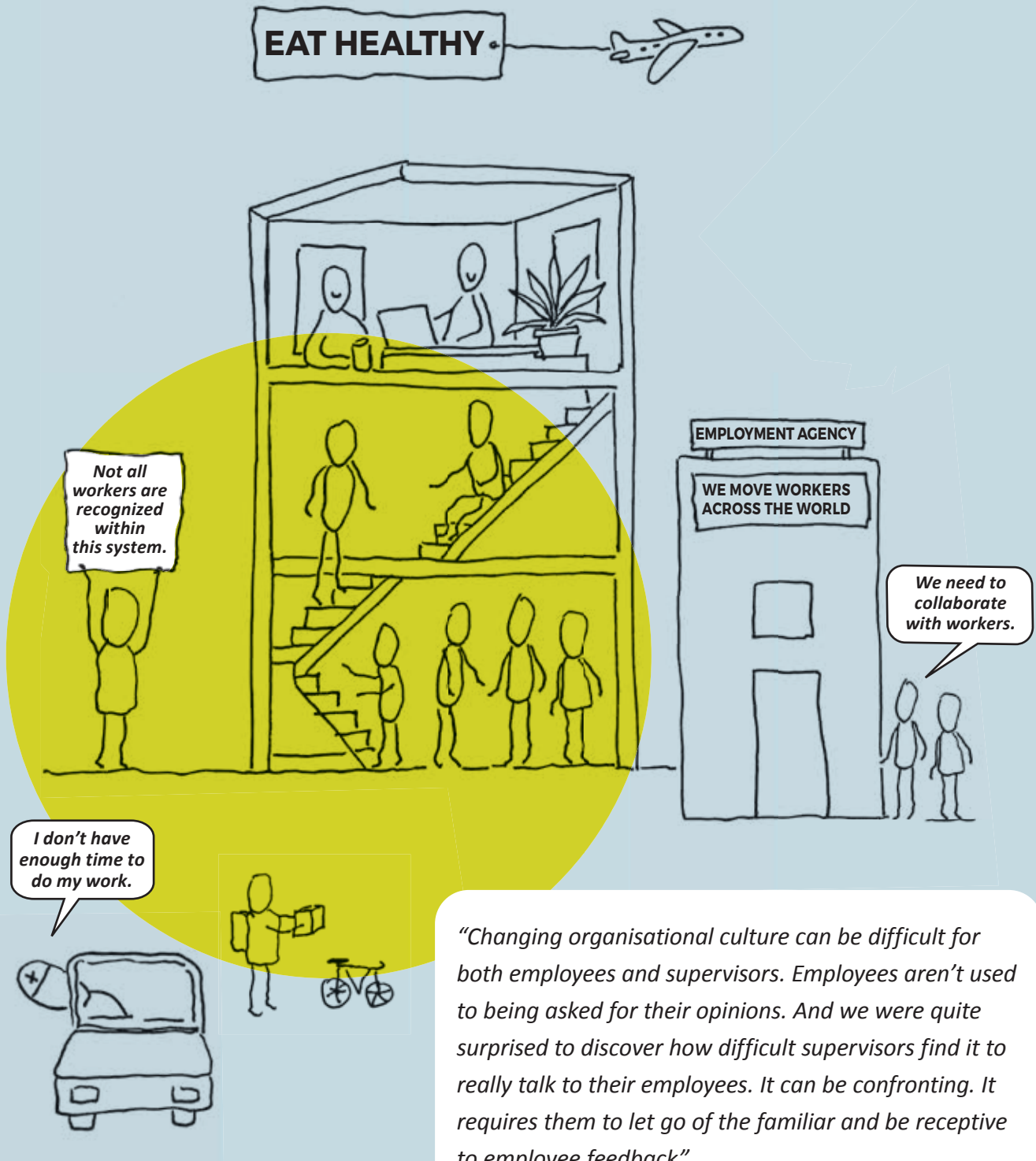
#### Combining stool and stories: exploring antimicrobial resistance among a longitudinal cohort of international health students.

Kamenshchikova, A., Wolffs, P. F., Hoebe, C. J., Penders, J., Park, H. Y., Kambale, M. S., & Horstman, K. *BMC infectious diseases*, 2021



# WORK AND HEALTH

## RECONCEPTUALIZING WORK HEALTH AND CARE



(Inge Houkes, Associate Professor in Work and Health)

## HEALTH INEQUITIES

Work and health are inextricably linked. While meaningful and stable employment can contribute to good health and wellbeing, unsafe working environments, work stress and precarious work arrangements can have severe impacts on workers' mental and physical health. Structural inequities shape how work and health are intertwined and influence each other. This can be seen even in the language we use when speaking about work and health. For example, here we use the word "worker" instead of "employee". The word "employee" implies that a person is actively employed in a formal manner. This employment offers certain protections regarding one's income, paid sick leave and reintegration support. The term "worker" on the other hand, is broader - it encompasses those who are formally employed, but also those engaged in more precarious work and informal work, including short-term and on-demand work arrangements. Informal work can take different forms in various sectors, for example in agriculture, food production and construction. It can also take the form of unpaid informal work such as caring for children or sick family members. This informality contributes to the vulnerability of workers through precarity, poor (or absence of) pay and lack of social protection. Yet, even in formal employment situations, health inequities persist. Unequal power relations between workers and middle and upper management, unsafe work environments, gender and racial inequities, and chronic conditions contribute to health problems in the workplace. Further, within the Western world, many people are working under the radar and in poor conditions, also often linked with bad housing conditions. Moreover, Western societies have exported poor labour conditions to low-income settings, by globalizing supply chains. HISP researchers explore how these different elements in the workplace, including informal and formal work, as well as the support in places around these work environments, contribute to the health of workers across diverse contexts. Based on this, HISP researchers develop strategies and inform policies on how to improve the health and wellbeing of workers in all areas of our society.

## SOCIETAL PARTICIPATION

Improving work and health requires participation from many stakeholders. Crucially, understanding the perspectives of workers is important to assess their needs on the work floor. Furthermore, to ensure that workplace interventions aimed at improving health actually align with the needs of workers, it is essential to support effective dialogue between workers, employers, as well as relevant work intermediaries, health care, academic and governmental institutions. Generating this participation and dialogue amongst various stakeholders can be challenging, and institutions can be especially hard to reach. However, through participatory approaches, HISP researchers initiate and support collaboration between workers, employers, and institutions, leading to the co-creation of approaches and tools to improve work health across diverse domains.



## AREAS OF RESEARCH

**HOW CAN WORK HEALTH BE RECONCEPTUALIZED TO ACCOUNT FOR DIFFERENT TYPES OF WORK AND ITS IMPACTS ON HEALTH?**

**HOW CAN WE BUILD DIALOGUES ACROSS FRAGMENTED NETWORKS OF STAKEHOLDERS INVOLVED IN WORK AND HEALTH?**

**HOW CAN WE UNDERSTAND AND ADDRESS WORK AND HEALTH AS AN ONGOING PROCESS?**

## TRANSLATED INTO PRACTICE >>>

# EXAMPLES FROM OUR RESEARCH LINE



## HOW CAN WORK HEALTH BE RECONCEPTUALIZED TO ACCOUNT FOR DIFFERENT TYPES OF WORK AND ITS IMPACTS ON HEALTH?



### By engaging with work environments

#### (Un)belonging at work: An overlooked ingredient of workplace health.

Thissen L., Biermann-Teuscher D., Horstman K., and Meershoek A. Health Promotion International, 2023



Gezondheid met de werkvloer is a project that utilizes participatory approaches to engage with employees to co-produce solutions aimed at improving health on the work floor.



*“We work with companies who realise that their employees deserve a say in creating a healthy workplace, in the broadest sense of the word.”*

*(Agnes Meershoek, Associate Professor in Global Health)*

## HOW CAN WE BUILD DIALOGUES ACROSS FRAGMENTED NETWORKS OF STAKEHOLDERS INVOLVED IN WORK AND HEALTH?



*“On the one hand, practitioners continue to send signals that they lack insight in results of ongoing research projects in the field of occupational health and how they come about. They also find that very little research results on work and health actually reaches them, despite their specific searches for research projects. From the perspective of research and education, on the other hand, there is an obvious need for connection and collaboration with practice.”*

*(René Lipsch, Director of OperaSana)*

### By building and maintaining continuous collaborations

How steeper organizational hierarchy prevents change – adaptation and implementation of a sustainable employability intervention for employees in low-skilled jobs: a qualitative study.

Hazelzet E., Houkes I., Bosma H. and de Rijk A. BMC Public Health, 2022

Gezond HR co-produced an online step-by-step toolkit, which aids organizations to create a healthier workplace and sustainable employability by facilitating dialogue.



*“We work together to develop and implement new knowledge on creating healthy workplaces that support healthy lifestyles for workers.”*

*(Iris Arends, Director of Arbo Unie’s Knowledge Center for Work and Health)*

## HOW CAN WE UNDERSTAND AND ADDRESS WORK AND HEALTH AS AN ONGOING PROCESS?



### By engaging with mental health in the workplace

**Line managers' perspectives and responses when employees burn out.**

*Claeys, M., Van den Broeck, A., Houkes, I., & de Rijk, A.*

*Journal of Occupational Rehabilitation, 2023*

*"In work health policies, we often see that occupational health only becomes an issue after people become sick. What I think is important, is that we look at the stages before someone reports ill, so we can prevent them from becoming sick in the first place."*

*(Angelique De Rijk, Professor in Work and Health)*



**PODCAST** | Angelique de Rijk on Work related care in Maastricht UMC+ *(in Dutch)*



### By focusing on reintegration policies

**Policy on manager involvement in work re-integration: Managers' experiences in a Canadian setting.**

*Maiwald, K., Meershoek, A., de Rijk, A., & Nijhuis, F. J. N. (2014).*

*WORK, 2014*

**How policy on employee involvement in work reintegration can yield its opposite: Employee experiences in a Canadian setting.**

*Maiwald, K., Meershoek, A., de Rijk, A., & Nijhuis, F.*

*Disability and Rehabilitation, 2012*



### By integrating work-related support in clinical care

**A Mixed-Methods Process Evaluation of the Maastricht Work-Related Support Intervention for Healthcare Professionals in Clinical Care.**

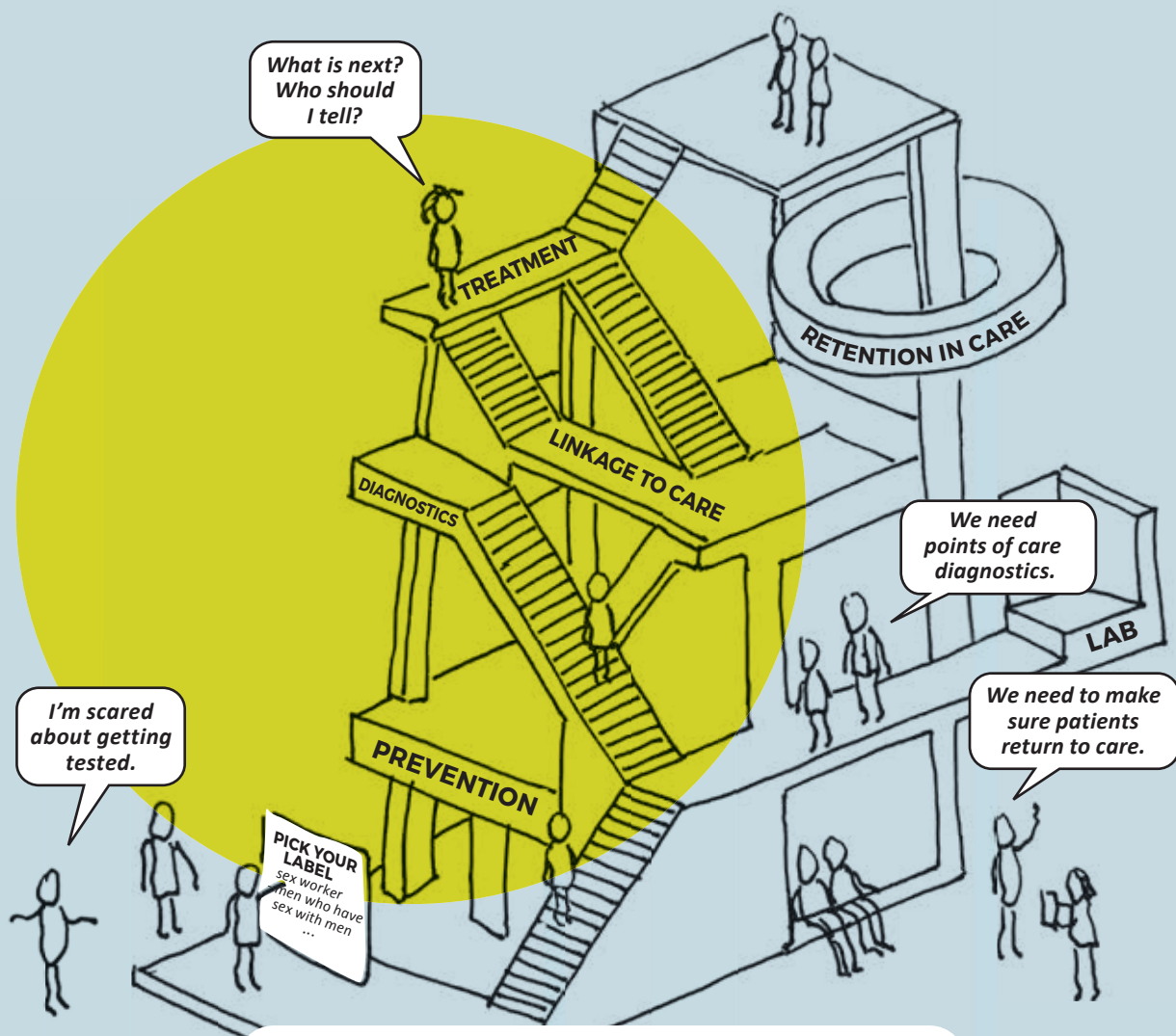
*Butink M., Boonen A., Boymans T., Baadjou V. Hazelzet E. and De Rijk A.*

*Journal of Occupational Rehabilitation, 2024*



# STIs

## EXPLORING CARE WITHIN SEXUAL HEALTH



*“The time when we could sit as researchers in our ivory towers is gone. There is an important disconnect between science and society – the trust is not there, and we need to do something about it.”*

*(Petra Wolffs, Associate Professor in Medical Molecular Microbiology)*

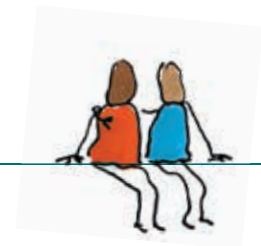
## HEALTH INEQUITIES

Left undiagnosed or untreated, Sexually Transmitted Infections (STIs), such as HIV, hepatitis B, chlamydia and gonorrhoea, can have severe consequences for people's health and wellbeing. Public health and laboratory-based research on STIs suggests that certain populations have a higher risk of contracting STIs. Yet, this risk is not a given, and it is not based solely on biological factors. The potential transmission, development and impact of STIs is shaped through complex social, economic, political and historical processes. These processes contribute to, for example, inequitable access to testing and treatment, fear of engaging with healthcare services and increased risk of exposure through particular work practices, gender relations and sexual orientation. Furthermore, similar to the dynamic human communities affected by STIs, the microbes involved in these infections are not stable - they develop and change over time. These changes can include, for example, the development of antimicrobial resistance, which can again contribute to inequities in the development, diagnosis, treatment and outcomes related to STIs.

In order to create effective interventions, researchers in HISP bring together microbiology, public health and social science approaches which engage with the complexities and inequities surrounding STIs. Researchers in HISP explore intersecting social, economic, political and historical processes in various contexts, the inequities they produce and what this means for the provision of STI prevention and care. In addition, HISP researchers use laboratory-based methods to investigate how microbes and the distribution of STIs shift over time, while also developing new diagnostic and treatment approaches to support access to prevention and care for affected populations.

## SOCIETAL PARTICIPATION

STIs tend to disproportionately impact vulnerable communities, especially those that have been socially marginalized or excluded - for example those engaged in sex work, undocumented migrants and men who have sex with men (MSM) communities. Therefore, it is crucial to meaningfully engage with and foreground the voices within these communities to gain insight into their experiences and needs related to STI care. Yet, while participation is crucial, the stigma surrounding STIs make it hard to publicly engage in discussions about personal experiences. Researchers in HISP dedicate their time to develop relationships with members of vulnerable and marginalised communities, through, for example, local public health services and patient advocates with the aim of highlighting their voices and needs in STI interventions and policies.



## AREAS OF RESEARCH

**HOW CAN WE ENGAGE WITH EXPERIENCES OF DIFFERENT COMMUNITIES WITHIN STI CARE?**

**WHICH STIS ARE PREVALENT ACROSS DIFFERENT POPULATIONS AND HOW CAN WE APPROACH THEM?**

**HOW CAN WE IMPROVE STI CARE SERVICES TO ENSURE EQUITABLE ACCESS FOR DIFFERENT STAKEHOLDERS?**

## TRANSLATED INTO PRACTICE >>>

# EXAMPLES FROM OUR RESEARCH LINE

## HOW CAN WE ENGAGE WITH EXPERIENCES OF DIFFERENT COMMUNITIES WITHIN STI CARE?



### By learning from marginalized voices

Barriers and facilitators to utilisation of public sexual healthcare services for male sex workers who have sex with men (MSW-MSM) in The Netherlands: a qualitative study.

Peters, C. M. M., Dukers-Muijrs, N. H. T. M., Evers, Y. J., & Hoebe, C. J. P. A.; BMC Public Health, 2022

Social inequalities, sexual tourism and HIV in Cartagena, Colombia: an ethnographic study.

Quevedo-Gómez, M. C., Krumeich, A., Abadía-Barrero, C. E., & Van Den Borne, H. W. BMC Public Health, 2020

*“There are all these aspects and things we need to think about in order to improve someone’s health. Who are the groups that we should work with, what are their needs and how can these needs be addressed? In order to do that, you need to be able to reflect on ethics, the context where they live, such as a neighbourhood, as well as the biological side of health.”*

*(Charlotte Peters, Project Coordinator HIV at European Aids Clinical Society, HISP alumni)*

## WHICH STIs ARE PREVALENT ACROSS DIFFERENT POPULATIONS AND HOW CAN WE APPROACH THEM?



### Chlamydia

Direct assessment of possible mutations in the 23S rRNA gene encoding macrolide resistance in *Chlamydia trachomatis*.

van Niekerk, J. M., van Loo, I. H. M., Lucchesi, M., Morré, S. A., Hoebe, C. J. P. A., Dukers-Muijrs, N. H. T. M., & Wolffs, P. F. G. PLoS One, 2022



### Gonorrhoea

Higher *Neisseria gonorrhoeae* bacterial load in coinfections with *Chlamydia trachomatis* compared with *Neisseria gonorrhoeae* single infections does not lead to more symptoms.

van Dessel, H. A., Dirks, J. A., van Loo, I. H., van der Veer, B. M., Hoebe, C. J., Dukers-Muijrs, N. H., ... & Wolffs, P. Sexually Transmitted Infections, 2024



### Syphilis

Refining timely diagnosis of early syphilis by using *Treponema pallidum* PCR or IgM immunoblotting next to conventional serology for syphilis.

Flipse, J., Niekamp, A. M., Dirks, A., Dukers-Muijrs, N. H., Hoebe, C. J., Wolffs, P., & van Loo, I. H. Journal of Clinical Microbiology, 2023



*“(O)nce you start looking more outside of the box and outside the microbiology microscope, that you start to see that this whole outside world influencing the work that we are doing”*

*(Petra Wolffs, Associate Professor in Medical Molecular Microbiology)*

## HOW CAN WE IMPROVE STI CARE SERVICES TO ENSURE EQUITABLE ACCESS FOR DIFFERENT STAKEHOLDERS?



### By developing and implementing care innovations

**Alone but supported: a qualitative study of an HIV self-testing app in an observational cohort study in South Africa.**

Janssen, R., Engel, N., Esmail, A., Oelofse, S., Krumeich, A., Dheda, K., & Pai, N. P.

AIDS and Behavior, 2020

**Aligning diagnostics to the point-of-care: lessons for innovators, evaluators and decision-makers from tuberculosis and HIV.**

Engel, N., and Wolffs, P. F.  
BMJ global health, 2020

**Evaluating the implementation of home-based sexual health care among men who have sex with men: limburg4zero.**

Goense, C. J. D., Evers, Y. J., Manait, J., Hoebe, C. J., van Loo, I. H., Posthouwer, D., Ackens, R., van Hooren, R. Theuerzeit, R., Crutzen, R. Stutterheim, S.E. & Dukers-Muijers, N. H.

AIDS and Behavior, 2025



### By informing guidelines and public health practices

**Interventions to ensure access to and continuity of HIV care for international migrants: an evidence synthesis.**

Kamenshchikova, A., Peters, C. M., Nöstlinger, C., Rice, B., Ford, N., Ravasi, G., Burns, F., Parczweski, M., Hoebe, C. J. P. A., Dukers, N., Seedat, F., Mozalevskis, A., Bekker, L., Berchmans Tugirimana, J., Tang, W., Marley, G., Onyango, D., Thorman Peynado, M.C., Noori, T., & Hargreaves, S.

The Lancet HIV, 2024

**2025 European guideline on the management of Chlamydia trachomatis infections.**

White, J. A., Dukers-Muijers, N. H., Hoebe, C. J., Kenyon, C. R., Dc Ross, J., & Unemo, M.

International journal of STD & AIDS, 2025

*“Understanding how to make STI care work means understanding the daily practices of stakeholders across multiple spaces and domains of expertise. Exploring how people access care, and focusing on what they care about, helps us align new diagnostic techniques across various settings.”*

*(Ricky Janssen, Assistant Professor in Global Health)*



**PODCAST** | Diewertje Horsten  
on STI care *(in Dutch)*



*“I attach great value to transdisciplinary collaboration, team science and open science and like to see research translated and implemented in society. With my work I connect research, practice, policy and education.”*

*(Christian Hoebe, Professor in Social Medicine specifically Infectious Diseases Control)*

# DEVELOPING A TRANSDISCIPLINARY LANGUAGE

**This glossy aimed to demonstrate how HISP as a research line addresses health and health inequities. HISP approach is rooted in collaboration and participation with communities and stakeholders at the local, regional, national and international levels. Connecting science and society is a cornerstone of the work conducted within our research line.**

*“We make research relevant to people. Here, scientific insights do not remain on paper but are translated, together with professionals and partners, into concrete improvements for public health. In this way, academic research contributes directly to healthier communities. It also helps to ensure that healthcare professionals in the Regional Public Health Services are engaged and linked to its societal mission.”*

*(Frank Klaassen, Director of the Public Health Service in the South of Limburg (GGD Zuid-Limburg))*

Transdisciplinary communication entails learning each other’s language, as well as actively listening to each other. Working in a transdisciplinary setting, allows dialogue across actors that may not cross paths otherwise and support research outcomes. A former PhD-representative within HISP voiced that in the following way:

*“I gained both broader and deeper insights into health inequalities and public health by working across academia and public health practice. This transdisciplinary environment offered strong opportunities to develop my competencies as a researcher, while entering new partnerships and broadening my professional network. Together, this was very valuable for my growth as a researcher and enriched the quality and societal relevance of my PhD-trajectory.”*

*(Chrissy Moonen, HISP PhD alumni)*

As a research line, we continuously reflect and adapt to the changing realities of our world while staying true to our mission – transdisciplinary participatory approaches to health inequities.

*Pia Mager, Alena Kamenshchikova, Ricky Janssen*



# COLLABORATING IN AND OUTSIDE ACADEMIA

## Institutional embedding

The research line Health Inequities and Societal Participation (HISP) is part of the Care and Public Health Research Institute (CAPHRI) in the Faculty of Health, Medicine and Life Sciences (FHML) at Maastricht University in the Netherlands.

## Different departments

HISP including scholars from different departments, including the Department of Health, Ethics and Society; Department of Social Medicine; Department of Medical Microbiology, Infectious Diseases and Infection Prevention; the Department of Radiology; and the Paediatrics Department.

## Collaborations

As a research line, HISP closely collaborates with local communities, regional and national public health institutes, universities as well as international organizations, such as the World Health Organization (WHO) and the European Centre for Disease Prevention and Control. Specifically, HISP is home to the WHO Collaborating Centre Regions for Health and Cross-Border Public Health and the National Chlamydia Trachomatis Reference Laboratory. Further, HISP collaborates with local communities and individuals affected by health inequities, including residents, patient communities, workers and migrants.

*The research line HISP plays a unique role in our city through the meaningful dedication to the social domain in Maastricht. The researchers connect academic knowledge with practice in society, particularly in the areas of health and social connection. For instance, the plea of Horstman and colleagues for an “aboveground social sewage system” – “(Nederlands: bovengronds sociaal rioleringsstelsel)” – where public space is an essential ingredient for health and resilience – aligns seamlessly with our municipal vision on health, social interaction, and inclusion. The message – that a neighbourhood can only be healthy when its social structure is strong – has been an inspiration for our policies on health and social connections.*

*(Jeroen Hoenderkamp, Elderman municipality of Maastricht)*



## COLOPHON

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@February 2026, Maastricht University, Care and Public  
Health Research Institute, Health Inequities and Social  
Participation

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